



The Mental Health Block Grant Ten Percent Set Aside Study

BRIEF REPORT | Peer Support in CSC Programs

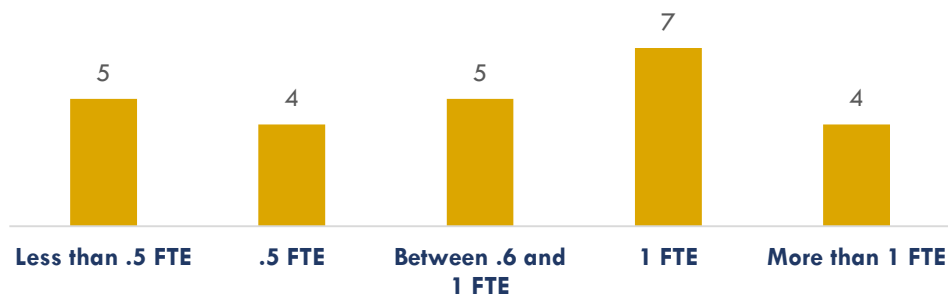
OVERVIEW

Peer support services are individual and family supports provided by an individual who has personal (lived) experience; in the context of Coordinated Specialty Care (CSC) programs, this typically means someone who has experienced psychosis themselves or has a family member who has schizophrenia or a related condition. Although not identified as a “core” element of CSC for first-episode psychosis, peer support programs have become an extremely common element across the U.S. This has likely been greatly facilitated by the proliferation of states that now have established training and certification standards for the Peer Support Specialist workforce.

Staffing. Among the 25 sites with a peer component, CSC programs most commonly (16 sites) supported between one half-time and full-time equivalent position (see Exhibit 1). Finding the right person for the peer position was repeatedly identified as one of the biggest hurdles—and when achieved, one of the greatest accomplishments. One team explained that **“it’s not enough to have lived experience with psychosis or a mental health issue,”** the peer should also have lived experience in other relevant ways to clients they are serving, such as living in an inner city, or being close in age to the population.

In May 2019, 25 of the 36 MHBG 10% Study Sites reported having a Peer Support component. These 25 programs have been in operation from just four months to as long as eight years.

Exhibit 1. Number of Sites with Full Time Equivalent (FTE) Peer Positions (N=25)



MHBG 10% Set-Aside Study Methods

The MHBG 10% Study is a collaboration among the Substance Abuse and Mental Health Services Administration (SAMHSA), the National Institute of Mental Health (NIMH), and the Office of the Assistant Secretary for Planning and Evaluation (ASPE). The study includes 36 CSC programs that were selected from among the 250 CSC programs across the U.S. that use MHBG 10% set-aside funding. Data presented in this brief report were collected during two site visits conducted between January-June 2018 and January-May 2019. Site visits included semi-structured interviews with 1) a site administrator or program director; 2) the CSC team; and 3) between one and four program participants per site.

Funding. Historically, grants and other administrative financing mechanisms have been used to fund peer support services, though in recent years, the majority of states have established Medicaid reimbursement for Peer Support services. However, these services are not available in all states. The most common source of funding for Peer Support among the Study Sites are either MHBG funds alone (9 sites), MHBG plus Medicaid (5 sites) or Medicaid alone (4 sites).

Supervision. In 20 sites, clinical staff provide supervision, and a combination of peer and clinical staff supervision is used in seven sites. In four sites, supervision is provided by the team lead, which in most cases is also someone who holds a clinical position on the team. A mid-level manager provides supervision in one site.

Roles of the Peer. As shown in Exhibit 2, in aggregate, the majority of sites direct their peers' efforts toward a) direct work with individuals and families, b) participating in team meetings and service planning, and c) conducting groups. Given the relative newness of many peer programs within the MHBG study sites, it is not surprising that the peer role may be best characterized as in development, evolving, and without a specific set of guidelines.

“ What she brings to the table is invaluable, and it’s helpful to me as a professional. She teaches us, because we get so in the mindset of providing services and we think we’re being sensitive, but she’ll call us out— appropriately! ”

Challenges Identified by Peers and CSC Teams

- Funding peer positions
- Meeting equitable pay scales
- Identifying peers with the right skills and experiences
- Explaining the peer support role to participants and families
- Finding peers who are younger and closer in age to program participants
- Helping peers feel supported when they are working with stressful clients and in their own recovery as well
- Isolation among peers who do not have access to other peers
- Peers and other staff having different perspectives on priorities for clients
- Convincing participants that the peer was ever like them

Exhibit 2. Peer Roles Across CSC Study Sites (N=25)

