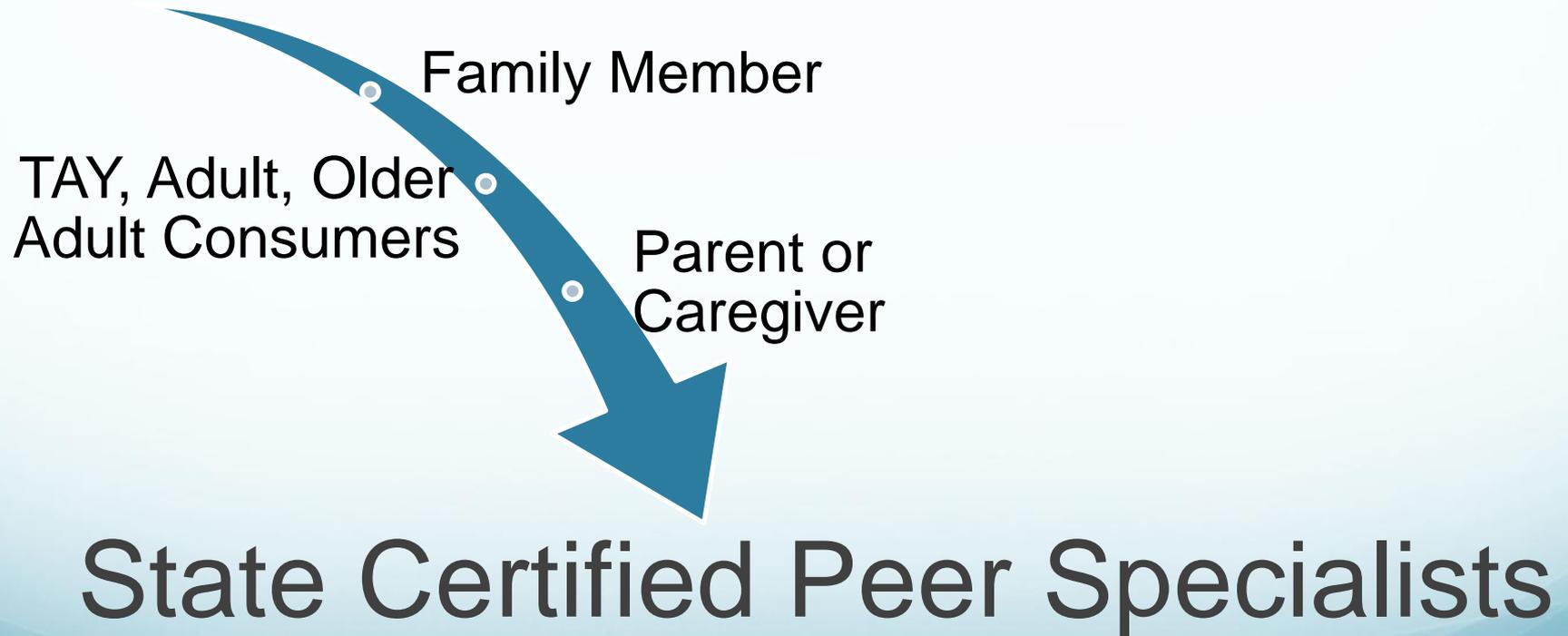


California Peer Specialist (PS) Career Pathway

Peer Specialists



Current State

- ❑ Mental Health Services Act (MHSA) objective to increase Consumer/Family Employment (DMH Sec. 5822)

- ❑ Working Well Together (WWT) provides training and consultation to CA Counties as the Technical Assistance Center on Consumer & Family Employment
 - Key project:
Stakeholder Recommendations supporting CA State Certification of Peer Specialists

Current State

- ❑ Stakeholder recommendations for State standardization of policies, practices and utilization among county systems
- ❑ CA Peer Specialist Profession NEXT STEPS:
 - Funding for State Certification
 - Designate Certifying Body
 - Implementation of Training
- ❑ 26 other states have State Certification for Peer Specialists for cost-effective wellness, recovery, and resiliency services

Current State

- ❑ Peer Specialists are more effective than traditional providers reaching demographically unserved/underserved, with “social inclusion, engagement and increased social networks”

(Repper and Carter 2011)

❑ Cost Effectiveness of Peer Specialist Services

- ❑ Reduced Costs Overall (Georgia)
- ❑ Acute care costs: 55% reduction
- ❑ \$2.5 million savings per year on average

(Larry Davidson, Ph.D, 2012 Pillars of Peer Support)

Consumer/Family Support Staff in Public Mental Health

California Public Mental Health Needs Assessment, 2009

- 1,973 “**Consumer/Family Support Staff**” employed in public mental health
- 4% of total workforce
 - 13.2% of unlicensed direct service staff
- Majority employed by community based organizations
- Estimated 2,013 positions needed to meet the 2009 demand
- Family member positions were 10th hardest position to fill

Scope of Practice

- ❑ Certification will establish formal Scope of Practice for Peer Specialists in CA

- ❑ Service Settings:
 - Crisis Respite Houses and Crisis Residential
 - Hospitals and Outpatient Programs
 - Housing and Employment Programs
 - Wellness Centers
 - Homeless Forensic Programs (AB109)
 - Full Service Partnerships/Integrated Service Teams
 - Peer-Run Programs

Scope of Practice

Under supervision, sample duties include:

- Provide individualized support to coach wellness, resiliency and recovery
- Facilitate Wellness Recovery Action Plan (WRAP) and other Health Management groups, ex. Diabetes
- Model coping skills and self-help strategies
- Assist in development of Individualized Educational Plan (IEP) and related school-based services
- Educate, advocate and mentor families and parents in navigating systems and community services
- Liaison to services for wellness needs, community resources, groups and natural supports

Scope of Practice Family Specialist

- ❑ Common title: Parent Partner/Family Advocate
 - ❑ Increase family awareness of the need for self-care, reinforce strengths regarding caring for their children
 - ❑ Increase acceptance and appreciation of child's challenges and increase their ability to work with both formal and informal supports.
 - ❑ Trainings to promote best practices and cultural/linguistic competency
 - ❑ Reduce: Homelessness, Incarceration, Unemployment, Suicide, School failure or dropout, Prolonged suffering, Removal of children from their homes

Retention of Peer Specialists

- ❑ Retention is high in Riverside County where...
 - Continuing Education and Training
 - Peer Specialist Internships are valued
 - Integrated Teams trained on value of peer services for wellness, recovery and resiliency

- ❑ General or Systemic Challenges
 - Lack of:
 - Standardized training of peer specialists
 - Clear job duties and/or descriptions
 - Effective supervision
 - Training for non-peer professionals (stigma)
 - Retention and workforce supports
 - Livable wage

Recommended Education and Experience Requirements

- ❑ Recommendations for proposed State Certification
 - 80 hours of training by accredited programs and testing
 - Additional 25 hours of training for specialty emphasis in whole health, forensics, co-occurring, foster care, etc.
 - Re-certification requirement every 3 years
- ❑ Experience
 - Lived experience with mental health challenges or family
 - 12 months of full time peer specialist internship, work or volunteer
- ❑ Training Timelines
 - Average time from starting training program to State Certification would be just over 1 year

Funding

- ❑ Funding will open the Peer Specialists Pathway by establishing the statewide Certification
 - Certifying Body
 - Curriculum Standards
 - Training Implementation

- ❑ State Plan Amendment (SPA) needed to access Medi-Caid reimbursement designated for Peer Services:
 - ➔ Add to SPA
 - Specialists as *'provider'* type
 - Peer Services as *'service'* type
 - *'Site Certification'* for peer-operated agencies

Current & Future Need

- ❑ Current CA Peer Specialist workforce estimate: **6,000**
- ❑ Peer Specialists reflect cultural, ethnic, linguistic, sexual orientation, and socio-economic diversity
- ❑ Given anticipated workforce shortages; Peer Specialists can fill this gap while increasing diversity in workforce
- ❑ Depending on service settings, ratios range from 1:10 to 1:50 of Peer Specialists to people served in public mental health

For 1:25 ratio = need 39,312 Peer Specialists

From DHCS Behavioral Health Services Needs Assessment (Feb. 2012) & Pillars of Peer Support

Future Need

❑ **Optimal workforce total of
39,312 Certified Peer/Family Specialists**

❑ To build an optimal cost-effective recovery and resiliency-based workforce in 2013, current needs call for an **increase of
33,312 Certified Peer/Family Specialists**

Consumer/Family Support Staff in Public Mental Health

- ❑ No national occupational classification for ‘Peer Specialists’ yet

- ❑ ‘Social & Human Service Assistants’ is a comparable occupation
 - Interview clients/families to compile information on social, educational, criminal, institutional, or medical history
 - Assist in locating housing for displaced individuals
 - Assist in planning food budgets and healthy diets
 - Meet with youth groups on consequences of delinquency

- ❑ CA EDD projected growth rate at +22% (+1500 average annual job openings in CA)

Consumer/Family Support Staff in Public Mental Health

- ❑ CA Association of Social Rehabilitation Agencies (CASRA) 2012 DACUM on mental health services
- ❑ Tasks that can be provided by unlicensed staff.

Examples:

- Assist to develop plans for individuals, families, and/or community groups to improve overall health.
- Interpret, translate, or provide cultural mediation related to health services for community members.
- Maintain updated client records
(Community Health Worker Job Tasks, DOL)

Sources Cited

- CA Stakeholders “Final Report: Recommendations from the Statewide Summit on Certification of Peer Providers” (June, 2013) and Working Well Together two year process of over 400 stakeholders’ input
- DMH 2009 “CA Public Mental Health Workforce: A Needs Assessment
- FFCMH “Issue Brief: Family-to-Family Peer Support” (Oct, 2011)
- Repper & Carter (2011): “A Review of the Literature on Peer Support in Mental Health Services”
- County of Riverside Career Ladder
- Larry Davidson, Pillars of Peer Support (Sept. 2012)
- DHCS Behavioral Health Services Needs Assessment (Feb. 2012)

Sources Cited

- Wilma Townsend, Director of Consumer Affairs, SAMHSA
- CASRA, 2012 DACUM of Mental Health Duties
- Dept. of Labor, Occupational Network (o*net), Career Infonet, and CA EDD
- Lori Ashcraft, Recovery Innovations
- Working Well Together/Inspired At Work – Peer Specialists Reports 2011-2013
- Fran Purdy, Director of Certification Commission for Family Support, National Federation of Families for Children's Mental Health (FFCMH)
- Alameda County BHCS, Contra Costa County MH, Riverside County MH and Recovery Services

Peer Specialist Pathway

Target Groups:
 Required: Lived Experience with mental health challenges (as Consumer, Family, or Parent)

- Recipients of behavioral health services
- People from diverse cultural and linguistic communities
- People in jail and prison re-entry programs
- Members of faith-based communities
- Promotoras & Health Conductors
- Middle, High School and Community College Students
- Adult Education Regional Occupational Programs
- Veterans
- Career Changers, Previously employed workers with disabilities

K-12 Education

Stigma, Lack of understanding of value of peer specialist, Recovery & Resiliency to Mental Health

Licensed Mental Health Professionals Doubt the credibility and capability of peers

Low pay, lack of advancement opportunities, inappropriate work assignments, lack of supervision, and stigma in the workplace



Coordination and Support Infrastructure

Quality, Diverse Mental Health Workforce of trained people with lived experience

18

Adapted from the coordinated health career pathway developed by Jeff Oxendine.

Recommendations: Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none"><li data-bbox="69 419 780 565">■ No funding for State Certification	<ul style="list-style-type: none"><li data-bbox="935 419 1746 636">■ Use MHSA WET dollars to fund and establish CA Certification
<ul style="list-style-type: none"><li data-bbox="69 785 869 842">■ Lack of CA Certification	<ul style="list-style-type: none"><li data-bbox="935 785 1789 1328">■ Adopt WWT Final Recommendations to State for Consumer, TAY, Adult, Older Adult, Family member, and Parent Peer Specialists State Certification

Recommendations: Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">▪ No CA mechanism for accessing Medicaid Reimbursement designated for Peer Specialist Services	<ul style="list-style-type: none">▪ Amend State Plan to allow for Peer Provider, Type and Service billing▪ Peer Specialist Workgroup to partner with OSHPD and CMHDA to develop State Plan Amendment to create new provider and service type (recommendation #3)

Recommendations: Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">■ Stigma & Discrimination	<ul style="list-style-type: none">■ Develop a plan to provide extensive and expansive training on the values, philosophy and efficacy of peer support to MH administration and staff (recommendation #10)■ Direct contact through employment of Certified Peer Specialists
<ul style="list-style-type: none">■ Lack of recognition of profession	<ul style="list-style-type: none">■ Promote Peer Specialists and Peer Specialists Certification■ Develop policy statement on peer support as distinct from other disciplines to maintain the integrity of peer specialist services (recommendation #12)

Recommendations: Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">▪ Mental Health professionals doubt the abilities and credibility of people in recovery	<ul style="list-style-type: none">▪ Partner with CalMHSA to leverage statewide anti-stigma campaign to impact MH service providers▪ Develop a plan for welcoming environments that embrace the use of multi-disciplinary teams incorporating Peer Specialists fully onto MH teams. (Recommendation #11)

Recommendations: Identified Barriers

Barrier	Recommendation
<ul style="list-style-type: none">▪ Uneven distribution of and access to training programs	<ul style="list-style-type: none">▪ Fund and implement statewide certification for Peer Specialists:<ul style="list-style-type: none">• Identify Certifying Body• Establish Curriculum Standards• Implement Training Programs

Recommendations to Address Identified Barriers

Barrier	Recommendation
<p>Lack of opportunities for Peer Specialists to advance to higher paying positions</p>	<ul style="list-style-type: none">• Establish certification and reimbursement for Peer Specialist Services• Develop Career Ladder opportunities for peer specialists to advance into management and leadership (Recommendation #17) and to cross pathways to licensed professions• Value lived experience in all behavioral health professions

Demonstration Project: “Peer Mentoring Program”

- 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: | <u>- \$238,000</u> |

Return on investment : 470% or \$824,500

Peer Specialists

- ❑ Peer Support expert Lori Ashcraft recommends Peer Specialists be at a minimum of 25% of the workforce for cost-effective recovery services
- ❑ Peer Mentors- Return on investment: 470%
- ❑ ***“It’s not- like you might think- that you don’t have the money to offer recovery support services, but rather that you don’t have the money NOT to offer them”***

-Quote from Keith Humphreys, Pillars of Support 2012 (Larry Davidson, PhD)

Peer Specialists

