The Next Step for Peer Support

iNAPS Conference 2016 Philadelphia





Peer support has become a needed and necessary part of public behavioral health care.

The peer workforce has grown to over 10,000 supporters working in all 50 states and in the territories.





Peers are now working in nearly every aspect of public behavioral health

- Peer-run organizations
- Drop-in Centers & Clubhouses
- Peer-run respite
- Community Behavioral Health Centers
- Managed Care
- Crisis Services
- Inpatient Services



41 states have developed certifications for peer support using a wide range of standards and requirements.

Some states have developed proprietary trainings while others accept training from a select group of training organizations around the country.



To date peer support has made very few inroads into the private sector of behavioral health and primary care.

With a few exceptions this is due in part to the inability to have these services paid for by private health insurance or Medicare.



Mental Health America has surveyed large health care organizations and insurance carriers about what needs to change for them to accept peer support as a necessary and reimbursable service.



These organizations listed a number of common requirements.

- A high level of national standards
- A rigorous national certification
- A legally defensible credential
- A consistent, highly trained workforce able to work in a competitive whole health environment

It is time for peer support to take the next step into its' future, full inclusion in the array of behavioral health services in private practice.

Peer services need to be available no matter what door you enter through.

- Mental health and substance use services
- Primary care
- Emergency and crisis services
- Inpatient services
- Whole health care teams

Working in the private sector opens a pathway to thousands of new employment opportunities.

Peer supporters have the capability to work on multiple levels of the system of care. In many cases the private sector offers higher wages and more room for upward job mobility.

- Entry level peer support
- Advanced level peer support
- Supervisory positions
- Administrative positions
- Management

For many years there has been an ongoing discussion about the establishment of a national certification.

Most of us thought this would be accomplished by a peer-run organization, but as time went by no group stepped up to meet the challenge.

Three years ago the peer-run staff at the Center for Peer Support at the national office of Mental Health America began to take a close look at creating such a credential.



Mental Health America

Mental Health America was founded in 1909 by Clifford Beers, an advocate and an individual with lived experience with a psychiatric disorder. Following years of often brutal treatment in psychiatric hospitals Clifford vowed to reform the mental health system.

A Mind That Found Itself

AN AUTOBIOGRAPHY



CLIFFORD WHITTINGHAM BEERS

Mental Health America

Advised by many to found his organization anonymously Clifford responded

"I must fight in the open"

MHA has a 107 year history of peer involvement in guiding the activities of the organization.

Mental Health America

MHA also has a long history of working side by side with the peer community. For 13 years MHA ran the National Consumer Supporter Technical Assistance Center NCSTAC one of SAMHSAs major TA centers tasked with promoting peer run organizations across the country.



The Center for Peer Support

The CPS was established by Patrick Hendry the Vice President of Peer Advocacy, Supports & Services at Mental Health America.

Patrick has worked in peer support for over 25 years and believes that it should be a primary service offered to all people living with mental health issues.

The Center for Peer Support

Patrick has served as the former Director of NCSTAC, the Associate Director of the Statewide Consumer Network Technical Assistance Center, and the Executive Director of the Florida Peer Network.

Patrick was the Chairperson for the committee to establish peer certification in Florida in 2006.

The process for establishing the MHA NCPS credential has been peer conceived, designed and developed.

Patrick and his staff have worked with a subject matter expert panel composed of 7 peer support leaders and 4 behavioral health practitioners.

The National Certified Peer Specialist credential will maintain the highest standards of competencies and skillsets in the country and provide assurance to employers that they can offer quality and reliable services to their customers.

The NCPS is a legally defensible credential that has been developed in accordance with national accreditation standards.

The new certification will require 2080 hours of experience working in a peer support role. In states that currently have certification it is anticipated that applicants will already be certified in their state or local area.

A major goal of this certification is to enable peers to earn higher wages and establish a viable career ladder.

MHA Nationally Certified Peer Specialists will be viewed as an effective adjunct to an individual's care with the express goal of supporting the individual to achieve recovery and activate selfmanagement of their whole health goals.

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The credential will be employed in a wide range of non-clinical and clinical settings, including inpatient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, psychosocial rehabilitation, outpatient behavioral health services including private practices, primary care, and peer-run programs. Peer support is expressly non-clinical.

Mental Health America has partnered with the Florida Certification Board to develop the new credential. The Director of Certifications at FCB is a peer and a long time supporter of the peer movement.

The Certification Board has maintained the highest standards in the development of the credential.

Over a period of 6 months we worked with our subject matter experts to develop the first draft of our core competencies and requirements.

We then sent the initial report to thousands of peers for public comment.

Utilizing the hundreds of responses we received we issued the second draft for a role validation study.

The standards were again sent out to thousands of peers who rated each core competency and skillset as to importance and frequency of use.

The results of this validation study has resulted in a blueprint of what our certification examination will look like. Each of the 6 major domains is broken down into a series of core competencies or job tasks.

There are 55 competencies. The blueprint breaks down each into the number of questions that will appear on the examination.

Examinations

Major Domains

Domain 1: Foundations of Peer Support

Domain 2: Foundations of Healthcare Systems

Domain 3: Mentoring, Shared Learning and

Relationship Building

Domain 4: Activation and Self-Management

Domain 5: Advocacy

Domain 6: Professional and Ethical

Responsibilities

Core competencies and skillsets are the building blocks of a professional certification process and ensure a workforce dedicated to the highest standards.

PROFESSIONALISM

confidential dependable accountable accountable professionalism professionalism empathetic punctual entire enti

Domain 1: Foundations of Peer Support

Competencies in this domain will demand that peer specialists are thoroughly grounded in their knowledge of mental illness and recovery, of guiding principles and practice guidelines established by SAMHSA and the International Association of Peer Supporters, of differences in peer support roles in public and private health systems, and in the impact of trauma and the value of trauma-informed care.

Domain 2 Foundations of Healthcare Systems

This reflects the need of peers to understand public, and private systems of care. Though they will play a non-clinical role in care, peers will be expected to have a broad knowledge of clinical providers and roles, traditional and non-traditional therapeutic and clinical treatment modalities, elements of clinical documentation, and of key research findings such as the social determinants of health, individual risk factors, ACEs, and other essentials. Peers will focus not only on behavioral health concerns, but on whole heath issues, including the management of chronic diseases.

Domain 3: Mentoring, Shared Learning and Relationship Building

This emphasizes many traditional peer skills including engagement, storytelling, strengths and needs development, shared learning strategies, and relationship building. Among the newer skill set's required for peers will be knowledge of effective adult learning strategies, and more specialized knowledge about how to effectively use technology as a means of bridging lóng distances (súch as in rural areas) and overcoming barriers that hinder traditional "face to face" communication.

Domain 4 Activation and Self-Management

Relates to the peer specialist's role in helping individuals understand the recovery process and in activating self-management skills. Here, there is a new emphasis on a peer specialist's ability to identify and respond to situations where early interventions can prevent behavioral health crises or the need for more intensive care. Another new area of emphasis will be on activating the abilities of individuals to manage not only behavioral health, but other 'whole health' concerns including exercise, diet, and medical conditions such as diabetes, heart disease, cancer, or other difficult or devastating illnesses.

Domain 5: Advocacy

Advocacy, will require peer specialists to have a relevant knowledge of fast changing state and national laws-the ADA, the Affordable Care Act, key legal decisions, informed consent, confidentiality laws and more-that define how 'the system' works. A peer specialist will also need the recovery knowledge and systems knowledge to credibly teach other healthcare professionals about the potential for, and complexities of, an individual's recovery process.

Domain 6: Professional and Ethical Responsibilities

These competencies highlight the peer specialist's ability to perform essential job functions safely, according to law and agency/professional requirements, and to recognize and respect their scope of service-what they can and cannot do.

Sample competencies Foundations of Peer Support

- Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health conditions.
- Develop a working knowledge of the terms peer support, peer and recovery as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Specialists (iNAPS).
- Develop a working knowledge of the recovery process, stages of change, and recovery capital.

Sample competencies Foundations of Healthcare Systems

- Develop a working knowledge of the concepts of whole health, wellness and holistic healthcare.
- Describe a variety of healthcare settings and how peer support services can be integrated in these settings, including primary care settings, in-patient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, psychosocial rehabilitation, outpatient behavioral health programs, peer-run programs, and the professionals who may serve in these settings.

Candidates for the certification will be able to receive training through a variety of organizations and opportunities.

The guiding standard is meeting the strict requirements and being able to pass a rigorous examination.

MHA is working with major national health care providers and insurors to establish the MHA NCPS credential as the benchmark for peer support in the private sector.

We have piloted peer support in a variety of environments within that sector.

The future of peer support lies in expanding its' scope to include all areas of behavioral health care and guaranteeing peers the opportunity to earn a livable wage and climb the

career ladder.

Coming in the Fall of 2016

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