

## Overview of Progress on Mental Health Peer Roles Documents and Summaries

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### 1) 2004 CMS Real Choice MH Transformation Grant

*DMH decided on the content of this grant based on advocacy by M-POWER and CQI. UMass Medical School CHPR applied for it in collaboration with DMH. The purpose was to establish the following assets to support the advance of mental health recovery:*

- **The Transformation Committee was formed (TransCom) as a stakeholder group And a “Planning and Implementation Committee” for the grant**
- **The Transformation Center was established as a statewide “Recovery Center for Excellence (RCOE)”**
- **A Certified Peer Specialist (CPS) training model was selected and piloted**
  - ✓ *5 Massachusetts trainers were trained and certified in Georgia’s Medicaid billable CPS program in 2006*
  - ✓ *Appalachian Consulting Group trainers mentored the Massachusetts CPS Training Team at The Transformation Center for 2 years*
- **A survey of all “Consumer-Operated Programs & Activities was taken to provide a database of natural peer support that existed in Massachusetts**
- **Recovery Scales were reviewed to help DMH and others assess “recovery-oriented-ness” of programs and services**
- **Recovery Learning Communities were designed in partnership with Peer Community Activists and this grant when MBHP did an “RLC Feasibility Study” in a MassHealth performance incentive project.**
  - ✓ *The RLCs were designed for peer support learning, networking, and provider orientation to peer support and mental health recovery*
  - ✓ *The designed connection between Transformation Center and Recovery Learning Communities, and Consumer Operated Programs and Activities (COPAs) was not intended to be hierarchical. Instead, they were intended to network together with each group having its’ geographic focus:*
    - *Transformation Center – statewide*
    - *Recovery Learning Communities – regional*
    - *“COPAs” -- local*

**2) Transcom continues to the present, after the CMS grant ended in 2007**  
Transcom produced many policy documents to help expand Peer Support and Certified Peer Specialist roles. These (except drafts) are hosted on The Transformation Center website at:

<http://transformation-center.org/contact/about/outcomes-quality/transcom-transformation-committee/>  
--- or go to [www.transformation-center.org](http://www.transformation-center.org) ...then click on "Advocacy" and then click on "TRANSCOM"

- ✓ 2006 -- *Position Paper: Developing a Mental Health Peer Specialist Workforce in Massachusetts*
- ✓ 2007, (Updated in 2013) -- *Promoting a Culture of Respect*
- ✓ 2008 -- *Peers as Valued Workers: A Massachusetts Roadmap for Successfully Integrating Peer Specialists and Peer Support Workers into the Public Mental Health System*
- ✓ 2011 – *TransCom workgroup DRAFT of Certified Peer Specialist Service Description for Massachusetts State Medicaid Plan*
- ✓ 2012 (Update of 2006 publication) – *Status of the Developing Mental Health Peer Workforce in Massachusetts*
- ✓ 2013 – *Update: Promoting a Culture of Respect*
- ✓ 2014 -- *Massachusetts Peer Professional Workforce Development Guidelines* (1<sup>st</sup> Transcom partnering w/ peer addiction recovery community)
- ✓ 2015 – *Summit I Proceedings DRAFT: Peer Professional Workforce Development Guidelines – June 2015*

**3) Bringing Recovery Supports to Scale: Moving Toward a Recovery Oriented System (BRSTACS) – February 2013**

*The leadership for this SAMHSA Policy Academy grant to DPH and DMH was delegated by the Governor's office to the Interagency Council on Substance Abuse and Prevention*

<http://www.umassmed.edu/contentassets/9bceab19951f400d908440becc1186d9/brss-tacs-.pdf>

The aim was to incorporate the mental health and addictions recovery models into the developing models of integrated health care such as health homes. Steering Committee members included lead staff from BSAS and DMH as well as recovery community representation.

**CONCLUSIONS:** (see page 6 of the BRSTACS report):

The final report validated the roles of Peer Specialist, Recovery Coach and peer recovery organizations (DMH funded Recovery Learning Communities and DPH/BSAS funded Recovery Support Centers) in co-occurring disorder recovery. It provided policy makers with 5 broad scale recommendations as follows:

- 1. Recognize Peer Specialists and Recovery Coaches as essential, foundational elements of existing and developing models of health care delivery.**
2. Through the new models of integrated care, develop a comprehensive, recovery-focused system of care for people with co-occurring mental health and addiction disorders.
- 3. Sustain and improve the quality of peer recovery supports within the Commonwealth, including peer-run recovery centers and communities.**
4. Support the establishment of policies for the successful integration of peer workers and Recovery Coaches in all health care delivery models.
5. Develop a peer workforce that is culturally competent and representative of the communities being served.

- 4) February 2013 - Behavioral Health Integration Task Force RFI (attached) &
- 5) July 2013 - Recommendations: Behavioral Health Integration (attached)

***Recommendation #3 of the 2013 Behavioral Health Integration Task Force: Peer supports, including family partners and youth mentors, should be a standard of care. Programs to assist the training and credentialing of peers should be developed and standardized.***

Section 275 of Chapter 224 of the Acts of 2012, "An Act improving the quality of health care and reducing costs through increased transparency, efficiency and innovation" established this Behavioral Health Integration Task Force, chaired by the Department of Mental Health Commissioner. The legislation named 19 systems level mental health and substance use stakeholders to membership. The overall goal of the Behavioral Health Integration Task Force was to develop clear recommendations for integration of behavioral health (mental health and substance use) and primary care for adults, children and their families, within the context of ongoing delivery system and payment reform across payers. Its required report with recommendations to the Legislature was submitted in July 2013. Both the RFI and Recommendations are attached.

- 6) **Transcom's 2014 Peer Professional Workforce Development Guidelines (attached) produced by Transcom at the request of DMH pursuant to the State Mental Health Planning Council where the 2013 Recommendations of the Behavioral Health Integration Task Force were presented**

***Transcom membership continues since 2004 to include state agencies, MBHP, provider and peer organizations. Since the BRSSTACS report, Transcom expanded its scope from a mental health recovery focus to a focus on mental health, addiction and co-occurring recovery.***

The State Mental Health Planning Council (SMHPC) is a statutory advisory body to DMH addressing the State Mental Health Plan. Transcom (an abbreviation for "Transformation Committee") was constituted in 2004 as a Planning & Implementation committee for a CMS Real Choice Systems Transformation Grant. Transcom re-constituted as a subcommittee of the SMHPC and in this capacity continues its active policy work 9 years after the grant ended.

***Transcom is currently working with EOHHS Under Secretary Moore, DMH Commissioner Mikula and DPH Commissioner Bharel to host a high level healthcare leader forum to disseminate these 2014 peer workforce guidelines (attached).*** This and other Transcom documents are hosted on The Transformation Center's website at <http://transformation-center.org/contact/about/outcomes-quality/transcom-transformation-committee/>

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