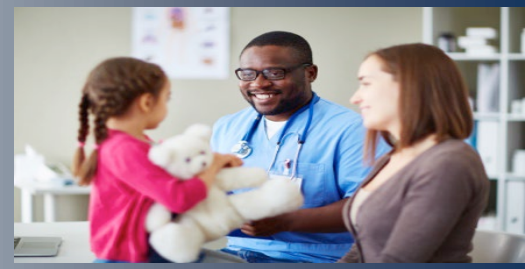






Division of Mental Health, Developmental Disabilities and Substance Use Services

DMHDDSUS Advisory Committee: Peer Support Workforce

December

Agenda

- Introductions and Expectations
- Interview Findings: Community Partner Feedback on Expanding High-Quality Peer Supports
- Discussion

Introductions and Expectations

Peer Support Workforce Advisory Committee Membership (1/3)

Name	Organization
Alisha Tatum	LIFESPAN
Amber Howard	Appalachian District Health Department
Anna Marshall	Monarch NC
Annie Smith	Youth Villages
Barbara Kidder	Oxford House
Bernice Adjabeng	UNC-BHS
Benjamin Horton	Veterans Services of the Carolinas - ABCCM
Bobby Harrington	
Brian Perkins	Alliance Health
Carlton Briscoe	Oxford House
Carson Ojamaa	Children’s Hope Alliance
Christine Beck	United
Cindy Ehlers	Trillium Health Resources
Claudette Johnson	Alliance Health
Colleen Barcus	October Road Inc.
Corie Passmore	TLC
Corye Dunn	Disability Rights NC
Emily Kerley	Alliance Health
Gene McLendon	SCFAC
Hayley Sink	Trillium health Resources
Jessica Aguilar	SCFAC

Peer Support Workforce Advisory Committee Membership (2/3)

Name	Organization
John Nash	The Arc of North Carolina
Johnnie Thomas	SCFAC
Julia Adams	
Julie Curry	Caldwell Opportunities, Inc.
Justin Oyler	North Carolina Community Health Center Association
Kara Finch	
Karen Russell	Sunrise Community for Recovery and Wellness
Kat Thomas	Healing Transitions
Keith McCoy	DMH/DD/SUS
Laura Bower	Easterseals UCP
Leonard Shinhoster	Alexander Youth Network
Linda Isbell	Eastpointe
Lizzy Toler	Recovery Alliance Initiative
Maria Franklin	Healthy Blue, NC
Nathan Cartwright	Blue Ridge Health
Neice King	Caramore Community Inc.
Nicholas Galvez	NC Office of Rural Health
Olayide Olaniyan	Peter-ELST LLC
Patty Schaeffer	SCFAC
Ryan Estes	Coastal Horizons
Sandhya Gopal	Alliance Health
Sara Howe	APNC

Peer Support Workforce Advisory Committee Membership (3/3)

Name	Organization
Sara Huffman	RHA
Sara Wilson	Alliance Health
Scott Smith	
Shelita Lee	North Carolina Children and Families Specialty Plan
Sherri McGimsey	NAMI
Suzanne Mizsur-Porter	APNC
Tara Miller	Disability Rights NC
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
Internal/Consultants	
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 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.

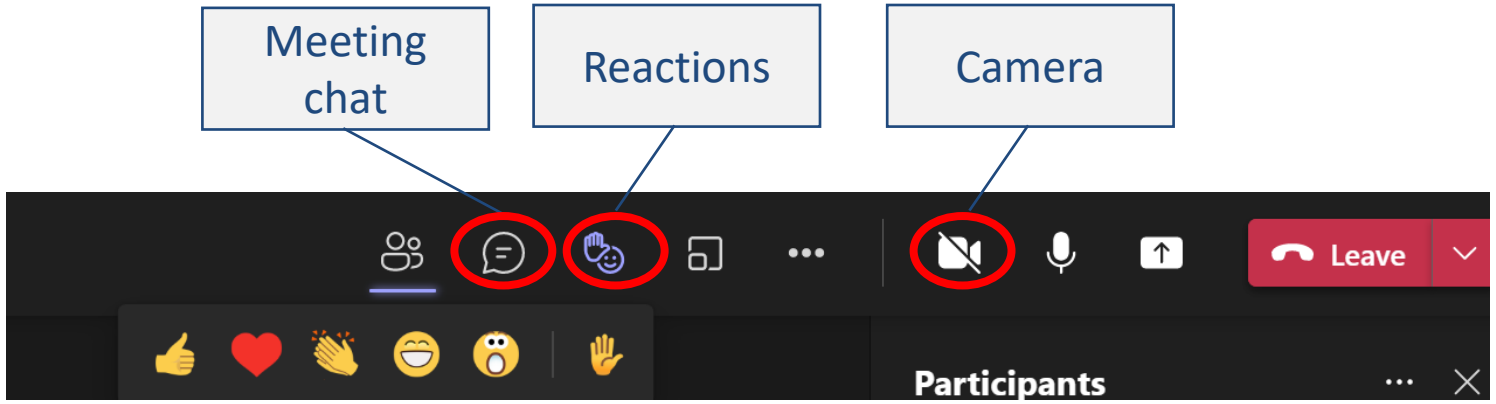
Meeting Logistics and Expectations

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.



Interview Findings: Community partner feedback on the current state of peer supports

Community Partner Interviews

DMH/DD/SUS and Manatt have conducted 12 interviews with a range of subject matter experts and community partners.

CPSS Advocates / Associations
CPSS Working Group (two meetings)
NC Behavioral Health Coalition: Valerie Arendt, Chair
Community Bridges, Kelly Friedlander, CEO & Principal Consultant
Marti Knisley, Independent Reviewer

Providers
Cape Fear Emergency Department: Amber Owens
EasterSeals UCP: Holly Connor, IDD Family Peer Support Supervisor
Sunrise Community for Recovery and Wellness: Maia Hughes, Mark Palinksi, Program Directors
Operation Gateway: Philip Cooper, Founder
NC Enhanced Mobile Crisis Pilot Program (MORES): Gayle Rose, Program Manager
Promise Resource Network: Cherene Caraco, Founder & CEO

UNC –Greensboro NC Youth & Families Voices Amplified-
Chandrika Brown, Collaboration Coordinator
Teka Dempson, Program Manager

UNC –BHS
Dr. Sarah Reives-Houston: Director, Behavioral Health Springboard
Bernice K. Adjabeng, Program Director, NCCPSS
Erica Desiderio, Clinical Social Research Specialist

Interview Findings: Training & Certification

- All interviewees were supportive of a single, core peer support specialist training with supplemental specialized courses for specific populations and care settings
  - Family partners were supportive of maintaining the national credential requirements of the National Federation of Family Partners, rather than utilizing a state certification
- Training costs are a barrier for prospective peers; interviewees were supportive of state or employer funding for training and certification costs
- There was broad support for requiring an exam for peer support certification
- Several interviewees suggested that potential peers be vetted (e.g., through a scholarship process) before beginning training to ensure readiness for the role

"Not everyone with a diagnosis should be a peer support specialist… you want a highly competent, skilled workforce"

Interview Findings: Professional Advancement, Team Integration, & Supervision

- There aren't many opportunities for career growth within the field of peer supports; many people obtain new licenses/certificates to advance professionally
  - Several interviewees suggested creating "levels" of certification, including internships and more advanced peer roles
- Nearly all interviewees wanted peer supervisors to be required to have lived experience
  - However, a couple interviewees were supportive of clinical staff supervising peers, so long as they were adequately trained and true "allies"
- Peers are not being appropriately utilized on care teams and often do not feel valued or respected; many are relegated to doing "grunt work" for the office instead of peer work
- Several agencies and programs expressed challenges with recruiting peer supports
- Pay for peers remains low; many are hired as hourly, contracted workers

There is a "myth that a clinician must supervise a family partner, family partner supervisors also have the skills and ability to understand policy and procedure"

Interview Findings: Accountability & Oversight

- While there have been recent efforts to establish a certification and oversight board, there is currently no process to hold peers accountable for ethical violations outside of their workplace
- Interviewees expressed concerns that lack of an oversight and accountability process harms the reputation of peer supports and most importantly, could lead to future harm of clients
- Many interviewees suggested the board be codified and that peer support specialists make up all, if not the majority of, the board members

"We have the odd situation where we cannot decertify peers. We don't have a way to do sanctions. With the massive amount of CPSS in the field, that is a problem."

Interview Findings: Access to Peer Supports

- All interviewees were supportive of creating designations for a range of specialized peer types, for example: I/DD, justice, family, older adults, youth, etc.
  - For justice-involved/ forensic peers- focus should not just be on re-entry, but also prison in-reach
  - For families/youth: schools are an under-utilized setting for peers
- Peer supports should be used across the behavioral health continuum, especially in crisis response and stabilization
- There are innovative peer support programs in different parts of the state, but there is not statewide consistency in terms of what is offered

"If we could put a [family partner] in every IEP (individualized education program) process we'd have better outcomes"

Interview Findings: Amplifying Peer Voices

- Several interviewees expressed frustration that historically the state has not listened to peer advocates, despite being nationally respected experts, and that some of the initiatives they are advocating for are not acted upon
- Peers should play a leadership role in designing programs and policies
- Many interviewees commented on how stigma still plays a role in the lack of uptake of peer support, and the lack of respect many peer support specialists receive

"State has more resources now to take peer leadership around the state and come up with a plan. Nothing about us without us. Think that's true here."

Interview Findings: Addressing Equity

- Interviewees did not feel that the peer workforce fully represented the diversity of the state- especially Hispanic, Black, and LGBTQ populations
  - One interviewee specially stated that in order to engage these populations to build the peer workforce, the state will need to do authentic, intentional community outreach with trusted partners
- Diversity is critical in peer work because people need to feel comfortable sharing their story with someone who can provide culturally competent care

Need "people in place that can do <u>authentic</u> community engagement… stigma-slaying recovery warriors"

Interview Findings: Funding Peer Supports

- Several interviewees suggested that peers should be “contracted out” from peer-run organizations to work in clinical spaces (hired and supervised by peer-run organizations, but integrated into multi-disciplinary teams)
- Not all peer-run organizations wanted to bill for Medicaid, and found the service definition too restrictive
- Small community organizations found paying for upfront costs challenging, this made it hard to participate in reimbursable payment arrangements
- Many interviewees advocated for more investment in peer-run organizations
- Billing Medicaid for services (family, IDD, etc.) that are not currently allowable currently would improve sustainability of programs, but the way that Medicaid billing and documentation in North Carolina is structured also presents challenges

[About billing Medicaid] “We’ve grown so much without having to do it. It would take our authenticity away.”

Discussion

- What are your reactions to these interview findings?
- Do you agree with the interviewees assessments?
- Are there any other important elements of the current state of peer supports that are missing here?
- Are there perspectives you think are missing?