

# UNDER THE MICROSCOPE

JULY 1, 2016



## A SINGLE NATIONAL STANDARD FOR PEER SPECIALIST CERTIFICATION

*Mental Health America and Florida Certification Board lead effort to develop nationally recognized peer specialist credential*

### ISSUE

Behavioral health professionals have known for more than a decade that the talents of trained peer support personnel can exert a powerful and positive influence in the lives of those struggling to recover from mental health and co-occurring substance-use disorders. For almost as long, peer support trainers and advocates have advanced a variety of training and certification programs that have enabled individuals in recovery to share their stories, their strengths, and their optimism about recovery with others.

These varied, sometimes competing, programs have spurred states to adopt peer certification standards, added more and more talented peers into the field, and helped make peer support a Medicaid-reimbursable service in 35 states. However, their diversity has stood in the way of a single national standard. And that lack of standardization has delayed the understanding and acceptance of peer support services by private health providers and insurers. It has also impeded progress in completing high-quality research needed to convince commercial insurers of the validity and scope of positive clinical outcomes, and of the value of reimbursing these services.

Fortunately, a multi-year effort led by Mental Health America, together with the Florida Certification Board and peer-support experts nationwide, is advancing a nationally accepted peer training certification: the MHA National Certified Peer Specialist (MHA NCPS) professional credentialing program.

### ANALYSIS

The MHA NCPS credential is not intended to replace all existing peer support training programs, or to change the training or work of the peers already working in the field. Instead, the developers of the NCPS credential describe it as an “advanced level peer specialist credential, for a person with a minimum of 12 months experience and advanced training in topics related to whole health, healthcare systems, trauma-informed care, and adult learning.” So, working peers can think of it as a kind of graduate-level course that will earn them a nationally recognized certification.

The new credentialing program will be demanding, says Patrick Hendry, Mental Health America’s Vice President for Consumer Advocacy. “If peer support is to become an accepted practice in private healthcare, it is essential for us to establish a national standard for peer knowledge, training, and experience. This new certification will set extremely high standards, requiring individuals to have 2,000 hours of peer-specialist experience and to pass a demanding, knowledge-based exam,” he said. “We started this effort from a place where we wanted to expand the recognition and use of peer support in private practice and the private

sector.” The long term hope, he added, is that private/commercial insurers will recognize the impact and quality of NCPS certified peer specialists and make their services reimbursable.

The MHA NCPS effort “envisions a whole new level of peer support, one that adheres to the core principles and values of the field, yet expands the knowledge base to allow peers to work in the full range of healthcare,” Hendry said. “Imagine peer support as an adjunct to every type of healthcare: assisting primary care doctors; working with whole-health teams; working with psychiatrists, psychologists, counselors and therapists; helping in inpatient settings and emergency rooms.”

To develop a standard that would support these diverse efforts, the MHA NCPS development group undertook wide ranging research, including a series of studies and pilot programs with the Kaiser Permanente health system. The pilot studies helped to shape the new peer specialist credential requirements by “finding out what’s different” when peer support services are applied in private practices and in private sector healthcare facilities like those at Kaiser Permanente, since public sector peer support requirements and needs are comparatively well known.

Hendry emphasized that the new credential is not intended to redefine or remake the traditional role of peer support, but to equip NCPS credentialed peer support professionals to work in the widest array of professional circumstances possible. “We’re designing this certification to meet the needs of all forms of peer support,” he continued. “We want to prepare peers to be able to work in more competitive environments, alongside and as a teammate with a full range of clinical and health professionals. We anticipate that nationally certified peer specialists will be employed in a wide range of clinical settings, including inpatient settings, emergency departments, and with private practitioners, including primary care physicians.”

The group that’s been putting together the new credential is something of a who’s who of peer support. In addition to himself, Hendry says that the group includes Larry Fricks, Joseph Rogers, Sue Bergeson, Tom Lane, four working peer specialists, two working peer supervisors, a private practice psychiatrist, a psychologist, a primary care doctor, and a social worker. “We’ve been following a very set method of doing a core competency study, working with experts, and getting together again and again to review all of the requirements.” After completing an extensive public review and comment process on NCPS core competencies, the group recently completed a role validation study which will be used to weight the NCPS examination in accord with the skills and competencies that are most important and most used by peers, he added.

At present, Hendry said that questions for the NCPS exam are now being developed by a committee of volunteer experts. Those questions, in turn, will be reviewed by the Florida Certification Board and, when the exam is completed, it will be made available online through a network of educational testing organizations and MHA affiliates in all 50 states. Hendry anticipates that the test should be available in the fall.

Letters of agreement with Appalachian Consulting, the Center for Inclusion and Recovery, the International Association of Peer Support and other leading national peer support organizations will ensure that the credential will be widely promoted and well-known within the mental health community.

## **Requirements**

The list of required knowledge and skills for those who aspire to the NCPS peer credential is long. In all, there are more than 50 different competencies and requirements in six different domains, which include:



- Domain 1: Foundations of Peer Support
- Domain 2: Foundations of Healthcare Systems
- Domain 3: Mentoring, Shared Learning and Relationship Building
- Domain 4: Activation and Self-Management
- Domain 5: Advocacy
- Domain 6: Professional and Ethical Responsibilities

Domain 1 competencies will demand that peer specialists are thoroughly grounded in their knowledge of mental illness and recovery, of guiding principles and practice guidelines established by SAMHSA and the International Association of Peer Supports, of differences in peer support roles in public and private health systems, and in the impact of trauma and the value of trauma-informed care. Given the prevalence of co-occurring disorders, peer specialists will be required to have knowledge of both mental health and substance use problems, and to be prepared to offer peer services to individuals who need both.

Domain 2 requirements reflect the need of peers to understand not only public, but private systems of providers, payers, and care. Though they will play a non-clinical role in care, peers will be expected to have a broad knowledge of clinical providers and roles, traditional and non-traditional therapeutic and clinical treatment modalities, elements of clinical documentation, and of key research findings such as the social determinants of health, individual risk factors, ACEs, and other essentials. As members of comprehensive care teams, peer specialists will need to know how to focus not only on behavioral health concerns, but on whole health issues, including the management of chronic diseases.

More detailed knowledge of clinical interventions will be needed so that peer specialists know when and how to support individuals in treatment. For example, Hendry explained, research has shown that when an individual is receiving dialectical behavior therapy (DBT) for a personality disorder, peers must have enough knowledge about the phases of DBT to avoid “getting in the way.” This can occur when the individual’s therapist “withdraws,” leaving the individual “alone” to face challenging situations as a means of developing essential distress tolerance and emotional regulation skills. Peers who recognize the phases of DBT treatment can adapt their interactions with the individual in ways that support the therapeutic goal.

Domain 3 emphasizes many traditional peer skills and competencies, including engagement, storytelling, strengths and needs development, shared learning strategies, and relationship building. Among the newer skill sets required for peers will be knowledge of effective adult learning strategies, and more specialized knowledge about how to effectively use technology as a means of bridging long distances (such as in rural areas) or to overcome other barriers that hinder traditional “face to face” communication.

Domain 4 relates to the peer specialist’s role in helping individuals understand the recovery process and in activating and teaching the individual to use self-management skills. Here, there is a new emphasis on a peer specialist’s ability to identify and respond to situations where early interventions can prevent behavioral health crises or the need for more intensive care—a key issue for private health systems and payers. Another new area of emphasis will be on activating the abilities of individuals to manage not only behavioral health, but other ‘whole health’ concerns including exercise, diet, and medical conditions such as diabetes, heart disease, cancer, or other difficult or devastating illnesses.

Domain 5, Advocacy, will, said Hendry, require peer specialists to have a relevant knowledge of fast-changing state and national laws—the ADA, the Affordable Care Act, key legal decisions, informed consent, confidentiality laws and more—that define how ‘the system’ works. Along with greater knowledge of clinical roles and treatment interventions (Domain 2), a peer specialist “will also need the recovery knowledge and systems knowledge to credibly teach other healthcare professionals about the potential for, and complexities of, an individual’s recovery process.”

Domain 6 competencies highlight the peer specialist's ability to perform essential job functions safely, according to law and agency/professional requirements, and to recognize and respect their scope of service—what they can and cannot do.

## **ACTION**

“History and evidence have shown that when trained individuals—with lived experience of a mental illness and its far-reaching consequences—step up to provide support, education, mentoring, and motivation, the effects are powerful and positive,” said Hendry.

For those like you who must fund, administer, and ultimately deliver a range of behavioral (and sometimes physical) health services, the prospect of a new, nationally recognized peer specialist standard—the MHA Nationally Certified Peer Specialist credential—offers a range of near-term and long-term opportunities:

- 1) It expands the career path for current peers and will, in time, lead to more significant and better paying jobs in behavioral health system and ultimately, in the health system. It is the kind of resource that will be needed if peers are to assume a substantial role in behavioral health care delivery in coming years.
- 2) It provides a single national standard for advanced peer training that could lead to more consistent service delivery quality, more efficient outcomes measurement, and ultimately to reimbursement by private/commercial insurers.
- 3) It opens up a path by which the motivational relationships and skills of peer specialists can take on a broader role in managing better care, at lower costs, for challenging and high-cost individuals in both the behavioral health and healthcare systems.

So, what can you do?

- 1) Learn more by reading up on the core competencies and skills required to earn the MHA NCPS credential by reading the MHA NCPS Role Delineation Study report at: <http://flcertificationboard.org/certification/nationally-credentialed-peer-specialist/>.
- 2) If you're in one of the 15 states that does not yet offer Medicaid reimbursement for peer-specialist services, take advantage of the extensive work of the MHA NCPS development group and other national peer advocacy groups to educate legislators about the demanding requirements that peer specialists must meet and about the cost-saving impact that they can have in helping people recover.
- 3) Look for initial release of the MHA NCPS online exam around October. While Hendry could not offer any details about the cost of the test, he indicated that there will be many opportunities for qualified peers taking the test to receive discounts and scholarships. “We want to see as many people as possible working under this new certification in the near future,” he said.

*Researched and Written by Dennis Grantham*