



California Association of Mental Health Peer Run Organizations

History of Peer Certification

Mental Health Services Oversight &
Accountability Commission (MHSOAC)

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Defining Peer Support as a Distinct Practice

- ❑ A relationship of mutual learning
- ❑ Key principles are hope, equality, respect, personal responsibility and self-determination
- ❑ Therapeutic interactions between people who have a shared lived experience
- ❑ Key distinctions are: WHO does it and HOW the service is done.
- ❑ Peer Providers may also provide any other allowable mental health service to their scope of practice.
- ❑ A relationship without the constraints of the traditional expert/patient or expert/family member role
- ❑ Peer Support is differentiated from other mental health services such as: rehabilitation, targeted case management or collateral.

Peer Specialist vs CPRP Services

- Similar recovery, resiliency, and strengths-based approach, similar Codes of Ethics
- Differences—Peer Specialists...
 - use their lived experience to connect with person, to demonstrate the use of one's strengths, and to encourage and inspire those they support.
 - tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported.
 - model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work.
 - Views and accepts the whole person, is curious



Peer Certification Movement in California

- Originally evaluated by California Network 2004
- Working Well Together
A Training and Technical Assistance 2008:
 - **CAMHPRO-PEERS** - California Association of Mental Health Peer Run Organizations - Peers Envisioning and Engaging in Recovery Services
 - **NAMI California** - National Alliance on Mental Illness - California
 - **UACF** - United Advocates for Children and Families
 - **CiMH** - California Institute for Mental Health



Stakeholder Process & Involvement

- Used multiple methods of gathering input, including
 - Written surveys
 - Focus groups
 - Comment and question sessions in face-to-face meetings
 - Webinars
 - 4 Specialized workgroups & monthly teleconferences
- 165 people attended five regional stakeholder meetings
- 223 people attended the Statewide Summit in May, 2013.
- Vetted the recommendations at this meeting utilizing a modified consensus model.
- On-going monthly teleconferences
- Member list has over 700 people on it.

Resulted in 17 Stakeholder Recommendations for CA Peer/Family Specialist Certification, mostly reflected in SB 614

Background & Research-National & Statewide

- Extensive background information collected on certification resulting in 3 Research Reports 2012-2014.
 - Reviewed national data and interviewed content experts across the country.



California Practices Research:

- Survey sent to 58 CA counties
- Of 32 Counties responding to stakeholder survey
 - 31 reported Consumer, Family Members &/or Parent/Caregiver Peer Support Specialists are employed in their county.
 - **Learned there is no statewide standard in job tasks, job training, job title**
 - **Only standard was that someone had “lived experience”.**
 - Required training hours ranged from 12-480 hours.
 - **Only 5 of the 31 Counties required training prior to hire.**



Key CA Peer Specialist Vetted Documents

- Definitions
- Values & Code of Ethics
- Informational Brief
- Scope of Practice
- 17 Recommendations
- National Medicaid Peer Specialist Matrix
- Consumer, Family Member & Parent or Caregiver Peer Specialist Training Crosswalk
- Draft Core Content Areas & Competencies



CMS Guidelines to States Allowing Peer Specialist Billing

- In 2007, the Centers for Medi-Care and Medi-Caid Services (CMS) disseminated a set of guidelines for states to establish Peer Providers and Peer Services as a unique Medi-CAL billable services.
- Guidelines minimally require a State Plan to:
 1. **Train and Certify** Peer Providers
 2. **Address the supervision** of Peer Providers
 3. **Ensure care coordination** in the context of a comprehensive and individualized plan of care with goals.



US Centers for Medicaid (Medi-CAL) (CMS)

- “Peer support providers are a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders.”
- “CMS recognizes that the experiences of peer support providers, as consumers of behavioral health care services, can be an important component in a State's delivery of effective treatment.” (2007)



California Medi-Caid (MEDI-CAL) Billing Practices

- Current State Plan allows billing for rehabilitation, targeted case management and collaterals provided by “Other Qualified Providers”, which includes Peer Specialists.
- Each County Mental Health Director has discretion to use more strict guidelines than required by the State Plan.
- **Only a few counties currently allow peer specialists to bill under existing codes**
- **SB 614 would create a distinct peer specialist provider and service type for these unique services, adding Medi-Cal reimbursement to counties for peer services already being provided**



The Case for Certification

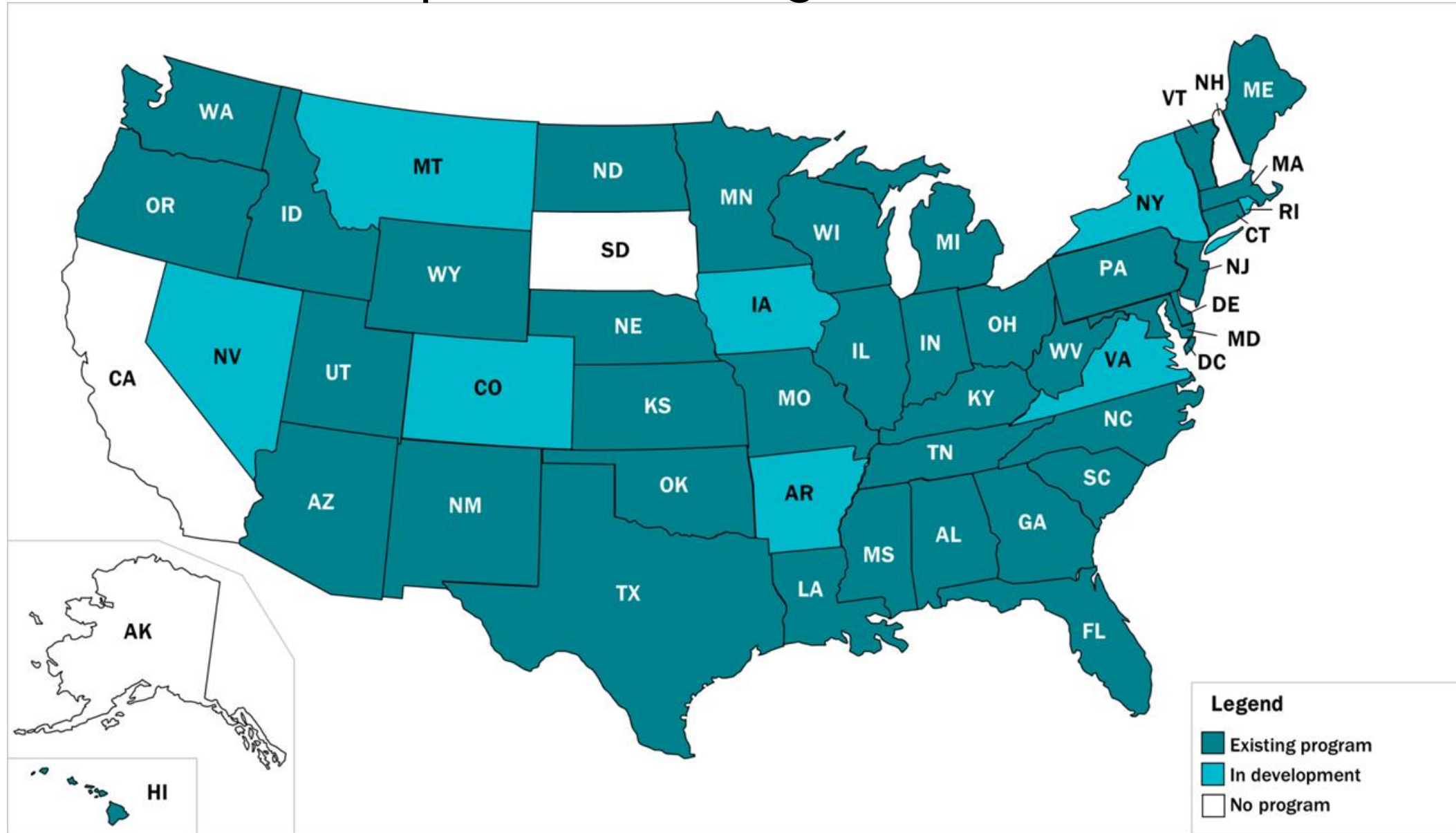
- Defines the service of peer support.
- Provides formal validation of the role of peer support.
- Assures that practitioners receive standardized training and demonstrate competency.
- Standardizes the quality of services provided by Peer Support Specialists that employers can rely on.
- Certification is portable to any CA county.
- Provides a scope of practice that service recipients can benefit from.
- Can be utilized as a basis for the ability to bill Medi-Cal for services provided.



Official National & State Certifications

- ❑ 42 States & D.C. have State Certified Peer Specialists
- ❑ 4 States in process of developing State protocol for certifying peers
- ❑ 14 States have State Certified Family or Parent Specialists
- ❑ Billing Medicaid for Peer Services is the primary impetus
- ❑ U.S. Veterans Administration Certifies Peer Specialists
 - Employs over 1,000 Peer Specialists (5 grades)
- ❑ The International Association of Peer Specialists (INAPS) develops competencies for international Peer Certification
- ❑ SAMHSA drafted 62 Competencies for Peer Support workers in behavioral health (2015)
- ❑ CA could be the first state in the nation to adopt certification for peer providers across the life span.

Peer Specialist Training and Certification



(Kaufman, Brooks, Bellinger, Steinley-Bumgarner, & Stevens-Manser, 2014; Page 3)

Example: Georgia Certified Specialists bill

- Structured activities that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills.
- Activities provided between and among individuals who have common issues and needs, are consumer motivated, initiated and/or managed, and assist individuals in living as independently as possible.
- Peer Support (H0038), Psych rehab (H2017), Community support (H2015), ACT (H0039),
- Health and Wellness Supports, (H0025)—Whole Health
 - Supporting the individual in building skills that enable whole health improvements



Oregon Certified Peer Specialists bill

- “Peer Delivered Services” means an array of agency or community-based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience, that are designed to support the needs of individuals and families as applicable.
- H2021 Community-Based Wraparound
- H2027 Psycho-educational Services
- H0038 Self-Help/Peer Support



Kansas Certified Specialists bill

- Help the member to develop a network for information and support from others who have been through similar experiences
- Assist the member with regaining the ability to make independent choices and to take a proactive role in treatment, including discussing questions or concerns about medications, diagnoses or treatment approaches with the treating clinician
- Assist identifying and effectively responding to or avoiding identified precursors or triggers that result in functional impairments
- H0038 - Peer Support - Individual
- H0038 HQ - Peer Support - Group



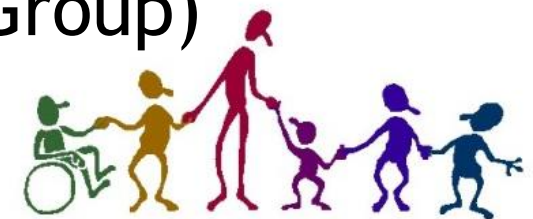
Michigan Certified Specialists bill

- “Because of their life experience, Peer Support Specialists provide expertise that professional disciplines cannot replicate.
- Service Codes:
 - Assertive Community Treatment (ACT) H0039
 - Peer-Directed and -Operated Support Services, H0023, H0038, H0046
 - H0023: Drop-in center



Minnesota Certified Peer Specialists bill

- “Non-clinical peer support counseling, wrap around continuum of services, individualized to the consumer
- Promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, maintenance of skills learned in other support services,
- Sharing of one’s personal experiences of recovery to inspire hope and recovery in others
- Helping to ensure the treatment plan reflects the needs and preferences of the person being served to achieve their measurable and individualized goals”
- H0038, Self-Help/Peer Services (Individual or Group)



Benefits of Peer Support Services

Research

Less inpatient use

Clarke et al, 2000; Klein et al, 1998. Min et al., 2007; Landers and Zhou, 2009

More time and engagement with the community

Clarke et al., 2000; Min et al., 2007

Better treatment engagement

Craig et al., 2004; Sells et al., 2006; Felton et al., 1995

Greater satisfaction with life

Felton et al., 1995

Greater quality of life

Klein et al., 1998

Greater hopefulness

Cook et al., 2010

Better social functioning

Klein et al., 1998

Fewer problems and needs

Craig et al., 2004; Felton et al., 1995

Decreased symptoms

Increased coping skills

Increased life satisfaction

Chamberlin, et al, 1996; Humphreys, 1997; Raiff, 1984; Davidson, et al 1999

Reduces overall ongoing need for mental health services

Chinman, 2001; Klein et al, 1998; Simpson & House, 2002

Decreased substance use

Klein et al, 1998

Benefits of Parent/Family Peer Support Services	Research
Improved youth functioning and lower parental stress	Becker and Kennedy, 2003
Improved family member's ability to cope and feelings of empowerment (Family to Family)	Dickson, et al, 2013
Reduced anxiety, improved problem-solving, improved coping and knowledge (Family to Family, sustained at 9 months)	Lucksted, et al, 2013
Reduction of parental stress	Davis and Spurr, 1998; Treacy, 2005
Reduced symptoms of anxiety and depression	Davis and Spurr, 1998; Sonuga-Barke, et al, 2001
Significant decreases in behavioral problems of the child	Davis and Spurr, 1998; McCleary and Ridley, 1999; Sonuga-Barke et al, 2001
Increased engagement in service initiation and continuation	McKay et al, 1999
Decreased symptoms or severity of illness of the child	Barret et al, 2004; Cohen and Mannarino, 2008; Feinfeld and Baker, 2004; Pavuluri et al, 2004; Pfeffer et al, 2002; Shortt et al, 2001; Valderhug et al, 2007
Decreases in negative parental reactions as well as more likely to maintain contact with other parents and to obtain additional therapy for their child	Deblinger et al, 2001

Outcomes

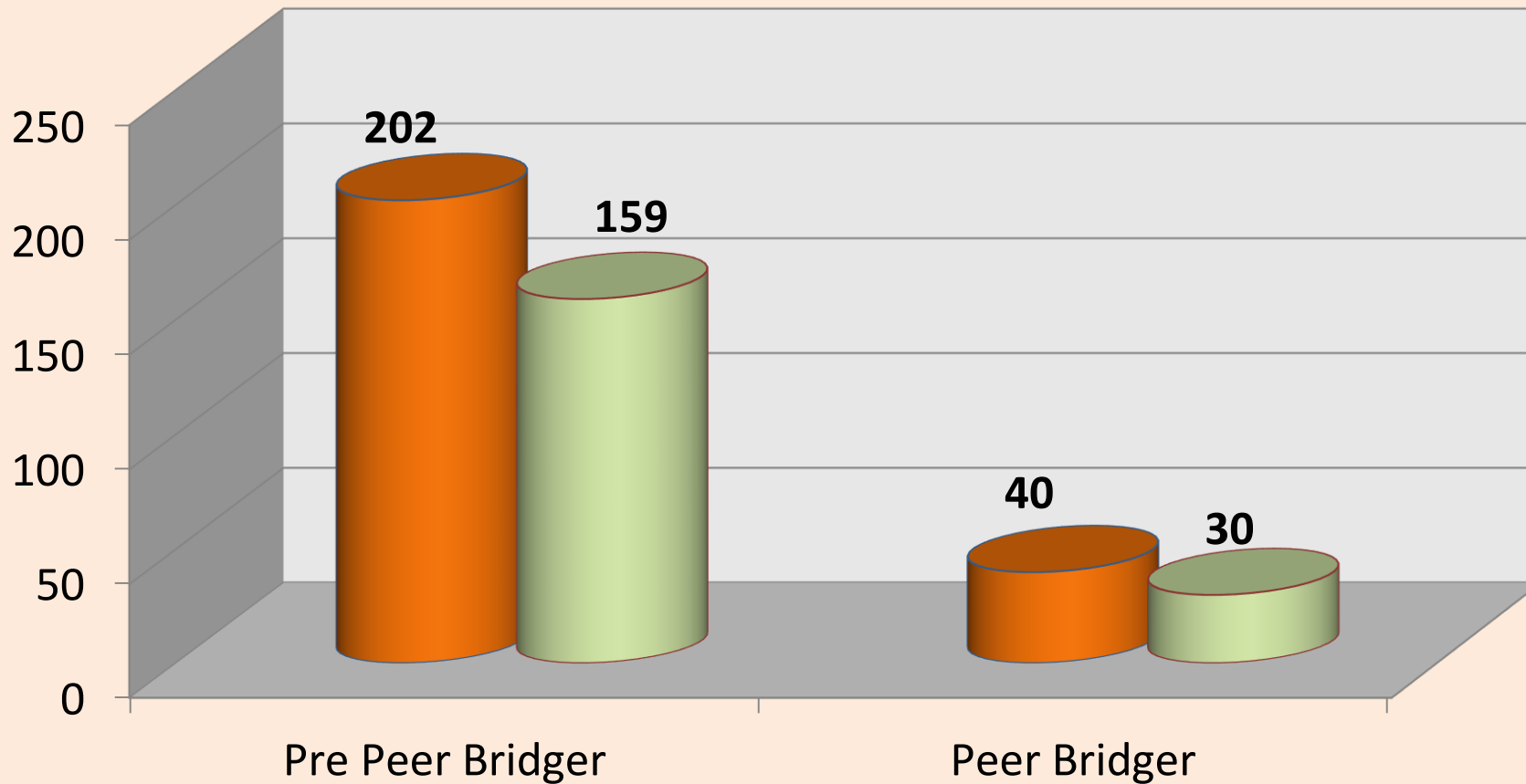


Significant Reduction in Hospital and ED Visits:

- RRC Ellendale, DE: 50% reduction in ED use
- RRC Ellendale, DE: reduction in hospitalization from 48% down to 10% hospitalization rate
- The use of peer supporters in Fife, Washington created reduced hospitalizations by 79% (From 202 individuals per year to 40 individuals per year)

Source: Lisa St. George, Director of Recovery Practices
RI International, lisa.st.george@riinternational.com / 602-636-4491





An RI International Peer Bridger program in Pierce County, Washington has demonstrated wonderful outcomes in reductions in hospitalizations and the numbers of individuals hospitalized. Peer Support creates great outcomes.

Source: Lisa St.George, Director of Recovery Practices

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Outcomes in Alameda County

- Alameda Peer Mentoring Program

- Management provided by Consumer-run Agency
- 26 Peers completed 40-hour training called "The Art of Facilitating Self-Determination."
- 18 month pilot: Mentors meet and provide phone check-in weekly with individuals upon discharge from John George Pavilion hospital

- Results:

72% Reduction in hospital admissions: 125 count

Avg cost of hospital admission : \$8,500

Total gross systems savings: \$1,062,500

Less total grant dollars: - \$238,000

- Return on investment: 470% or \$824,500 (2014)

- Source: Peers Engaging & Empowering in Recovery Services (PEERS) and Alameda County DBH



Subtle and Impactful Outcomes

- Certified Peer Specialist Services result in substantial savings by reducing the high-cost of care



Outcomes in Riverside County

- County employees: 168 peer, family, youth, and parent support specialists
 - fulltime,
 - unionized,
 - bill under existing Medi-Cal codes
 - 25% or more services provided by peer specialist are not billable currently
- Peer Specialists are on all teams including mobile crisis teams
 - Diverted 71% from hospitalization



“It is the intent of the Legislature that the peer, parent, transition-age, and family support specialist certification program achieve all of the following...Encourage employment...to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the people whom they serve.”

Senate Bill 614 14045.12(h)



State Certification for Peer Supports!

- Certifying Peer Support Specialists ensures that the peer supports working in the fields of mental health care, substance misuse care, and co-occurring MH/Substance Misuse meet a professional standard.
- It also paves the way for Peer Supporters to bill Medicaid services while working in organizations.
- It is meeting a standard set by SAMHSA.
- It will support the continued growth of the unique discipline of peer support.
- It will allow more jobs to be created.

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QUESTION AND ANSWER