



DOORS TO
WELLBEING
National Technical Assistance Center

www.doorstowellbeing.org

Certified Peer Specialist Workforce
Pennsylvania's
Systems Transformation Experience



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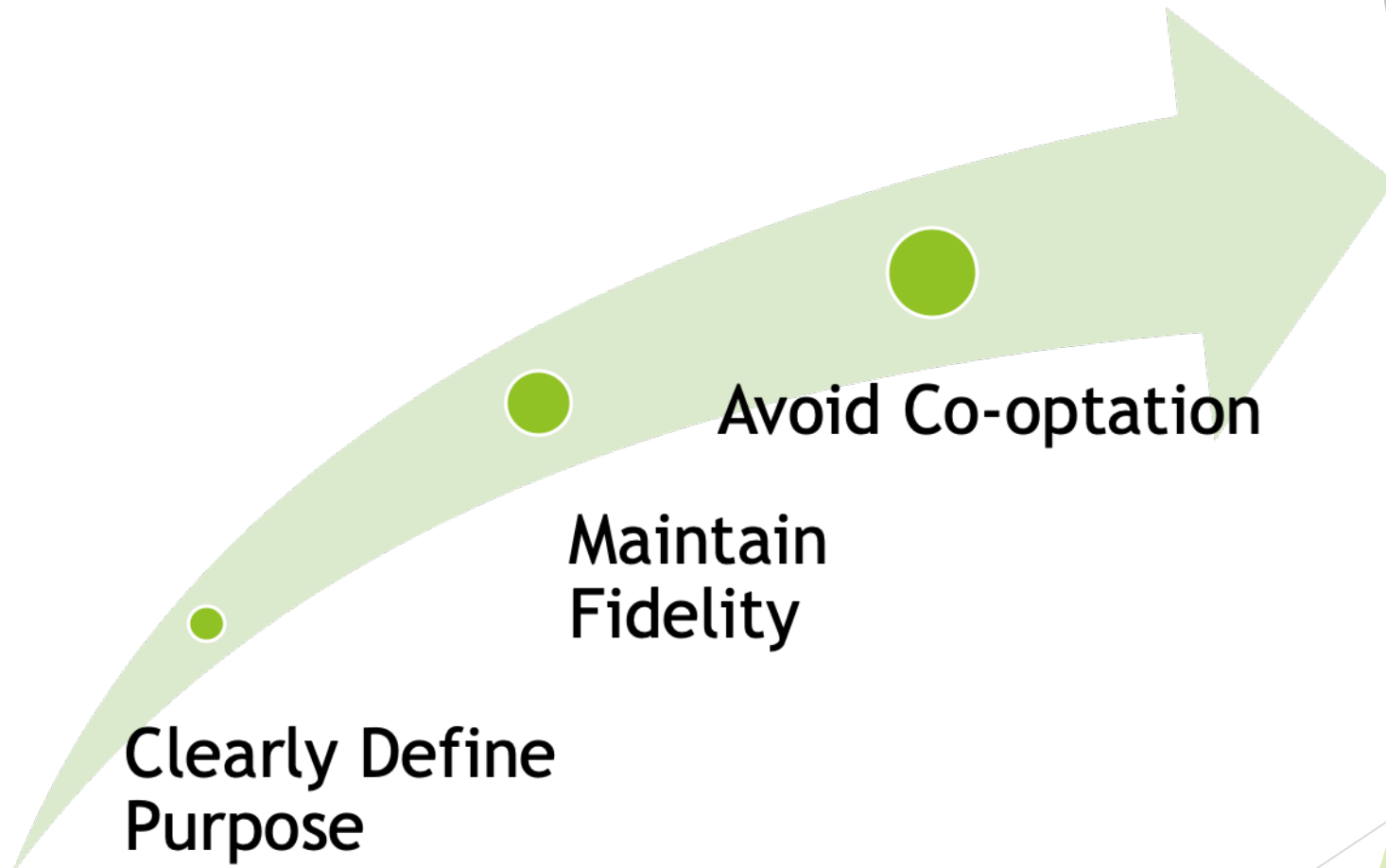
A Call for Change:

- ▶ “...the mental health system is not oriented to the single most important goal of the people it serves – the hope of recovery.”

Interim Report to the President by The President’s New Freedom Initiative on Mental Health (2002)

- ▶ The State of Pennsylvania saw **Peer Support Services** as a catalyst to change the mental health-care system from a focus of taking care of and the maintenance of the “mentally ill” to supporting individuals in recovery and move toward wellness in the community.
- ▶ After assessment of 6 leading states in the country Pennsylvania chose a new path of creating jobs for Peer Support Practices within current providers agencies to change the prevailing beliefs that people with mental health diagnosis do not recovery.
- ▶ 2004 Pennsylvania started a Certified Peer Practice Training and Workforce Creation Initiative and became the 7th State in the Country approved for Federal funding.

Guiding The Implementation



Clearly Defined Purpose & Maintain Fidelity

1. Competitive piloting of state roll out: application of first regions/counties. Peer Based organizations had input on applicant and readiness criteria.

2. System's Orientations: Engagement on understanding recovery oriented services, clear definitions of role, research and purpose of Peer Support services.

PREPARING THE ENVIRONMENT

3. Engaging: Broad stakeholder perspectives (Consumer, Family and Provider members)

4. Listening: Facilitated processing of stakeholder resistance factors, supporting resources and then engage collaboratively in steps toward implementation.

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

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>