# Nationally Certified Peer Specialist

## Core Competencies

**Draft for Public Comment**
**February 2016**

# Mental Health America (MHA) Nationally Certified Peer Specialist Core Competencies
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## Executive Summary

Currently, peer support specialists work in the public behavioral health arena in every state and most states have developed some type of credentialing process to assure a local standard of training and experience for peer support services paid for with state and federal dollars. Thirty-five states have peer support as a Medicaid reimbursable cost service. While peer support is well established in the public mental health system, it has made very little headway entering into the commercial/private sector. This is primarily due to:

- Health insurance company requirements of consistent, high standards of training and other prerequisites to meet compliance needs,
- The lack of understanding of the value of these roles within the commercial/ private sector insurance space, and
- A desire for additional gold standard research that demonstrates clinical outcomes in this emerging field.

In order to expand the concept of peer support to its fullest capacity, while still keeping the intrinsic nature of true peer support, Mental Health America (MHA), in partnership with the Florida Certification Board (FCB), is developing the first national, fully accredited certification program recognizing peer specialists qualified to work in both public and private whole health practices. The certification is not designed to qualify a peer to work in clinical roles; it is designed to build upon and enhance traditional peer specialist training and core competencies upheld by current programs and add the additional competencies necessary to enable peers to work alongside any other health care team(s). The goal is for MHA Nationally Certified Peer Specialist to be viewed as an effective adjunct to the individual's care teams with the express goal of supporting the individual to achieve recovery and activate self-management of their whole-health goals. MHA anticipates that Nationally Certified Peer Specialists will be employed in a wide range of clinical settings, including inpatient settings, emergency departments, and with private practitioners, including primary care physicians.

While individual's holding the MHA National Peer Specialist credential will be qualified to work in both traditional, public peer settings and private/commercial setting, this program is not intended to replace existing peer support specialists credentialing or certification programs at the state and local levels within the public healthcare space; nor should it be a requirement for Medicaid/Managed-Care reimbursement.

Additionally, this credential is designed to serve as a quality indicator, helping to ensure that peer support services are defined and embedded in the system of care. Although there is public concern that regulating peer services is in direct opposition to the peer movement, the movement is evolving from a grassroots social movement to an evidence-based recovery support service producing significant outcomes for individuals receiving physical and behavioral healthcare services. While peers are unique and are NOT medical practitioners, there are certain concepts that an emerging field like peer support specialists may find it helpful to mirror so that individuals outside of the peer community can understand the level of skill certain peers have achieved. Certification allows peers to demonstrate this exceptional skill and knowledge to the outside world. The MHA National Peer Specialist credential is designed to meet the needs of stakeholders in the healthcare system while maintaining the fundamental principles, values and practices of peer support.

The *Mental Health America (MHA) Nationally Certified Peer Specialist Role Delineation Study Scope of Service Workshop* was held on August 13 – 14, 2015 in Washington D.C. A team of subject matter

experts was assembled and led through the workshop by the Florida Certification Board (FCB).  This report documents the following workshop outcomes:

- Minimum target audience characteristics.

- Core competencies, specifically performance domains and job tasks within each domains

## Definitions

Whole Health refers to the focus on all aspect of an individual's health behaviors, which are physical, emotional, nutritional, environmental (work and home), social and spiritual (an individual's values and worldview).

Peer Support is the process of giving and receiving encouragement and assistance to achieve long-term recovery. Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people.  Mead, (2003); Solomon, (2004).

Peer Specialists, also known as certified peer support specialists, peer support specialists, or recovery specialists, recovery peers, and recovery coaches and other similar titles are persons who use their lived experience of recovery from a mental health disorder(s) and, possibly, other co-occurring substance use disorder, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

## Target Audience Characteristics

The subject matter experts established the following program statement and target audience characteristics to provide a shared understanding of "who" the credential is designed for.

MHA Nationally Certified Peer Specialists use their lived experience and learned knowledge and skills to help others engage in self-directed recovery planning and develop the skills necessary to activate self-management of their primary disease(s) and/or prevent the escalation of illness.  This is an advanced-level peer specialist credential, for a person with a minimum of 12 months experience and advanced training in topics related to whole-health, healthcare systems, trauma-informed care, and adult learning. Applicants for this credential must have:

- ✓ Achieved and maintain recovery from a mental health disorder and, possibly, other co-occurring whole health problems.
- ✓ Demonstrated a commitment to peer services as a means to recovery from mental health and other co-occurring whole health problems.
- ✓ Completed advanced and specified training necessary to competently provide peer support services in public and private whole health practices.
- ✓ Direct experience providing peer services in public or private behavioral health or other whole health practice setting.

The workgroup further identified the primary experience that defines "peerness" between the credentialed peer and the individual receiving peer services as the shared lived experience of having a mental health condition that has had a significant negative impact on the individual's day-to-day life. Although not all individuals with a mental health condition also experience a substance use disorder, the co-occurrence of a mental health and a substance use disorders is commonly encountered; therefore,

the credentialed peer is expected to have a knowledge base of both mental health and substance use disorders, even if the peer does not have direct experience with the secondary condition.

The group emphasized that when establishing one's suitability to serve as a peer to another individual, employers should consider multiple factors far beyond the "diagnosis," such as ethnicity, race, gender, age and other characteristics. It is incumbent for the peer and the individual receiving peer services to focus on shared experiences unless differences outweigh the benefits of a peer relationship.

While the specific certification standards and requirements are not yet established, the workgroup established the draft performance domains and core competencies with this "straw-man" in mind.

## Core Competencies

Core competencies are the job tasks that credentialed individuals must be able to perform on-the-job, regardless of employer or service delivery model. Similar tasks are grouped under titles called performance domains. Although core competencies describe job tasks, they are not presented in sequential order. Certified individual are expected to be able to perform all job tasks as necessary and appropriate.

The workgroup members reviewed the following reference documents:

- National Ethical Guidelines and Practice Standards/National Practice Guidelines for Peer Supporters. International Association of Peer Supporters (iNAPS)

- Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Peer Workers in Behavioral Health Services

- Peer Support Accreditation and Certification (Canada) National Certification Handbook

- Florida Certification Board Certified Recovery Peer Specialist (CRPS) Core Competencies

- Core Competencies for Integrated Behavioral Health and Primary Care. SAMHSA-HRSA

- Meaningful Roles for Peer Providers in Integrated Healthcare. California Association of Rehabilitation Agencies. November 2014.

The workgroup members agreed that the nationally accepted ethical values and practice guidelines for peer support must serve as the foundation of this credential. As such, all core competencies identified by the workgroup are informed with a shared expectation and understanding that the job tasks will be performed in a manner that reflects these foundational principles.

| SAMSHA Competency Categories | SAMSHA Guiding Principles and Values |
|---|---|
| 1. Engages peers in a collaborative and caring relationship<br>2. Provides support<br>3. Shares lived experience of recovery<br>4. Personalizes peer support<br>5. Recovery planning<br>6. Links to resources, services and supports<br>7. Teaches information and skills related to health, wellness and recovery<br>8. Helps peers manage crisis<br>9. Communication<br>10. Collaboration and teamwork<br>11. Leadership and advocacy<br>12. Growth and development | 1. Recovery orientation<br>2. Person centered<br>3. Non-coercive<br>4. Relationship focused<br>5. Trauma Informed Care |
| **iNAPS Core Values** | **iNAPS Practice Guidelines** |
| 1. Peer support is voluntary.<br>2. Peer supporters are hopeful.<br>3. Peer supporters are open-minded.<br>4. Peer supporters are empathetic.<br>5. Peer supporters are respectful.<br>6. Peer supporters facilitate change.<br>7. Peer supporters are honest and direct.<br>8. Peer support is mutual and reciprocal.<br>9. Peer support is equally shared power.<br>10. Peer support is strengths-focused.<br>11. Peer support is transparent. | 1. Support choice.<br>2. Share hope.<br>3. Withhold judgment about others.<br>4. Listen with emotional sensitivity.<br>5. Be curious and embrace diversity.<br>6. Educate and advocate.<br>7. Address difficult issues with caring and compassion.<br>8. Encourage peers to give and receive.<br>9. Embody equality.<br>10. See what's strong, not what's wrong.<br>11. Set clear expectations and use plain language.<br>12. Focus on the person, not the problem. |

## DRAFT Core Competencies and Performance Domains

The Subject Matter Expert panel identified 54 core competencies/job tasks, allocated across six (6) performance domains.

| Performance Domains |
| --- |
| 1. Foundations of Peer Support |
| 2. Foundations of Healthcare Systems |
| 3. Mentoring, Shared Learning and Relationship Building |
| 4. Activation and Self-Management |
| 5. Advocacy |
| 6. Professional and Ethical Responsibilities |

### Domain 1: Foundations of Peer Support

The core competencies in this domain are related to demonstrating knowledge of the fundamental concepts of the peer support movement. Peers are expected to have knowledge of the strengths of peer support and the ability to bring that information to the workplace. Regardless of employer, the peer specialist will perform all services in a manner that reflects the Substance Abuse and Mental Health Services Administration (SAMHSA) guiding principles and core values of peer support, as well as the International Association of Peer Supporters (iNAPS) practice guidelines. These principles, values and guidelines are critical to the provision of effective peer support services, which are built on a shared experience of a significant mental health condition and the establishment of hope that recovery is achievable. Peer specialists will have the ability to establish successful peer-to-peer relationships, focused on health, wellness, recovery, mutual respect, shared-experience, shared-learning, emotional and social support, self-determination, and empowerment.

The peer specialist must also understand the additional adverse impact of trauma on mental health and substance use disorders, and how to provide peer support services that reflect trauma-informed care principles and strategies.

### *Domain 1 Core Competencies*

1. Describe the historical context from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with mental health conditions..

2. Develop a working explanation of the terms peer support, peer and recovery as established by the Substance Abuse and Mental Health Services Administration (SAMHSA).

3. Develop a working explanation of the recovery process, stages of change, and recovery capitol.

4. Define and describe the SAMHSA guiding principles and core values of peer support.

5. Define and describe the iNAPS practice guidelines of peer support.

6. Compare and contrast the concept of recovery as it is used in behavioral health environments versus its use in physical health environments.

7. Compare and contrast the role of peer support services in public vs private/commercial healthcare systems.

8. Explain how peer support services can help individuals address barriers to recovery, including stigma, social isolation, and the ability to navigate complex healthcare service systems.

9. Explain the impact of trauma on an individual's mental health.

10. Explain the principles of trauma-informed care.

11. Describe how to provide peer support services that reflect trauma-informed care principles and strategies.

## Domain 2:  Foundations of Healthcare Systems

The core competencies in this domain are related to demonstrating a working understanding of the healthcare systems, including health care providers, healthcare professionals, and insurers/payers.  This domain also includes tasks related to advocacy, including the peer specialist's responsibility to help other healthcare professionals understand, recognize and value the role of peer services in achieving whole-health goals.  Although the peer specialist is not a clinical team member, he or she will benefit from knowledge of traditional and non-traditional therapeutic/clinical treatment modalities to assure that peer support services complement the individual's care plan and his or her work toward activation and self-management to achieve recovery and related whole-health goals.

### *Domain 2 Core Competencies*

1. Define the concept of whole-health and holistic healthcare.

2. Describe a variety of healthcare settings and how peer support services can be integrated in these settings, including psychiatrists, psychologists, therapists, primary care, in-patient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, and peer run programs.

3. Describe the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.

4. Describe a variety of traditional (such as CBT, DBT, Medication Management, etc.) and non-traditional healthcare services (such as yoga, nutritional management, music, art or drama therapy, etc.).

5. Describe how to assure that care team members understand the process of recovery and the relationship between person-centered, self-directed care and achievement of whole-health goals.

6. Demonstrate knowledge of the social determinates of health and how these outside factors can impact an individual's health and well-being.

7. Demonstrate knowledge of primary risk factors and associated prevention/early intervention strategies that will address risk and promote health and well-being.

8. Learn about different therapeutic/clinical treatment modalities in the individual's care plan and how to use this knowledge to tailor peer support services to achieve whole-health goals.

9. Describe common methods to pay for healthcare services, including public and private/commercial payers and appeals processes.

10. Demonstrate a basic knowledge of medical language and chart documentation standards.

## Domain 3:  Mentoring, Shared Learning and Relationship Building

The core competencies in this domain are related to the peer specialist's use of his or her own personal experience with a mental health condition and any other co-occurring disorders, and their journey toward recovery and resiliency.  Personal stories are used to build hope and demonstrate that recovery is achievable.  Peer support is a relationship built on a mutual support and respect.  As such, the peer specialist must be able to demonstrate an understanding of the concepts and strategies for effective interpersonal communication and relationship building.

The primary means for building new knowledge, skills, attitudes or behaviors necessary to achieve whole-health goals is through shared learning, by which the peer and the individual receiving peer support services learn from one another.  In the instance that the term "teach" is used, it is to be understood that one person is helping another person learn something he or she currently does not know and is not meant to establish a power differential in the peer-to-peer relationship.

### *Domain 3 Core Competencies*

1. Effectively and appropriately share relevant parts your own and stories of others recovery (as available in the public domain) to convey and inspire hope that recovery is possible in a manner that keeps the focus on the individual receiving services, not the peer specialist.

2. Describe how to establish and maintain appropriate interpersonal limits and boundaries necessary to promote effective peer support services.

3. Assist the individual to identify their personal strengths, needs, preferences, and goals related to health, home, purpose, and community.

4. Demonstrate knowledge of shared-learning strategies and other adult learning techniques when educating the individual about available health, wellness, and recovery supports and services.

5. Use shared-learning strategies and other adult learning techniques to teach the individual the life skills, including personal care and social responsibility habits, they identify as necessary to achieve and maintain recovery.

6. Effectively use technology as a means to engage and provide peer support services to individuals living in rural or remote settings or experiencing other barriers to traditional "face-to-face" interaction.

7. Use effective listening skills, such as Active Listening, to hear what the individual receiving services has to say about their life, their strengths, and their hopes for recovery.

8. Demonstrate genuine acceptance and respect for the individual and an understanding of their experiences and feelings.

9. Recognize and respond to the complexities and uniqueness of each individual by tailoring your approach to support their preferences and unique needs.

10. Recognize and understand your own personal values, culture and spiritual beliefs and how they may contribute to your own judgments, biases and beliefs about others.

11. Recognize and respect the individual's personal values, cultural and spiritual beliefs.

## Domain 4: Activation and Self-Management

The core competencies in this domain are related to the peer specialist's role in helping individuals understand the recovery process, and their right and responsibility to develop and use the skills necessary to actively participate in the identification and achievement of their whole health goals. All tasks are performed from the perspective of supporting individual choice/self-directed care and must support both traditional and non-traditional care strategies reflective of a holistic, whole-health approach to recovery and wellness.

This domain also includes competencies related to the peer specialist's unique ability to identify and respond to situations where early intervention may prevent crisis and/or the need for intensive care. The ultimate goal is for the peer specialist to use social learning, mentoring, modeling and other teaching strategies to help the individual develop the skills necessary to: engage in self-directed care, advocate for his or her wants and needs; and, activate self-management necessary to achieve and maintain recovery from mental health and other co-occurring disorders to achieve whole-health goals.

### Domain 4 Core Competencies

1. Define the concepts of "activation" and "self-management" of whole-health goals.

2. Assist the individual to develop decision making strategies and function as an active member of his or her own recovery team, to include the selection of traditional and non-traditional recovery strategies, supports, and treatment providers.

3. Assist the individual to identify and take actions necessary to develop behaviors that support their whole health goals.

4. Teach the individual how to access and navigate formal and informal community resources and services.

5. Help the individual to anticipate and avert, or safely manage any re-experience of symptoms of his or her mental health and/or substance use conditions to ensure continued safety.

6. Identify indicators that the individual may be re-experiencing symptoms of his or her mental health and/or substance use conditions and provide early intervention strategies to avert crisis and/or the need for intensive services.

7. Assist the individual to develop and activate self-management plans, advanced directives and other crisis prevention strategies.

8. Provide on-going support, over time, to assure the individual is engaged in long-term, recovery-oriented self-management.

9. Provide access to a range of activation and self-care tools and resources that the individual may find useful

10. Teach the individual how to locate and evaluate the effectiveness of online activation tools and resources like phone apps, twitter feeds, discussion boards, interactive programs and more.

## Domain 5:  Advocacy

The core competencies in this domain are related to the peer specialist's responsibility to ensure that the individual's care reflects recovery-oriented principles, is driven by individual choice and self-determination, and does not allow for further stigmatization or discrimination or health care inequities. The peer specialist must be able to demonstrate advocacy skills and teach the individual to self-advocate.

### Domain 5 Core Competencies

1. Use knowledge of relevant rights and laws to ensure that the individual receiving services' rights are maintained.

2. Advocate for/communicate the individual's point of view to support person-centered services when communicating with other members of the individual's recovery/treatment team.

3. Assist the individual to develop self-advocacy skills.

4. Inform colleagues about the process of recovery and the use of recovery support services.

5. Identify and communicate gaps in the service system that result in unmet needs of individuals being served.

## Domain 6:  Professional and Ethical Responsibilities

The core competencies in this domain are related to the peer specialist's responsibility to perform job tasks according to federal and state laws, agency policies, and best practices.  This domain also includes tasks necessary to demonstrate that the credentialed individual is only working/performing tasks within their scope of service, seeking supervision and professional development opportunities.

### Domain 6 Core Competencies

1. Maintain confidentiality in accordance with state and federal laws.

2. Document service provision in accordance with agency policies and procedures.

3. Perform all job duties in accordance with federal and state rules and regulations.

4. Perform all job duties in accordance with published codes of ethics and professional conduct.

5. Seek supervision as necessary and appropriate to competently perform job duties.

6. Practice personal safety and self-care.

7. Understand and explain the peer specialists' scope of service (i.e., know what you can and cannot do as a credentialed peer specialist).

## Comprehensive Listing of DRAFT Core Competencies

1. Describe the historical context from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with mental health conditions..

2. Develop a working explanation of the terms peer support, peer and recovery as established by the Substance Abuse and Mental Health Services Administration (SAMHSA).

3. Develop a working explanation of the recovery process, stages of change, and recovery capitol.

4. Define and describe the SAMHSA guiding principles and core values of peer support.

5. Define and describe the iNAPS practice guidelines of peer support.

6. Compare and contrast the concept of recovery as it is used in behavioral health environments versus its use in physical health environments.

7. Compare and contrast the role of peer support services in public vs private/commercial healthcare systems.

8. Explain how peer support services can help individuals address barriers to recovery, including stigma, social isolation, and the ability to navigate complex healthcare service systems.

9. Explain the impact of trauma on an individual's mental health.

10. Explain the principles of trauma-informed care.

11. Describe how to provide peer support services that reflect trauma-informed care principles and strategies.

12. Define the concept of whole-health and holistic healthcare.

13. Describe a variety of healthcare settings and how peer support services can be integrated in these settings, including psychiatrists, psychologists, therapists, primary care, in-patient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, and peer run programs.

14. Describe the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.

15. Describe a variety of traditional (such as CBT, DBT, Medication Management, etc.) and non-traditional healthcare services (such as yoga, nutritional management, music, art or drama therapy, etc.).

16. Describe how to assure that care team members understand the process of recovery and the relationship between person-centered, self-directed care and achievement of whole-health goals.

17. Demonstrate knowledge of the social determinates of health and how these outside factors can impact an individual's health and well-being.

18. Demonstrate knowledge of primary risk factors and associated prevention/early intervention strategies that will address risk and promote health and well-being.

19. Learn about different therapeutic/clinical treatment modalities in the individual's care plan and how to use this knowledge to tailor peer support services to achieve whole-health goals.

20. Describe common methods to pay for healthcare services, including public and private/commercial payers and appeals processes.

21. Demonstrate a basic knowledge of medical language and chart documentation standards.

22. Effectively and appropriately share relevant parts your own and stories of others recovery (as available in the public domain) to convey and inspire hope that recovery is possible in a manner that keeps the focus on the individual receiving services, not the peer specialist.

23. Describe how to establish and maintain appropriate interpersonal limits and boundaries necessary to promote effective peer support services.

24. Assist the individual to identify their personal strengths, needs, preferences, and goals related to health, home, purpose, and community.

25. Demonstrate knowledge of shared-learning strategies and other adult learning techniques when educating the individual about available health, wellness, and recovery supports and services.

26. Use shared-learning strategies and other adult learning techniques to teach the individual the life skills, including personal care and social responsibility habits, they identify as necessary to achieve and maintain recovery.

27. Effectively use technology as a means to engage and provide peer support services to individuals living in rural or remote settings or experiencing other barriers to traditional "face-to-face" interaction.

28. Use effective listening skills, such as Active Listening, to hear what the individual receiving services has to say about their life, their strengths, and their hopes for recovery.

29. Demonstrate genuine acceptance and respect for the individual and an understanding of their experiences and feelings.

30. Recognize and respond to the complexities and uniqueness of each individual by tailoring your approach to support their preferences and unique needs.

31. Recognize and understand your own personal values, culture and spiritual beliefs and how they may contribute to your own judgments, biases and beliefs about others.

32. Recognize and respect the individual's personal values, cultural and spiritual beliefs.

33. Define the concepts of "activation" and "self-management" of whole-health goals.

34. Assist the individual to develop decision making strategies and function as an active member of his or her own recovery team, to include the selection of traditional and non-traditional recovery strategies, supports, and treatment providers.

35. Assist the individual to identify and take actions necessary to develop behaviors that support their whole health goals.

36. Teach the individual how to access and navigate formal and informal community resources and services.

37. Help the individual to anticipate and avert, or safely manage any re-experience of symptoms of his or her mental health and/or substance use conditions to ensure continued safety.

38. Identify indicators that the individual may be re-experiencing symptoms of his or her mental health and/or substance use conditions and provide early intervention strategies to avert crisis and/or the need for intensive services.

39. Assist the individual to develop and activate self-management plans, advanced directives and other crisis prevention strategies.

40. Provide on-going support, over time, to assure the individual is engaged in long-term, recovery-oriented self-management.

41. Provide access to a range of activation and self-care tools and resources that the individual may find useful

42. Teach the individual how to locate and evaluate the effectiveness of online activation tools and resources like phone apps, twitter feeds, discussion boards, interactive programs and more.

43. Use knowledge of relevant rights and laws to ensure that the individual receiving services' rights are maintained.

44. Advocate for/communicate the individual's point of view to support person-centered services when communicating with other members of the individual's recovery/treatment team.

45. Assist the individual to develop self-advocacy skills.

46. Inform colleagues about the process of recovery and the use of recovery support services.

47. Identify and communicate gaps in the service system that result in unmet needs of individuals being served.

48. Maintain confidentiality in accordance with state and federal laws.

49. Document service provision in accordance with agency policies and procedures.

50. Perform all job duties in accordance with federal and state rules and regulations.

51. Perform all job duties in accordance with published codes of ethics and professional conduct.

52. Seek supervision as necessary and appropriate to competently perform job duties.

53. Practice personal safety and self-care.

54. Understand and explain the peer specialists' scope of service (i.e., know what you can and cannot do as a credentialed peer specialist).