



November 2018

MENTAL HEALTH

Leading Practices for State Programs to Certify Peer Support Specialists

GAO Highlights

Highlights of [GAO-19-41](#), a report to congressional committees

Why GAO Did This Study

As the peer support workforce has grown, there has been increased attention to standardizing the competencies of peer support specialists through certification.

The 21st Century Cures Act included a provision for GAO to conduct a study to identify best practices related to training and certification in peer support programs in selected states that receive funding from SAMHSA. This report, among other things, describes leading practices for certifying peer support specialists identified by program officials in selected states.

GAO interviewed state program officials in six selected states and reviewed online, publicly available information about their peer support programs. GAO selected the states in part based on the state's certification program being well-established (at least 2 years old), use of SAMHSA funding for peer support, and stakeholder recommendations. The six selected states—Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas—are among the 41 states and the District of Columbia that, as of July 2016, had programs to certify peer support specialists. In addition to the state program officials, GAO interviewed SAMHSA officials and 10 stakeholders familiar with peer support specialist certification, including mental health researchers and officials from training organizations, among others.

GAO provided a draft of this report to HHS for review and comment. The Department did not have any comments.

View [GAO-19-41](#). For more information, contact Mary Denigan-Macauley at (202) 512-7114 or deniganmacauleym@gao.gov.

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MENTAL HEALTH

Leading Practices for State Programs to Certify Peer Support Specialists

What GAO Found

According to officials from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS), shortages in the behavioral health workforce are a key reason that individuals with mental illnesses do not receive needed treatment. In recent years, there has been an increased focus on using peer support specialists—individuals who use their own experience recovering from mental illness to support others—to help address these shortages. Program officials GAO interviewed in selected states generally cited six leading practices for certifying that peer support specialists have a basic set of competencies and have demonstrated the ability to support others.

Six Leading Practices for Programs that Certify Peer Support Specialists Identified by Program Officials from Selected States



PRACTICE 1: Systematic screening of applicants

The program should have a systematic and objective screening process to assess the applicant's understanding of recovery and the peer role.



PRACTICE 2: Conducting core training in-person

The program should offer—or ensure approved training vendors offer—in-person core training to foster relationship building and allow peers to develop and practice their interpersonal skills.



PRACTICE 3: Incorporating physical health and wellness into training or continuing education

The program should ensure that peer support specialists are trained during core training or continuing education to help others manage their physical health in addition to their mental health.



PRACTICE 4: Preparing organizations to effectively use peers

The program should have efforts in place to educate staff at provider organizations about the peer support role and should help ensure that supervisors are prepared to supervise peers.



PRACTICE 5: Continuing education requirements specific to peer support

The program should ensure that peer support specialists take continuing education that is specific to the peer support role.



PRACTICE 6: Engaging peers in the leadership and development of certification programs

The program should ensure that peer support specialists who have been certified and are working in the field are involved throughout the certification process, including helping screen applicants, providing training, or developing curricula.

Source: GAO analysis of information from interviews with six selected states. | [GAO-19-41](#)

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Abbreviations

HHS	Department of Health and Human Services
SAMHSA	Substance Abuse and Mental Health Services Administration

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November 13, 2018

The Honorable Lamar Alexander
Chairman
The Honorable Patty Murray
Ranking Member
Committee on Health, Education, Labor, and Pensions
United States Senate

The Honorable Greg Walden
Chairman
The Honorable Frank Pallone
Ranking Member
Committee on Energy and Commerce
House of Representatives

Federal data and academic research show an unmet need for behavioral health services—that is, for services that address mental health or substance use issues. Specifically, based on its annual survey of behavioral health issues, the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS) estimated that 10.4 million adults in 2016 had a serious mental illness; however, only 6.7 million adults received treatment for these issues in the past year. Serious mental illnesses—including schizophrenia and bipolar disorders—substantially interfere with a person’s major life activities such as maintaining interpersonal relationships and employment. Further, a recent study covering the period 2008-2014 found that more than 50 percent of adults with co-occurring mental health and substance use disorders (such as alcohol and opioid use disorders) received neither mental health care nor substance use treatment in the prior year.¹

According to SAMHSA, workforce shortages are a key driver of the unmet need for behavioral health services; 55 percent of counties in the United States do not have any practicing behavioral health workers.² In light of

¹B. Han et al., “Prevalence, Treatment, and Unmet Treatment Needs of US Adults with Mental Health and Substance Use Disorders,” *Health Affairs*, vol. 36, no. 10 (2017).

²Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, *Report to Congress on the Nation’s Substance Abuse and Mental Health Workforce Issues* (Jan. 24, 2013).

these issues, SAMHSA officials and other experts have called for using peer support specialists to help address shortages in the behavioral health workforce. Peer support specialists are individuals who use their own personal, lived experience recovering from mental illnesses to support others in their recovery.³

In recent years, states have increased their focus on recovery as part of mental health services, and this has included utilizing peer support specialists.⁴ A nationwide study found that 41 states and the District of Columbia had established programs to train and certify these workers, and two other states were in the process of developing such a program as of July 2016.⁵ As the peer support specialist workforce continues to grow, there has been increased attention to standardizing the profession through certification.

The 21st Century Cures Act included a provision for us to conduct a study of peer support specialist programs in states that receive funding from SAMHSA and identify best practices in these states related to training

³Definitions of and terms for peer support specialists can vary, and peer support specialists may differ in the types of services provided and the populations served. Generally, peer providers known as “peer support specialists” work in mental health settings, while “peer recovery coaches” help provide substance use treatment. States often have different certifications and eligibility criteria for peer support specialists and peer recovery coaches. In this report we focus on adult (18 years or older) peer support specialists and include programs that serve peers with mental health issues, including those with co-occurring substance use issues. These programs do not include programs that serve peers with substance use issues alone.

⁴This increased focus was driven in part by a 2003 report from the President’s New Freedom Commission on Mental Health, which called for the current mental health service delivery system to undergo a fundamental transformation to become consumer-centered and recovery-oriented in its care and services, among other things. This included recommendations that consumers be involved in planning and evaluating mental health services, and identified peer support as a way for consumers to share their knowledge, skills, and experiences of recovery. See New Freedom Commission on Mental Health, *Achieving the Promise: Transforming Mental Health Care in America: Final Report*, Department of Health and Human Services (Rockville, Md.: July 22, 2003).

⁵L. Kaufman et al., “Peer Specialist Training and Certification Programs: A National Overview.” Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin (2016).

and credential requirements for peer support specialist programs.⁶ This report describes

(1) programs for certifying peer support specialists in selected states and

(2) leading practices for certifying peer support specialists identified by program officials in selected states.

To describe programs for certifying peer support specialists in selected states, we selected six states to illustrate aspects of, and variations in, the certification programs that states have developed for peer support specialists. The results from our sample cannot be generalized to other state peer support specialist programs. We selected our sample states using five criteria, specifically (1) recommendations from SAMHSA officials, researchers in the field of peer support, and national-level mental health organizations on states with well-established programs; (2) SAMHSA data that indicated that a state had reported using SAMHSA's Community Mental Health Services Block Grant for peer support generally;⁷ (3) the age of the state's certification program was at least 2 years old;⁸ (4) geographic diversity across the United States; and (5) the prevalence of serious mental illness among adults in the state.⁹ Using these criteria, we selected the following six states for our sample: Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas.

⁶Pub. L. No. 114-255, § 9026(b), 130 Stat. 1033, 1256 (2016). In this report, we use "certification process" or "certifying" to describe the entire process for a peer support specialist, including meeting screening requirements, completing training, and receiving the certification or credential.

⁷SAMHSA's Community Mental Health Services Block Grant is a noncompetitive grant that provides funding to states for comprehensive community mental health services, including for peer support. We examined SAMHSA data on whether states used this grant during fiscal years 2016, 2017, or 2018 and excluded states that did not.

⁸We excluded those states with certification programs less than 2 years old to ensure that selected states had at least certified peer support specialists for a full certification cycle, since peer support specialist certifications are typically valid for 1 to 2 years.

⁹We used the results of SAMHSA's 2015 and 2016 National Survey on Drug Use and Health to examine the prevalence of serious mental illness among adults 18 years or older in the past year, by state. We used percentage estimates, rather than population estimates, as the population estimate yielded the largest states by population and did not give an accurate representation of prevalence across the states.

We then reviewed information from the selected states describing certification requirements for their peer support specialist programs, including policy manuals and guidelines for becoming a peer support specialist, training materials, and information on certification renewal. Additionally, to understand general training practices to inform our discussions with state program officials, we reviewed our previous reports on assessing training and development efforts and key principles for effective workforce planning.¹⁰ We similarly reviewed the National Commission for Certifying Agencies' *Standards for the Accreditation of Certification Programs* to provide similar guidance.¹¹ Finally, we interviewed individuals with responsibilities related to the peer support specialist programs in the selected states, including state program officials and staff from independent certification boards and consumer advocacy groups.¹² (See app. I for a complete list of those we interviewed.) During these discussions we obtained information on, among other things, the respective state's program's screening, training, and certification requirements.

To describe leading practices for certifying peer support specialists identified by program officials in the six selected states, we interviewed SAMHSA officials about information related to the training and certification of these specialists, including information on core competencies that apply to them that SAMHSA identified beginning in 2015.¹³ We collected information from the six selected states on their

¹⁰GAO, *Human Capital: A Guide for Assessing Strategic Training and Development Efforts in the Federal Government*, [GAO-04-546G](#) (Washington, D.C.: March 2004) and *Human Capital: Key Principles for Effective Strategic Workforce Planning*, [GAO-04-39](#) (Washington, D.C.: Dec. 11, 2003).

¹¹National Commission for Certifying Agencies (2014), *Standards for the Accreditation of Certification Programs*. Washington, D.C.: Institute for Credentialing Excellence. This organization establishes accreditation standards for certification organizations that are applicable to all professions and industries.

¹²The titles and areas of responsibility of the individuals we spoke with depended on the structure of the peer support specialist program in each selected state, which varied. For example, in some states, non-profit organizations were responsible for selected aspects of the programs. In other states, independent certification boards were responsible for selected aspects.

¹³Substance Abuse and Mental Health Services Administration, *Core Competencies for Peer Workers in Behavioral Health Services*, accessed November 20, 2017, https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/core-competencies.pdf.

certification practices through a questionnaire we developed and follow-up interviews with state officials. This included asking their opinions on what they considered to be leading practices in the areas of screening, training, and certification requirements for a state peer support specialist program. We then analyzed information obtained from our interviews with officials from the selected states to determine which leading practices they consistently identified for certifying peer support specialists. For the purposes of this report, we included a practice as a leading practice if it was identified by state officials from the majority (at least four) of the selected states. We then examined information from the six selected states to determine whether they were currently applying the identified leading practices, even if a particular state had not identified the practice as a leading practice during the interview.

We also interviewed 10 stakeholders about leading practices. (See app. I for a complete list of those we interviewed.) To select the stakeholders, we utilized information from our preliminary research on the topic of peer support certification and requested recommendations from researchers and SAMHSA officials. We ensured that the provided recommendations represented researchers or academic institutions, training or consulting organizations, associations, and advocacy organizations, interviewing at least one stakeholder from each area to obtain a mix of perspectives. We also included some stakeholders that were currently or formerly under contract with the Department of Veterans Affairs—the largest employer of peer support specialists in the United States—to provide training for its peer support specialists.¹⁴ To confirm the applicability of the leading practices identified by the six states, we shared them with the stakeholders we interviewed. We also examined the extent to which the identified leading practices aligned with those identified by the Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury (now the Psychological Health Center of Excellence), within the Defense Health Agency of the Department of Defense.¹⁵

¹⁴The Department of Veterans Affairs recognizes state-level certification for peer support specialists and does not have its own certification process.

¹⁵The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury issued a white paper in 2011 on best practices in peer support programs for active duty service members and veterans. While their methodology focused on programs for these targeted populations, we noted when their best practices align with those identified by program officials in selected states.

We conducted this performance audit from November 2017 to November 2018 in accordance with generally accepted government auditing standards. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide a reasonable basis for our findings and conclusions based on our audit objectives. We believe that the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objectives.

Background

SAMHSA defines a peer provider as “a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience.” Generally, peer providers are known as “peer support specialists” in mental health settings. Peer support specialists are distinguished from traditional mental health service providers by their lived experience recovering from mental illness. People with serious mental illness generally receive longer term and more intensive treatment—either in a primary care or specialty setting—and peer support specialists may play a key role in the recovery process for these individuals.

Peer support specialists work in a variety of settings, including clinical settings such as hospital emergency rooms, independent peer-run organizations, and on support teams in housing agencies that help eligible low-income families and persons with disabilities find rental housing. They can also deliver a varied set of services, including sharing of experience, goal-setting, developing coping and problem solving strategies to help individuals self-manage their mental illnesses, and linking individuals to desired resources like transportation or volunteer opportunities. Importantly, the services provided by peer support specialists complement, but do not replace, clinical services.

Peer Support Specialist Certification

Like other behavioral health specialties, the requirements for certifying peer support specialists vary by state, and certification bodies range from state government entities to independent non-profit organizations. The development of state-level peer support specialist certification programs was largely driven by another HHS agency, the Centers for Medicare & Medicaid Services, which in 2007 recognized peer support services as an evidence-based mental health model of care and established minimum requirements for states seeking federal Medicaid reimbursement for peer

support services.¹⁶ One of these requirements is that peer support specialists complete a training and certification program as defined by the state. Another requirement is that peer support specialists receive supervision from a “competent mental health professional,” which may be provided through direct oversight or periodic care consultation. The state defines the amount, scope, and duration of the supervision as well as who is considered a competent mental health professional.

States have used the flexibility allowed by the Centers for Medicare & Medicaid Services to create their own programs to certify peer support specialists.¹⁷ Some of these state peer support specialist programs are assessment-based certificate programs—programs that provide training and then evaluate whether applicants achieved the learning objectives of that training through an examination in order to receive certification. Other programs are professional certification programs—programs that evaluate applicants against predetermined standards of knowledge, skills, or competencies. In professional certification programs, the certifying body is independent from, and is not responsible for, the training process.

SAMHSA and Peer Support Specialists

SAMHSA supports the peer support specialist field through training, technical assistance, and grant funding. For example:

- From 2009 to 2014, SAMHSA partnered with stakeholders, such as the National Association for State Mental Health Program Directors, to gather nationally-recognized experts and stakeholders from across the United States for an annual meeting. These meetings, known as the “Pillars of Peer Support,” aimed to identify and create consensus around factors that facilitate the use of peer support services in state mental health systems of care.¹⁸

¹⁶Medicaid is a joint federal-state program that finances health care coverage for low-income individuals and is one of the largest payers for health care in the United States. For the letter that established minimum requirements for peer support, see Centers for Medicare & Medicaid Services, State Medicaid Director Letter #07-011 (Baltimore, Md.: Aug. 15, 2007).

¹⁷In this report, we refer to these certification programs as “peer support specialist programs.”

¹⁸The National Association for State Mental Health Program Directors is a member organization representing state mental health commissioners, directors, and their agencies. The association works with states, federal partners, and stakeholders to promote recovery for individuals with mental health conditions and co-occurring mental health and substance use disorders.

-
- In 2015, SAMHSA developed core competencies defining the critical knowledge, skills, and abilities needed by anyone who provides peer support services through a technical assistance project.¹⁹ According to officials, the core competencies were developed in response to inconsistencies in the training and certification of peer support specialists that emerged as states began to develop their programs. SAMHSA's core competencies reflected the five foundational principles of peer support identified by consumers and other stakeholders: services should be (1) recovery oriented; (2) person-centered; (3) voluntary; (4) relationship-focused; and (5) trauma informed.²⁰ In addition to developing the core competencies, the project provides trainings and offers technical assistance to states, counties, providers, and other stakeholders.

Funding for Peer Support Specialist Programs

Although Medicaid provides the largest share of funding for state mental health agencies, followed by state funds, SAMHSA also provides grant funding that states can use for both the service and administrative components of their peer support specialist programs. For example, SAMHSA's Center for Mental Health Services funds peer support programs through its administration of the Community Mental Health Services Block Grant, which provides flexible funding to the states to support services and related support activities for individuals with serious mental illness. While the Community Mental Health Services Block Grant accounted for less than 1 percent of total revenues received by state mental health agencies in fiscal year 2015, the flexibility of the funds allows them to be expended to pay for services that Medicaid and other health insurance will not pay for, such as training and developing standards. In fiscal year 2018, 40 states and the District of Columbia

¹⁹This project, known as Bringing Recovery Supports to Scale Technical Assistance Center Strategy, was established in 2011 and is co-managed by SAMHSA's Center for Mental Health Services and Center for Substance Abuse Treatment. Its activities are conducted by a collaboration of 11 partners who represent many stakeholders in the recovery movement and are led by a private organization in Massachusetts, the Center for Social Innovation.

²⁰SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy developed 62 core competencies based on these foundational principles, which are grouped into the following 12 categories: (1) engages peers in collaborative and caring relationships; (2) provides support; (3) shares lived experiences of recovery; (4) personalizes peer support; (5) supports recovery planning; (6) links to resources, services and supports; (7) provides information about skills related to health, wellness, and recovery; (8) helps peers manage crises; (9) values communication; (10) supports collaboration and teamwork; (11) promotes leadership and advocacy; and (12) promotes growth and development.

reported using the funds from the Community Mental Health Services Block Grant for peer support.

SAMHSA also provides discretionary grants directly to domestic nonprofit organizations that aim to expand the capacity of peer support providers. These discretionary grants, including the Statewide Consumer Network Program grants, have helped establish recovery-oriented, consumer-driven services at the state level.²¹ SAMHSA also provides block and discretionary grants focused on substance use through its Center for Substance Abuse Treatment and Center for Substance Abuse Prevention, both of which have been used for peer recovery coaches.²²

While most states use SAMHSA grants and state general funds to develop and sustain their peer support programs, as of 2016, 41 states and the District of Columbia were receiving federal Medicaid reimbursement for the services provided by peer support specialists.²³ Georgia was the first state to receive federal Medicaid payment for peer support services in 1999, and additional state Medicaid programs began to provide coverage of peer support after the Center for Medicare & Medicaid Services issued guidance in 2007 on the requirements for

²¹The purpose of the Statewide Consumer Network Program is to improve efforts to address the needs of adults with serious mental illness by developing or enhancing peer support services, peer leadership, and peer engagement strategies statewide. Grantees may use the funds for activities related to the certification of peer support specialists, including collaborating within their respective states to develop training and certification standards and delivering continuing education for certified peer support specialists. In fiscal year 2017, SAMHSA funded 18 grants for a total of around \$1.7 million through this program. According to SAMHSA officials, at least 14 of these grantees are engaging in activities related to peer support specialist training and certification.

²²SAMHSA's Center for Substance Abuse Treatment administers the Substance Abuse Prevention and Treatment Block Grant. According to officials, 32 states reported that part of their block grants were used to fund peer recovery coaching activities—either training or service provision—in 2016. However, officials noted that the actual number of states using funds for this purpose could be higher, since the 32 states provided this information through voluntary reporting. SAMHSA also provides discretionary grants directly to nonprofit organizations—called recovery community organizations. One such grant, the Recovery Community Services Program-Statewide Networks grant, aims to engage recovery community organizations as key partners in the substance use treatment field and to develop regional and statewide infrastructures for these services. In fiscal year 2017, 10 new grantees received this grant each at up to \$150,000 a year. Another grant, the Targeted Capacity Expansion-Peer-to-Peer grant, aims to expand and enhance the service capacity of non-profit organizations for individuals with substance use disorders and their family members through the provision of peer recovery support services.

²³Kaufman et al., "Peer Specialist Training and Certification Programs," 128.

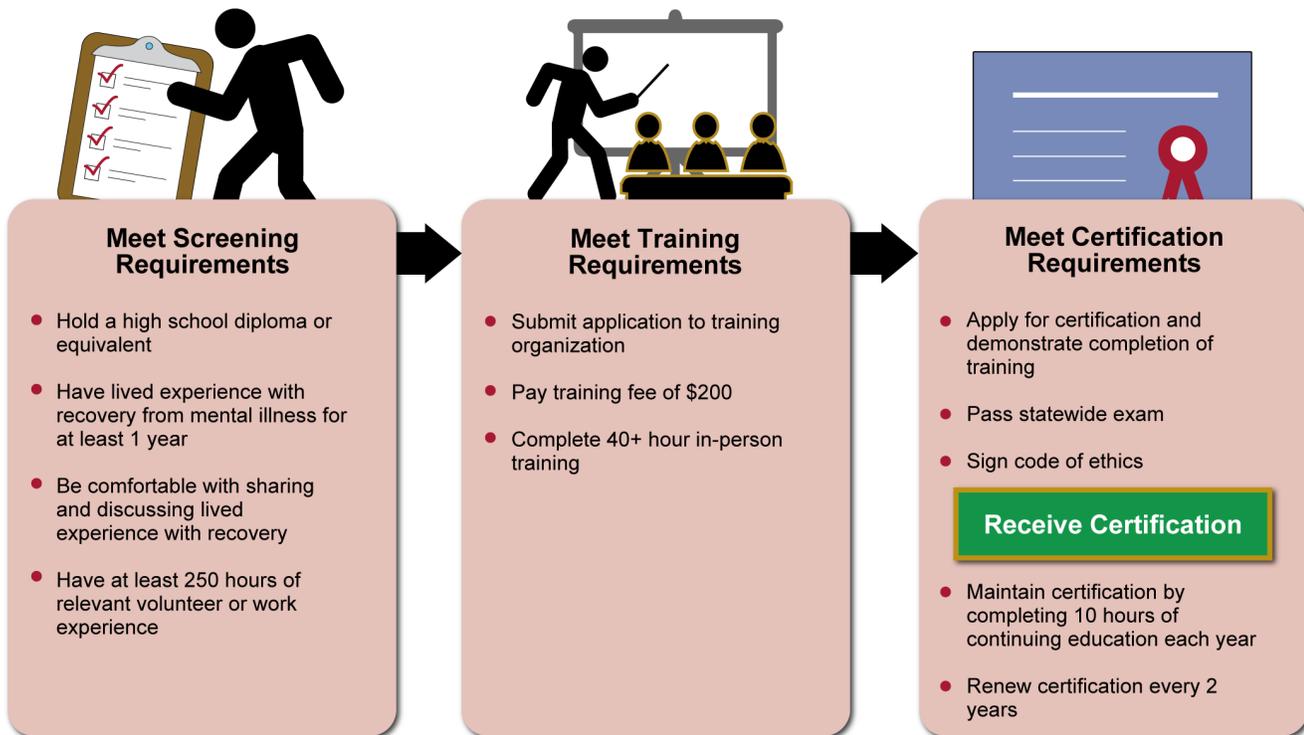
federal payment for such services. In addition to meeting the minimum requirements for peer support services—including training and certification, supervision, and care coordination—states that bill for peer support services under the Medicaid program must comply with all Medicaid regulations and policies.²⁴

Selected State Programs Generally Use Similar Processes for Certifying Peer Support Specialists, with Some Variation in Program Requirements

Programs in all six states that we reviewed generally use the same process for screening, training, and ultimately certifying peer support specialists. See figure 1 for an illustrated example of this process.

²⁴This includes identifying the Medicaid authority that will be used for coverage and payment and describing the service, provider of the service, and their qualifications in detail.

Figure 1: Example of a Process to Become a Certified Peer Support Specialist



Source: GAO based on a review of six state peer support specialist programs. | GAO-19-41

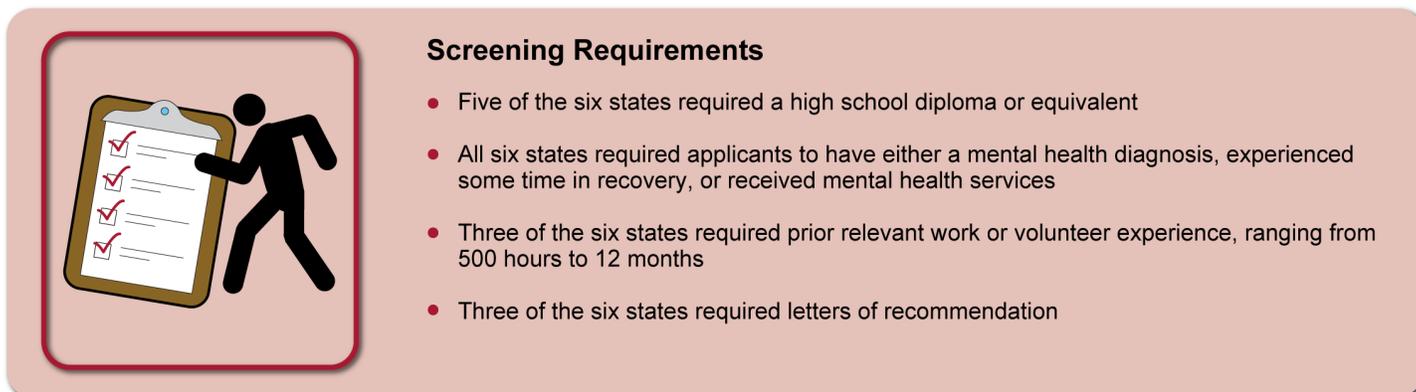
Although the six states’ programs generally use the same process for certifying peer support specialists, as of May 2018 the programs varied in the specific requirements applicants must meet for each of the three stages of certification: screening, training, and certifying.²⁵ See appendix II for detailed information on state program requirements.

²⁵Additionally, some programs were in the process of changing some of their requirements, which may increase similarities between programs once the changes go into effect. For example, officials from two of the states we reviewed—Pennsylvania and Texas—told us they were in the process of restructuring their programs so that the certification will be given by an entity that is distinct and independent from the training entity. These restructurings represent a transition from an assessment-based certificate program to a professional certification program. Certifications in the remaining states were either awarded by the state, an independent certification board, or a partnership between the two.

Screening Requirements

To determine applicants' eligibility for peer support specialist certification, all six state programs we reviewed have screening requirements applicants must meet when applying for certification. These screening requirements include requirements related to education, lived experience with mental illness, prior work or volunteer experience, and letters of recommendation. The extent to which each screening requirement was used by each state varied, and the specifics of each requirement also varied across the six programs we reviewed (see fig. 2).

Figure 2: Screening Requirements to Determine Eligibility for Peer Support Specialist Certification in Six Selected States, as of May 2018



Source: GAO analysis of information about peer support specialist programs in Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas. | GAO-19-41

Education. Five of the six states that we reviewed required a high school diploma or equivalent. Officials from four of these states indicated that this level of education was necessary given the skills needed by peer support specialists, such as reading comprehension and communication skills. In contrast, Oregon officials told us that they did not require a high school diploma or equivalent; however, the officials noted that most of their peer support specialists have at least a high school education.

Mental health experience. While all six state programs we reviewed required applicants to have lived experience in recovery from mental illness, the programs implemented this requirement in different ways. Some required a mental health diagnosis, while others required a minimum length of recovery time or required applicants to have received services for a mental illness. Texas officials said they did not have a specified length of recovery requirement due to the difficulty of pinpointing the specific time a person began his or her recovery; rather, Texas required applicants to self-identify as having experience living in recovery.

Prior work or volunteer experience. Three of the six state programs required applicants to have prior relevant work or volunteer experience, although the amount of experience required varies. For example, to start the certification process, applicants in Michigan must be currently working in a peer support specialist role and have been in that position for at least 10 hours a week for the past 3 months. In contrast, Georgia officials told us that they found this requirement to be a barrier for some individuals who have not been able to work; therefore, Georgia did not have this requirement.

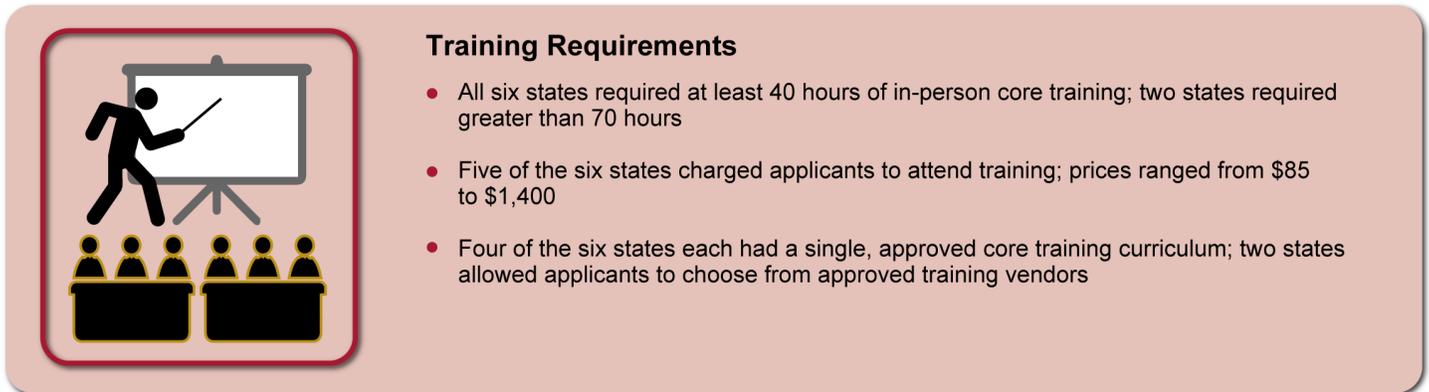
Letters of recommendation. Three of the six states required letters of recommendation as another way to assess applicants' readiness to become peer support specialists. State officials stressed that the letter should be a personal, work, or volunteer reference, rather than a clinical reference.²⁶

Training Requirements

To ensure the competence of the peer support specialist workforce, all six state programs we reviewed required applicants to complete an initial training, which we refer to as "core training." The core training is the initial training provided to applicants seeking to become certified peer support specialists and, while the curricula may vary by state or training vendor, its purpose is to convey the skills and competencies that peer support specialists need to enter the workforce. Topics covered during the training typically include ethics, recovery, sharing the recovery story, and communication skills. (See app. III for an example of a peer support specialist core training schedule.) While all six states require applicants to attend core training, the length, cost, and curricula of these trainings varied across the states, as figure 3 shows.

²⁶Stakeholders we spoke with also agreed that the letter of recommendation, if used, should not be a clinical reference. These two stakeholders noted that clinical references should be avoided because they tend to keep an applicant in the patient role, rather than an employee role.

Figure 3: Training Requirements for Peer Support Specialists Seeking Certification in Six Selected States, as of May 2018



Source: GAO analysis of information about peer support specialist programs in Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas. | GAO-19-41

Length of training. All six programs required at least 40 hours of in-person core training, with Georgia and Pennsylvania requiring more than 70 hours. The six states required at least a week of core training to allow sufficient time to cover a core curriculum of general peer-related information, such as the meaning and role of peer support services, and at times including role play, in an effort to develop the interpersonal skills needed for an effective peer leadership.²⁷

Cost of training. All states but Florida charged applicants fees to attend training. Training fees varied by state, ranging from \$85 in Georgia to \$1,400 in Pennsylvania. These fees varied because what they covered also varied. For example, state program officials from Michigan told us that, among other things, the \$600 fee covers the price of lodging for the core training, consultant fees, materials, and college credit hours that can be earned by attending the training and the graduation ceremony. In contrast, state program officials from Georgia told us that the \$85 they charge covered the cost of producing the course manual and that all other costs are covered by the state.

²⁷In addition to the general core curriculum, Georgia and Michigan also included state specific training to help peers understand local aspects of their respective programs. For example, state program officials from Michigan told us the fifth day of their training curriculum covers “Michigan’s Best Practices” and includes information on, among other things, mental health code requirements, veteran’s services, person-centered planning and SAMHSA wellness tools. Meanwhile, state program officials from Georgia said that the second week of their core training focuses specifically on providing mental health services in Georgia, which includes training on how to document medical records and work as part of a treatment team.

Training curriculum. Four of the six state programs had their own approved core training curriculum to be used for applicants, while the remaining two programs in Oregon and Pennsylvania allowed applicants to select from approved training vendors—each of which had its own training curricula.²⁸

Certification Requirements

To complete the certification process, all state programs we reviewed assessed applicants' knowledge of the concepts taught in the core training through an examination. The applicants also had to sign and abide by a code of ethics. However, as of May 2018, the state programs varied as to who administered the certification examination, the type of code of ethics applicants were required to sign, the frequency with which certifications had to be renewed, and the continuing education requirements certified peer support specialists had to meet. (See fig. 4.)

Figure 4: Certification Requirements for Peer Support Specialists Seeking Certification in Six Selected States, as of May 2018



Source: GAO analysis of information about peer support specialist programs in Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas. | GAO-19-41

²⁸In Florida, state program officials told us that they purchased lifetime usage rights to a comprehensive training curriculum called “Helping Others Heal” from an external vendor. The training curriculum covers the content learning areas needed for the certification exam and trainers throughout the state are endorsed to provide the training. However, officials from the Florida Certification Board said that while most applicants complete the required training using this curriculum, they accept other trainings to avoid a conflict of interest—they do not want to appear to endorse one training vendor and curriculum over another.

Examination. Four of the states we reviewed administered a single, statewide exam that applicants must pass before becoming certified, while in the remaining two states applicants had to pass an exam administered by the approved training vendor. The exams included multiple choice or essay questions. One training vendor responsible for conducting training in at least two states told us that the vendor included an oral evaluation component as part of the exam, in light of the communication and interpersonal skills needed for the peer role. Similarly, a state program official from Pennsylvania told us that observational assessments are also used to determine an applicant's skills and knowledge.

Code of ethics. Like other health professions, peer support specialists typically must agree to abide by a code of ethics.²⁹ All six states we reviewed required peer support specialists to sign a code of ethics before becoming certified. Of the six states, the codes of ethics in Pennsylvania, Georgia, Michigan, and Texas were unique to peer support specialists, while Florida and Oregon used codes of ethics that also applied to other workforces, such as substance use disorder professionals and community health workers. Relatedly, five of the six states also had formal processes in place to investigate and take action in the event that a peer violated the code of ethics by, for example, disclosing confidential information. These actions range from reprimand to revocation of certification.

Certification renewal. Three of the six states we reviewed required peer support specialists, once certified, to renew their certifications every 1 to 3 years, while the remaining three states awarded lifetime certifications.

Continuing education. Five of the six states required certified peer support specialists to meet annual continuing education requirements, which ranged from approximately 10 hours per year to 36 hours every 2 years. According to some state program officials, requiring continuing education ensures continued competence in the field of peer support or provides specialized training, such as training for working with specific

²⁹A code of ethics is a set of principles created by a group (profession) to provide guidelines for the ethical behavior of its members.

populations (such as veterans) or incorporating additional approaches or skill sets (such as training about the Wellness Recovery Action Plan).³⁰

State Officials Generally Cited Six Leading Practices for Certifying Peer Support Specialists

Officials from peer support specialist programs in selected states generally cited six leading practices for certifying peer support specialists. The 10 stakeholders—representing the perspectives of researchers, training or consulting organizations, associations, and advocacy organizations—we spoke with generally agreed that the six identified leading practices should be incorporated into programs that certify peer support specialists because the practices can lead to stronger quality of services for individuals with serious mental illnesses.

Leading practice one: Systematic screening of applicants. Program officials in five of the six selected states cited the importance of systematic or detailed screening of applicants to become peer support specialists as a leading practice. All six state programs assessed applicants through a variety of approaches, including (1) using screening questions about the applicants' understanding of the peer role, (2) conducting telephone interviews with applicants, (3) reviewing applications with a standardized tool or scoring rubric, and (4) having multiple people review applications for objectivity. Eight of the 10 stakeholders we interviewed confirmed that this was a leading practice, though some cautioned that these requirements should not unnecessarily exclude individuals with unique backgrounds or little work history. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, which in 2011 explored how to most effectively apply peer support in the military environment as part of its ongoing mission, has

³⁰The Wellness Recovery Action Plan guides participants through the process of identifying and understanding personal wellness resources called “wellness tools” and developing an individualized plan to use these tools to manage their mental illness. Peer support specialists may be trained to use the tool for themselves and to facilitate a Wellness Recovery Action Plan group. The groups typically meet for 8 weekly 2 hour sessions in settings that include mental health outpatient programs, residential facilities, and peer-run programs. This group intervention was developed in 1997 by individuals seeking ways to overcome their own mental health issues and was recognized as an evidence-based practice by SAMHSA in 2010.

similarly identified systematic screening with defined selection criteria as a best practice for peer support programs.³¹

While work or volunteer experience can be used as a screening requirement for applicants and was required by three of the states we reviewed, four of the stakeholders we interviewed commented that meeting these requirements can be challenging for individuals with a history of mental illness who may have been previously unable to enter the workforce. Research has shown that the stigma associated with mental illness is a significant barrier to work for individuals with mental illness and has shaped employer decisions about hiring or keeping a person with mental illness in the workplace.³² These workplace barriers, along with others, such as access to mental health treatment, contribute to the relatively low workforce participation of adults with serious mental illnesses. One stakeholder commented that peer support programs have a responsibility not to contribute to barriers in the workplace for individuals with mental illnesses.

Our review shows that some of the peer support specialist programs in the six selected states are taking steps to address these barriers. For example, Florida recently changed its requirements and now provisionally certifies peer support specialists who meet all the certification requirements except for the requirement to have 500 hours of work or volunteer experience. After receiving the provisional certification, peer support specialists have 1 year to complete the work or volunteer hours necessary to upgrade to the full certification.³³

Leading practice two: Conducting core training in-person. Program officials from five of the six selected states cited core training that is conducted in-person, as opposed to online, as a leading practice. Three program officials told us that core training should be done in-person to

³¹See Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, *Best Practices Identified for Peer Support Programs: White Paper*, (January 2011). The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury is now the Psychological Health Center of Excellence within the Defense Health Agency of the Department of Defense.

³²J.A. Cook, "Employment Barriers for Persons with Psychiatric Disabilities: Update of a Report for the President's Commission," *Psychiatric Services*, vol. 57, no. 10 (2006).

³³Effective September 1, 2018, provisionally certified peer support specialists must also complete on-the-job supervision requirements and submit three letters of recommendation for certification as part of the upgrade process.

foster relationship building and experiential learning to develop the interpersonal skills a certified peer support specialist needs. All six state programs had in-person core training, regardless of whether the training was run by the state program itself or through approved vendors. For example, Michigan hosts its core trainings at a retreat center where participants are encouraged to stay for the week. Michigan program officials told us that this creates a place for training participants from across the state to network, discuss how their agencies work and the types of issues they face as peer support specialists, and share best practices. SAMHSA's core competencies identify the importance of using active listening skills, understanding when to share experiences and when to listen, and using their own recovery story to inspire hope.

All 10 stakeholders we interviewed confirmed that providing in-person training was a leading practice, though 3 commented that some of the knowledge segments could be done online. Five stakeholders we interviewed told us that observing the skills of peer support specialists during training or incorporating observation as part of the certification exam is important. One stakeholder explained that while written tests are a good measure of basic knowledge, the tests cannot fully assess the skills and competencies needed for certification. While 2 stakeholders cited the increased costs of delivering and grading exams with an observational component as the reasons many states use written exams only, 1 stakeholder noted that including an observational component is a more accurate assessment of whether or not people have developed needed skills. Another stakeholder commented that using a written test alone may allow individuals who are good test takers to become certified, even if they lack the interpersonal skills needed to be a peer support specialist.

Leading practice three: Incorporating physical health and wellness into training or continuing education. Program officials from five of the six selected states cited the importance of emphasizing to peer support specialists that they should help others manage their physical health—in addition to their mental health—during core training or continuing education as a leading practice. All six of the selected states incorporated managing physical health conditions into their core training or continuing education. (See text box.) In these trainings, peer support specialists learn how to help others with access to needed care and prevention services, set personal health goals to promote recovery and a wellness lifestyle, and adopt healthy habits to prevent disease or lessen the impact

of existing chronic health conditions.³⁴ The need for physical health-related training was identified after a 2006 report found that individuals with serious mental illnesses were dying 25 years earlier than the general population, largely due to treatable medical conditions caused by modifiable risk factors, such as smoking and poor nutrition or obesity.³⁵ SAMHSA identified educating peers about health, wellness, recovery, and recovery supports as a core competency.

All 10 stakeholders we interviewed confirmed that emphasizing the importance of physical health was a leading practice, though 2 stakeholders commented that incorporating physical health and wellness into trainings should only be done as continuing education.

Example of Leading Practice Three: Georgia Peer Support Whole Health and Wellness

Georgia determined it was important to incorporate physical health and wellness into training for peer support specialists and was the first state to have related services—which it calls Peer Support Whole Health and Wellness—provided by certified peer support specialists covered by Medicaid. These peer support specialists—who complete additional training and are certified in Whole Health Action Management—receive medical technical support from registered nurses and are trained to work in both primary care and behavioral health settings. Georgia created the service using a SAMHSA-funded Transformation Transfer Initiative grant, which was designed to give states the opportunity to increase their efforts to make their state behavioral health delivery systems more consumer driven, among other things.

The SAMHSA-Health Resources and Services Administration Center for Integrated Health Solutions adapted Georgia’s training, along with a training developed by New Jersey, to publish a Whole Health Action Management Peer Support Training Participant Guide in 2015. This adapted 2-day training aims to teach peers to use a person-centered planning process to create a whole health goal and how to engage in peer support, including Whole Health Action Management peer support groups, to meet that goal.

Source: Georgia Department of Behavioral Health and Developmental Disabilities, Georgia Mental Health Consumer Network and the SAMHSA-Health Resources and Services Administration Center for Integrated Health Solutions. | GAO-19-41

Leading practice four: Preparing organizations to effectively use peers. Program officials from four of the six selected states cited efforts to ready provider organizations—such as hospitals or drop-in centers—to employ certified peer support specialists as a leading practice. State

³⁴M. A. Swarbrick, “Integrated Care: Wellness-Oriented Peer Approaches: A Key Ingredient for Integrated Care,” *Psychiatric Services*, vol. 64, no. 8 (August 2013).

³⁵National Association of Mental Health Program Directors Medical Directors Council, *Technical Report: Morbidity and Mortality in People with Serious Mental Illness* (Alexandria, VA: October 2006).

program officials told us that organizational readiness includes making sure staff understand the role of peer support specialists and can provide appropriate supervision. (See text box.) Five of the selected states have developed guidance or training for supervisors of peer support specialists.³⁶ Nine of the 10 stakeholders we interviewed confirmed that this was a leading practice. SAMHSA identified using supervision effectively and engaging in problem-solving strategies with a supervisor as a core competency for this workforce.

Example of Leading Practice Four: Michigan Peer Liaisons

In order to help provider organizations understand the role of peer support specialists, Michigan created an informal peer liaison role at all 46 of the local Community Mental Health Services Programs tasked with coordinating mental health services. State officials told us that these peer liaisons have telephone calls and in-person meetings to provide informal feedback on technical assistance needs and share information on how certified peer support specialists are doing in their roles and responsibilities. According to state officials, peer liaisons have helped prepare mental health agencies to work with peer support specialists and have helped the state identify what new trainings should be developed to better help peer support specialists succeed in the workplace.

Source: Michigan Department of Health and Human Services. | GAO-19-41

Many of the stakeholders we interviewed highlighted the importance of having individuals in an organization who understand the peer support role. Eight of the stakeholders we interviewed told us that supervisors need to understand or be trained in the peer support role and skillset, with three stakeholders commenting that supervisors need to be specifically aware of the difference between peer support specialists and clinical providers. For example, to achieve this the training and certifying organization in Texas runs a twelve month program that helps provider organizations effectively implement peer support services. The program, which is designed as a learning community, focuses on changing organizational culture, defining and clarifying the peer support specialist role, and supervising these staff, among other things. Relatedly, three stakeholders told us that there should be more than one peer support specialist at each organization. One stakeholder noted that having multiple peer support specialists at an agency provides built in support and understanding of the peer role, which is important given that peer support specialists typically have the lowest level of power in an

³⁶For example, Pennsylvania requires individuals who supervise certified peer support specialists to complete a peer support supervisory training approved by the Office of Mental Health and Substance Abuse Services. The state also set requirements for how frequently the supervisor must meet with the peer support specialist and how the meetings should be documented.

organization. Another stakeholder noted that putting a single peer support specialist in an organization can be isolating.

Leading practice five: Continuing education requirements specific to peer support. Program officials from five of the six selected states considered it a leading practice to require, after certification, peer support specialists to take continuing education that is specific to the peer support role. This is to ensure that peers maintain their competency and are aware of new developments in the field. Five of the six selected states required certified peer support specialists to maintain their competence through continuing education, and all five of these states had a requirement that the continuing education be specific to the peer support role.³⁷ (See text box.) All 10 stakeholders we interviewed confirmed that this was a leading practice. The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury similarly identified as a best practice enabling continued learning through structured training.³⁸ SAMHSA identified seeking opportunities to increase knowledge and skills of peer support as a core competency for peer support specialists.

Example of Leading Practice Five: Pennsylvania Continuing Education Requirement

As an added step to ensure that the peer support specialist workforce is competent, Pennsylvania places some of the burden on provider agencies for ensuring that certified peer support specialists meet continuing education requirements. The state requires its licensed provider agencies to develop a staff training plan to ensure that each certified peer specialist receives the continuing education they need. Pennsylvania also requires these agencies to provide opportunities for certified peer specialists to network with other certified peer specialists both within and outside the agency. The state monitors compliance with these requirements through annual inspections. State officials told us that this requirement serves as a safety net and assures them that certified peer support specialists are up to date in their training.

Source: Pennsylvania Office of Mental Health and Substance Abuse Services. | GAO-19-41

Leading practice six: Engaging peers in the leadership and development of certification programs. Program officials from four of the six selected states cited having certified peer support specialists lead or participate in the certification process of applicants as a leading practice. State program officials told us that peers should lead in a variety

³⁷The one selected state that does not currently require continuing education is in the process of adding this requirement.

³⁸Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, *Best Practices Identified for Peer Support Programs*, 13.

of ways, including helping screen applicants, developing curricula, providing training, and serving as mentors or supervisors to other certified peer support specialists. For example, Michigan concurrently runs its continuing education courses and core training in the same location so that experienced peer support specialists can mentor new peers. Officials from all six selected states told us that certified peer support specialists in their states participate in some part of the certification process. (See text box.) The Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury similarly identified as a best practice leveraging the unique experiences and benefits peer support specialists offer as peers throughout a peer support specialist program, including in positions of leadership.³⁹ All 10 stakeholders we interviewed confirmed that this was a leading practice.

Example of Leading Practice Six: Oregon Traditional Health Worker Commission

Through service on a statewide commission, peer support specialists in Oregon have a leadership role in developing the education and training requirements for certified peer support specialists and others. The Oregon Health Authority's Traditional Health Worker Commission promotes the role, engagement, and utilization of traditional health workers—health workers who are certified by the state—in Oregon's health care delivery system. The commission includes member representatives of each type of traditional health worker, including peer support specialists. In addition to developing the education and training requirements for peer support specialists and other types of traditional health workers, the commission developed the scope of practice to be used by provider organizations that employ peer support specialists. On an ongoing basis, the commission advises the Oregon Health Authority about the traditional health worker program and ensures that the program is responsive to consumer and community health needs. Oregon state officials consider having this advisory body with representation from the peer community to be a best practice, commenting that the commission provides the hands-on knowledge that the state can then implement through policy and rules.

Source: Oregon Health Authority. | GAO-19-41

Agency Comments

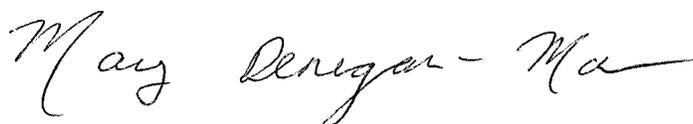
We provided a draft of this report to HHS for review and comment. The Department did not have any comments.

We are sending copies of this report to the appropriate congressional committees, the Secretary of the Department of Health and Human Services, the Secretary of the Department of Defense, and other

³⁹Defense Centers of Excellence for Psychological Health and Traumatic Brain Injury, *Best Practices Identified for Peer Support Programs*, 12.

interested parties. In addition, the report is available at no charge on the GAO website at <http://www.gao.gov>.

If you or your staff should have any questions about this report, please contact me at (202) 512-7114 or DeniganMacauleyM@gao.gov. Contact points for our Office of Congressional Relations and Public Affairs may be found on the last page of this report. GAO staff who made key contributions to this report are listed in appendix IV.

A handwritten signature in cursive script that reads "Mary Denigan-Macauley". The signature is written in black ink and is positioned above the printed name.

Mary Denigan-Macauley
Acting Director, Health Care

Appendix I: List of Organizations and Individuals Interviewed

Table 1: List of Organizations and Individuals Interviewed

Federal agencies	1. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration
State peer support specialist programs	<i>Florida:</i> 1. Florida Department of Children and Families 2. The Florida Certification Board 3. Peer Support Coalition of Florida <i>Georgia:</i> 4. Georgia Mental Health Consumer Network 5. Georgia Department of Behavioral Health and Developmental Disabilities <i>Michigan:</i> 6. Michigan Department of Health and Human Services 7. Michigan Peer Specialists United 8. Michigan Department of Community Health 9. Justice in Mental Health Organization 10. Recovery Concepts of Michigan LLC <i>Oregon:</i> 11. Oregon Health Authority <i>Pennsylvania:</i> 12. Pennsylvania Office of Mental Health Substance Abuse Services 13. Pennsylvania Certification Board 14. Pennsylvania Peer Support Coalition <i>Texas:</i> 15. Texas Health and Human Services Commission 16. Via Hope

**Appendix I: List of Organizations and
Individuals Interviewed**

Stakeholders

1. Depression and Bipolar Support Alliance
2. International Association of Peer Supporters
3. Mental Health America
4. National Association of State Mental Health Program Directors
5. RI International
6. Judith Cook, PhD
Professor of Psychiatry
Director, Center on Mental Health Services Research and Policy
The University of Illinois at Chicago
College of Medicine
7. Larry Fricks
Director, Appalachian Consulting Group
8. Lyn Legere, MS, CPSS
Senior Training Associate
Boston University
9. Stacey Stevens Manser, PhD
Research Scientist, Associate Director
Texas Institute for Excellence in Mental Health
Steve Hicks School of Social Work
The University of Texas at Austin
10. Margaret Swarbrick, PhD FAOTA
Associate Professor and Director of Practice Innovation and Wellness
Rutgers University Behavioral Healthcare
Collaborative Support Programs of New Jersey Wellness Institute

Source: GAO. | GAO-19-41

Appendix II: Summary of Peer Support Specialist Program Screening, Training, and Certification Requirements in Selected States

Table 2: Summary of Screening Requirements for Peer Support Specialist Applicants in Six Selected States, as of May 2018

State	State certification title ^a	Level of education	Screening Requirement		
			Prior work or volunteer experience	Number and type of letters of recommendation	Recovery experience
Florida	Certified recovery peer specialist	High school or equivalent	500 hours ^b	1 supervisory, 1 professional, 1 personal ^c	Must have lived experience with a mental illness or substance use disorder and have been in recovery for a minimum of 2 years. ^d
Georgia	Certified peer specialist	High school or equivalent	Not required	Not required	Must have been in recovery for at least 1 year between diagnosis of mental illness or substance use disorder and application for training program.
Michigan	Certified peer support specialist	High school or equivalent	At least 10 hours per week for the past 3 months ^e	2 professional	Must have been diagnosed with a mental illness and been in recovery for a minimum of 1 year.
Oregon	Peer support specialist	Not required	Varies ^f	Varies ^f	Must currently be or formerly have been receiving services for mental illness or substance use disorder.
Pennsylvania	Certified peer specialist	High school or equivalent	Minimum of 12 months of work or volunteer experience within the last 3 years ^g	Not required	Must currently be or formerly have been receiving services for a mental illness.
Texas	Certified peer specialist	High school or equivalent	Not required ^h	2 (type unspecified)	Must self-identify as being in recovery from a mental health challenge.

Source: GAO summary of state reported information. | GAO-19-41

^aFor the purposes of this report, we use the term “peer support specialist” to describe individuals who use their own lived experience recovering from mental illnesses to support others in their recovery; however, each state may have different titles in place for the certified role achieved through their peer support specialist programs.

^bAt least 250 of the 500 hours of prior work or volunteer experience must be specific to supporting others with similar lived experience within the last 5 years. Effective September 1, 2018, Florida will require applicants to have received 16 hours of direct one-on-one supervision of their on-the-job performance of peer support services. Additionally, individuals who have met the education, training, and testing requirements but do not have the necessary work experience may apply for a provisional certification. Through this route, after earning a passing score on the exam, the applicant receives a provisional credential for 1 year. During this time, the applicant must complete the work and on-the-job supervision requirements and request letters of recommendation before applying to the Florida Certification Board for an upgrade to the full credential.

Appendix II: Summary of Peer Support Specialist Program Screening, Training, and Certification Requirements in Selected States

^cEffective September 1, 2018, Florida will require 1 supervisory and 2 professional letters of recommendation. A letter of recommendation is used to attest to the skills, achievements, and aptitude of the person being recommended, and may be written by a previous supervisor (supervisory), work colleague (professional), or friends, family, or acquaintance (personal).

^dFlorida offers a base credential with up to four endorsements to reflect the applicant's lived recovery experience, at least one of which must be selected. The information included in the table is for adults with lived experience in recovery from a mental health and/or substance abuse condition. The other endorsements include veterans who have been diagnosed with mental illness or substance use conditions and have been in recovery for a minimum of 2 years; family members or caregivers of a person living with a mental health or substance use condition; and youth—individuals between the ages of 18 and 29 who had lived experience with a significant life challenge(s) during the ages of 14-25 and is currently living a wellness and recovery-oriented lifestyle for a minimum of 2 years.

^eApplicants must have completed the required work in the capacity of a peer support specialist as defined in Michigan's Medicaid provider manual.

^fOregon program officials indicated that the state's approved training organizations are responsible for conducting initial screening of applicants. In doing so, these organizations screen in different ways and have varied requirements related to prior work or volunteer experience and letters of recommendations. For applicants who had been working as peer support specialists and wished to be grandfathered into the certification, the applicants must provide (1) evidence of prior training or certification, (2) letters of recommendation from previous employers, and (3) evidence of at least 2,000 hours of work experience as a peer support specialist.

^gApplicants may also satisfy this requirement by having earned at least 24 college credit hours within the last 3 years.

^hState program officials in Texas indicated the state is changing its certification process and adding new requirements tentatively effective January 1, 2019. According to state program officials, the new certification process will require 250 hours of supervised experience. Peers who have gone through the training will be certified for 6 months, during which time they can accrue the required 250 hours to renew their certification. Before the change, Texas did not require prior work or volunteer experience, but officials said that applicants without such experience would not likely score high enough on the application to qualify for training.

Table 3: Summary of Training Requirements for Peer Support Specialist Applicants in Six Selected States, as of May 2018

State	State certification title ^a	Training Requirement		
		Length of core training	Training curriculum	Training fees
Florida	Certified recovery peer specialist	40 hours ^b	State had a single, approved core training curriculum ^c	No fee required
Georgia	Certified peer specialist	72 hours	State had a single, approved core training curriculum	\$85.00
Michigan	Certified peer support specialist	56 hours	State had a single, approved core training curriculum	\$600.00
Oregon	Peer support specialist	40 hours	State allowed applicants to choose their curriculum from approved training vendors	Varies ^d
Pennsylvania	Certified peer specialist	75 hours	State allowed applicants to choose their curriculum from approved training vendors	\$900.00 to \$1,400.00 ^e
Texas	Certified peer specialist	43 hours	State had a single, approved core training curriculum	\$650.00

Source: GAO summary of state reported information. | GAO-19-41

Appendix II: Summary of Peer Support Specialist Program Screening, Training, and Certification Requirements in Selected States

^aFor the purposes of this report, we use the term “peer support specialist” to describe individuals who use their own lived experience recovering from mental illnesses to support others in their recovery; however, each state may have different titles in place for the certified role achieved through their peer support specialist programs.

^bThe 40 hours of training must include at least 28 hours of training in core content areas, including advocacy, mentoring, and professional responsibility, followed by whole health training, which focuses on incorporating physical health and wellness into training (8 to 16 hours depending on the selected program) and up to 4 hours of electives related to any of the core training topics.

^cFlorida program officials stated that they purchased lifetime usage rights to a comprehensive training curriculum called “Helping Others Heal” from an external vendor. The training curriculum covers the content learning areas needed for the certification exam and trainers throughout the state are endorsed to provide the training. However, the Florida Certification Board said that while most applicants complete the required training using this curriculum, they accept other trainings to avoid a conflict of interest—they do not want to appear to endorse one training vendor and curriculum over another. Florida does not charge applicants to take the “Helping Others Heal” training curriculum, but applicants may have to pay costs if they elect to take another training course.

^dOregon program officials stated that training fees vary across training vendors because each vendor is allowed to determine how much they will charge applicants.

^ePennsylvania program officials stated that training fees are determined by the training vendors and vary based on the vendor, class size, and class location. The training fees include 10 days of training and all class materials, and exclude travel and lodging costs.

Table 4: Summary of Certification Requirements for Peer Support Specialists in Six Selected States, as of May 2018

State	State certification title ^a	Certification Requirement			
		Examination	Signed code of ethics	Length of certification	Continuing education requirement
Florida	Certified recovery peer specialist	Yes	Yes	1 year	10 hours / year
Georgia	Certified peer specialist	Yes	Yes	Lifetime ^b	12 hours / year
Michigan	Certified peer support specialist	Yes	Yes	Lifetime ^c	Not required ^c
Oregon	Peer support specialist	Yes	Yes	3 years	20 hours / every 3 years
Pennsylvania	Certified peer specialist	Yes	Yes	Lifetime ^d	36 hours / every 2 years
Texas	Certified peer specialist	Yes	Yes	2 years	20 hours / every 2 years

Source: GAO summary of state reported information. | GAO-19-41

^aFor the purposes of this report, we use the term “peer support specialist” to describe individuals who use their own lived experience recovering from mental illnesses to support others in their recovery; however, each state may have different titles in place for the certified role achieved through their peer support specialist programs.

^bAccording to Georgia program officials, once granted a peer’s credential does not expire. If the peer support specialist does not satisfy the annual continuing education requirement he or she would not be considered to be in good-standing; however, officials said that, as of April 2018, the state did not have a process to renew or revoke certifications.

^cAccording to Michigan program officials, as of May 2018 there was no policy in place regarding the expiration or renewal of a certification. However, officials said that this will change when the state implements a new continuing education requirement in October 2018. At that time, peer support specialists will have to satisfy the continuing education requirement or they will lose their certification.

^dAs of May 2018, Pennsylvania is transitioning to a new, full peer certification offered by the Pennsylvania Certification Board in order to bill for peer support services under Medicaid. According to state program officials, there is a designated timeframe (March 1, 2018 – August 31, 2019) for

**Appendix II: Summary of Peer Support
Specialist Program Screening, Training, and
Certification Requirements in Selected States**

grandfathering those certified under the old process. Under the old process, certifications were valid without expiration; individuals that receive their certifications during and after the grandfathering period will need to renew their certifications every 2 years.

Appendix III: Example of a Peer Support Specialist Core Training

The training schedule below, developed by the Appalachian Consulting Group, illustrates the content areas that may be included in core training curriculum for peer support specialists seeking certification. The Appalachian Consulting Group’s curriculum was used in the first Medicaid-billable peer support specialist program in Georgia in 1999, and since then the curriculum has been used to train peer support specialists in 25 states.¹ This training schedule is an example of the types of content that could be included in such training, and is not an endorsement of a particular training curriculum.

Table 5: Example of Peer Support Specialist Core Training Sessions and Descriptions from Appalachian Consulting Group’s Peer Specialist Core Recovery Curriculum Training

Session Title	Session Description
Welcome, Introductions and Overview	This session sets the stage for the training by getting everyone introduced, presenting an overview of the philosophy and content of the training, reviewing the training manual and creating guidelines for how the group will operate using a Comfort Contract.
State System and the Role of the Training	This session is usually presented by someone from the state. It should set a context for the training, how the peer specialist program relates to what is happening at the state level and answer questions regarding job descriptions and employment opportunities.
The Shift to Recovery and Resiliency	This session explains the shift in system focus from stabilization and maintenance to recovery and resiliency and begins to explore the peer specialist role as change agent, bridge builder, peer supporter and recovery advocate.
Five Stages in the Recovery Process	This session begins to build a common framework for discussing recovery by presenting five basic stages in the recovery process, and exploring the dangers and role of services at each stage.
The Role of Peer Support Services	This session explores the role of the peer specialist within peer support services and how those services differ from clinical services.
Using Your Recovery Story as a Recovery Tool	This session explores the differences in an illness story and a recovery story and gives the group the opportunity to share their recovery stories in small groups.
Creating Recovery Cultures	This session explores how negative messages are sent in the mental health system, how these messages work against recovery, and what can be done to counter them.
Exploring Beliefs that Promote Recovery	This session explains how the beliefs of the mental health system determine how services are designed and delivered and examines some of the emerging beliefs that support and promote recovery.
Facilitating Recovery Dialogues	This session introduces a structured group discussion process and gives participants an opportunity to practice in small group setting.
Effective Listening And the Art of Asking Questions: Part 1	This session focuses on the difference in the ‘fixer’ and ‘supporter’ roles and presents some guidelines for listening and asking questions that help another person get in touch with the kind of life they want to create and the motivation to do it.
Dissatisfaction as an Avenue for Change	This session applies the process of asking questions to help a person identify an area of dissatisfaction and use this as a means of identifying something that can be worked into a goal.

¹Medicaid, a joint federal-state program that finances health care coverage for low-income individuals, is the largest source of funding for state mental health agencies.

**Appendix III: Example of a Peer Support
Specialist Core Training**

Session Title	Session Description
Trauma Informed Care	This session explores the impact of trauma and explains what it means to create trauma informed services.
Problem Solving with Individuals	This session introduces a five-step problem solving process that helps the person stand outside the problem, clearly state the problem and become aware of and prioritize all of the options.
Facing Your Fears	This session provides a safe environment for discussing uncomfortable thoughts and feelings and introduces a way to help another person learn to handle them.
Combating Negative Self-talk	This session explores the power and prevalence of negative self-talk and shares a process for combating it called Catch it! Check it! Change it!
Shared Decision Making	This session presents a way of working with another person to prepare them to get the most benefit from their meeting with their psychiatrist.
Peer Specialist Ethics: Part 1	This session explores the meaning of ethics and boundaries as they apply to peer specialists and provide some guidelines for decision-making in situations with possible ethical implications.
Peer Specialist Ethics: Part 2	This session explores the meaning of ethics and boundaries as they apply to peer specialists and provide some guidelines for decision-making in situations with possible ethical implications.
Power, Conflict and Integrity in the Workplace: Part 1	This session explores a variety of potential areas of conflict in the workplace and presents some of the basic techniques of mediation and conflict resolution.
Power, Conflict and Integrity in the Workplace: Part 2	This session explores a variety of potential areas of conflict in the workplace and presents some of the basic techniques of mediation and conflict resolution.
Practicing the Skills Taught in the Training: Part 1	This session provides two-hour block of time to further practice the skills shared in the previous ten sessions.
Practicing the Skills Taught in the Training: Part 2	This session provides two-hour block of time to further practice the skills shared in the previous ten sessions.
Creating the Life One Wants: Accomplishing one's Recovery Goals	This session introduces a 10-step process for accomplishing a goal once the goal is set.
Final Reflections, Evaluation and Next Steps	This session uses a sample test as a teaching tool, allows time for questions and comments about the training from the participants, looks at next steps and collects the evaluations of the training from the participants.

Source: Appalachian Consulting Group. | GAO 19-41

Appendix IV: GAO Contact and Staff Acknowledgments

GAO Contact

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Staff Acknowledgments

In addition to the contact named above, Tom Conahan (Assistant Director), Summar Corley (Analyst-in-Charge), JoAnn Martinez (Analyst-in-Charge), Kaitlin Asaly, Muriel Brown, Krister Friday, and Emily Wilson made key contributions to this report.

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