SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Peer Providers: Innovations and Future

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Setting the Stage:
Today's Moderator

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Slides for today's webinar will be available on the CIHS website:

www.integration.samhsa.gov

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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

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Setting the Stage:
Today's Facilitator

Larry Fricks

Deputy Director

SAMHSA-HRSA Center for Integrated Health Solutions

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Peer Providers: Innovations and Future

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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 <u>if they choose</u>

- 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
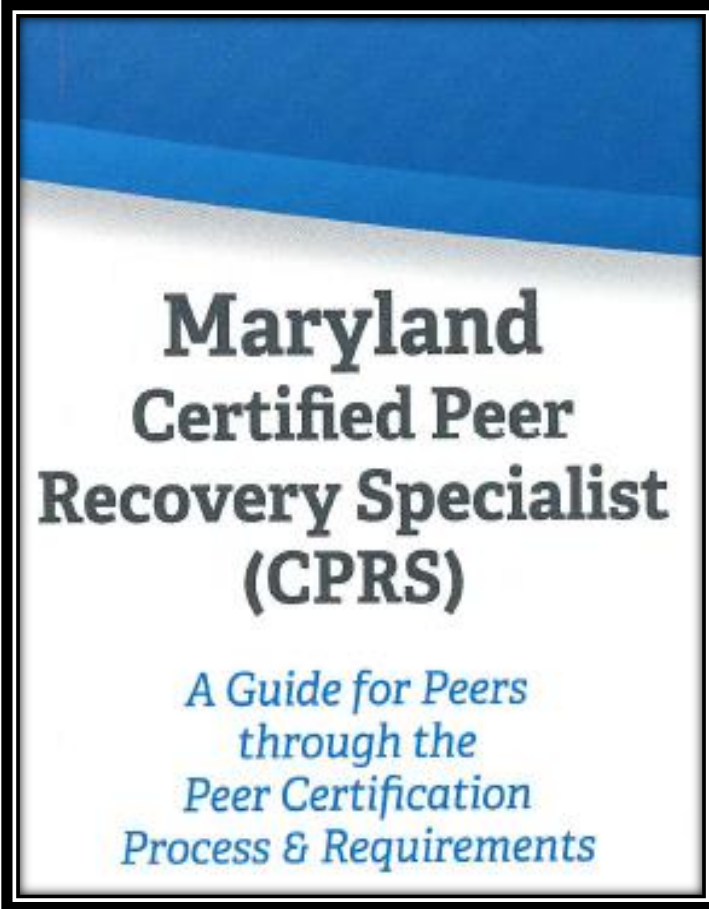
Building a Plan for Maryland Office of Consumer Affairs (OCA)

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

BHA Behavioral Health Administration

MARYLAND ADDICTIONS PROFESSIONAL CERTIFICATION BOARD
SINCE 1977

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.

Hours Required	Domain
16	Ethics
10	Advocacy
10	Mentoring & Education
10	Wellness & Recovery

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.

Substance Abuse and Mental Health Services Administration

SAMHSA
www.samhsa.gov   1-877-SAMHSA-7 (1-877-726-4727)

HRSA
Health Resources & Services Administration

integration.samhsa.gov

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.

integrated-Forensic Peer Recovery Specialist

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.

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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 co-location 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

Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer Support Services for Individuals With Serious Mental Illnesses: Assessing the Evidence. Psychiatric Services, 65(4), 429-441.

Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: a review of evidence and experience. World Psychiatry, 11(2), 123-128.

Pfeiffer, P. N., Heisler, M., Piette, J. D., Rogers, M. A., & Valenstein, M. (2011). Efficacy of peer support interventions for depression: a meta-analysis. Gen Hosp Psychiatry, 33(1), 29-36. doi: 10.1016/j.genhosppsych.2010.10.002

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
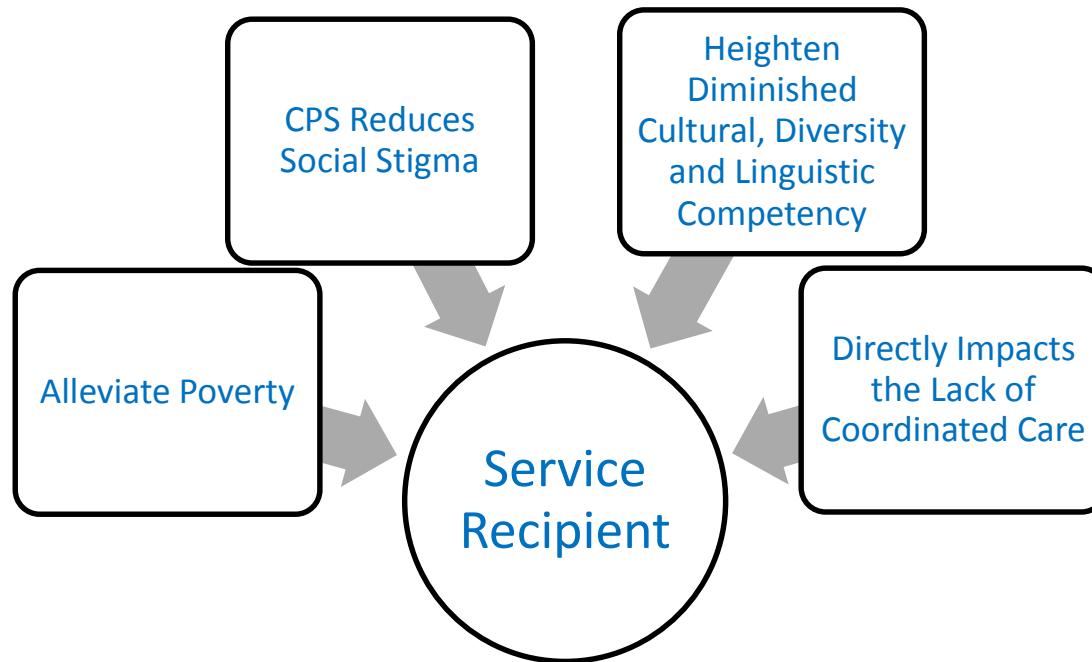**Growing** provider outcomes

We Are the Select Providers of Choice

Our 1st 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
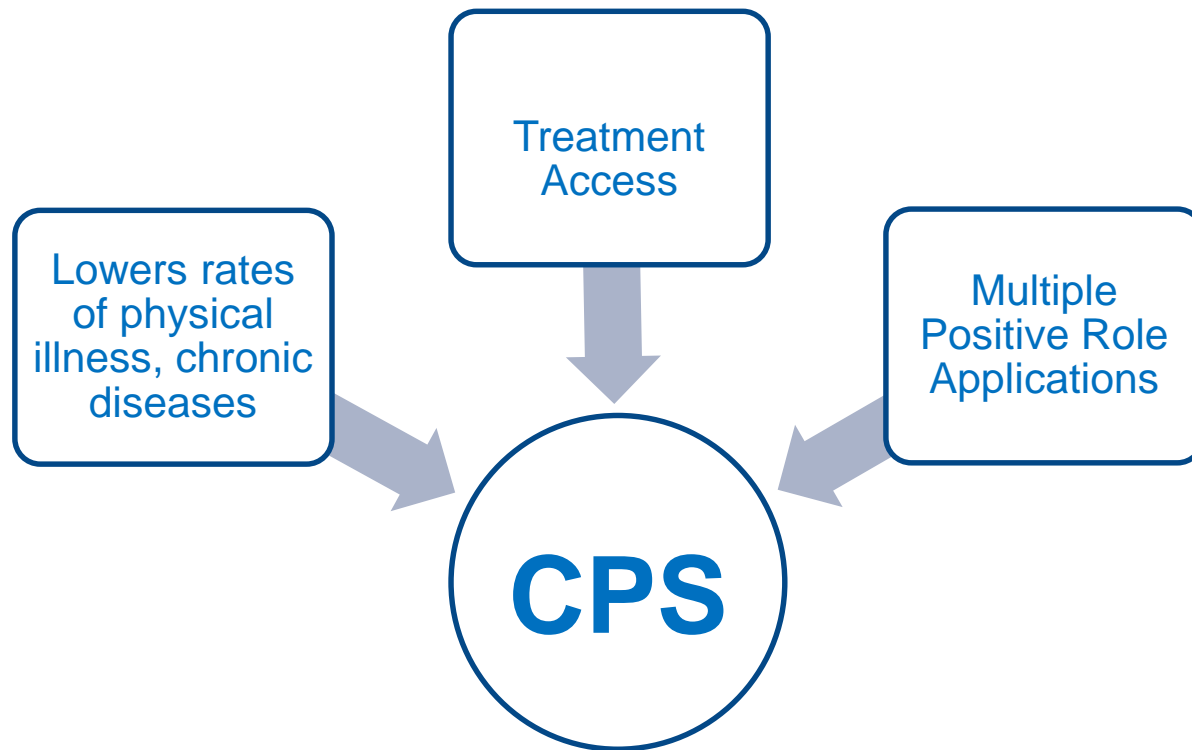
Quick adaptive abilities and low learning curves

We move quickly, getting things done effectively

Why People with Shared Life Experience?

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

Service Recipient

Why and How?

Treatment Access

Lowers rates of physical illness, chronic diseases

Multiple Positive Role Applications

CPS

Core Values

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

Multiple Roles of the CPS

Peer Whole Health and Wellness Navigation	Peer to Peer Integrated Health Care	Substance Use Disorders | Recovery Specialty, Forensics
Substance Abuse/Addiction Health Coaches [Recovery Coaches]	Vocational Rehabilitation Job Developers & Supported Employment	Trauma Informed Care, Intentional Peer Support, WRAP® and WHAM® Recovery Trained Peer Coaches
Community Linkage Coaches	Housing Step Up Coaches	Mobile Crisis Intervention Linkage Specialists
Peer Respite Linkage Specialists	US Veteran Supporters & Coaches	Care Experts
Administrative Support Specialists	Recovery Experts	Whole Health and Management Wellness Coaches
Healing Arts Specialists	Educational Step-Up Coaches	Life Coaches
Physical Fitness Coaches	Family Member Supporters & Coaches	Transition Age Youth Expertise

Billing Mechanism: CMS, MCO, Grant Funded, State Plan Budget Line Item

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

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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

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