

## **Peers as Valued Workers: A Massachusetts Roadmap for Successfully Integrating Certified Peer Specialists and Peer Support Workers into the Public Mental Health System**

### **Introduction**

***“The hope and the opportunity to regain control of their lives- often vital to recovery- will become real for consumers and families. Consumers will play a significant role in shifting the current system to a recovery-oriented one by participating in planning, evaluation, research, training, and service delivery.”***  
***Achieving the Promise: Transforming Mental Health Care in America***

Inspired by the vision and recommendations of the President’s New Freedom Commission on Mental Health, people in recovery are taking an active role in Massachusetts to transform its public mental health system. One critical element in this transformative work is people in recovery working as peer specialists and peer support workers in traditional provider agencies and consumer operated organizations. Over the past two years, a training and certification program for peer specialists has resulted in newly certified peer specialists who are working on PACT teams, in day treatment programs, Recovery Learning Communities, clubhouses and many other mental health settings across the state. Additionally, people in recovery are providing support and advocacy in meaningful ways as peer support workers in similar settings.

Peer workers<sup>1</sup> are currently serving as recovery role models for DMH clients across various settings in Massachusetts. They are using their valuable experiences of recovery to help their peers via support groups, warm lines, benefits counseling, employment mentoring, bridger assistance with transition from the hospital to the community, and debriefing after restraint and seclusion in inpatient settings. Certified peer specialists are working on PACT teams, in day treatment settings, and in other traditional service settings. In addition to anecdotal support for their value, a growing body of studies demonstrate the benefits of peer workers for mental health clients, traditional providers, and the overall mental health system. Research shows benefits in two categories, a) medically-oriented improvements such as reduced symptomatology and decreased use of hospitalization and crisis services, and b) recovery-oriented outcomes such as improved quality of life, community integration, and improvements in housing and employment<sup>2</sup>.

As traditional mental health providers begin to see the value and benefits of these roles in their own programs, the demand is increasing for certified peer specialists and peer support workers. With this increasing demand comes the need to develop infrastructure and supports that will ensure the success and sustainability of these roles over time.

Responding to this need, the Transformation Committee (Transcom), a state level partnership of people in recovery, provider agencies, stage agencies, and other advocates, has committed to achieving the successful integration of peer specialists and

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<sup>1</sup> For convenience sake, the term peer workers will be used throughout this roadmap to refer to both certified peer specialists and peer support workers. When a topic or recommendation only applies to one of these roles, then the specific title will be used.

<sup>2</sup> See Transcom’s Position Paper “Developing a Mental Health Peer Specialist Workforce in Massachusetts” for more information on the value of peer workers.

peer support workers throughout the public mental health system. Transcom members acknowledge that achieving success in this area is complex and will not be easy, requiring sustained commitment and energy over time. However, integrating peer workers into the system is an essential step in moving the state's mental health system towards a stronger recovery orientation with better outcomes and satisfaction for the people using its services.

Transcom charged a subcommittee to develop a roadmap for achieving successful integration of peer workers throughout the state's public mental health system. Subcommittee members included peer specialists, other people in recovery, mental health providers, DMH staff, Transformation Center staff, and Center for Health Policy and Research staff. Members met regularly for three months to develop the roadmap and its recommendations. Transcom members are excited to provide this roadmap to the leaders of the Department of Mental Health, and look forward to collaborating on achieving its vision.

### **Purpose and Format of Roadmap**

The purpose of this roadmap is to offer policy recommendations to the Department of Mental Health on how to successfully integrate peer specialist and peer support services throughout state's public mental health system.

The roadmap begins with defining a vision for the successful integration of peer workers. It then sets out short and long-term objectives in eight domains that are critical for achieving the vision. Each domain section also includes a brief description of its purpose or why addressing the domain is crucial for success.

The roadmap domains include:

- 1) Define the Roles and Functions of Peer Support Workers and Peer Specialists
- 2) Articulate the Value of Certification for Peer Specialists
- 3) Provide Training and Continuing Education for Certified Peer Specialists and Peer Support Workers
- 4) Fund Peer Specialists and Peer Support Workers Appropriately
- 5) Train and Educate the Provider Community on Integrating Peer Specialists and Peer Support Workers into the workforce
- 6) Offer Technical Assistance for Providers on Workplace Issues
- 7) Promote Organizational and Cultural changes across mental health system
- 8) Conduct Research and Evaluation Activities

Achieving successful integration of peer workers requires a comprehensive approach that effects change at multiple levels of the mental health system (e.g., DMH, Medicaid, mental health providers, consumer-operated programs, etc.). Because of this, Transcom feels that the implementation of all the short and long term objectives is necessary for long term success.

### **Timing of Roadmap Objectives**

Although this roadmap does not set out specific dates for meeting its short and long-term objectives, Transcom members feel that the upcoming DMH procurement of community mental health services represents a unique window of opportunity for achieving the short term objectives. DMH can encourage and, in some cases, require

the mental health provider community to adopt many of the objectives contained within this roadmap from participating in trainings on recovery and peer support to developing workplace policies that are supportive of peer workers. In addition, the Office of Medicaid's Behavioral Health Programs Unit has plans to reprocur the MCO's in the coming months. This reprocurement is another avenue through which DMH can collaborate with Medicaid on achieving this roadmap's objectives for the larger public mental health system.

### **Primary Audience for Roadmap: Department of Mental Health as Leader and Collaborator**

The responsibility for successfully integrating peer workers into the mental health system falls to all stakeholders. The Massachusetts Department of Mental Health, however, as the state's mental health authority, can take a leadership role with its many collaborators. As a leader, the Department can inspire and direct its staff and contractors to meet the vision of this roadmap. In a collaborative role, DMH can partner with other state agencies, provider organizations, and with people in recovery to build a system that is inclusive of all.

#### **Transcom's Vision for Successful Integration of Peer Workers**

*We envision a system where people in recovery have guaranteed access to certified peer specialists and peer support workers throughout Massachusetts, whether through an agency where they receive services, from a Recovery Learning Community or from another peer operated program. Peer Specialists and Peer Support Workers will serve as critical role models for their peers and colleagues that recovery is possible and achievable. Their unique roles and job functions will be understood and valued by their peers, their colleagues and supervisors. They will be equitably reimbursed and supported in their primary focus of advocating for the consumers they work with.*

### **Domain 1: Define the Roles and Functions of Peer Support Workers and Certified Peer Specialists**

*"A peer specialist is one that holds the hope for the client, supports the client in any way possible. [Peer specialists] try to help clients meet their goals in whatever time frame. It could be tomorrow or it could be 10 years from now... We use our common knowledge when talking to our peers... We try to empower our clients to do things that may help themselves." – PACT Peer Recovery Specialist*

Purpose: The roles and functions of peer support workers (PSW) and certified peer specialists (CPS) are seen as valuable and essential to the work of the state's public mental health system.

#### Short Term Objectives:

- Standard definitions of PSW and CPS are in effect across the public mental health system and other state health and human service agencies.
- DMH encourages providers to incorporate these roles into their organizations.
- DMH increases their own employment of peer workers throughout their programs.

Long Term Objectives:

- DMH requires providers to incorporate these services into their organizations
- CPS and PSW are adequately funded and available in all service types.

PSW and CPS have a set of common qualifications. They include:

- A diagnosis of mental illness
- Identifies themselves as a person with mental illness
- Current or former user of mental health services
- May work full or part time

CPS and PSW will fill three broad functions: **support**, **education**, and **advocacy**. The job description for each role will be customized to fit the needs of a given setting, and should consist of some subset of the following functions:

- Provide advocacy, support, and education to consumers during intake and transition processes across the spectrum of services
- Serve as a member of a consumer's support team and assist the person to communicate the goals of their personal recovery action plan
- Provide training and/or support to consumers in recovery/wellness management and life development plan.
- Provide peer support and peer counseling to individuals or groups.
- Advocate for consumers and support their development of self-advocacy skills.
- Facilitate linkage to community services and networks.
- Help program staff understand the consumer perspective/stresses/pressures

Certified Peer Specialists, due to their additional training and expertise, will be fully integrated into staff of mental health agencies. Responsibilities of full integration will include:

- Attends and participates in staff/wellness team meetings
- Has usual staff access to records and confidential information on clients
- May contribute information to records such as writing up progress notes, etc.
- Provides training and consultation to other staff on recovery principles and what it is like to be a consumer of mental health services.

In light of the more advanced set of responsibilities that are expected of them, Certified Peer Specialists should have an additional set of qualifications to serve in the role, which include:

- Has a GED or high school diploma
- Has Certification through the Massachusetts Certified Peer Specialist Project,
- Adheres to the Peer Specialist Code of Ethics
- Fully integrated into staff of mental health agencies:
- Must fulfill continuing education requirements
- May fill supervisory, administrative, and consultative functions

## Domain 2: Articulate the Value of Certification for Peer Specialists

*“Every time I come in people come up to me, people want to talk to me. They’ve been following my journey... What [the executive director, clinical director and program coordinator] are allowing me to do is so empowering... Sharing lived experience, being as knowledgeable as I can be about as many things as I can to assist others in getting to the point I am at now. I have my own office, my phone extension, I have a life! I make my own decisions and let people know they can make their own decisions... With support, there is no end to the possibilities of this position.” Certified Peer Specialist, Day Treatment Program*

**Purpose:** A specialized workforce of Certified Peer Specialists offers education, advocacy and support to their peers.

### Short Term Objectives:

- DMH continues to fund peer specialist trainings.
- The peer specialist training and certification program is evaluated for continuous improvement opportunities
- Certified peer specialists are reimbursed at a level equal to other similarly qualified professionals in their organizations.

### Long Term Objectives:

- Other sources of funding are secured to support additional peer specialist trainings (e.g. providers and other state agencies fund slots for their clients)
- Community colleges recognize the value of peer specialist training and certification and offer credit towards a degree for those who successfully complete the training and certification program.
- Additional tracks for specialized training (e.g. documentation and paperwork, employment, benefits, housing, trauma-informed care, etc.) and advanced certification are developed.

In order to become a CPS, one must complete an 8-9 day training program and pass an oral and written exam. Successfully completing this intensive training program demonstrates commitment and ability to interact successfully with others. In addition to completing the actual training, certification as a peer specialist indicates an acquisition of basic knowledge and level of competency in recovery and peer support concepts. It does not, however, ensure that CPS have complete mastery of all the skills they will need to work in various mental health settings. This would be too much to expect from the 8-9 day training, and continuing education is meant to help CPS gain this level of job skills.

The following points illustrate the value of peer specialist certification:

- The training consists of 32 one hour modules each covering a different topic. Many modules, such as “Combating Negative Self Talk”, and “Effective Listening” present important skills to aid CPS in working with people in recovery. Certification gives CPS a toolbox of different skills to bring with them to job.
- The CPS role is a fairly new one in provider organizations. Many staff are uncertain about how this new role could impact and add value to their current

organization. The training prepares CPS to clearly articulate recovery concepts and the importance of their role to the provider agencies they work in.

- As part of treatment teams, CPS may have access to records and sensitive information. The training addresses ethical and confidentiality issues which are important in many roles the CPS work in.
- People who have undergone the training speak of how life changing the experience is. They are given a powerful foundation off which to build from and the confidence to work with other people in recovery to help them on their journey. The training itself is a transformative process for individuals and helps prepare them to be transformative agents in the settings where they are employed.
- Many states have been successful in using Medicaid funds to support CPS in provider settings. A requirement for this funding has been certification through an accepted body. Therefore, if Massachusetts were interested in pursuing Medicaid financing for CPS, a training and certification program is already in place.
- Many training participants have been out of the workforce for some time, and they find that successfully completing the training and becoming certified serves as a springboard to getting back into the workforce, whether it be in a peer specialist role, other mental health service job, or work outside the mental health field.

As the numbers of CPS continues to grow in Massachusetts, an awareness of the value of this role will also grow. Although the certification process is important for CPS, it is critical that peer support workers who do not choose the certification route are still respected and have value within the system. Both CPS and peer support workers have an important role to play in the mental health system. Their roles provide unique support to other people in recovery and many times these individuals serve as transformation agents in the places where they live and work. While not a requirement in many instances, many peer support workers receive training and education through formal (i.e. Leadership Academy) and informal (mentoring) means. For CPS, a clear training and education program is in place.

### **Domain 3: Provide Training and Continuing Education for Certified Peer Specialists and Peer Support Workers**

*"It's nice because before I did this, I didn't have a lot. I kind of kept to myself...I'm doing different things and going to workshops and conferences, and they want me to learn and grow. They want me to stay." – PACT Peer Recovery Specialist*

Purpose: Peer Specialists and Peer Support Workers are able to continuously develop new skills and expertise that have a foundation in their lived experience of recovery.

#### Short Term Objectives:

- Opportunities for peer specialist and peer support worker continuing education are funded by DMH and providers

- The Transformation Center articulates and monitors continuing education requirements for certified peer specialists

Long Term Objectives:

- Specialized training and continuing education in areas such as housing, benefits, employment, and trauma-informed care are available to further develop the skills of peer workers.

A Training and Certification program is already established in Massachusetts for peer specialists. The training program provides peer specialists with a knowledge base and competencies in the recovery process and peer support principles, the peer specialist role, how to use their recovery story to help their peers, and how to take care of oneself while working as peer specialist. The training and certification program, however, does not allow participants to develop setting-specific skills and expertise needed for working in different mental health settings. The Continuing Education program will help certified peer specialists build on the foundation of knowledge and skills acquired in the training, and begin to hone their skills for more specific roles across the mental health system. The program will also provide opportunities to stay abreast of best practices & current needs of the community.

Goals and Content on Continuing Education

The goals of a Continuing Education (CE) program for CPS are to (1) help keep their knowledge and skills in recovery orientation and peer support up to date, (2) build expertise and skills for different types of mental health settings (3) provide CPS with a support network to turn to for ideas and encouragement and 4) lessen the burden on individual agencies to find training resources for their CPSs.

Recovery Learning Communities (RLCs) can be the primary providers of CE opportunities, as providing CE is a contractual requirement from DMH. CE content could focus on the following domains:

- Peer Support and Group Facilitation skill building
- Education on Community Resources and Benefits for people with mental health conditions, including the following:
  1. SSI/SSDI benefits
  2. Health insurance
  3. Housing
  4. Mental Health care options
  5. Transportation access and mentoring
- Psychiatric Rehabilitation Skills
  1. Learning how to help peers set their own recovery goals
  2. Skill building
  3. Resource acquisition & networking
- Adult Learning Models and skills to assist in training and group facilitation
- Person centered planning and documentation skills (when appropriate, e.g., required on job)
- Train-the-Trainer opportunities to extend the number of qualified trainers in the state.

### Continuing Education Requirements and Monitoring

The Transformation Center (TC) will be the central organization that will track CPS attainment of CE credits to keep their certification up to date. This type of tracking process requires strong infrastructure and adequate funding to be successful, and to hold CPS accountable for meeting CE requirements. Several options for monitoring CE credits were recommended by the subcommittee:

- Certified Peer Specialists will keep track of CE paperwork themselves. CPS will be required to submit documentation of successful completion of CE credits to the Transformation Center on an annual basis to remain certified. Submission of completion of CE credits could entail sending in all certificates of completion and other supporting documentation or a CPS could just complete a form that the TC sent out listing all types of CE credits they completed for the year.
- In addition to the above, RLCs could submit information to the TC on which CPS successfully completed CE trainings and classes that were offered by the RLC. This will assist the TC in monitoring CPS CE attainment.
- A third option would be to just have the TC randomly audit CPS annually to assess if they have met the CE requirements to remain certified. This option requires less infrastructure development and resources, and places the responsibility on CPS to remain up to date and certified.

Specific requirements for the number of CE credits to keep up certification have not been articulated yet. These requirements will be set by the Transformation Center by Summer 2008.

### Format of Continuing Education

In addition to typical methods of providing CE such as trainings, conferences, and classes, other more creative approaches to CE are recommended. Examples could include:

- Mentoring a new CPS or intern at place of employment
- Publishing an article on peer support or recovery that contributes to building awareness of mental health transformation
- Volunteering at an organization/conference where CPS skills are needed
- Job practicum to learn and apply new skills
- Reading a peer-reviewed, role-related professional journal article and/or textbook chapter, and writing a report describing the implications for improving skills in one's specific role
- Presenting at a conference or developing a workshop

### Cross Fertilization of Continuing Education Opportunities

In acknowledgement that the majority of mental health professionals do not receive education or training in mental health recovery or practices that support an individual's recovery, CE opportunities could be opened up to social workers, psychologists, occupational therapists, psychiatrists, direct care workers, DMH case managers, and other helping professionals who work in the DMH system. This will help to spread awareness of the importance of recovery oriented practices and how peer specialists move the mental health system towards a stronger emphasis on their use. CPS and PSW will however be given priority for acceptance into CE events.

Additionally, CPS could be permitted to acquire a portion of their required CE credits in training programs for other helping professions such as those listed above. This would help them become more familiar with the different professionals that they will work with within the mental health system and their philosophies to mental health care.

#### Support for Issues with Retraumatization in Continuing Education

In addition to focusing on skills building, continuing education opportunities should also help peer workers deal with issues of traumatization and retraumatization that can arise from working in crisis situations or other settings that can be challenging to people with their own trauma histories. Another common situation that can arise for peer workers is being the only peer on a team of mental health professionals and feeling isolated in that role. Continuing education should provide peer workers with strategies and tools, along with a support network, to help them deal with the emotional challenges that can arise with this work.

#### Funding of Continuing Education

The training and continuing education program for certified peer specialists and peer support workers will require adequate funding and resources to be successful. Currently, the Transformation Center and Recovery Learning Communities have a portion of their budgets slated for training and CE. Another option for funding could be providers paying for their employed CPS to participate in CE opportunities. At the least, CPS should be able to pursue CE activities while working in their CPS role. Finally, some of the CE activities that will be permissible should not require additional money, such as mentoring and job practicum.

### **Domain 4: Fund Peer Specialists and Peer Support Workers Appropriately**

Purpose: Peer services are so integral to the system's success that every funding stream includes dedicated dollars for peer services.

#### Short Term Objectives:

- Working with Medicaid and other state agencies, DMH investigates all avenues for additional funding of peer services
- Demonstration projects integrating peers are funded and evaluated for their effectiveness

#### Long Term Objectives:

- Lessons learned from demonstration projects are shared with the provider community to assist them with integrating peer workers
- The increased integration of peer services is reflected in program and budget restructuring
- Medicaid financing is implemented for funding peer specialist services

Opportunities exist in Massachusetts to expand funding for services and supports provided by peer specialists and peer support workers through current funding streams and by generating new revenue sources. The following recommendations emphasize the importance of exploring both of these approaches. Transcom strongly recommends that the Department of Mental Health collaborate with the Office of Medicaid, the mental health provider community, Transformation Center and Recovery Learning

Communities, people in recovery, and other state agency leadership (i.e., Department of Public Health (DPH), Massachusetts Rehabilitation Commission (MRC); etc) to ensure adequate funding of these services moving forward.

Principles and Values Underlying Funding Sources:

Several important values should be adhered to regardless of funding source for peer specialists and peer support workers. These include:

- DMH should take a leadership role in furthering the dialogue between stakeholders on how best to fund peer specialist services
- Define the content of peer specialist/peer support worker services and how they should be provided before choosing a funding source. This will avoid forcing peer support services into a non-recovery oriented funding process.
- Ensure funding stream allows for consumer choice and direction
- Examine burdensome documentation requirements associated with some funding sources and determine how to best streamline
- Emphasize recovery goals and strength based assessment and treatment planning when documentation is required for a funding source

Funding Options and Approach:

Peer Specialist and Peer Support Worker services could be funded by both state and federal funds. In state funding, the Department of Mental Health has the opportunity in its upcoming procurement of community mental health services to commit resources to peer support in any or all of its community contracts. Other state agencies, such as DPH, have already dedicated funding to support peer-run services. Others, like MRC, could also be encouraged to follow suit.

In addition, a potentially new source of funding for these services could result from exploring a range of Medicaid financing options. Specifically, under various Medicaid coverage options, states can qualify peer specialists as providers of community based mental health services such as assertive community treatment, psychiatric rehabilitation, community support, crisis, and other community based services for individuals with mental illness. Another method that states can use to support peer-delivered services is to develop a distinct covered peer specialist service by financing it through one of the various Medicaid coverage options or through a waiver<sup>3</sup>.

Over 10 states support peer specialists through various Medicaid financing strategies (including DC, GA, FL, IA, KY, LA, MI, PA, SC, VT and WI). The majority of states do this by qualifying peers as practitioners of Medicaid Rehabilitation services. Michigan has used a 1915(b) managed care waiver to support distinct peer-delivered services. Additionally, Georgia and South Carolina have also developed a distinct peer support service that is financed under the Medicaid Rehab Option (MRO).

Short and Long Term Funding Goals

Ultimately, the goal of Transcom and various stakeholders committed to successfully integrating peer specialist and peer support worker services into the public mental health system is to make these services available throughout the entire system. However, moving towards that long term goal might require shorter term steps such as funding them in specific mental health programs (i.e., RLCs, clubhouses, PACT teams, etc).

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<sup>3</sup> See attached briefing document on Medicaid Financing Options for Peer Specialist Services

For short-term impact, DMH may want to embark on a demonstration project(s) that would provide the state with the opportunity to 1) utilize peers in services in a limited, well-defined project; 2) clearly define expected outcomes prior to the commencement of the project; and 3) measure the effectiveness of the projects as it develops. Lessons learned from demonstration pilots could be used to inform longer term goals of systems wide funding. Some demonstration projects could include supporting peer specialists in clubhouses to work with consumers transitioning from inpatient units, placing peer specialists and/or support workers in emergency room settings to help consumers in crisis, and/or partnering peer specialists with DMH case managers to assist them in providing community integration activities for clients.

Pursuing Medicaid financing mechanisms to support these services is a longer term goal that will require significant collaboration between DMH and the Office of Medicaid along with the mental health provider and consumer communities. However, some Medicaid financing options (e.g., waivers) allow for a more incremental approach to funding these services through geographic and other targeting criteria.

#### **Domain 5: Train and Educate the Provider Community on Integrating Peer Specialists and Peer Support Workers into the workforce**

*“Our agency had never heard of peer specialists or peer support or the Leadership Academy. [The program coordinator] introduced all these things to my world and to the agency’s world.” Certified Peer Specialist, Day Treatment Program*

**Purpose:** DMH leads sustained educational and training opportunities for the mental health workforce from administrators to direct service workers to assure that peer workers are treated as and considered colleagues of value.

##### **Short Term Objectives:**

- DMH articulates a vision for how recovery oriented principles and peer specialists/peer support workers are to be integrated in provider settings.
- A statewide committee of diverse membership convenes to develop a curriculum for providers on integrating peer workers into their agencies.
- Knowledge of people in recovery informs the content and structure of training and education opportunities.

##### **Long Term Objectives:**

- The Transformation Center, in collaboration with Recovery Learning Communities, are funded to coordinate and provide training and education to the provider community and DMH on how to best integrate peer workers

Many mental health providers are embracing recovery oriented principles and practices and are encouraging their staff to be at the forefront of the movement to transform the mental health system to one focused primarily on recovery. Other providers are finding it more challenging to incorporate recovery practices into their organizations. Certified peer specialists and peer support workers are currently working in all types of provider settings representing this range of acceptance of recovery orientation. Given this, all providers should be educated and trained on recovery principles and how to successfully integrate peer workers into their organizations.

Special emphasis needs to be given to assist those provider staff who work in primarily medical-model settings. Here, it is vital that training initiatives address peer-as-colleague rather than as ex-patient. Staff will need education on how to interact with peers, supervise peers, and reshape the lens through which they view peers that they will be working with.

The following represent recommendations on training and education of the provider community on these topics:

DMH call for innovation: DMH should articulate a vision and model how recovery oriented principles and peer specialists/peer support workers are to be integrated in provider settings. Providers should have to demonstrate to DMH how they are meeting this vision and develop their own process for meeting these standards. Only once providers work towards developing a culture that is supportive of recovery can peer specialists and peer support workers be successfully integrated across the system.

Additionally, DMH staff would benefit from the same exposure to recovery principles and expectations of meeting certain standards. Training and education opportunities should be developed internally and accessed by all staff during in-service trainings.

Provider training: Currently, training and education on recovery principles is happening on an ad hoc basis. Providers who are interested and can afford it have tapped into The Transformation Center or other resources to provide training. But there have been no systematic resources available to providers. Trainings should be available that providers could access. It is expected that providers will be at different starting points and will benefit from different training opportunities. Many recovery self assessment tools exist that providers could use to gauge where they are. Three different levels of training could be offered:

- Understanding what recovery is and that it is possible
- Understanding the value of peer specialists and peer support workers
- Understanding how to integrate and support peer workers in their organizations

Sources of training: The Recovery Learning Communities (RLCs) would be a good resource to conduct these trainings with a variety of providers. A statewide committee should be charged with developing a training curriculum for providers in the three levels described above, similar to the statewide committee that developed a training curriculum for working with transitional youth. Additionally, resources could be invested into a consultant with curriculum development experience to take this committee's recommendations and develop a provider curriculum. This standard curriculum would be used by RLCs statewide in their training efforts.

## **Domain 6: Offer Technical Assistance to Providers on Workplace Issues**

*"In the early stages of the internship there were a few times I didn't feel 100% staff support and I doubted what I was doing. [The executive director and director] got more involved and staff saw that the little I was doing every day made a difference." Certified Peer Specialist, Day Treatment Program*

Purpose: Mental Health provider agencies are exemplary employers of people with lived experience.

Short Term Objectives:

- Mental health providers develop person-to-person, electronic, traditional and alternative networks to share best practices and lessons learned in successfully employing peer specialists and peer support workers.
- Transformation Center develops and disseminates practical resources to providers such as a sample job descriptions, supervision tips, disclosure policies and procedures, etc., to assist them with personnel issues.

Long Term Objectives:

- The satisfaction, success, and well-being of people employed as peer specialists and peer support workers significantly increases.

Providers should be supported in their efforts to hire peers into their workforce. Hiring peers may raise some questions for providers on how to deal with personnel issues, such as the American with Disabilities Act (ADA). The role of ADA for people with psychiatric disabilities needs to be better understood by providers. Having some standard materials available explaining the implications of ADA for people with psychiatric disabilities would be helpful.

Additionally, peers who are transitioning into paid work are often concerned about how employment will negatively affect their benefits such as SSI/SSDI and health insurance. Although providers' HR departments and supervisors should not be expected to be benefits counselors, they can connect their peer workers to RLCs and the Transformation Center to get practical advice on these issues.

Providers also would benefit from tips and strategies on how to help peer workers deal with the emotional challenges that can sometimes go along with these roles. As mentioned earlier in Domain 3, peer workers with their own trauma histories can become retraumatized in certain crisis situations with their peers. Provider agencies should consider how they can set up safeguards and supports to help peer workers deal with these challenges. Some practical strategies might include training supervisors of peer workers in issues of retraumatization, and encouraging peer workers to access peer support through the region's RLC.

Current staff within provider agencies may have questions on how employing people in recovery will impact their roles in the organization. Providers need to be thoughtful about valuing all roles, both peer and non peer, within an organization. Below are five strategies promoted by Gates and Akabas who examined providers' experiences of employing peer workers in New York.<sup>4</sup>

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<sup>4</sup> Gates, Lauren; Akabas, Sheila. Developing Strategies to Integrate Peer Providers into the Staff of Mental Health Agencies. Administration and Policy in Mental Health and Mental Health Services Research. March 2007.

*Assess the agency to determine how prepared it is to employ peers.* Integration of peers on staff can represent a significant change in the way an agency operates. Determining agency readiness for change begins with an assessment of the extent to which its mission embraces a recovery perspective, leadership is committed to peers on staff, and HR policies are inclusive and thus supportive of difference among all staff.

*Create an understanding among all staff and clients of the peer role and the policies and practices which support the peer contribution to services* through formal orientation for all new hires, supervision that includes education about policies and practices, and training for peer staff about being workers and nonpeer staff and clients about working with peers, and interpreting the importance of peers to the agency mission.

*Formalize a recruitment process and job structure for peer positions* to establish the policies, practices and structures to guide the recruitment of peers and define the peer position.

*Clarify staff roles* through consistent application of formal guidelines governing client/staff boundaries, explicit policies and practices that determine how information is shared about clients between peer and nonpeer staff, and specify a disclosure process that allows peers to control sharing information about themselves.

*Provide on-going support to staff to maximize peer inclusion* key to achieving the goal of long term retention of peers on staff including formal channels for communication among staff, regular supervision that includes separating mental health issues from work issues, on-going training and role clarification, opportunities for accommodation and opportunities for peers to share their feelings and develop personal connections with nonpeer staff.

## **Domain 7: Promote & Facilitate Organizational and Cultural Changes across the Mental Health System**

*"I feel a member of the team. Staff knows I'm not a clinical person, I'm not at that level, but I feel accepted. During staff meetings, I'm encouraged to speak openly. I don't feel restricted; I don't get any dirty looks." Certified Peer Specialist, Day Treatment Program*

**Purpose:** Policies and procedures support and enhance strengths-based services by peer and non-peer professionals in a culture where all are respected for their unique role in the partnership. All people's lived experience is sought and valued in a safe and supportive environment.

Short Term Objectives:

- Agencies are familiar with Transcom’s statement “Promoting a Culture of Respect” and adopt its vision by strengthening practices that support dialogue and self-evaluation.
- DMH creates a task force to review policies and regulations to ensure that they are in alignment with recovery oriented practices.

Long Term Objectives:

- DMH works to change policies and regulations that pose barriers to recovery-oriented practices and successful peer integration.

Change is difficult under the best of circumstances, and at times, people resist change in overt and subtle ways. The core values of recovery need to be reflected clearly, consistently, and without ambiguity throughout the mental health system in order for peer workers to be successfully integrated. Mixed messages exist when documentation requirements, language in assessment and treatment planning forms, etc., are at odds with recovery-oriented values and services. These ambiguities can lead to confusion of service users and providers (peer and non-peer), as well as a lack of commitment to change.

**Domain 8: Conduct Research and Evaluation Activities to Maximize Success**

Purpose: Maximize the effectiveness of peer workers through research and evaluation initiatives conducted by a partnership of consumer researchers, academic institutions, and the Department of Mental Health.

Short Term Objectives:

- Conduct pre/post evaluations of trainings related to integrating peer specialists or peer support workers into the workforce (e.g., peer specialist trainings, provider trainings, etc)
- Follow-up with assessments to determine whether gains are sustained over the long term
- Conduct additional qualitative work on how certain mental health programs have achieved successful integration of peer specialists and/or peer support workers
- Through funding and consultation, build the capacity of consumer run organizations to evaluate their own services and activities

Long Term Objectives:

- Conduct a major implementation study exploring the process and outcomes of how peer workers are integrated throughout Massachusetts using a longitudinal design, to include a focus on the following:
  - 1) Essential components of the Peer Specialist role
  - 2) Facilitators and barriers to integrating Peer Specialists into mental health programs
  - 3) Satisfaction with Peer Specialist services by consumers receiving them
  - 4) Outcomes associated with receiving peer specialist services (e.g., decreased use of crisis services, decrease in hospitalizations, improvement in quality of life indicators, etc)

## **Conclusion**

To most effectively utilize the wisdom of lived experience, we must move our system toward one in which agency requirements, treatment plans and expectations all work as a complement to each individual's recovery path. All aspects of the mental health system must reflect the firmly held conviction that recovery is a potential outcome for everyone served.

This document offers recommendations that we see as critical steps towards a system that emphasizes rehabilitation and meaningful community integration, screaming "hope" at every corner; a system where "stabilization" is never enough on the way toward achieving a valued outcome. We see our system becoming one where services are both accessible enough and attractive enough to increase voluntary utilization and, consequently, decrease the need for involuntary treatment. We hope that these recommendations, especially those for widespread training, will lead to a system where all experience will be sought and valued. Both professional and personal experience, be it from using the mental health system, as a worker in the system, or based on common human struggle, will be used to collectively develop and provide services where people who come for services also leave, having found a way to live a life of meaning beyond having a mental illness.

Finally, the vision and objectives set forth in this road map are part of a greater vision for mental health services that is in alignment with DMH's strategic plan. The responsibility of successfully integrating peer workers into the public mental health system belongs to all individuals and organizations entrusted with the work of promoting recovery and funded by the Commonwealth. Transcom is eager to partner with DMH and other agencies to make this roadmap a reality.

## **Next Steps**

As mentioned throughout this roadmap, Transcom members would be pleased to collaborate with DMH to determine concrete next steps for achieving the vision of this roadmap. Some next steps may include:

- Convening diverse stakeholder groups to discuss how to implement roadmap objectives
- Develop subcommittee(s) to begin implementing roadmap objectives
- Consider how to use the upcoming DMH procurement to achieve short term objectives
- Collaborate with MassHealth on exploring financing mechanisms for Peer Specialist services