

## Regional Advisory Committee

January 14, 2014

### Topic: Peer Specialist Certification Process

#### What Do You Like Best About This Process?

- Gives a chance at Education
- Credibility
- Gives meaning to what we do
- Standardizes job description (what we can't do)
- Makes us all equal as working peers
- Inspires confidence in process
- College credentialing
- Can take as long as you need no time constraints
- Provisional certification piece
- Raises self-esteem
- Peer driven
- Focus on peer lived experiences
- Person centered
- Peer to peer working together
- More structured
- Grandfathered
- Credibility with recognition
- Professional recognition
- Mutual aid
- Career opportunity/work force expansion (peer)
- Recognition by NYS credentials honored state wide
- Gives peers other options to get certified
- Open to new peers
- Educational
- Information sharing at its best
- Networking
- Provides uniform standards
- Life experience-counts for credentialing (prior and current)
- Like that peers may link those they serve to traditional supports
- Clear cut requirements
- Potential for monetary growth and recompense for quality of services
- That the competency test may be taken aside for the course-work
- Grants greater legitimacy as mental health providers
- Designed by peers who work in the field
- Self rewarding and self empowering
- Ongoing credentialing criteria is outlined

- Makes us all equal as working peers
- Inspires confidence in process
- Provisional certification piece

### **What Do You Like Least About This Process, and What Changes Would You Make To Address It?**

- Need to look at barriers to learning computers
- Hook up with agencies for skills and spending
- Ambiguity towards college credit (unlike CASAC)-work out with colleges
  - will this work towards college credit?
- Don't know which agencies train towards credentialing best
- Credentialing is only for Medicaid billing
- Lack of access to computers or place to get 2000 hours
- Find local agency as supervising body or use volunteering to gain hours (unpaid internships)
- Be more specific about its usage and how to use efficiently identify accommodations for classes/test
- Length of hours-allow college credit
- Can be overwhelming to some with disabilities-need in person training also
- Only computer access- in person training needed also
  - Correspondence schools
  - handouts
- Exclude GED requirement
- Medicaid billable services other than outreach and engagement
- Medicaid billing is specific and need lots of documentation
  - Provide a lot of training on MHARS (medical billing)
- Grandfather is too restrictive
  - by not documenting everything
  - pox system for life experience
- Lack of addressing cultural diversity/needs to be included in curriculum and in outreach and engagement
- Outreach getting word out to other peers on this initiative
  - How do we sell this?
  - How do we provide services to non Medicaid peers?
  - How do we keep people engaged in treatment?
  - Is this just for OMH facilities?
- Safeguards from non-peers coming in and taking jobs
  - Is it Medicare billable?
- Potentially not enough time to allow for 2000 hr level 2 Certification

- May exclude some qualified individuals and possibly put their jobs at risk for those who are currently employed
- Older adults feel pressured from time constraints to reach Level II status Certification
- Limiting peer support hours to work hours may not belong in the code of ethics
- Pay should, but does not relate directly to qualifications/benefits should not be determines factor for pay
- Doesn't make accommodations for those who are not tech savvy
- May deter people from pursuing careers in peer services with the strict requirements
- Locks out forensic population even though there are qualified people in the units
- Don't like "care" as part of the overall purpose
- There's no transparency
- Funnels all peers services into a narrow state
- Loss of creativity
- Autonomy-intentional peer should support

### **If You Had a Magic Wand What Would You Do?**

- Eliminate language barriers and cultural differences
- Uniform salary standards
- Specialized exams and CEU's (forensic, dual diagnoses and mental health)
- Offer Edu support
- Intentional peer support for all
- Modification of 2000 hours (multiple years)
- Leads to further opportunities (tiers) and a PEER CAREER PATH-your own union
- Eliminate productivity quotas
- Eliminate professional stigma
- More resources (access to resources) for career development outside typical "mental health"
- We need to learn about physical health for integrated health care
- Training in alternatives/Holistic options
- Full access to CPI training and Pat Deegan's Recovery library
- Patience in education/re-Edu.
- People coming out of incarceration should have access to CPS
- Prepare for barriers in process
- Internships for people working towards CPS without the year in recovery
- Diversity and multi-culture
- Massive education campaign
- Training on billing (MHARS) writing case notes
- Be able to bill where people are already going
- Patient (peer) involvement with discharge and planning programs (community services)

- Keep core (peer) values
- All peer on same level-no hierarchy
- Infrastructure provided to some peer organizations
- Less duplication of reporting
- More info on training
- Employment contingent on performances to avoid incompetency
- More inclusive than just Medicaid
- Consumer advisory boards needs to be more interfaced and outreached
- Goes from state>county>city
- Agencies that have not previously hired peers to require technical support and supervision-some mechanism
- Significant test prep and other supports available for those who want to take it-offer study groups
- De-briefing as part of the prep
- Have face to face options for Class work
- Give certification to those who want it
- Part of PRO's curriculum
- Adapted for all disabilities
- Employment network training compatibility and exchanges
- Funding for all and any who have the need and want to take courses to receive computers and software, and online compatibilities
- Generous accommodations for test taking
- Extend rollout beyond April
- Current providers-where do working peers fit within the peer certification
- Changes in roles of workers should remain as they are pre-certification
- Back billing possibility for peers delivering services
- Review board to protect person being credentialed
- Education should be paid for by employer
- Licensing staff should be involved
- Peer recognition for services and accomplishment
- Peer mentor or supervisor to check-in 1 time a week
- Career track

## **How Would You Address The Following Issues?**

### **Requirements For current Peer Providers**

- Statement of what a peer worker is when they start at a program
- Educate other mental health providers on peer workers
- Peers to do peer services tenure in recovery
- Shorten process
- Make sure we know what they are talking about

- Provide technical assistance
- Medicaid forms on-line so peer specialist can fill them out
- Current peer providers
  - shorten process
  - make sure know what they are talking about
  - provide technical assistance
- Establishment of a peer review board to oversee everything
  - complaints of ethical violations
- Through justice center

## **SCOPE OF PRACTICE**

- Training to address specialty
- Scope of practice for supervisors-training to address specialty
  - working with (corrections, geriatrics, youth, etc)
- Specialty areas and payment tiers
- Differentiation of roles between peer counselors and clinical support therapy
- Should be able to agree in advance to the specifications of the 2000 hours
- Peers specifically offering valuable professional opinions to the other clinical professionals
- Clear job descriptions for differing agencies
- Should include inpatient and outpatient
- Training for supervisors
- Need to be educated on Wellness practices and have thorough exposure to recovery philosophy and where it came from

## **Training for Supervisors**

- Support/protection for when peer providers are struggling
- Train them in peer services (WRAP, etc)
- Mandatory micro-aggression training (Dr. Deegan) for all staff
- Checklist for supervisors
- Supervisor has direct-care experience
- Peer accreditation class/study group
- Training agreements
- Burnout prevention
- Training of supervisors-peers train supervisors
  - train the trainer
  - is it peer or non-peer supervisor
  - educated or not supervisor

## **Logistics**

- Exams two times a year

- Clinicians must not offer medication advice about the peer employee (Use of medication or other clinical issues not related to employee performance.)
- Open up the accreditation process to non-peer providers if they are going to supervise us
- Let an RN, MD get this
- Educational tools to become available to non-peers
- Certification for supervisors that work with peers-whoever they are

### **Complaints of Ethical Violations**

- A panel of peers to handle the complaints and solution to violation and those panel members should not be peers that were not involved in creating this
- Training for current peer providers
- Centralized agency for violations
- Evaluation tool for ethics
- An appeal process