



## **Division of Mental Health, Developmental Disabilities and Substance Use Services**

DMHDDSUS Advisory Committee: Peer Support Workforce

January 9, 2024

# Agenda

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- Roll Call
- Recap of December Advisory Committee Meeting
- Continued Discussion of Interview Findings: Community Partner Feedback on Expanding High-Quality Peer Supports

# Roll Call

# Peer Support Workforce Advisory Committee Membership (1/3)

Name	Organization
Alisha Tatum	LIFESPAN
Amber Howard	Appalachian District Health Department
Anna Marshall	Monarch NC
Annie Smith	Youth Villages
Barbara Kidder	Oxford House
Bernice Adjabeng	UNC-BHS
Benjamin Horton	Veterans Services of the Carolinas - ABCCM
Bobby Harrington	
Brian Perkins	Alliance Health
Carlton Briscoe	Oxford House
Carson Ojamaa	Children's Hope Alliance
Christine Beck	United
Cindy Ehlers	Trillium Health Resources
Claudette Johnson	Alliance Health
Colleen Barcus	October Road Inc.
Corie Passmore	TLC
Corye Dunn	Disability Rights NC
Emily Kerley	Alliance Health
Gene McLendon	SCFAC
Hayley Sink	Trillium health Resources
Jacob Schonberg	UNC Institute for Best Practice

# Peer Support Workforce Advisory Committee Membership (2/3)

Name	Organization
Jessica Aguilar	SCFAC
Jeylan Close	DCFW
John Nash	The Arc of North Carolina
Johnnie Thomas	SCFAC
Julia Adams	
Julie Curry	Caldwell Opportunities, Inc.
Justin Oyler	North Carolina Community Health Center Association
Kara Finch	
Karen Russell	Sunrise Community for Recovery and Wellness
Kat Thomas	Healing Transitions
Keith McCoy	DMH/DD/SUS
Laura Bower	Easterseals UCP
Leonard Shinhoster	Alexander Youth Network
Linda Isbell	Eastpointe
Lizzy Toler	Recovery Alliance Initiative
Maria Franklin	Healthy Blue, NC
Nathan Cartwright	Blue Ridge Health
Neice King	Caramore Community Inc.
Nicholas Galvez	NC Office of Rural Health
Olayide Olaniyan	Peter-ELST LLC
Patty Schaeffer	SCFAC
Ryan Estes	Coastal Horizons

# Peer Support Workforce Advisory Committee Membership (3/3)

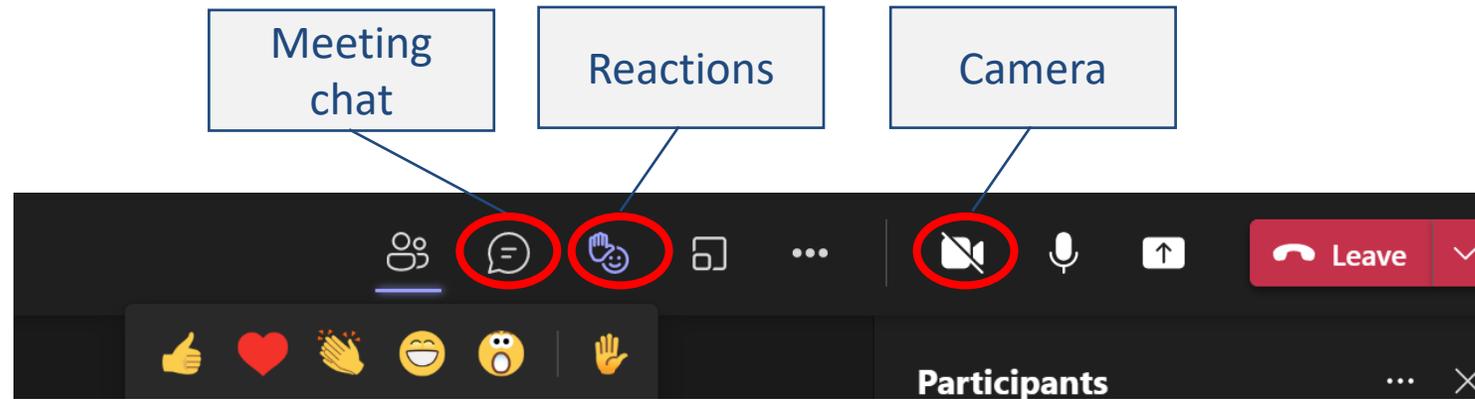
Name	Organization
Sandhya Gopal	Alliance Health
Sara Howe	APNC
Sara Huffman	RHA
Sara Wilson	Alliance Health
Scott Smith	
Sharon Bell	DCFV
Shelita Lee	North Carolina Children and Families Specialty Plan
Sherri McGimsey	NAMI
Suzanne Mizsur-Porter	APNC
Tara Miller	Disability Rights NC
Teri Herrman	SPARC
Theresa Garrett	Wellcare
Tisha Jackson	Abound Health
Tom Wilson	VAYA
Valerie Kopetzky	Anuvia Prevention & Recovery Center
Vanita Shipp	VAYA
Victoria Mosey	Alliance Health

# Peer Support Workforce Advisory Internal & Consultants

Name	Organization
<i>Internal/Consultants</i>	
Ann Marie Webb- Lead	DMHDDSUS
Kelly Crosbie	DMHDDSUS
Charles Rousseau	DMHDDSUS
Saarah Waleed	DMHDDSUS
Jennifer Meade	DMHDDSUS
Suzanne Thompson	DMHDDSUS
Scott Pokorny	DMHDDSUS
Zoe Barnard	Manatt
Jessica Lyons	Manatt
Garrick Prokos	Accenture

# Increasing Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# **Recap: December Advisory Committee Meeting**

# December Advisory Committee Meeting Discussion: Key Takeaways

During December's Advisory Committee meeting, the group discussed interview findings from DMH/DD/SUS conversations with 10+ community partners and subject matter experts on peer support certification, training/education, professional advancement, and supervision. Below are several key takeaways from the discussion:

- The group was generally in **support of a single peer support certification curriculum** to improve consistency for new peer support specialists (PSS)
- The group **supported the idea of scholarships or pathways to reduce the cost of initial and ongoing training/education opportunities** (in addition to employer financial support)
- Several members suggested that **prospective PSS get hands-on experience** to better understand what being a PSS looks like and ensure readiness (e.g., Peer University)
- The group supported **offering training/courses and exams in languages other than English**
- Suggestion to **tie continuing education to professional advancement** and promotions *within* the field of peer supports
- A member noted that **many peers receive SSI or disability benefits**, and while they would like to go to work as a peer support specialist, they are **worried about losing benefits because of income changes**
- Agreed with interview findings that there is a **lack of recognition around what peers bring to the care team that results in low pay** (the non-clinical nature leads to low pay and lack of respect)
- A member suggested that there should be **efforts to support peers in their own recovery journey** (e.g., making sure supervisors understand how to support the peer support specialists they work with)

# **Continued Discussion of Interview Findings: Community Partner Feedback on Expanding High-Quality Peer Supports**

## Interview Findings, Cont.

**The following slides describe key takeaways from 10+ interviews with community partners and subject matter experts across several themes, including:**

- Accountability and Oversight
- Access to Peer Supports
- Amplifying Peer Voices
- Addressing Equity
- Funding Peer Supports

**Today, we want to hear from you about your reaction to these findings, what perspectives may be missing, and if there are other issues impacting peer supports in North Carolina that we should consider as we develop a vision and plan for expanding high quality peer supports across the state .**

## Interview Findings: Accountability & Oversight



- While there have been recent efforts to establish a certification and oversight board, there is currently no process to hold peers accountable for ethical violations outside of their workplace
- Interviewees expressed concerns that lack of an oversight and accountability process harms the reputation of peer supports and most importantly, could lead to future harm of clients
- Many interviewees suggested the board be codified and that peer support specialists make up all, if not the majority of, the board members

**“We have the odd situation where we cannot decertify peers. We don’t have a way to do sanctions. With the massive amount of CPSS in the field, that is a problem.”**

## Interview Findings: Access to Peer Supports



- All interviewees were supportive of creating designations for a range of specialized peer types, for example: I/DD, justice, family, older adults, youth, etc.
  - For justice-involved/ forensic peers- focus should not just be on re-entry, but also prison in-reach
  - For families/youth: schools are an under-utilized setting for peers
- Peer supports should be used across the behavioral health continuum, especially in crisis response and stabilization
- There are innovative peer support programs in different parts of the state, but there is not statewide consistency in terms of what is offered

**“If we could put a [family partner] in every IEP (individualized education program) process we’d have better outcomes”**

## Interview Findings: Amplifying Peer Voices



- Several interviewees expressed frustration that historically the state has not listened to peer advocates, despite being nationally respected experts, and that some of the initiatives they are advocating for are not acted upon
- Peers should play a leadership role in designing programs and policies
- Many interviewees commented on how stigma still plays a role in the lack of uptake of peer support, and the lack of respect many peer support specialists receive

**“State has more resources now to take peer leadership around the state and come up with a plan. Nothing about us without us. Think that’s true here.”**

## Interview Findings: Addressing Equity



- Interviewees did not feel that the peer workforce fully represented the diversity of the state- especially Hispanic, Black, and LGBTQ populations
  - One interviewee specially stated that to engage these populations to build the peer workforce, the state will need to do authentic, intentional community outreach with trusted partners
- Diversity is critical in peer work because people need to feel comfortable sharing their story with someone who can provide culturally competent care

**Need “people in place that can do authentic community engagement... stigma-slaying recovery warriors”**

## Interview Findings: Funding Peer Supports



- Several interviewees suggested that peers should be “contracted out” from peer-run organizations to work in clinical spaces (hired and supervised by peer-run organizations, but integrated into multi-disciplinary teams)
- Not all peer-run organizations wanted to bill for Medicaid, and found the service definition too restrictive
- Small community organizations found paying for upfront costs challenging, this made it hard to participate in reimbursable payment arrangements
- Many interviewees advocated for more investment in peer-run organizations
- Billing Medicaid for services (family, IDD, etc.) that are not currently allowable currently would improve sustainability of programs, but the way that Medicaid billing and documentation in North Carolina is structured also presents challenges

**[About billing Medicaid] “We’ve grown so much without having to do it. It would take our authenticity away.”**

## Next Steps

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- Next Peer Workforce Advisory Committee meeting will be held on Thursday, February 8<sup>th</sup> at 3:30PM
- Potential topics for future meetings:
  - Continued discussion of interview findings (*if needed*)
  - Discuss initial recommendations for expanding high-quality peer supports
  - Discuss proposed strategy for use of new workforce funding