



# CAMHPRO Public Policy Position Statement on California Peer Specialist Certification

---

**CAMHPRO joins the strong tide of California organizations, counties and people advocating for growth in high quality peer support services and peer specialist career development, and in extending the peer support model across the entire health sector through a State Certification of Peer Specialists.**

**The California Association of Mental Health Peer Run Organizations (CAMHPRO)** consists of member entities, which are established, independent and successful consumer-run organizations harnessed as the consumer voice on local, regional, and statewide levels in advocating for the involvement of consumers at all levels of planning, policy, and programming for mental health and related systems to eliminate stigma and discrimination, promote social inclusion and to protect the rights of people with mental health issues, with special focus on self-determination and choice.

**One major CAMHPRO policy platform is consumer employment.** CAMHPRO supports consumers playing a central role in a consumer-driven and holistic mental health system based on the assumption that recovery is not only possible, but probable. When the system is consumer-driven, it leads to a better system. Peer Specialists are change agents in transforming the system, to improve outcomes with more wellness, recovery and resiliency-based services to reduce the utilization of intensive, involuntary and costly levels of care. CAMHPRO promotes the advancement of consumer employment opportunities at all levels of the mental health system, and therefore supports establishing a State Peer Specialist Certification in order to standardize and professionalize these essential services.

In 2007, the U.S. Centers for Medicare and Medicaid Services (CMS) sent a guidance letter to all State Medicaid Directors emphasizing, “peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders.” CMS encouraged states to establish a state certification process for training, credentialing, supervision and care coordination. (CMS, SMDL #07-011) Most states have implemented State Peer Certifications. And most have tied State Peer Certification to the ability to bill Medi-Caid for Peer Specialist Services to enable leveraging of Medicaid funds. Until now California has been trailing in peer provider certification efforts.



### **Peer Support is a Unique Service**

Peer Support is a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination and the services provided are evidence-based, nontraditional, therapeutic interactions between people who have a shared lived experience of a behavioral health challenge.

Further, Peer Support is about understanding another's situation empathically, as a person with lived experience. When people find affiliation with another whom they feel is "like" them, they feel a connection. This non-pathologizing connection or affiliation is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of the traditional expert/patient or expert/family member relationship.

### **Peer Support is designed to provide the following:**

- Inspire hope that recovery and increased resiliency is not only possible, but probable.
- Promote empowerment and self-determination.
- Create understanding of challenges and tools for overcoming challenges.
- Develop wellness skills and resiliency that allow individuals and families to achieve personal wellness.
- Allow members of the peer or family member community to try out new behaviors with one another and move beyond previously held self-limiting beliefs.
- Support non-peer support staff in identifying program environments that are conducive to wellness/recovery/resiliency and to lend their unique insight into behavioral health challenges and severe emotional disturbance as well as what makes recovery and resiliency possible.

**Peer Support is provided to individuals or groups in a variety of settings**, including but not limited to:

- Peer Operated Centers and Programs
- Community Based Organizations
- County clinics
- Natural community settings including personal residences
- Community service agencies including schools, courts and primary care
- In-patient settings

### **A Peer Specialist is:**

- Someone who, first and foremost, has experiential knowledge themselves or as a parent or family member of the healing process of recovery/building resiliency and can offer genuine compassion for the struggles, and hope that it is possible to come through those



struggles stronger, with more clarity and purpose, and respect for each individual's personal journey.

- A practitioner who strategically utilizes their own personal recovery or family resiliency stories to support persons served to overcome barriers or struggles caused by behavioral health challenges.
- A practitioner who uses language and behaviors that support a relationship of mutuality and power sharing.
- A practitioner who provides services in a culturally relevant manner and assumes a position of cultural humility in their interactions with others.
- A change agent in transforming the system to improve outcomes through the increased use of effective engagement to reduce the utilization of involuntary care and increase wellness, recovery, resiliency-based voluntary services so that people served and families will become integrated and supported by their communities and be empowered to access the services that best serve their needs and/or to exit the public system of care.
- A practitioner who is trauma responsive.

**A Peer Specialist is distinguished from other disciplines within the behavioral health workforce.**

- Peer Support is a specific discipline that requires training to achieve competency.
- Peer support services are different than other existing mental health services in how they are provided.
- People with lived experience may provide mental health and case management services as other qualified providers, however, a Peer Support Specialist is a person with lived experience who has been trained to provide the specific service of Peer Support.
- Peer Support Specialists may provide peer support as well as other existing mental health services such as rehabilitation, collaterals and case management.

Some years ago the former California Network of Mental Health Clients began gathering support for a California Peer Specialist Certification Initiative which was then adopted by the Working Well Together Collaborative taking it to the next level of research and governmental support.

Numerous research studies support the efficacy and cost effectiveness of peer specialist services. Peer services over traditional services alone lead to less inpatient services, decreased symptoms, increased coping skills and life satisfaction, reduced overall ongoing need for mental health services, and decreased substance use.



**Research on the Benefits of Peer Support Services shows:**

- Less inpatient use (Clarke et al, 2000; Klein et al, 1998; Min et al., 2007; Landers and Zhou, 2009)
- More time and engagement with the community (Clarke et al., 2000; Min et al., 2007)
- Better treatment engagement (Craig et al., 2004; Sells et al., 2006; Felton et al., 1995)
- Greater satisfaction with life (Felton et al., 1995)
- Greater quality of life (Klein et al., 1998)
- Greater hopefulness (Cook et al., 2010)
- Better social functioning (Klein et al., 1998)
- Fewer problems and needs (Craig et al., 2004; Felton et al., 1995)
- Decreased symptoms, Increased coping skills, Increased life satisfaction (Chamberlin, et al, 1996; Humphreys, 1997; and Raiff, 1984; Davidson, et al 1999)
- Reduces overall ongoing need for mental health services (Chinman, 2001; Klein et al, 1998; Simpson and House, 2002)
- Decreased substance use (Klein et al, 1998)

With the ramp up to integrate behavioral health and primary care and to extend the reduced life span of people with mental health challenges, “the use of peer health navigators is an emerging best practice for addressing health needs of people living with serious mental illness” (Brekke et al., 2013, p. 77) A USC School of Social Work and Pacific Clinics Peer Health Navigation “Project Bridge” pilot randomized controlled study shows improved health status, decreased use of medication, and decreased use of urgent care and emergency services.

**CAMHPRO supports a California Peer Specialist Certification because CAMHPRO’s purpose and mission mirror the principles and values of peer support services in transforming the behavioral health system.** Peer support is not only the most effective model in serving community health needs in the least restrictive and humane environment. Modeling wellness practices and constant and ongoing contact of peer specialists with colleagues who don’t identify as peers, helps to eliminate stigma and discrimination, and will transcend practices throughout all health systems for better integrated health outcomes overall. A California Peer Support Specialist Certification is needed to join the majority of other states; to ensure understanding of the role and scope of practice of Peer Support, to legitimize the role and standardize training, establish competencies of peer specialist providers, provide consistency across county systems, to enable sustainability through the ability to bill Medi-Cal for unique peer support services, and finally to prepare for integration of peer services into all systems. California’s time has come; 2014 is the year of the peer!



*This position paper represents the collective wisdom and shared information of the consumer movement and allies of decades, with acknowledgement to the California Network of Mental Health Clients position papers, and the Working Well Together Collaborative Peer Certification efforts.*

---

## **References**

Brekke, J., Siantz, E., Pahwa, R., Kelly, E., Tallen, L., and Fulginiti, A. (2013). Reducing Health Disparities for People with Serious Mental Illness: Development and Feasibility of a Peer Health Navigation Intervention. *Best Practices in Mental Health*, 9, (1), 62-82. Lyceum Books.

Chamberlin, J., Roger, E. S., and Ellison, E. L., (1996). Self Help Programs: A description of their characteristics and members. *Psychiatric Rehabilitation Journal*, 19, 33-42.

Chinman, M.J., Weingarten, R., Stayner, D., & Davidson, L. (2001). Chronicity reconsidered: Improving person-environment fit through a consumer run service. *Community Mental Health Journal*, 37(3) 215-229.

Clarke, G.N., Herinckx, H.A., Kinney, R.F., Paulson, R.I., Cutler, D.L., Lewis, K., & Oxman, E. (2000). Psychiatric hospitalizations, arrests, emergency room visits, and homelessness of clients with serious and persistent mental illness: Findings from a randomized trial of two ACT programs vs. usual care. *Mental Health Services Research*, 2(3), 155-164.

Craig, T., Doherty, I., Jamieson-Craig, R., Boocock, A., & Attafua, G. (2004). The consumer-employee as a member of a Mental Health Assertive Outreach Team. Clinical and social outcomes. *Journal of Mental Health*, 13(1), 59-69.

Cook, J.A., Copeland, M.E., Corey, L., Buffington, E., Jonikas, J.A., Curtis, L.C., Grey, D.D., Nichols, W.H. (2010). Developing the evidence base for peer-led services: Changes among participants following Wellness Recovery Action Planning (WRAP) education in two statewide initiatives. *Psychiatric Rehabilitation Journal*, 34(2), 113-120.

Davidson, L., Chinman, M., Kloos, B., Weingarten, R., Stayner, D., & Tebes, J.K. (1999). Peer support among individuals with severe mental illness: A review of the evidence. *Clinical Psychology: Science and practice*, 6, 165-187.

Felton, C.J., Stastny, P., Shern, D.L., Blanch, A., Donahue, S.A., Knight, E., & Brown, C. (1995). Consumers as peer specialists on intensive case management teams: Impact on client outcomes. *Psychiatric Services*, 46(10), 1037-1044.

Humphreys, K. (1997). Individual and social benefits of mutual-aid self-help groups. *Social Policy*, 27, 13-19.



Klein, A.R., Cnaan, R.A., & Whitecraft, J. (1998). Significance of peer social support with dually diagnosed clients: Findings from a pilot study. *Research on Social Work Practice*, 8(5), 529-551.

Min, S-Y., Whitecraft, J., Rothbard, A.B., & Salzer, M.S. (2007). Peer support for persons with co-occurring disorders and community tenure: A survival analysis. *Psychiatric Rehabilitation Journal*, 30(3), 207-213.

Raiff, N.R. (1984). Some health related outcomes of self-help participation: Recovery, Inc. as a case example of a self-help organization in mental health. In A. Gartner & F. Riessman (Eds.), *The self-help revolution* (pp. 183-193). New York: Human Sciences Press.

Sells, D., Davidson, L., Jewell, C., Falzer, P., & Rowe, M. (2006). The treatment relationship in peer-based and regular case management for clients with severe mental illness. *Psychiatric Services*, 57(8), 1179-1184.

Simpson, E. L. & House, A.O. (2002). Involving users in the delivery and evaluation of mental health services: Systematic review. *British Medical Journal*. 325, 1-5.

United States Department of Health & Human Services, Centers for Medicare & Medicaid Services, Guidance Letter to State Medicaid Directors, SMDL #07-011, August 15, 2007. Retrieved on April 3, 2014 from <http://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>