

Overview of the Substance Abuse and Mental Health Services Administration's National Model Standards for Peer Support Certification

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Agenda

- I. Origin of the National Model Standards
- II. Premise for the Standards
- III. Broad Orientation to Content
- IV. Tool for Self-Assessment

Origins of the National Model Standards



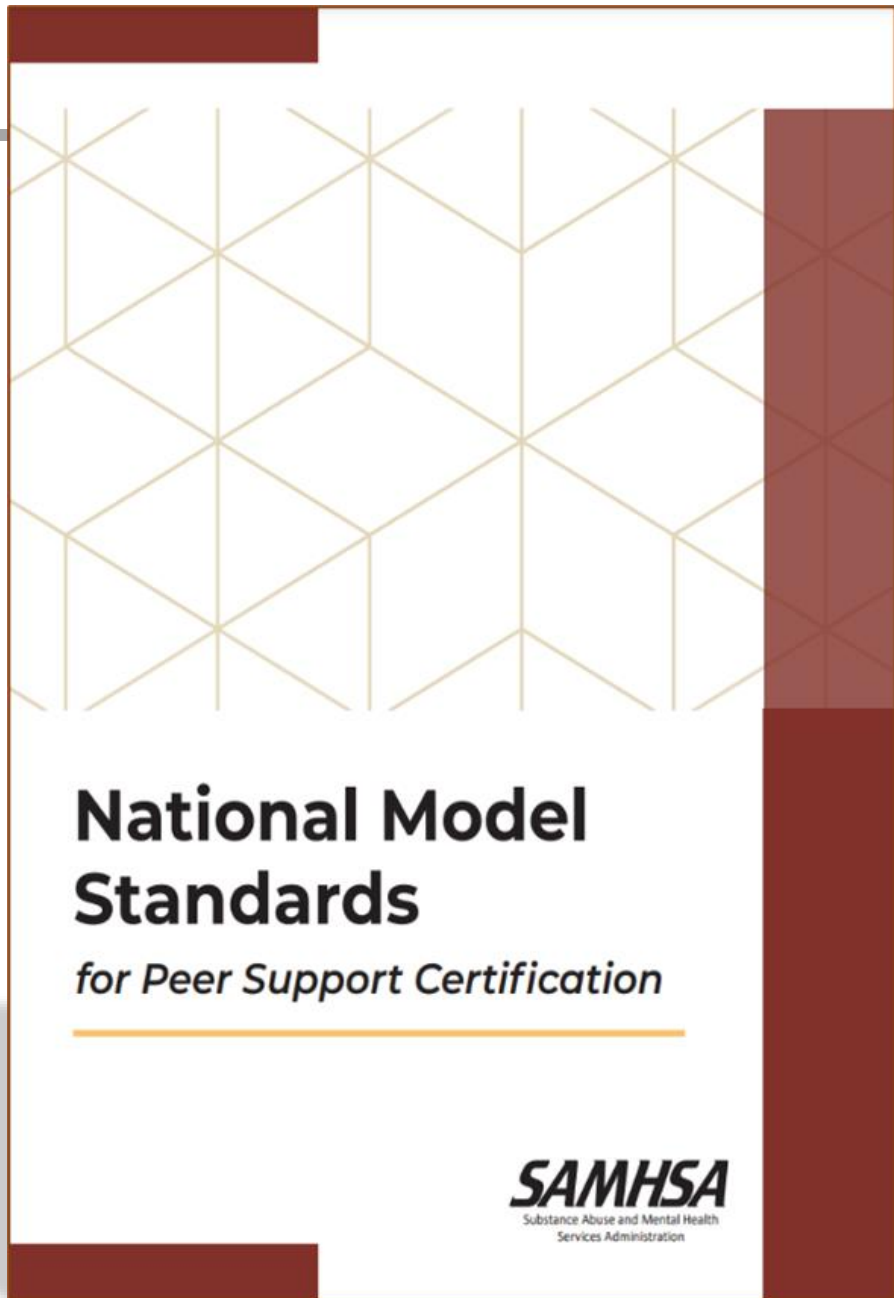
- Multiple Goals
- One was to accelerate the “universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system.”
- Including the development and implementation of a national certification program for mental health peer specialists.

Premise/Assumptions

- Strengthening System Capacity (especially crisis infrastructure)
 - Mitigating Behavioral Health Workforce Shortage
 - Expand supply of workforce
 - Expand diversity and cultural competency of the workforce
 - Accelerate universal adoption, recognition, and integration of the peer mental health workforce across all elements of the health care system.
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- + SAMHSA Office of Recovery established (2022)

National Model Standards

- Modified, recognizing breadth of Peer Training and Certification entities
- Collaborated with federal, state, tribal, territorial, and local partners including peer specialists in development
- Includes substance use, mental health, and family peer certifications
- Not a mandate



Standard Emphasis Areas

- 1) **Authenticity:** Prospective peer should be able to describe MH/SU/Family member lived experience.
- 2) **DEI/A** = Ensure access to prospective peers who may also have disabilities or other barriers. Included strategies on increasing access.
- 3) **Ethics:** State certifications should have peer ethics committees made up of peers to review and assess reported ethical violations.
- 4) **Examinations = Content of Examinations** - Relates directly to and is appropriately based on the peer role (mental health, substance use, or family). Only reflects information explicitly covered in trainings. **Development and Revision of Examinations** Is led by certified peer workers to promote fidelity and reliability. Involves collaboration with other state certification entities to encourage alignment and reciprocity. Structure, Format, and Accommodations of Examinations.
- 5) **Costs/Fees** = State's certification entities should seek for pathways to subsidize and pay for all peer certification and recertification costs.
- 6) **Training = Quantity Hours** – Training requirements range from 40-60 hours for mental health, substance use, and family peer certifications. **Content Facilitation** – Incorporate the accommodations outlined in Model Standard #8 (Diversity, Equity, Inclusion, and Accessibility) etc...

Standard Emphasis Areas

- 7) **Supervised Work Experience** = Maximum number of supervised hours required for certification should be 120 hours and for states that require supervision hours all prospective peer should be able to access a list of eligible sites to get supervision hours.
- 8) **Background Checks** = No background check required at the certification level.
- 9) **Formal Education** = No formal education should be required for certification.
- 10) **Recovery** = No length of abstinence or recovery time requirements.
- 11) **Peer Supervision** = State certification entities should require that prospective certified peer supervisors have direct experience as a peer worker; relevant lived experience;** and a deep understanding of the skills, values, and principles of the peer role.

Quality Improvement Approach

EXHIBIT B: Guiding Questions for Revising Peer Certifications

1. Does our certification ensure that prospective certified peers have lived or living experience that aligns with the population(s) they may serve upon certification?
2. Barring any formal educational requirements, how can prospective certified peers demonstrate literacy and fluency in the language in which they will be serving?
3. Does a prospective certified peer already have professional experience working as a certified peer in another state? If so, what process(es) can we take to expedite/transfer their certification?
4. If a prospective certified peer does not have any experience working as a certified peer worker, what core trainings are critical to their success? And can they be successful without any work experience?
5. Does our certification train peer workers on DEIA? And similarly, how does our certification incorporate DEIA principles for expanding the peer workforce?
6. After the completion of any training requirements, what examination process would limit barriers and what content can be used to determine competency and expand accessibility?
7. Will a background check pose a barrier to expanding the peer workforce in my state? Conversely, does the lack of a background check put any special populations at risk?
8. Do we have a code of ethics that was written by peer workers? How do we handle ethical violations in an impartial manner?
9. Do we have a current certification for peer supervisors? If not, how can we develop one?
10. How can we collaborate with other state certification entities and peer- and family-run organizations to write or adopt an examination that can be used for certified peers who move? And what steps can we take to process an interstate compact?
11. Are there any tribal nations that share a border between our state and another's? If so, how can we ensure that tribal peer workers can provide services across their tribe?
12. What, if any, parts of our certification process may be barriers to expanding the peer workforce and certifying qualified peer workers?

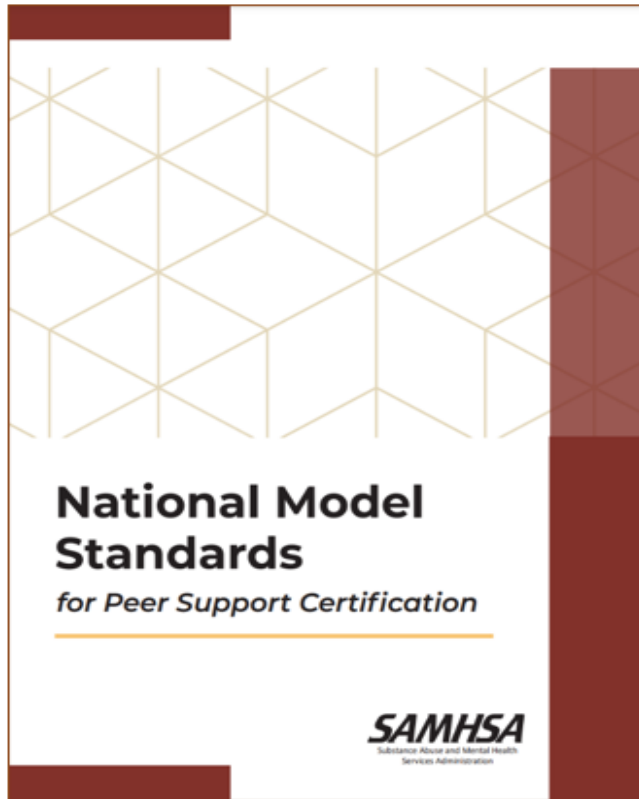
- to promote quality and encourage alignment and reciprocity across often disparate state peer support certifications

Tool



National Model Standards for Peer Support Certification, 2023: State Self-Assessment Tool

Content offered herein is abridged and modified into a tool format from *Substance Abuse and Mental Health Services Administration, National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001, Office of Recovery, Rockville, MD, Substance Abuse and Mental Health Services Administration, 2023.*



Purpose: On March 1, 2022, President Biden announced his administration’s strategy to address our nation’s mental health crisis as outlined in the 2022 Presidential Unity Agenda which included a primary goal of accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system. The National Model Standards for Peer Support Certification are created to address this and are inclusive of substance use, mental health, and family peer certifications.

SAMHSA acknowledges the nuances across the peer workforce and the communities being served, as states often reflect needs that are unique to their community within a certification. Further, SAMHSA’s *National Model Standards for Peer Support Certification* are not intended as a substitute for any state certifications but instead have been developed as guidance for states, territories, tribes, and others, to promote quality and encourage alignment and reciprocity across often disparate state peer support certifications. The National Model Standards are designed to accelerate universal adoption, recognition, and integration of the peer workforce, and strengthen the foundation set by the peer workforce, reinforced by the Core Competencies, and implemented by our state, local, and tribal partners.

Peer support certification refers to “the process required to obtain an official document which attests that an individual has the skills and knowledge required for the peer support services profession.” The certification document is issued by an authorized body which is recognized by the state, district, tribal, or territorial behavioral health authority where an individual may provide substance use or mental health peer support services.

As state certification entities intentionally align their corresponding peer certifications with the national model standards, several benefits can be expected:

1. Increase reciprocity and partnership between state certification entities.
2. Promote quality of peer services being delivered across the country.
3. Protect the authenticity of peers through promotion of and emphasis on lived and living experience.
4. Support state certification entities in the development and/or revision of certification requirements that align with the needs of the peer workforce and the people they serve.
5. Cultivate the peer workforce by elevating the profession and bringing national attention to the critical services they provide.
6. Reinforce the scope of the peer role through distinct certification criteria.
7. Strengthen diversity, equity, inclusion, and accessibility (DEIA) efforts across the peer workforce.
8. Expand career pathways for certified peer workers and peer supervisors

Tool

STATE SELF-ASSESSMENT TOOL - INSTRUCTIONS AND CONSIDERATIONS:

This tool is crafted as a quality improvement mechanism so includes not only current state evidence of alignment but also a framework for the state to document areas in which the curriculum calls for change, with subsequent documentation. The *National Model Standards for Peer Support Certification* are represented “as guiding framework, other important content areas for training may exist, and the content areas above may not be exhaustive.”

The table can be replicated for each unique type of peer certification which is available (e.g. adult mental health, adult substance use, parent/family, youth, etc.) – this example framework will have adult mental health selected (green fill). The state can duplicate the entire table and modify for subsequent certification curriculum review (so, moving next to Adult SUD, then Parent/Family, and so on).

In many cases, the *National Model Standards for Peer Support Certification* document includes more expansive examples and content, so should be used as a companion reference in the completion of this document. For instance, for MODEL STANDARD #1, there are examples of phrasing to use in the self-attestation of lived experience which are not included in this tool (due to space efficiencies).

Further, the Standards in many cases are “soft” meaning they are, as the document states, “guiding framework” (e.g., “State certification entities work with their state to find resources...,” or “State certification entities consider the development and implementation of a certification process...”). In cases such as this, the state and any identified partner may want to schedule a review of work towards progress on a periodic basis, such as completing an annual review on status or assessing newly emerging opportunities to further the work.

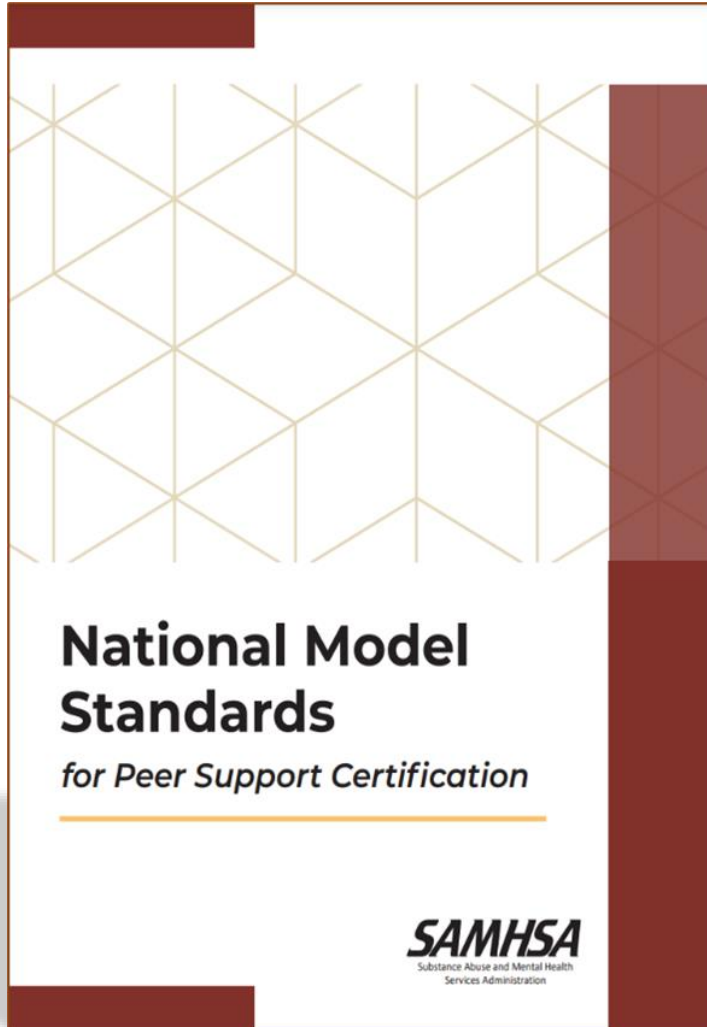
National Model Standards for Peer Support Certification, 2023 State Review					
Adult MH	Adult SUD	Parent/Family	Other (Youth, Forensic, etc.)		
Curriculum Name:	Curriculum Name:	Curriculum Name:	Curriculum Name:		
Curriculum Partner (if any):	Curriculum Partner (if any):	Curriculum Partner (if any):	Curriculum Partner (if any):		
Model Standard	CITED EVALUATION CONSIDERATIONS	ADDITIONAL EVALUATION CONSIDERATIONS	CURRENT STATE/PARTNER EVIDENCE	IDENTIFIED GAPS	IMPROVEMENT STRATEGY (if any)
MODEL STANDARD #1: AUTHENTICITY AND LIVED EXPERIENCE	State certification entities include a self-attestation requirement (e.g., a written narrative, questions, check box) that promotes the following statements of authenticity across the peer workforce: <ul style="list-style-type: none"> A prospective certified mental health/ substance use peer worker should be able to describe lived experience related to a mental health and/or substance use condition, 	<ul style="list-style-type: none"> Consider additional attestation statements for specialized certifications such as forensics, older adults, youth, veterans, etc.). Consider slight modifications to the attestation statements for parents/family 			

What is ahead?

- Quality improvement
- Standardization
- Reciprocity



Primary Reference



Substance Abuse and Mental Health Services Administration (SAMHSA) Office of Recovery, U.S. Department of Health and Human Services (HHS).

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Content and themes throughout this document were developed in collaboration with local, state, federal, tribal, and territorial partners, including peer support specialists/peer workers and peer supervisors, through efforts such as SAMHSA's Technical Expert Panel on Peer Support Certification.

Citation Substance Abuse and Mental Health Services Administration, National Model Standards for Peer Support Certification. Publication No. PEP23-10-01-001. Rockville, MD: Office of Recovery, Substance Abuse and Mental Health Services Administration, 2023.



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