Peer Providers: Innovations and Future

June 24, 2016
Jessica Wolf, Ph.D
Brandee Izquierdo, CPRS, RPS
Jennifer M. Padron, CPS, M.Ed
Setting the Stage: Today’s Moderator

Roara Michael
Associate
SAMHSA-HRSA Center for Integrated Health Solutions
Slides for today’s webinar will be available on the CIHS website:

www.integration.samhsa.gov

Under About Us/
Innovation Communities
Our format:

**Structure**
Presentations from experts

**Polling You**
At designated intervals

**Asking Questions**
Responding to your written questions

**Follow-up and Evaluation**
Ask what you want/expect and presentation evaluation
Listserv

Look for updates from:
hiring_supervising_peers_ic
Setting the Stage: Today’s Facilitator

Larry Fricks
Deputy Director
SAMHSA-HRSA Center for Integrated Health Solutions
Education and Training

- Importance of comprehensive and specific training
- Focusing on content and process as well as
- Professional and personal competencies
- Importance of cross-training for integrated settings: physical and behavioral health, including mental health and substance use conditions and disorders
Sample competency-based training topic areas:

- Approaches to peer support
- Peer support values
- Fundamentals of communication and engagement
- Basic elements of peer work
- Key interpersonal strategies
- Culture
- Health
- Systems
- Personal development
- Employment preparation
Peer Career Development: Key components

• Human resource development strategies
• Continuing and career path education for peer workers
• Defined and specific career ladders
• Supportive organizational leadership and organizational culture
Effective human resource development strategies

• Clear job descriptions
• Defined reporting relationships
• Regular interactive supervision with two-way feedback
• Knowledge of and familiarity with ADA provisions and application to peer work
• Understanding of implications and consequences of self-disclosure aspect of job description
Continuing and career path education

- Positive attitude towards ongoing education
- Relevant, accessible continuing education
- In-service training for all staff including peers
- Support for attaining academic credentials
  - Educational leave policy
  - Financial support
  - Flexible schedules
Defined and specific career ladders

- Promotion opportunities: title and compensation
- Opportunities to move into non-peer roles (clinical, administrative, etc.)
- Positive organizational attitudes and culture related to career path and promotions
- Ongoing organizational dialogue and learning curve about disclosure choices and timing as well as employment options
Organizational leadership and positive organizational culture

- Leaders believe in the value of peer employees
- Leaders “walk the walk” as well as “talk the talk”
- Leaders invite and assure ongoing dialogue among all staff about how best to value and integrate peer workers and how to infuse peer values into organizational culture
- These tasks are doubly challenging and important in integrated health/behavioral health settings with differing orientations towards health and ill-health, recovery and self-management
Additional leadership and organizational culture tasks

• Support for traditional staff to disclose if they choose
• Leaders assure that all staff, including human resources staff, are knowledgeable about peer values and peer work
• Proactive efforts are made to support all workers’, including peer workers’, continuing education, career development and promotion
• Leaders attend to creating positive work environments and strong customer service ethic
Coordinated national attention to peer career development strategies is necessary

• National compensation study follow-up underway
• DBSA Peer Leadership Center offering resources to peer workers
• Results of national surveys of peer career development experiences available late summer 2016
• Efforts to develop Peer Career Development Toolkit
• Founding meeting of Alliance to Advance Peer Careers at INAPS Conference August 2016
Peer Providers: Innovations and Future

Brandee Izquierdo, CPRS, RPS
Director, Office of Consumer Affairs, State of Maryland
Building a Plan for Maryland Office of Consumer Affairs (OCA)

To build and sustain, within the public behavioral health system, the State of Maryland’s Certified Peer Recovery Specialist (CPRS) workforce via a Recovery Oriented Systems of Care (ROSC) model that is person/family-centered and peer-driven.
How are we moving forward?

Maryland Certified Peer Recovery Specialist (CPRS)
A Guide for Peers through the Peer Certification Process & Requirements

MABPCB
10807 Falls Road, #1376
Brooklandville, Maryland 21022
Phone: 1-866-537-5340
Email: admin@mapcb.com
Web: http://mapcb.wordpress.com

Published January 2016
Training Requirements

The required **46 total hours** are broken down into 4 domains. The table below shows each domain and the required hours in each.

<table>
<thead>
<tr>
<th>Hours Required</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td>Ethics</td>
</tr>
<tr>
<td>10</td>
<td>Advocacy</td>
</tr>
<tr>
<td>10</td>
<td>Mentoring &amp; Education</td>
</tr>
<tr>
<td>10</td>
<td>Wellness &amp; Recovery</td>
</tr>
</tbody>
</table>

*See enclosed chart for full list of eligible trainings*

- One (1) Core Training Required
- Training must have been obtained in the past 10 years
- Eligible trainings are offered by numerous agencies in Maryland *(See MABPCB website for Agencies List)*
- In-service trainings provided by an agency are also eligible. Maximum in-service hours for the CPRS application is 12 hours of the 46 required
- 5 hours of online training is also eligible
Work/ Volunteer Requirements

- Must be currently working or volunteering in a peer support role

- 500 hours in a role of peer recovery support (within the past 2 years)

- 25 hours of the 500 must be supervised and documented by a Registered Peer Supervisor (RPS) (See MABPCB website for RPS List)

- Supervision must include 5 hours in each of the 4 training domains. Five (5) additional supervision hours are required and should include discussion about the peer's self-care.

- The 500 work/volunteer hours as well as the 25 supervision hours may be completed at multiple settings and under multiple supervisors but will require documentation from each.

Application Process

*Download the CPRS Application from the MABPCB website

1. Complete pages 8, 9, 13, 14, and 16 of application and submit with $100 check or money order made out to MABPCB to initiate certification process (your file).

2. Request high school/ GED or college transcripts to be sent directly to MABPCB.

3. Request 3 Recovery References to be sent directly to MABPCB and complete Recovery Reference form on page 17 of application for your file.

4. Submit signed letter(s) from employer(s) verifying 500 work/volunteer hours.

5. Complete Education/ Training Form (pg. 10 of the application) and send to MABPCB along with training certificates, upon completion of 46 hours of required training.
Peer Certification in Maryland has been established.

What’s next...where is the need?

- In 2012, about 1 in every 35 adults in the US was on probation or parole or incarcerated in prison or jail, the same rate observed in 1997.

- 1 out of every 20 persons will spend time behind bars during their lifetime; and many of those caught in the net that is cast to catch the criminal offender will be suffering with mental illness.

- Drug courts started at the State and Local level in the late 1980’s due to rising incarceration rates among drug offenders.

- During a 10 year span of the 80s, there was an increase from 19,000 to 120,100 drug offenders in prison, increase of 532%.

- Each year about 700,000 people with mental health issues are in US jails.
Embedding peers within our criminal justice system has become a priority.

i-FPRS

integrated-Forensic Peer Recovery Specialist

integration.samhsa.gov
Mission

- Integrated Forensic Peer Recovery Specialist (i-FPRS) enhances the Certified Peer Recovery Support Specialist’s role to transform the relationship between criminal justice and behavioral health and improve continuity of care.

Vision

- Integrated Forensic Peer Recovery Specialist (i-FPRS) endorsement training provides educational support for the Certified Peer Recovery Support Specialist seeking knowledge, skills, and abilities in the assisting individuals who have been involved with the criminal justice system.
- Our 4 day training offers key concepts in intervention, transformation, and recovery while strategically addressing diversion and recidivism.
Learning Objectives

Domain 1 - Mentoring and Education:
• Understand the history of the Criminal Justice System
• Identify the difference levels of Sequential Intercept with the Criminal Justice System
• Identify the system structure of local, county, and state criminal justice systems
• Demonstrate effective communication between the i-FPRS and the individual
• Identify support services within each level of the Sequential Intercept Model
• Demonstrate and relay a non-criminal response for problem solving methods

Domain 2 - Recovery and Wellness:
• Understand areas of trauma and their association with the Criminal Justice System
• Identify the different levels of trauma that effect individuals within the Criminal Justice System
• Identify internal/external stigma and its effects on individuals within the Criminal Justice System
• Demonstrate areas that interfere with self-perception and positive engagement within the Criminal Justice System
• Identify support services while staying culturally attuned to individuals and their specific needs within the Criminal Justice System
• Discuss and relay the 8 steps of the “Funnel of Thought” between the i-FPRS and the participant
Learning Objectives

Domain 3- Advocacy:
• Identify areas of advocacy within the Sequential Intercept
• Discuss and develop ways to “WRAP out” of the “Funnel of Thought”
• Identify advocacy opportunities for service level change within the Criminal Justice System
• Identify challenges and solutions when “Dealing with Authority” and how we incorporate Self-Advocacy into Self-Care

Domain 4- Ethical Responsibility:
• Understand the difference between a feeling and a value within ethics
• Discuss ethical challenges that the i-FPRS face in the Criminal Justice System
• Identify the role of ethics in a community based setting versus a criminal justice setting
• Learn how to bridge the gap between the participant and the professional
• Identify challenges and solutions when practicing ethical responsibility
Eastern Correctional Institute

• Training for inmates will begin on July 25, 2016.

• Inmates will receive their first core training needed for certification and will continue into the certification process.

• Once they have been certified, they will move on to the integrated-Forensic Peer Recovery Specialist training.
SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Peer Providers: Innovations and Future

Jennifer M. Padron, CPS, M.Ed
Founder & Principal, Klein, Padron & Associates;
The Future is Now in Health Care

People living with shared life experience are the providers of choice for fully Integrated colocation and embedding the CPS in Behavioral and Primary Care
“Effectiveness of Peer Support is Likely Determined By The Quality of the Peer Relationship and What Peers are Doing….Just Like The Effectiveness of Any Other Provider.” *

Dr. Mark Salzer (2015)
Evidence Peer Support Services Work

A growing body of evidence suggests that peer-provided, recovery-oriented mental health services produce outcomes as good as and, in some cases superior to, services from non-peer professionals.
Mounting Evidence

Evidence includes reduced hospitalizations, reduced use of crisis services, improved symptoms, larger social support networks, and improved quality of life, as well as strengthening the recovery of the people providing the peer services.
Recent Reviews Concludes Positivity

Chinman et al. (2014)
- "The effectiveness varied by service type. Across the range of methodological rigor, a majority of studies of two service types—peers added and peers delivering curricula—showed some improvement favoring peers."
- "Peer support services have demonstrated many notable outcomes. However, studies that better differentiate the contributions of the peer role and are conducted with greater specificity, consistency, and rigor would strengthen the evidence."

Davidson et al. (2012)
- "Thus far, there is evidence that peer staff providing conventional mental health services can be effective in engaging people into care, reducing the use of emergency rooms and hospitals, and reducing substance use among persons with co-occurring substance use disorders. When providing peer support that involves positive self-disclosure, role modeling, and conditional regard, peer staff have also been found to increase participants’ sense of hope, control, and ability to effect changes in their lives; increase their self-care, sense of community belonging, and satisfaction with various life domains; and decrease participants’ level of depression and psychosis."

Pfeiffer et al. (2011)
- "Based on the available evidence, peer support interventions help reduce symptoms of depression."
  - Primarily self-help groups added to traditional services

CPS = Best Option and Provider of Choice

As subject matter experts all living with the shared life experience, we are your best providers and best option. The CPS understands 1st hand that community public mental health services in the US is dire.

We make it entirely possible to work within any provider organization which inevitably leads to:

- Increased access to care
- Reduced overall cost
- Improved participant outcome
- Growing provider outcomes
We Are the Select Providers of Choice

Our 1\textsuperscript{st} hand familiarity with Behavioral, SUD, Physical Care and Criminal Justice Intersection leverages the CPS as subject matter experts blending and embedding peer supports via Integration

Quick adaptive abilities and low learning curves

We move quickly, getting things done effectively
Why People with Shared Life Experience?

- CPS Reduces Social Stigma
- Heighten Diminished Cultural, Diversity and Linguistic Competency
- Directly Impacts the Lack of Coordinated Care
- Alleviate Poverty
Why and How?

CPS

Lowers rates of physical illness, chronic diseases

Treatment Access

Multiple Positive Role Applications
## Core Values

<table>
<thead>
<tr>
<th>Certified Peer Specialist*</th>
<th>Substance Use Disorder**</th>
<th>Community Health***</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary support</td>
<td>Gratitude</td>
<td>Access</td>
</tr>
<tr>
<td>Facilitate change</td>
<td>Recovery</td>
<td>Acceptance</td>
</tr>
<tr>
<td>Strengths-focused</td>
<td>Compassion</td>
<td>Advocacy</td>
</tr>
<tr>
<td>Person-driven</td>
<td>Respect</td>
<td>Self-determination</td>
</tr>
<tr>
<td>Shared power</td>
<td>Credibility</td>
<td>Strength</td>
</tr>
<tr>
<td>Mutual/reciprocal</td>
<td>Tolerance</td>
<td>Partnership</td>
</tr>
</tbody>
</table>

*Adapted from National Practice Guidelines for Peer Supporters

**Adapted from Ethical Guidelines for the Delivery of Peer-based Recovery Support Services

***Adapted from American Association of Community Health Workers

integration.samhsa.gov
## Multiple Roles of the CPS

<table>
<thead>
<tr>
<th>Peer Whole Health and Wellness Navigation</th>
<th>Peer to Peer Integrated Health Care</th>
<th>Substance Use Disorders</th>
<th>Recovery Specialty, Forensics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Substance Abuse/Addiction Health Coaches [Recovery Coaches]</td>
<td>Vocational Rehabilitation Job Developers &amp; Supported Employment</td>
<td>Trauma Informed Care, Intentional Peer Support, WRAP® and WHAM® Recovery Trained Peer Coaches</td>
<td></td>
</tr>
<tr>
<td>Community Linkage Coaches</td>
<td>Housing Step Up Coaches</td>
<td>Mobile Crisis Intervention Linkage Specialists</td>
<td></td>
</tr>
<tr>
<td>Peer Respite Linkage Specialists</td>
<td>US Veteran Supporters &amp; Coaches</td>
<td>Care Experts</td>
<td></td>
</tr>
<tr>
<td>Administrative Support Specialists</td>
<td>Recovery Experts</td>
<td>Whole Health and Management Wellness Coaches</td>
<td></td>
</tr>
<tr>
<td>Healing Arts Specialists</td>
<td>Educational Step-Up Coaches</td>
<td>Life Coaches</td>
<td></td>
</tr>
<tr>
<td>Physical Fitness Coaches</td>
<td>Family Member Supporters &amp; Coaches</td>
<td>Transition Age Youth Expertise</td>
<td></td>
</tr>
</tbody>
</table>
## Billing Mechanism: CMS, MCO, Grant Funded, State Plan Budget Line Item

<table>
<thead>
<tr>
<th>Behavioral (MH, DD, ID) Health Care</th>
<th>Physical Primary Health Care</th>
<th>Substance and Addiction Disorders</th>
<th>Social Services, Human Wellness Solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPS: Skills training, psychosocial rehabilitation, medication, training and supports</td>
<td>CPS: • Use hospitals, clinics, physicians, APRN’s, PHN’s or mental health professional’s National Provider Identifier (NPI) as billing provider</td>
<td>Recovery Coach: &amp; Forensics: Skills training, psychosocial rehabilitation, medication, training and supports</td>
<td>WRAP®, WHAM®, IPS, ECPR, MHFA, Trauma Informed Care &amp; Recovery</td>
</tr>
<tr>
<td>Continuum of Care in Mental Health, Developmental Disabilities, Intellectual Disabilities) Services</td>
<td>Continuum of Care in Physical Primary Care</td>
<td>Continuum of Care in Substance Abuse and Addiction Disorders</td>
<td>Vocational Rehabilitation, Supported Employment, Supported Education, Job Coaching &amp; Development</td>
</tr>
<tr>
<td>Independent Living Centers</td>
<td>Cancer, HIV/AIDS/STI/HCV, TB and Infectious Disease</td>
<td>Inpatient Treatment Direct, 1:1, Group, Assignment</td>
<td>Life Coaching</td>
</tr>
<tr>
<td>Direct, 1:1, Group, Referral and Assignment</td>
<td>Diabetes</td>
<td>Intensive Outpatient Treatment (IOP) Direct, 1:1, Group, Referral</td>
<td>Fitness Training</td>
</tr>
<tr>
<td>Mobile Crisis Intervention 24/7/365</td>
<td>HDV</td>
<td>Partial Hospitalization Program (PHP) Direct, 1:1, Group, Referral</td>
<td>The Healing Arts [Reiki, Acupuncture, Qui Jhong, Energy Work]</td>
</tr>
<tr>
<td>Peer Respite</td>
<td>Chronic Illness</td>
<td>Education &amp; Training Supports</td>
<td>Mentorship</td>
</tr>
<tr>
<td>Peer Supports</td>
<td>Wellness &amp; Whole Health Coaching</td>
<td>Peer Supports</td>
<td>Transition Age Youth</td>
</tr>
</tbody>
</table>

integration.samhsa.gov
Contact Information:

Jessica Wolf
jwolfds@gmail.com

Brandee Izquierdo
brandee.izquierdo@maryland.gov

Jennifer M. Padron
jennifer.padron@kleinpadronandassociates.com

integration.samhsa.gov
Questions
Thank you for joining us today!

Please take a moment to provide feedback by completing the survey at the end of today’s webinar

Larry Fricks/larryf@thenationalcouncil.org
Madhana Pandian/madhanap@thenationalcouncil.org