



WICHITA STATE UNIVERSITY

CENTER FOR COMMUNITY SUPPORT AND RESEARCH

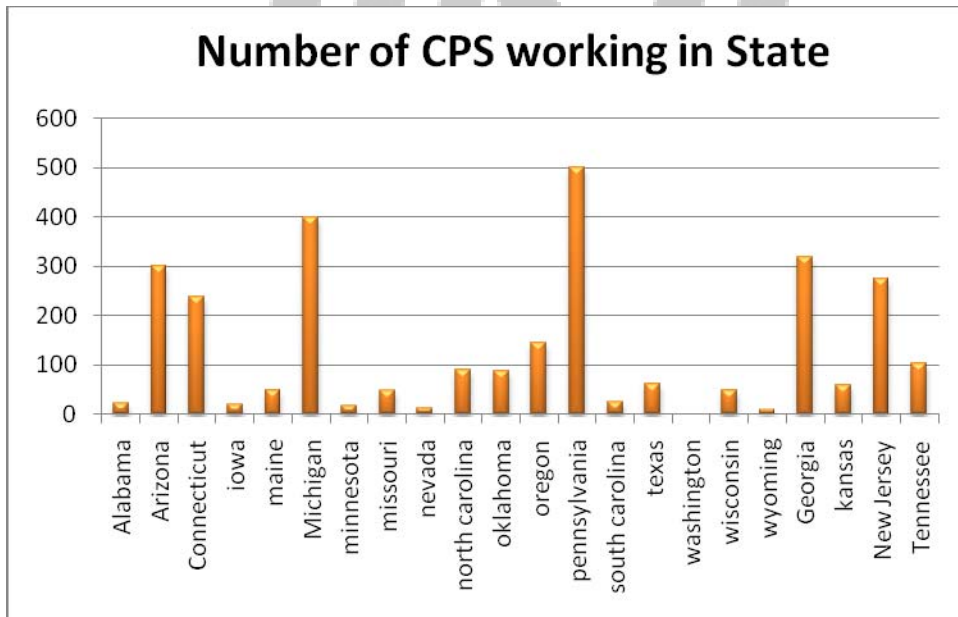
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Strengthening Organizations, Strengthening Communities

21 PILLAR REGISTRATION QUESTIONS

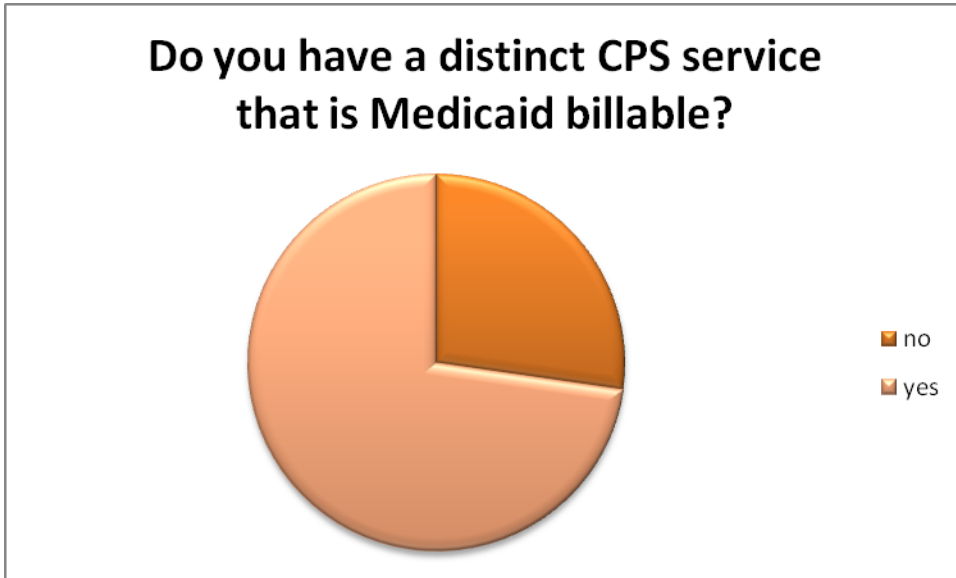
10-22-2009

1. Approximately how many consumers are employed as peer specialist in your state?
 21 of the 22 states answered this question. The range was from 9 to 500.



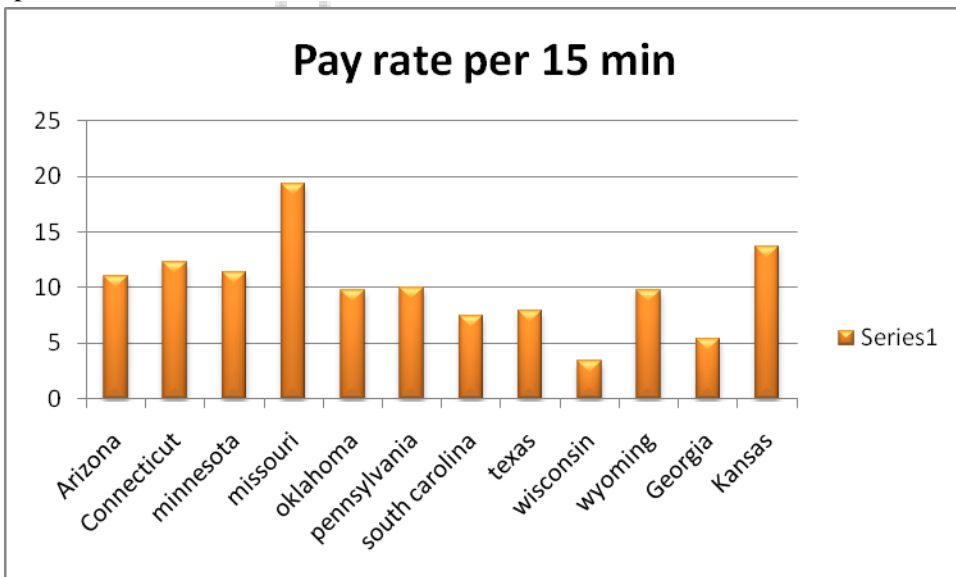
2. Do you have a distinct service called peer support that is Medicaid billable?

All 22 states answered this question. The states that indicated they do not have a billable program are Alabama, Maine, Nevada, North Carolina, New Jersey and Texas.



3. What is your state's Medicaid reimbursement rate for peer support?

Most states reported in a 15 minute increment rate. Rates that were reported as hourly were divided into 15 min. increments for comparison. Iowa was unique in reporting that the CPS were paid 150.00 a month. 14 of the 22 states answered this question and 4 states did not give a specific rate.

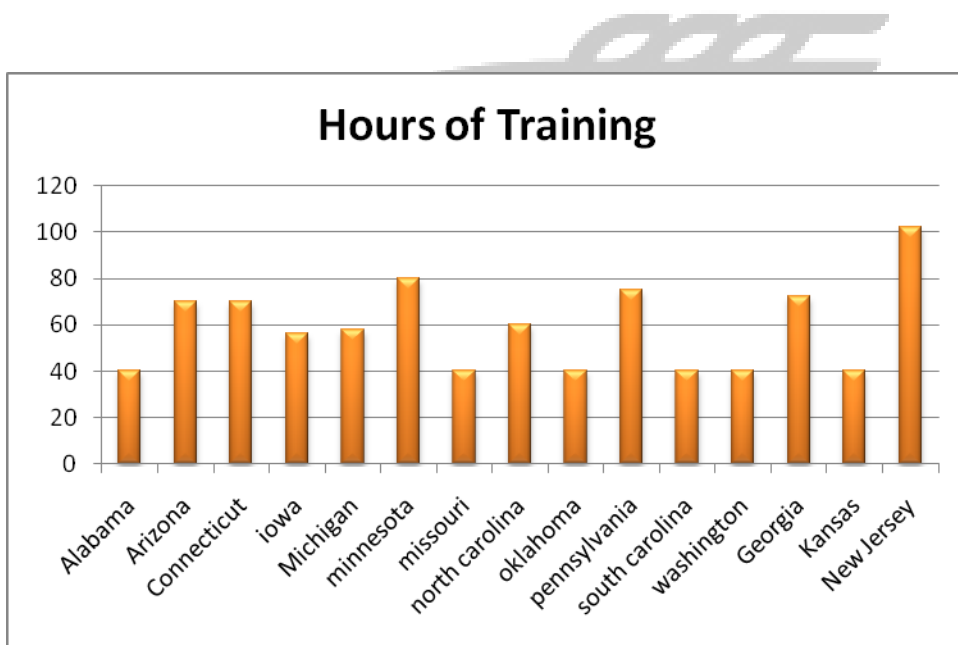


4. **How do you track services and time billed by peer specialists?**

Five of the 22 states answered this question. Three of the states who answered indicated that they track by billing, one said by service logs and the other said they did so by quarterly contract monitoring reports.

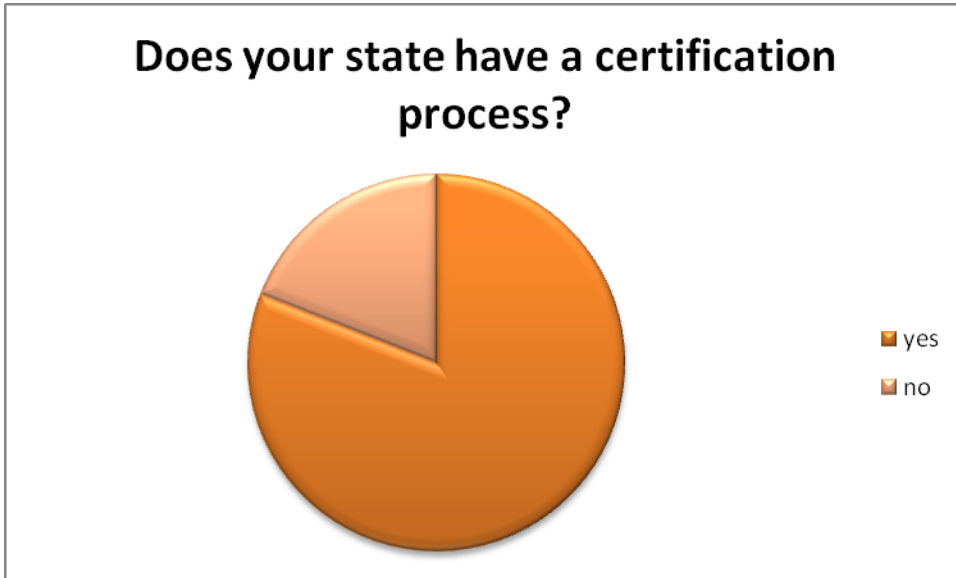
5. **Describe the training that is required.**

All 21 states answered this question. Due to the variety of responses, I chose to compare the hours of training required by each state. When a state indicated a number of days (i.e. 5 day training) each day was figured at 8 hours. Maine, Nevada Oregon Texas Wyoming, Tennessee and Wisconsin do not have a training based on a number of hours, but rather it seems that the training is based upon completing modules.



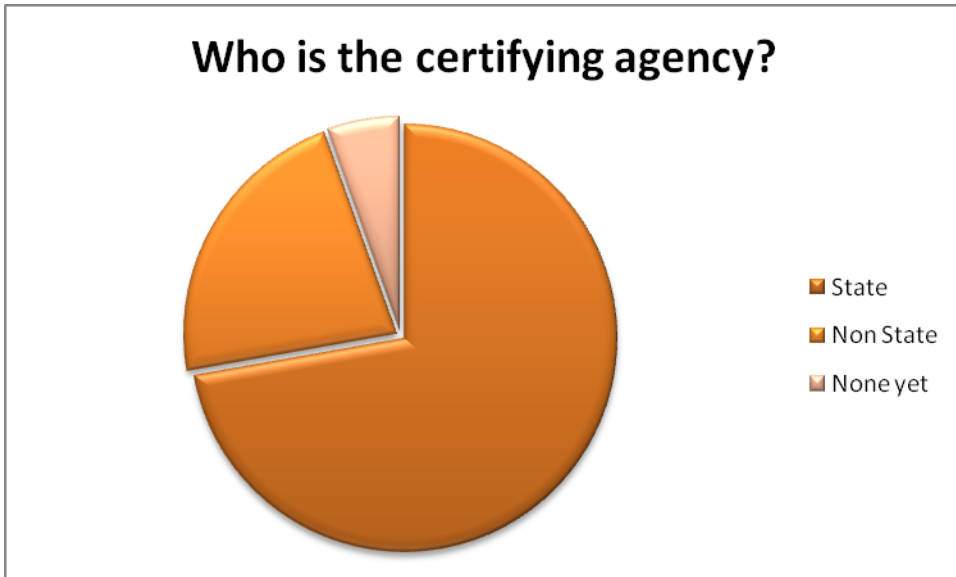
6. Does your state have a certification process?

All 22 states answered this question. Three states stated they did not have a certification process.



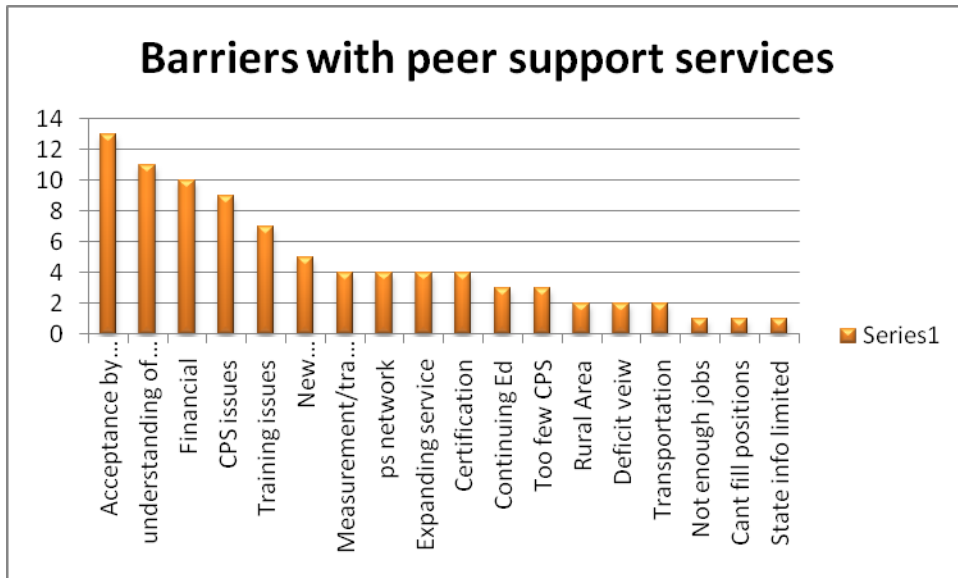
7. Who is the certifying agency?

Nineteen of the 22 states answered this question. The majority of the states indicated that the certifying agency was the state department of mental health; the other states had non-state certifiers such as advocacy groups or a university. One group was in the process of getting a certifying agency.



8. What barriers/problems with peer support services are you currently attempting to solve?

All 22 states answered this question. The answers to the questions were themed. Each state was able to list as many concerns as they wanted so there are more responses than there are states. CPS issues were “dual role stress, lose disability benefits due to income, afraid to ask for help, fear of job loss, lack of anonymity, misunderstanding own role, burn out and turn over” .



9. What do you think are the strengths, unique qualities or innovations of your program? This question had a large variety of answers with little overlap. All 21 states answered this question.

- ALABAMA**
 Michael Autrey
 We have had three certification trainings and have a long waiting list of consumers who want to take the training. Our first peer specialist was hired in 1994 at one of our state hospitals, she is still on the job today. We have established a state peer specialist association--the Alabama Peer Specialist Association. We have one peer specialist working with deaf and hard of hearing consumers.
- ARIZONA**
 Arnaldo Maldonado
 In Arizona, we celebrate the diversity and self-determination of our Consumer Run Agencies and their grassroots origins to serve their own community. For example, RIAZ provides wellness and vocational rehab programs; REN emphasizes self-advocacy and empowerment; Our Place clubhouse runs one of the most successful restaurants in Tucson, and The Pinal Hispanic Council serves the Latino community in Eastern Arizona.
- CONNECTICUT**
 Steven Fry
 Blending the role of peer support and relational skills with practical, competency based knowledge of the mental health system.

<p>GEORGIA Robert Patterson</p>	<p>Strong Partnership with the GA Mental Health Consumer Network. A strong, inclusive and culturally diverse workforce, including three CPSs who are living with legal blindness and several who are multi-lingual. The Peer Support Whole Health Initiative. A new policy that began in 2009 so that peers who have been certified in other states can obtain their GA certification.</p>
<p>IOWA Lila Starr</p>	<p>ACG has shared with us some of the best practices from other states, and we think we meet some of those. We use a train-the-trainer program, continuing education efforts, efforts to add substance abuse training into our curriculum, strong connections to our statewide consumer membership organization, Iowa Advocates for Mental Health Recovery, and the Peer Support Roundtable offered by Magellan, which brings together folks from all over the state on a monthly basis, and there is a new initiative within our Dept. of Corrections, to consider utilizing peer support in our prison system. Also, as of July 1, 2010, our Magellan contract will expand to serve about an additional 25,000 individuals on Medicaid who are over 65. Peer Support is provided increasingly within the usual places of care, and this permits excellent collaboration within provider organizations, around development of peer support.</p>
<p>KANSAS Lynn Amyx</p>	<p>The State of Kansas has 27 Community Mental Health Centers (CMHC's) across the state, 26 are providing Peer Support services to varying degrees. Currently there are 60 FTE Peer Support staff across the State. The CMHC's in Kansas are striving to seek out qualified individuals and utilize the unique skills they bring to the Peer Support Program. Peer Support staff are available for crisis support, support with activities of daily living, support to achieve individualized goals and develop strategies necessary to move forward in recovery. CMHC's are beginning to utilize Peer Support staff to assist with transition from the hospitalization back to the community as an effort to provide support and decrease readmission.</p>
<p>MAINE Leticia Huttman</p>	<p>The CIPSS (Certified Intentional Peer Support) training program creates a solid foundation in the philosophies and values of intentional peer support. On-going support for participants is created through quarterly co-supervision meetings and continuing education classes. Intentional Peer Support is a philosophy based on four tasks used to develop and maintain relationships. Through relationships we think about help in a new way. Rather than focusing on problem solving and what we don't want in our lives, we instead challenge one another to discover our hopes and dreams. Together we learn and grow and move towards what we want. Another strength of the peer support program in Maine is the impact on traditional services, both in philosophy and in practice. Some innovative programs include peer support in emergency departments and peer crisis respite.</p>
<p>MICHIGAN Pamela Werner</p>	<p>Michigan has developed a strong training program in partnership with Lansing Community College (LCC) and the Appalachian Consulting Group. Individuals who meet all requirements for certification receive 3 elective credit hours from LCC. Michigan Certified Peer Support Specialists work as consultants contracted by MDCH to provide training and continuing education. Continuing education requirements mirrored after national social work standards are currently under development. Peer whole health is a strong focus with over 100 CPSS trained in the Evidence based Stanford Chronic Disease Self Management Program (CDSMP) titled Personal Action Toward Health (PATH) in Michigan. Peer trainings are conducted at retreat centers encouraging connections and friendships developed during both day and evening activities. CPSS have developed a facebook group and a newly formed statewide</p>

association. Each PIHP and community mental health agency in the state has a designated liaison. Bimonthly meetings with liaisons are held to discuss strengths, barriers and outcomes of the peer trained workforce. During the initial peer training multiple continuing education events occur simultaneously providing networking, support opportunities, and mentoring. Peer services are a 1915 b (3) waiver coverage therefore CPSS as a covered service are required in every area of the state. In June 2009 the first annual statewide peer support specialist conference occurred with over 400 individuals attending. MDCH has specific requirements for the role of CPSS in areas of evidenced based practices. Each team providing DBT have a CPSS as a required and integral component. CPSS are employed in areas implementing supported employment. In addition, CPSS are involved in a variety of services within the Integrated Dual Disorder Treatment teams. Several peer initiatives in Michigan are currently part of research projects at the state and national level

MINNESOTA
Cynthia Godin

The Minnesota Certified Peer Specialist program is in its first phase of implementation. At this stage we are designing policy/program guidance and establishing systems to track certifications. The strengths of our current effort include: our partnership with the Mental Health Consumer/Survivor Network of Minnesota (a free-standing, nonprofit primary consumer operated agency with a state-wide presence), our focus on ensuring employment for individuals who become certified and creating a career ladder to promote retention in the field.

MISSOURI
Rosie Anderson-Harper

The Missouri Department of Mental Health, Division of Comprehensive Psychiatric Services State Advisory Council members researched and chose a Peer Specialist training and certification model. Based on the Council recommendations, the Division has adopted the Appalachian Consulting Group “Georgia Model” for Peer Specialist training. The Division and the Office of Transformation are committed to following through on the Council recommendations to move the mental health system to a wellness model that empowers individuals to establish their personal mental health goals and manage both their mental health and plan of care through education and supports. One primary strategy in transforming the system is to recognize the power of consumer as providers. Recognizing consumers as providers is taking root in the mental health system. Emerging evidence strongly supports the need for peer support services as a cost-effective and complementary adjunct to professional mental health services and supports. Peer support services can move the system to focus less on illness and disability and more on wellness. To accomplish this goal, Missouri has provided equal weight to expertise gained through the “lived experience” as is done with other credentials or knowledge base. A Peer Specialist can share lived experiences of recovery, share and support the use of recovery tools and model successful recovery behaviors. Through this process, consumers can learn to identify their strengths and personal resources, learn to make independent choices, and take a proactive role in their treatment. Additionally, Peer Specialists can help consumers connect with other consumers and with their community at large.

With the oversight of the State Advisory Council, three Peer Specialist Basic Trainings have been conducted in 2008-2009. The week-long training has been conducted by Randy Johnson an Appalachian Consulting Group trained consumer and an employee of Mental Health America of the Heartland. He has trained three additional Missouri Peer Specialist Trainers, two of which are Council members. To date 90 individuals have been trained and 48 have reached the goal of Certified Missouri Peer Specialist status. Twenty community mental health centers have sent individuals to the training

and 12 have certified peer specialists working in their agencies. Six Consumer Operated Services Program Drop-In Centers and Warm Lines sent individuals to the training. Additionally, the Veteran's Administration, residential providers, Services for Independent Living, and a substance abuse treatment agency have sent individuals to the training. Two Peer Specialist Supervisor Trainings were conducted. In 2009-2010, three additional Peer Specialist Basic Trainings and three Supervisors trainings will be planned. Additionally, there are plans for a more cohesive network to be formed with regular conference calls of the trained individuals to provide ongoing support and consultation.

NEVADA focus on recovery and peer counseling

Barbara Qualls

NEW JERSEY
Margaret Molnar One of the greatest innovations of this project was the early engagement of Focus Groups consisting of: consumers, families, consumer providers, and professionals to inform the delivery, design and evaluation of the peer wellness coaching project.

A major strength of our program is that DMHS used information that was gathered from our Transformation Stakeholder Input Process to drive the design of the peer wellness coaching project.

Clearly "coaching" as a peer-delivered service was articulated by our consumer stakeholders as a preferred model of service delivery for our system of care. In addition, the curriculum incorporates a holistic approach to health and wellness which was also articulated by our consumer stakeholders. The curriculum includes and modules on fear of services, nutrition, oral health exercise/movement and motivation. UMDNJ-SHRP works collaboratively with its School of Alternative and Complementary Medicine to provide expert lectures on these important topics. Yet, what was most impressive and unique about this program was the integrity and commitment of the newly trained peer wellness coaches, who at the commencement, each spoke to the profound life transformation that they had experienced as a result of their pursuit of the life coach credential.

A major strength of our peer support service is our close collaboration with the University of Medicine & Dentistry of New Jersey's School of Health-Related Professions and the nationally renowned Institute for Wellness and Recovery Initiatives out of Collaborative Support Programs of NJ. Each of these organizations has provided national leadership in proactively addressing the early mortality and medical co-occurring morbidity of persons with psychiatric disabilities through SAMHSA's 10 by 10 Campaign. Key members of their faculty have published extensively on issues related to the promotion of health and wellness of mental health consumers. A key advantage of the program is that students enrolled in the curriculum have the opportunity to translate their newly acquired knowledge and skills on the job as the course is structured to be in the form of a practicum. Finally, students who successfully complete the 16-day curriculum and the examinations will earn 6 undergraduate academic credits.

NORTH
CAROLINA

Debbie Webster

One of the most important strengths is that the NC State Leadership at the Division of MH/DD/SAS and Division of Medical Assistance understands, supports, and includes in policy a recovery based service delivery system and peer services. This has allowed for growth of peer services in the delivery system.

Since 2006, ACT and CST have offered opportunity for employment of Certified Peer Support Specialists.

The state has a process to certify consumers as Peer Support Specialists and a process to approve PSS training curriculum that meet specific training standards.

Another strength in North Carolina is the consumers and provider network, which has demonstrated creative and innovative methods for developing and funding Peer Services.

Some of the Providers and programs are:

- Recovery Innovations –

- o Community Building - A recovery-centered program to help individuals obtain and remain in housing of their choice and become a contributing member of their community.

- o Restart program – A recovery-centered program committed to helping individuals who have experienced mental health challenges wishing to "start over". Participants are offered short-term housing in an independent apartment setting with peers and professionals assisting participants to achieve the goals they have identified as central to "restarting" their lives.

- o The Recovery Response Center - Staffed with a team that includes physicians, nurses, mental health professionals and peer support specialists, the Recovery Response Center offers a "Living Room" crisis alternative recovery environment that supports the values of hope, choice and empowerment from the onset of a person's entry into the program.

- o Wellness City - A community made up of individuals embarking on or expanding their recovery journey. A staff of well-trained peers who have experienced their own recovery challenges and successes will share what they have learned and will work alongside practitioners and educators who are committed to the founding principles of the recovery community.

- Meridian Behavioral Health Services –

- o The Recovery Education Program provides a supportive and empowering environment that facilitates wellness and skill-building through an educational model. The program facilitates a culture of self-determination and empowerment by offering classes, courses and seminars in various Wellness Management approaches and Wellness Toolbox topics.

- Mecklenburg's Promise –

- o Peer Bridger - serve as mentors, providing support, encouragement, information and above all, hope. Mecklenburg's PROMISE Peer Bridger program works with people transitioning from an inpatient setting into the community, as well as those who are already in the community and are looking for an advocate, role model, and mentor.

- o Peer Support Services Warm Line - a peer run, confidential, non-crisis telephone support service available to all individuals in Mecklenburg County with mental health challenges.

Our trained peers are available to listen to your concerns, provide supportive confidential conversation, and information on community resources.

o The Giving Tree Drop-In Center - a place individuals involved with Mental Health services in Mecklenburg County can go to "hang out," get involved, pursue an interest or just meet other people with similar interests. The Drop-In Center offers daily workshops such as:

Poetry Groups, Music Classes, Coffee Houses, GED classes, Computer Lab, Painting, WRAP (Wellness Recovery Action Planning), as well as peer support groups.

OKLAHOMA

Amber Guerrero

We have been doing this for almost 5 years now. We have been making strides to teach not only the people we serve but providers about recovery, peer services etc as an idea for wellness. We have recently teamed up with our local NAMI affiliate to help coordinate the trainings. We have a variety of trainers from different communities and walks of life come in to provide training modules. Generally speaking in the public provider sector we have a strong belief in recovery and a general acceptance that peer support services are a necessary component of recovery.

OREGON

Bill Bouska

Oregon has developed a strong peer delivered services movement. We are taking a broad approach from Recovery Mentors in the Addictions system, Peer Bridger program at the Oregon State Hospital, Family Navigators in the Children's Mental Health System, consumer/survivor help run help lines, and a strong adult mental health consumer/survivor network of services and supports. We are actively supporting the development of a training program for young adults (transition age youth). Peer support and peer directed programs are scattered throughout the state, and offer numerous opportunities for training and education on mental health systems change, advocacy, and job opportunities to enter the workforce. Oregon is taking a broad policy approach to peer delivered services that includes the child and adult mental health system and the addictions system. It has been identified as one of the key policy initiatives for the Addictions and Mental Health Division.

PENNSYLVANIA

Gina Calhoun

--- PA took the time to prepare our environment for a new way of doing business. We offered technical assistance, presentations and lots of personal stories all over PA, so stakeholders would see peer support as more than a service/program but a fundamental shift in how the mental health system operates.

--- PA is unique in that Certified Peer Specialist supervisors also go through a two-day supervisory training (mandatory).

--- Because our state leaders are strong backers of the peer support service, we added a component to our state-plan amendment that basically states- The peer support service is an in-plan services and there must be choice. In other words, every county must provide the service and there must be a choice of two providers.

--- As a Medicaid billable service, we added an option where free-standing peer support services could also bill.

--- PA has an approved Medicaid billable peer support service as one source of funding.

We have partnered with the criminal justice system and have peers doing in-reach and outreach in our jails. We created a civil service classification so peer support specialists can work in our state hospitals and walk with people as they go from hospital to community.

--- The certified peer specialist initiative has created unity amongst peers throughout PA. With over 1000 certified peer specialists we have seen the need to create local and regional peer support professional networking meetings across the state. We also have a PA Peer Coalition to assist us (peers) to unify for success in the workplace.

SOUTH
CAROLINA

Katherine Roberts

In addition to the initial certification program, HHS requires and we provide, continuing education opportunities for our certified peer support specialists, we have reached an agreement with the states A&D, the Depart. of Alcohol and Other Drug Abuse Services, and our local Veterans Hospitals, William Jennings Bryant Dorn in Columbia and Ralph H. Johnson VA Medical Center to provide basic core training for their peer specialist as well. We offer peer training to interested parties out-of state, Central Ala. VA Hospital. We have developed a recertification procedure, ethics training and a code of conduct, a readiness self assessment and training on role transformation. We partner with our states client run organization as well as DAODAS in the certification training. We have a low client to cps ratio of 1 to 8 increasing intensive skill building opportunities. We also do a basic services evaluation each year. We also developed a powerpoint to explain the service to other staff and handbook for supervisors.

TENNESSEE

Lisa Ragan

Tennessee's statewide system of 46 Peer Support Centers staffed solely by consumers shines as a unique innovation.
The peer support provided through the BRIDGES psychoeducational courses as well as the BRIDGES support groups stand as a significant strength in our state.
The state certification program for Tennessee Certified Peer Specialists was developed by a workgroup of peers and is managed by a Certified Peer Specialist.
The list of possible trainings required for a Certified Peer Specialist encompass quality trainings, such as WRAP, IMR, and BRIDGES.

TEXAS

Lauren Lacefield
Lewis

understand the unique strengths and challenges of our system and how it works, enabling them to help other consumers work through the system to find resources.
lead support groups in the community. communicate with their peers on a substantially more practical level than the very best trained psychiatrist, nurse, caseworker or psychotherapist. They have knowledge that cannot be learned from a book or achieved by getting a clinical license. They do not use professional "jargon."
have strong engagement skills and a stronger connection with the consumers.
provide hope for recovery to other consumers by talking about their own experiences and how they have overcome barriers. 'They help the consumers feel" normal" and provide them with encouragement.
provide perspective and insight to other mental health staff members about the challenges of having a mental illness, which provides the staff members with a new level of respect for the people they serve.
have greater insight as to how consumers perceive treatment.
have a true desire to give back to their peers who are experiencing what they have experienced. provide feedback to administration and service directors regarding the best way to configure the system and reduce problems with access and treatment.

WASHINGTON	<p>We reduce barriers to attendance by providing lodging and meals throughout the state sponsored training.</p>
Kara Panek	<p>We allow our regional mental health entities the opportunity to provide the trainings themselves in order to help increase the number of trainings offered each year. These entities must use the mandated curriculum, however they can add to it and some have been able to partner with community colleges to provide college credit.</p> <p>The majority of our trainers are either consumers or certified peer counselors or both and many of them come out of the trainings.</p> <p>The definition of consumer in Washington includes the parents of children receiving mental health services and this allows us to include them in the peer support program. Lastly, our process for reviewing and approving peer counselor application is based on the value of trying to include as many applicants as meet the minimum requirements. Before denying any application, we call the applicant and discuss their qualifications with them in order to allow an additional opportunity to capture information that might allow their application to be approved.</p>
WISCONSIN	<p>Although Peer Specialists throughout the state have been trained in a variety of different curriculum, we have developed a set of competencies that each of these curriculum must address. This will prepare them for the certification process which is currently being adopted. Currently, Peer Specialists and peer supports are being utilized in a variety of settings: community mental health, in patient units, crisis, warm lines and consumer recovery centers. The Medicaid infrastructure is in place for Peer Specialists and is currently being utilized. Two of our Independent Living Centers hire peer specialists and provide services directly or under contract with county agencies. Consumers are involved in the mental health council and various other advisory groups.</p>
Morgan Groves	
WYOMING	<p>Base funding from state appropriations</p> <p>History—about 6 years experience with this project</p>
Janet Jares	<p>History in rural settings (very small towns with populations of less than 5,000) as well as in our largest community (population of about 60,000)</p> <p>The greatest strength is in the ongoing, positive commitment from those employed as peer specialists The following two comments were provided by peer specialists:</p> <p>I believe in the power of peer support and I think is unique and unlike anything out there.</p> <p>I believe that our program here at Northern Wyoming Mental Health Center is focused on family voice and choice. We are family strength driven and are focused on the unique strengths of the peer specialist as well. Every guest that walks in the door for the first time interacts with the peer specialist prior to seeing a clinician. Our community supports the efforts of the peer specialist as well.</p> <p>The Peer Specialist is available to clients for a wide variety of services including WRAP, transportation, Emergency assistance. At our facility we provide technical assistance to clients including, computer skills training, low-cost computer sales and refurbishing, and help acquiring and using cell phones. Sharing of peer recovery stories with clients occurs in both the clinical setting and when working side-by-side in our Washakie Works program.</p>

10. **What infrastructure do you believe must be in place at the state level to run a successful peer support?**

All 21 states answered this question. Due to the wide variety of responses and little overlap, the responses are below.

ALABAMA Michael Autrey	A process for evaluating peer services. Training for providers on peer support, a continuing education program and expansion to a full Medicaid billable program
ARIZONA Arnaldo Maldonado	The state agency must create their own peer run program with clear working goals and plans of actions. At AZDBHS, we have The Office of Individual and Family Affairs run by peers and family members. We are part of the Executive Team and report directly to the Director. We oversee all of the CSAs in the state and their contracts and services, and provide technical assistance to develop new programs and educational tools.
CONNECTICUT Steven Fry	Access to training, a professional development "ladder", appropriate supervision and understanding of the role, and adequate funding and penetration in the system to avoid tokenism and co-option of peer values. In consumer operated organizations funding must be sufficient to support a professional organization i.e. HR director, director of development, fiscal officer, compliance officer etc. Often the CEO has to wear all these hats even if they do not possess the background or skills to perform these functions.
GEORGIA Robert Patterson	Filling of 4 vacant positions in the Consumer Relations and Recovery Section, increase in the number staff of the CPS Project itself to more than one person, CPSs at each regional office to provide extremely accessible technical assistance to CPSs in the field, continuing to build on the momentum toward resiliency built by the work done in GA with the Relaxation Response
IOWA Lila Starr	Within the programs that Magellan funds through community reinvestment, Medicaid is about 40-60% of the population that is served by the agencies using the community reinvestment dollars. In the long term, we have to figure out how to expand peer support into the non-Medicaid population. Staff time that is able to be devoted to the training, the maintenance of a certification process if/when we develop one, the need to do quality assurance at all levels, and just adequate funding and time to do with work of supporting the ongoing training, the train-the-trainers, the many ongoing needs of graduates for support and employment related assistance, and continuing education needs and such things as maintenance of a website and contact lists with newsletters and other means for graduates to have access to each other and to quality information to support their needs going forward.
KANSAS Lynn Amyx	In August 2007 Centers for Medicare and Medicaid Services (CMS) sent a letter to State Medicaid Directors recognizing a greater emphasis on recovery from serious mental illness. Recovery is possible when individuals have access to supportive services in their communities. Along with recognition came the interest of States in providing peer support services and seeking to have the Peer Support staff identified as providers eligible to serve Medicaid eligible adults who experience mental illness or substance use disorders. The State of Kansas expanded their rehabilitative services model to include peer support services. Peer support services are respected as an evidence-based mental health care model. Peer Support providers receive training, credentialing, and ongoing supervision. Peer support services can be included as part of a comprehensive individualized treatment

plan to assist the individual in recovery.

MAINE

Leticia Huttman

A certification and oversight process, funding and funding mechanisms, standards of practice, competencies and leadership that supports and promotes integration of peer support.

MICHIGAN

Pamela Werner

Structural reimbursement mechanism for coverages approved and supported by Center for Medicare and Medicaid Services. Strong leadership, and commitment by central office staff. Recovery as a principle and practice embedded in state policy, Mental Health Code and contractual requirements. Well developed relationships and communication with consumer run programs and consumer networks. Strong core training program with expert trainers and clear certification requirements.

MINNESOTA

Cynthia Godin

The State of Minnesota is partnering with the Mental Health Consumer/Survivor Network of Minnesota to implement the Certified Peer Specialist program. In doing so, the State is creating systems to guide program/curriculum standards, tracking and accountability for certified individuals. As we partner with the Mental Health Consumer/Survivor Network of Minnesota we hope to build their role as the leaders of this effort in Minnesota while maintaining the required oversight and monitoring role to assure compliance with federal Medicaid regulations. States must create infrastructure that supports the development of Certified Peer Specialist support as a mental health consumer led effort.

MISSOURI

Rosie Anderson-Harper

The State level needs leadership committed to the belief that recovery is possible and that peer support is a crucial component in this process. The infrastructure needs a Peer Specialist Champion in the State system to continually work on the integration and enhancement of Peer Specialists into the services provided.

The infrastructure also needs to include a web-based system for information, training registration and testing. Wichita State University has done an excellent job of providing these support services for Missouri. The web site is www.peerspecialist.org.

NEVADA

Barbara Qualls

consumer focus

NEW JERSEY

Margaret Molnar

We are seeking support in the area of a program development specialist to assist us in identifying best and promising practices in the area of peer support service models throughout the country and beyond.

Resources for ongoing training and education of peers is widely needed and requested. The evaluation and refinement of standards, policies, and procedures that control and support credentialing of consumers in positions within the service delivery system to promote career ladders for consumer providers in our system would also be helpful

<p>NORTH CAROLINA Debbie Webster</p>	<ol style="list-style-type: none"> 1. State staff, including State Leadership for Mental Health services and Medicaid, must have a strong understanding of recovery and Peer Services. 2. Recovery based services must be included in policy and services developed that offer opportunities for peer support specialist and peer services. 3. The consumer community must be willing and allowed to take a leadership role in the educating the communities about recovery and peer services. 4. There must be a process to certify consumers as peer support specialist and guidelines for re-certification. This process must be at a low cost for consumers. 5. Strong training in Peer services is essential. The training must also be at a low cost so consumers can afford to attend.
<p>OKLAHOMA Amber Guerrero</p>	<p>Support, funding, and a demonstration that people in recovery can and do exist. I also believe that we need to have positions in leadership that are held by people in recovery and not just in the "Offices of Consumer Affairs".</p>
<p>OREGON Bill Bouska</p>	<p>Funding is a needed ingredient to the development and sustainability of a peer support program. At present, small grants are in place to support peer directed programs. The state is exploring this issue with Medicaid and other funding sources. In addition to resources, onsite and remote technical assistance, networking opportunities, appropriate research and outcome measures, and information technology are all needed at the state level. In Oregon, we have numerous state-level leaders, including the Director of Addictions and Mental Health, who are knowledgeable and supportive of a peer support program. These leaders have access to state-of-the-art information and bring sophistication to the table as well as a general understanding of peer direction and services. Furthermore, Oregon's state-level leadership is empowered to draw upon external leaders to refine the program. Developing additional leadership from the community is necessary to ensuring expansion of this program.</p>
<p>PENNSYLVANIA Gina Calhoun</p>	<p>PA was blessed to have state leaders, who bought into the peer support service from the beginning and our timing was right. We had just put out our PA Call for Change document outlining our call to transform PA's mental health service delivery system and we were in the midst of closing the state hospital in our state's capital. Peers were part of the leadership team for both. This demonstrated the need for peers at all levels in our mental health system. We interlocked peer support as a necessary part of system's transformation. During the closure of Harrisburg State Hospital, we developed self-directed community support plans to replace the standard discharge plans. Peer support was offered to every individual going from hospital to community. The voice of people making this transition spoke up for peer support.</p>
<p>SOUTH CAROLINA Katherine Roberts</p>	<p>A recognized certification training program, a continuing education/recertification program, partnerships with other agencies with peer services, designated position descriptions, service descriptions, an evaluation program, trained trainers, code of conduct. Agency support supervisory training</p>
<p>TENNESSEE Lisa Ragan</p>	<ul style="list-style-type: none"> • Specific training for the mental health clinicians who will be supervising Peer Specialists. • The person or persons running the peer support program from the state level should be Certified Peer Specialists themselves.

<p>TEXAS</p> <p>Lauren Lacefield Lewis</p>	<p>Structured initial and ongoing train the trainer training on peer support for the specialists in the field. Consumers should be involved in the curriculum development and the training process. Some areas of needed training are stated below:</p> <ul style="list-style-type: none"> core competencies on the job training how to transition from peer to staff how to run a support group listening skills engagement <p>Having enough funding available to support the program.</p> <p>To allow peer support services encounters to count towards the centers' performance measures.</p> <p>To have the peers participate in the decision-making going on at the state-level.</p> <p>To have guidelines and policies that takes into consideration the differences between rural and urban areas.</p> <p>To have a person at the state-level to provide support for peer services, increase public knowledge, and to keep up to date on the evidence based practices for peer support services.</p> <p>To create a peer organization so they have a voice, can offer their perspective to other programs, can share ideas, and information can be disseminated to them.</p> <p>The implementation of structural (how services are provided in the setting) and process (values, beliefs and style of provider such as personal accountability, choice in decisions, etc) standards</p>
<p>WASHINGTON</p> <p>Kara Panek</p>	<p>It is helpful if the state provides oversight of the training program in order to ensure quality, as well as education and technical assistance to the mental health providers so that they can make good use of the workforce that's being created. The state should consider requiring their mental health providers hire peer specialists as some agencies may need this push in order to update their practices. Infrastructure should be developed with an idea that as the program grows, the level of funding for the program also needs to grow.</p>
<p>WISCONSIN</p> <p>Morgan Groves</p>	<p>The infrastructure must have a leadership that commits more than words to the promise of the peer specialist position. Leadership comes from the people on both sides of the partnership between persons who are in recovery and professionals. Funding of individual consumers to actively participate in local and state conferences, training, and committees is essential to develop capacity and reduce stigma. Employment opportunities for Peer Specialists must be available and developed. Requiring the availability of the peer specialist service as a part of the Medicaid psychosocial rehabilitation programs would speed up the development of a successful peer support program.</p>
<p>WYOMING</p> <p>Janet Jares</p>	<p>Consistent and adequate funding for base services (especially in small towns)</p> <p>A mechanism for ongoing support and training that is peer lead and meaningful/useful to the peer specialists—in a small state, learning needs to be tailored to a small group with very diverse learning needs</p> <p>Networking with other entities to broaden the leadership, knowledge level, and professional esteem for peer specialists</p> <p>There are still challenge around the language/concepts of the recovery model versus the medical model</p> <p>Peer specialists said the following: 1) Permanent funding; 2) Increased number of peer specialists throughout the state; 3) Peer run centers for those interested in recovery; 4) More education about what peer specialist is and the benefits of the program; 5) Buy in from state officials; 6) The state level staff needs to both care and understand the principles involved with how peers can and do provide aid in client recovery.</p>

11. What recommendations would you make to states attempting to set up this kind of program for the first time?

All 21 states answered this question. Due to the variety of responses and lack of overlap, the answers are displayed below.

ALABAMA Michael Autrey	Involve consumers from the beginning of the planning process. Develop a plan, involve all stakeholders. Educate consumers on peer services and your certification process before acceptance into your certification training. Extensive training for providers on peer support and recovery.
ARIZONA Arnaldo Maldonado	Cultivate and celebrate grassroots groups and their own cultural diversities. Provide the basic tools, technical support, and sources of funding. Discourage sameness and cookie cutter programs. Encourage independence and self-determination from the system itself. Include advocacy education tools to help improve the system at a local, state, and national level, and to fight stigma and end discrimination
CONNECTICUT Steven Fry	Strong steering committee of people in recovery willing to engage various stakeholder viewpoints and participation in the planning and execution of the initiative. Top level leadership needs to be active, visible, and strong champions committed to its success.
GEORGIA Robert Patterson	Patience, creativity and experimentation, a strong training and certification program, an annual enforced requirement of a set number of Continuing Education Credits, strong technical assistance for those working in the field
IOWA Lila Starr	Begin developing consensus within consumer/family organizations throughout the state early in the process. Bring on support from the Mental Health Planning Council. Try to get provider support in place at or near the beginning of the process if possible. We did not start with provider support for the development of our Academy, and it has, in some ways, caused growth to happen slower than it might have. We started with buy in from our MHPC, and we knew that we were “kick starting” the dialogue in our state by funding the Academy before there were any providers asking for it. On the other hand, if we had waited until providers were asking for it, we probably wouldn’t be nearly as far along in the process by now. Another idea would try to bring in the hospitals at the beginning of the process also, in order to make opportunities for peer support more available in those settings, as well as through CMHC’s.
KANSAS Lynn Amyx	Ongoing education and support for the CHMC’s across the State regarding the benefits of utilizing Peer Support staff is necessary to expand peer support services. CHMC’s will be encouraged to utilize Peer Support staff as part of a comprehensive discharge plan. Peer Support staff may be able to bridge the gap between hospitalizations and “re-entry “into Community Mental Health services. Education can also address the stigma and concerns related to hiring current or former consumers of mental health services. Hiring and training can create some financial burdens for the Community Mental Health Centers on the front end, but may reduce

expense later on. Therefore, KHS is recommending this service be more fully utilized and outreach to the entire provider network needs to be done in order to accomplish this mission. Newsletters, articles and presentations are recommended as part of the attempt to reach out and education the providers in Kansas with the goal of decreasing readmission rates, decreasing utilization of crisis services, and successful, supportive transitions to the community.

MAINE

Leticia Huttman

Think about what good peer support looks like from the beginning with both peers, providers and administrators. Get at least some "champion" providers on board to begin with to work out fears and create a clear, collective vision with peers, providers and administrators. Understand the difference between peer support and individuals who have experienced mental health issues working as case managers or in other traditional roles. Ongoing requirements in the certification process provides on-going support of learning and growing and helps maintain fidelity to peer support values.

MICHIGAN

Pamela Werner

Assure that peers support specialists are a Medicaid covered service and available to all individuals served. Develop and support consumer direction, involvement and decision making throughout the process. Reach out to other states that have a strong program and adopt what has already worked. Provide certification at the state level and assure that a strong training program is in place and applied consistently. Develop and maintain a support model once individuals are certified. Involve executive leadership at the agency and program level

MINNESOTA

Cynthia Godin

States should consider this a system transformation effort toward mental health recovery and engage resources related to facilitating organizational change.

Such resources may include the creation of a steering committee of stakeholders, forums for interagency discussion and technical support for organizations as a whole. Assuring that leadership of provider organizations understand the role of peer specialists and will support /encourage this new provider group is crucial to successfully incorporating peer specialists into the organization. The incorporation of Certified Peer Specialists into existing mental health service delivery systems challenges some organizations and/or professionals to reconsider their assumptions about certain professional norms, such as the capacity of peers to sustain appropriate boundaries while also intentionally using self-disclosure as part of their service approach. Therefore, the incorporation Medicaid-billable peer support can raise many questions amongst providers at the initial stages of implementation. These questions subside as peers join the workforce and the peer support service approach is demonstrated within agencies. States should be prepared to address the concerns of professionals and practitioners who are not familiar with the concepts of peer support as part of their plan for program implementation.

MISSOURI Rosie Anderson-Harper	Don't reinvent the wheel. The training curriculum and technical support are already available.
NEVADA Barbara Qualls	set goals, short term and long term planning
NEW JERSEY Margaret Molnar	Have sufficient time and input from stakeholders to develop a rich curriculum. Have sufficient time and exposure to market the program properly and delivery it with enough time for practical application. Also, get agency administrators and supervisors “on board” and committed to project from the outset. Also, have the time and opportunity to research what is going on/what is working in other states before you begin.
NORTH CAROLINA Debbie Webster	Ensure that State Leadership, including members of the General Assembly have an understanding and support the concept of peer services. Buy-in from the community and the service providers is essential for successful peer services. Have a vision of the direction to take to implement peer services and ensure that funding is viable to support peer services. It is very important to have a standardize training curriculum or strong training standards for consumers to become Peer Support Specialist. The certification process must be low cost and have the infrastructure to support the processing of the certification applications and re-certification.
OKLAHOMA Amber Guerrero	Doing research in the programs that work. I believe that having leadership who strongly believe and demonstrate that belief in recovery. It is important that you have a good strong base of people in recovery who are willing to advocate for this and have the ownership in the program. Have a willingness to hear "no" but to keep fighting anyway.
OREGON Bill Bouska	States should make appropriate predictions about the scope of this program. This is to say that states should be flexible to alternative funding sources to sustain the program. Funding sources beyond the usual governmental sources should be identified over the course of the program. States should hire or contract with people who have experience using the system of services and supports (family members of youth, young adults, individuals in recovery, and adult consumer/survivors) to lead the state’s program. This involvement from the highest level of government should be a high priority. Additionally, states should look beyond “peer support specialists” and encourage the development of grassroots peer directed programs in addition to the establishment of peer specialist roles. Alternative, non-medical services must be part of the continuum of care to allow for choice and a full compliment of options. States should draw upon the inherent leadership skills within the addictions community, consumer/survivor movement, young adults, and transition age youth. These are the state experts that will propel a program to excellence. Finally, states must work in partnership with all stakeholders including funding sources to develop meaningful outcome measures and research programs to identify successes and improvement areas for this program. Appropriate attention to “what works” and “lessons learned” should be measured by states so this program can flourish.

PENNSYLVANIA

Gina Calhoun

Assist stakeholders to understand this is more than a program, but also fundamental in the way mental health services do business.

Have lots and lots of people sharing their story...it brings the conceptual knowledge and complex ideas to 'life' in an easy to understand form. Storytelling can stimulate people to think actively about change and project themselves into visions of the future goal.

Don't re-invent the wheel- do your homework! Research what other states are doing including lessons they have learned along the way. Ask the 'how' and 'why' questions. How did you do this? Why did you choose to do it this way?

Prepare the environment- providing information and technical assistance minimizes fear and assists stakeholders to envision their part in a new service. Make sure you create 'buy-in' from the very beginning by getting peer and provider associations to the table...let stakeholders be part of creating the service.

SOUTH CAROLINA

Katherine Roberts

Ask other states for support - copy what works for their state - pilot the program in a few key but small area to "work out the kinks"

TENNESSEE

Lisa Ragan

- Visit another state that is already running a successful program.
- Solicit a significant amount of peer input and have peers design the program.
- Begin with specific trainings for the mental health clinicians who will be supervising the Peer Specialists.
- Develop a standardized training (that includes testing) for the consumers who want to become Certified Peer Specialists.
- Educate providers about Peer Specialists and help them to understand how hiring Peer Specialists will benefit their bottom line.
- Formalize the announcement of the program and roll it out with as much fanfare as possible.
- Include annual awards and recognition.

TEXAS

Lauren Lacefield Lewis

To involve consumer stakeholders and providers in the development from the very beginning of the process. This will assist with getting consumer and provider buy-in for peer support services.

To not reinvent the wheel. There are policies and procedures, curriculum, and training that already exists that can be used.

WASHINGTON

Kara Panek

We would suggest that new programs may not need to reinvent the wheel, but rather look at what other states are doing as there are a lot of good ideas out there. Recognize that your program will likely grow and you should plan your funding accordingly. Prior to creating a workforce, it is helpful to work with the provider agencies that will be hiring in order to ensure they adopt recovery principles into their work culture. Be available to provide technical assistance to the provider agencies. Consider ways to fund and/or support opportunities for peer specialists to network on the local level- peer specialists benefit from having the collegial support of other peer specialists. Address issues of confidentiality in your application process at the front end of program development. Consider making a requirement that your mental health providers hire peer specialists. The Georgia program's web site is a great example of how to help your workforce find

jobs.

WISCONSIN

Morgan Groves

Ensure that a leader with authority champions the development of Peer Specialists and participates with others of differing views in the defining the details of the state vision. Develop a structure to ensure employment opportunities prior to training peer specialists. Have a developed set of competencies for Peer Specialist training and employer training and provide these trainings within a similar time frame.

WYOMING

Janet Jares

Don't sweat the small stuff—you will learn as you go
Get to know the state data system. If you can have opportunities to utilize it, it will be helpful.

Leadership is built by having leadership experience. Peer specialists can teach and lead within your state's recovery/consumer communities and with one-another.

Peer specialists said the following: 1) Contact states who have a peer program to find out what is working and what isn't; 2) Require any agencies who employ a peer specialist to treat them with respect and include the peer specialist in ALL aspects of the agency's operation; 3) Make sure that any person selected to be a peer specialist is well-grounded in his/her recovery; 4) Remember how important peer support is for those of us in recovery. 5) Take a chance on something great. Believe in the program and train the peer specialists well. Offer continued support.

