

Division of Mental Health, Developmental Disabilities and Substance Use Services

DMHDDSUS Advisory Committee: Peer Support Workforce

November 29, 2023

Agenda

- Introductions and Expectations
- Defining Peer Supports
- Peer Supports in North Carolina: Current Situation
- Future: Expanding High-Quality Peer Supports in North Carolina
- Discussion

Introductions and Expectations

Peer Support Workforce Advisory Committee Membership (1/2)

Name	Organization
Alisha Tatum	LIFESPAN
Anna Marshall	Monarch NC
Annie Smith	Youth Villages
Bernice Adjabeng	UNC-BHS
Benjamin Horton	Veterans Services of the Carolinas - ABCCM
Brian Perkins	Alliance Health
Christine Beck	United
Cindy Ehlers	Trillium Health Resources
Colleen Barcus	October Road Inc.
Corie Passmore	TLC
Hayley Sink	Trillium health Resources
Jill Hinton	Licensed Psychologist
Julia Adams	
Justin Oyler	North Carolina Community Health Center Association
Kara Finch	
Leonard Shinhoster	Alexander Youth Network
Linda Isbell	Eastpointe
Lizzy Toler	Recovery Alliance Initiative
Maria Franklin	Healthy Blue, NC

Peer Support Workforce Advisory Committee Membership (2/2)

Name	Organization
Nathan Cartwright	Blue Ridge Health
Olayide Olaniyan	Peter-ELST LLC
Ryan Estes	Coastal Horizons
Sandhya Gopal	Alliance Health
Sara Howe	APNC
Sara Huffman	RHA
Sara Wilson	Alliance Health
Scott Smith	
Shelita Lee	North Carolina Children and Families Specialty Plan
Teri Herrman	SPARC
Theresa Garrett	Wellcare
Tisha Jackson	Abound Health
Tom Wilson	VAYA
Valerie Kopetzky	Anuvia Prevention & Recovery Center
Vanita Shipp	VAYA
Victoria Mosey	Alliance Health

Peer Support Workforce Advisory Internal & Consultants

Name	Organization
<i>Internal/Consultants</i>	
Ann Marie Webb- Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Jennifer Meade	DMHDDSUS
Suzanne Thompson	DMHDDSUS
Zoe Barnard	Manatt
Jessica Lyons	Manatt
Garrick Prokos	Accenture

Peer Support Workforce Advisory Committee Charter

The Peer Support Workforce Advisory Committee will advise and inform DMH/DD/SUS on key aspects of the evolution of North Carolina's peer support workforce.

- The Advisory Committee is chaired by DMH/DD/SUS and will consist of a group of approximately twenty-two (22) invited representatives from provider groups and LME-MCOs.
- Members will serve a one-year term, with an optional second year.
- The Advisory Committee will provide feedback on strategic and policy issues related to the peer support workforce and develop recommendations for DMH/DD/SUS' consideration.
- Recommendations are advisory only. Decisions to act upon any recommendations are made at the sole discretion of DMH/DD/SUS.
- The Advisory Committee may create ad-hoc technical groups ("subcommittees"), as needed, to develop formal recommendations on specific, high priority topics.

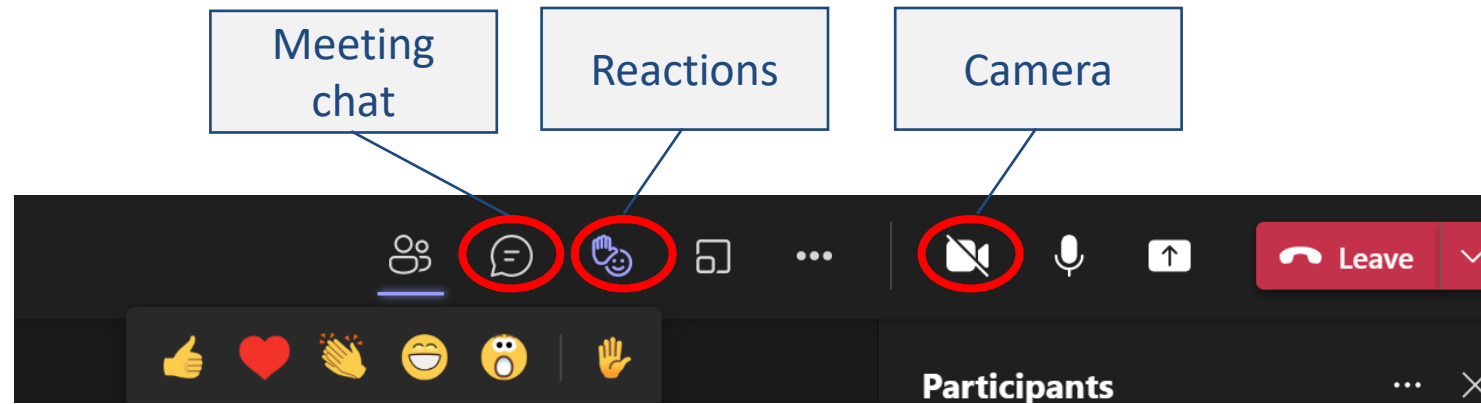
Meeting Logistics and Expectations

Each Advisory Committee meeting will introduce key topics for discussion related to the peer support workforce; initial meetings will set expectations regarding the nature and scope of issues to be addressed.

- The Advisory Committee will meet approximately once per month
- Agendas and materials will be circulated to the membership up to a week in advance of a meeting and publicly posted.
- Members are expected to:
 - Regularly attend meetings, whether in-person or virtually.
 - Actively participate in conversations on key policy and design issues and provide meaningful feedback. For virtual meetings, please turn on cameras (if able), use reactions in Teams to share opinions on topics discussed, and share questions in the chat.
 - Bring issues raised during meetings back to their organizations to promote dialogue and communication between the Advisory Committee and a broader group of stakeholders.

Increasing Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Defining Peer Supports

SAMHSA Peer Support Definition

There are many names used to describe people who provide peer support, including “peer support specialist”, “peer worker”, “recovery coach”, “peer navigator”, “family partner” and more. These titles may denote different populations they support or their type of certification, but all describe a person with lived experience who supports others facing similar challenges.

- SAMHSA describes peer support as **“offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.”**
- Peer support specialists perform a **range of non-clinical activities** including:
 - Advocacy
 - Navigation and linkage to resources
 - Sharing of experience
 - Social support
 - Community and relationship building
 - Group facilitation
 - Skill building
 - Mentoring
 - Goal setting

Peers are not:

- Community health workers
- Care managers / care coordinators
- Administrative staff

Source:

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies_508_12_13_18.pdf

Peer Support Certification

In 2023, SAMHSA released [National Model Standards for Peer Support Certification](#), aiming to “accelerate universal adoption, recognition, and integration of the peer workforce, and to strengthen the foundation set by the peer workforce” across states and Tribal partners.

- Certification for peers can support professionalization of the workforce and can increase their credibility among employers and the public
- There are different types of certification for peer workers, such as adult, family, or youth peers, and certifications for specialized populations such as individuals who are justice-involved, older adults, or veterans.
- There are national certification entities, as well as state certification entities; the requirements for these certifications can vary.
 - National certification for family partners is provided by the [National Federation of Families](#).
- North Carolina offers certification for peers who meet requirements to support individuals with mental health or substance use disorder, and does not accept certification from other states (no reciprocity)

Peer Supports in North Carolina: Current Situation

North Carolina Certified Peer Support Specialist Program (NCCPSS)

The NCCPSS Program is an initiative of DMHDDSUS and housed at University of North Carolina Chapel Hill in the Behavioral Health Springboard (UNC-BHS). The NCCPSS Program implements the certification of peer support specialists, reviews and approves certification courses, manages stakeholder engagement through the NCCPSS Workgroup, and evaluates the program, in addition to other projects.

Vision

To develop a qualified Peer Support Specialist workforce with the support, access, credibility, competency, respect, and valued role within the mental health and substance use disorder service delivery system to positively impact the lives of individuals experiencing mental health and addiction challenges.



**North Carolina's Certified
Peer Support Specialist Program**

*An Initiative of the NC Division of Mental
Health, Developmental Disabilities and
Substance Use Services*

Mission

This NCCPSS Program does the following:

- Help prepare peer specialists for work in the North Carolina mental health and substance use disorder (MH/SUD) service system.
- Issue a certificate showing the person has completed approved training and met the application criteria.

This program does not:

- Certify anything other than that the person has satisfactorily completed approved training.
- Guarantee the individual's job qualifications or employment skills.

Certified Peer Support Specialists Across the State



There are over 4,500 Certified Peer Support Specialists in North Carolina, representing nearly every county

Requirements to Become a Certified Peer Support Specialist (CPSS)



To become a Certified Peer Support Specialist (CPSS), someone must meet the following requirements:

1. Complete an approved 50-hour training course (at least 40 hours face-to-face and 10 hours pre- or homework)
2. Complete an additional 20 hours of training in specialized topics (crisis prevention, person-centered thinking, etc.)
3. Meet education requirements: High School Diploma or GED
4. Sign the Code of Ethics
5. Submit two reference letters from people who can speak to your recovery
6. Complete the application and pay a \$20 application fee
7. (If seeking a Military Designation) Submit a copy of a DD214 or Military ID

North Carolina does not require an exam to become a CPSS

CPSS Training



- There are 13 approved CPSS training courses across the state
- Course owners must submit their proposed curriculum to UNC-BHS, who approves or requests revisions to the curriculum to ensure it teaches CPSS core competencies
- People who want to become a CPSS pay course owners for training directly, and there is variation in the cost of courses by operator (some cost as much as \$425)
- Courses are facilitated by Certified Trainers, who must:
 - Be a NCCPSS for at least two years
 - Be selected by the course owner to facilitate the training
 - Complete a “Training of the Trainer” course

Where are peers employed?



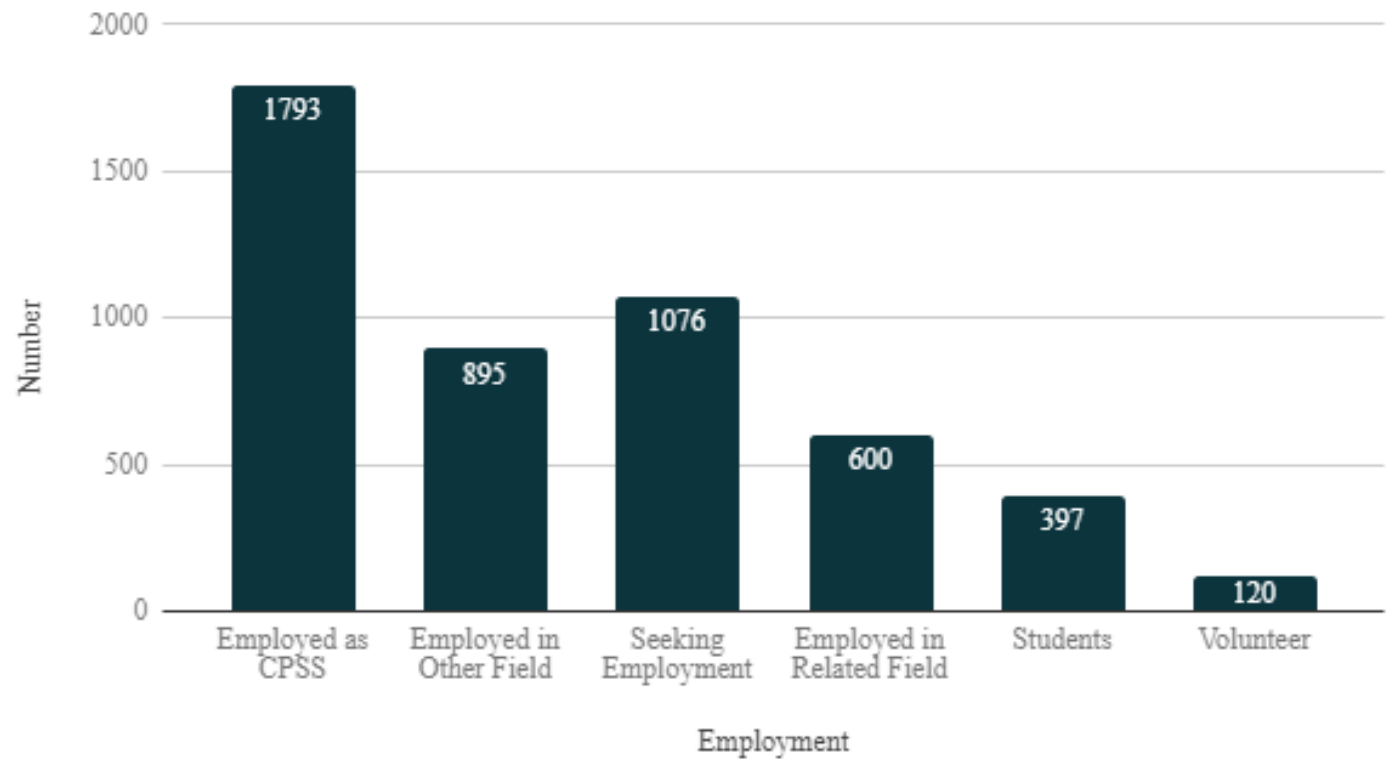
Peers are employed in a variety of settings, including:

- Local Management Entity-Managed Care Organizations (LME-MCOs)
- Mental health and substance use providers
- Peer-run organizations
- Private and DHHS-run psychiatric hospitals and alcohol and drug abuse treatment centers
- Peer respite centers
- Hospital emergency departments
- Crisis and “bridge” programs
- Courts, jails, and re-entry programs
- Helplines
- Other community organizations

CPSS Employment Data

- Only ~40% of CPSS are employed or volunteering in a peer support role
- A significant portion of CPSS are seeking employment
 - This may indicate CPSS are unprepared to enter the workforce after certification, there are not enough jobs to match their skills, or the pay isn't high enough to keep them in the field
- Approximately 12% of CPSS are employed in a related field, indicating there may be other behavioral health professionals taking the CPSS training

Employment (CPSS may have chosen more than one employment category)



Update: Medicaid Rate Increases for Peer Support

The General Assembly has appropriated \$220 million in recurring funds to increase Medicaid reimbursement rates for providers of mental health, substance use disorder (SUD) and intellectual/developmental disability (I/DD)-related services, including peer supports. These new rates will be effective 1/1/2024

Service Type	Procedure Code	Service Description	Current State Plan Fee Schedule	Aggregate Fee Adjustment	Updated State Plan Fee Schedule
Peer Support	H0038	Peer Support-Individual	\$11.97	29.5%	\$15.50
	H0038 HQ	Peer Support-Group	\$2.88	29.5%	\$3.74

DMHDDSUS Peer Initiatives

DMHDDSUS funds over 20 peer initiatives across the state, in a variety of settings and serving diverse populations. Below are examples of a few current peer initiatives.

Peer-Operated Respite (PORS)

3-bedroom respite in Asheville staffed 24/7 by peers; up to 7-day stay for individuals with mental health crisis as an alternative to the emergency department or inpatient care

Problem Gambling Program (NCPGP) Peer Support Helpline Services

First-in-the-nation 24/7 helpline and referral service for people experiencing problems related to gambling; callers are offered both clinical and peer services

Recovery Community Centers

Funding for two peer-run recovery community centers; in addition to serving community members these centers provide mentoring and oversight to 13 additional, smaller recovery community centers across the state

Pilot Peers ED Connections to CARE Programs

Integrates peers only emergency department teams at Cape Fear Hospital to support community connections post-discharge

MORES Pilot

Provides follow-up for youth ages 3-21 following a crisis service, utilizing a team-based approach that includes a family partner; 7 provider sites are supported by UNC-G

BJA Justice Grants

Incorporates peer support into jail diversion and jail-based treatment and reentry programs with the goal of increasing treatment use, reducing drug-related deaths, and reducing recidivism

Future: Expanding High-Quality Peer Supports in North Carolina

Project Goals & Objectives

DMHDDSUS is working with Manatt Health to identify strategies and partnerships to grow high-quality peer support services in North Carolina. Through this work, the team is speaking with peers, providers, and community partners across the state and reviewing national best practices and other-state successes.

- The project aims to:
 - **Evaluate the current landscape** of peer support services in North Carolina and **identify best practices** in research and among other states
 - Develop an **overall vision to maximize the reach and impact of CPSS**
 - Make **recommendations for strategies to address current barriers and leverage strengths**, including in:
 - Recruitment, training, and certification infrastructure
 - Access to peer support services for target populations
 - **Develop a plan for the expansion of peer support services** with clear and attainable goals

Project Approach

DMHDDSUS and Manatt have begun and will continue to conduct the following activities:



- **Phase 1 – Background Research and Subject Matter Expert Interviews:** landscape scan, review of best practices, and interviews with 6-8 subject matter experts (SMEs). SMEs may include peer support specialists, provider groups, plans, DMHDDSUS leadership, UNC-BHS, and beneficiaries.

- **Phase 2 – Recommendations and Vision Development:** Facilitate decision-making on identifying strategies to address the gap between the vision for peer support services and the current landscape.

- This may include financing and programmatic strategies for training and certifying peers, outreach and engagement to increase utilization of peers, creating a sustainable staffing model, and identification of the specific services and sites in North Carolina to target for increasing the reach of peers

Community Partner Engagement: Initial Learnings

In initial conversations with community partners, several themes have emerged:

- Peers can have an incredible impact on someone's recovery journey, but their role within a care team is not always understood by clinical partners
- Aspects of the training and certification process could better align with SAMHSA National Model Standards and there should be an exam
- Cost of training and certification is a real barrier for many peers
- Peers are supportive of efforts to further professionalize the field and establish a “career ladder” where they have room to grow in their career
- DHHS should support efforts to increase peer representation of historically marginalized groups
- There is a need for an independent ethics board or committee to follow up and take action on violations
- There are additional peer designations (Family, Youth, Justice) that DHHS should consider certifying and paying for via Medicaid

Discussion

Discussion

Discussion Questions:

- What is the biggest issue facing peers today?
- What could DHHS do to make peer services work better for your organization?
- Where are peers being utilized well? Where could they be better utilized?
- How well do you feel providers, or the public, understands what peers do?
- How can the state better support historically marginalized groups in becoming CPSS and accessing peer supports?