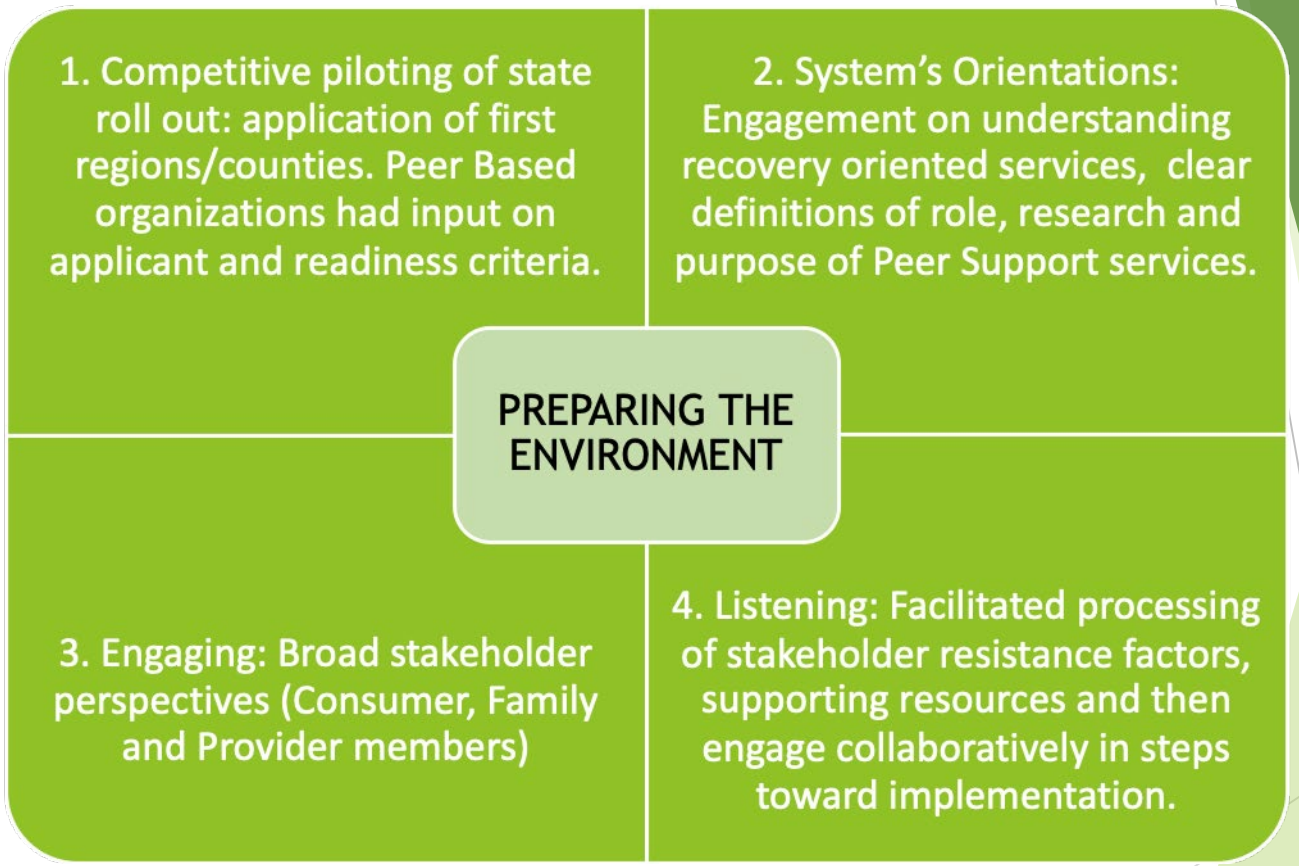
Clearly Defined Purpose & Maintain Fidelity



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Fidelity, Access and Sustainability

- Continue a parallel system of peer support and consumer based services operating outside of traditional clinical services
- Integrate the two worlds of peer support services and traditional clinical services while expanding peer practices
- Fund the expansion through existing program funds
- Open all avenues of funding and aspects of the system to offer more peer based services, including Medicaid reimbursement

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Issues of Fidelity and Co-optation

- Acceptance: Discrimination of “peers” in the workforce
- Co-optation: Peer worker adopts traditional views, relationships, fill in the gaps of undesirable tasks, used to enforce adherence to clinical treatment.
- Putting all peer support, consumer representation, advocacy and self-help support **in a box**.
- Preserving historic roles and grassroots networks of peers. (i.e. not all roles require the same experience, training and structure)
- Traditional work history and educational barriers
- Medical Language required for funding Reimbursements
  (i.e. documentation, medical necessity criteria definition)

Benefits of the Integrated Approach

- Medicaid inclusion = opportunity for peer based and clinical models of services to complement and enhance each other.
  - Clearly defined roles of services and understand values differences
- Expand the array (menu) within peer-based services
  - Distinguished Medicaid from non-Medicaid Peer programs
  - Distinguish from other community based supports e.g. case management, therapy, community health worker
- Used multiple sources to fund roll out and start up initiatives/pilots
  - Medicaid option expands not replaces all peer services
  - State Vocational Rehabilitation partnership for training
- Engages all treatment teams members, administrators, family members and community members in recovery and peer support orientation training. Include group action planning to support change and regional taskforces/community advisory committees

Sustaining Fidelity and Avoiding Co-optation

•The opportunity is to introduce a new service: perspective, best practices and way of experiencing the mental health system.

•Use Federal State Regulatory Plans to establish proactive and protective supports developed with peer community:

- Credibility in mainstream community through standards of training process
- Supervisory training and regulations
- Continued education and networking
- Quality improvement process
- Clearly defined purpose of service and job descriptions

•State sought and promoted non-Medicaid (federally funded) and "free-standing" peer service

Training: Defining purpose & fidelity

- Easiest part was recruiting and delivering the training
- Anchored the curriculum development and training delivery in peer perspectives and led through peer organizations
- Co-occurring peer perspective to include the addiction peer community
- Experiential and skills based rubric for certification
- Based in national peer values and competencies, history and ethics
- Ensure Supervisor's have current training on recovery and peer support
- Support managers with boundary and role conflict through adequate management training to deal with difficult work behaviors
- Develop action plans for potential conflicts of interests and professional values
- Supporting peer workforce continued education in recovery and peer support
- Expand peer "specialties" through continued education e.g. youth, family older adult, "forensic" additions etc …

In Hindsight:

- Ensure that peer-run organizations have support and training to be ready for Medicaid billing capacity and clinical requirements
- Many existing good candidates for peer specialist training and roles may be in other positions and want to switch and vice versa
- More emphasis on highlighting the benefits to provider system and distinguishing the roles of a peer specialist
- The focus is on the role and value of peer support not an identity of being a “peer”. We are not a dispensary of peer support.
- Curriculum based peer-group support is more effective than 1:1
- People currently receiving services should remain the main sources of the customer satisfaction advise for our quality improvement plans
- Reciprocity between states
- Re-certification

Organizational Issues

- Provide training throughout organization on purpose and role of peer support (e.g. agency orientation)
- Develop and re-evaluate job descriptions that capture the unique value of the peer support role
- Ensure Supervisor's have current training on recovery and peer support before supervising
- Support managers with boundary and role conflict through adequate management training to deal with difficult work behaviors
- Develop action plans for potential conflict of interests
- Support supervisors to have adequate time for supervisory support

Resources

- Doors To Wellbeing: www.doorstowellbeing.org
- National Searchable Peer Specialist Database https://copelandcenter.com/peer-specialists
- National SAMHSA Peer Support Core Competencies https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers
- PA OMHSAS Peer Specialist Provider Handbook https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Peer-Support-Providers.aspx

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