



April 07, 2023

Substance Abuse and Mental Health Services Administration
Office of Recovery
5600 Fishers Lane
Rockville, MD 20857

RE: Public Comment Form for SAMHSA's National Model Standards for Peer Support Certification

Faces & Voices of Recovery (Faces & Voices) acknowledges SAMSHA's public comment and welcomes the opportunity to submit our comments for consideration. Faces & Voices strongly supports developing a national standards model based on what is critical to the peer workforce and common across multiple certifications.

We have consulted with our Association of over 170 community-based recovery organizations – leaders in the peer workforce, to create the following recommendations for national standards. As an organization, we share a common goal: to help shape the future of the peer workforce. In addition, we believe that peer support is a crucial aspect of the substance use and SUD recovery process. Therefore, we appreciate the opportunity to provide our input on this proposed rule and provide the following comments:

PREFACE

The proposed National Model Standards on Peer Support certification states, "... the peer mental health workforce across all elements of the healthcare system," which limits the perspective of the SUD community and its peer workforce. Faces & Voices of Recovery recommends editing this statement to read "peer mental health and substance use workforce across all elements of the healthcare system." As a 2017 article in the Journal of Addiction Medicine notes, SUDs have often been treated as secondary to mental health conditions, and the field of addiction medicine has been historically underfunded and under-supported compared to mental health services.¹ Additionally, a 2018 study in the Journal of Substance Abuse Treatment found that peer support workers in the SUD field faced challenges in gaining recognition and

¹ Hser, Y. I., Mooney, L. J., & Saxon, A. J. (2017). Merging addiction treatment and mainstream healthcare in the United States. *JAMA psychiatry*, 74(7), 673-674.

support for their work, with many struggling to find funding or to integrate into traditional health systems.²

These challenges suggest that a more comprehensive and inclusive approach is necessary to ensure that individuals with SUD receive the support and services they need to achieve recovery and wellness. By recognizing the unique needs and experiences of individuals with SUD and providing support and training for SUD workers, healthcare systems can take a more holistic approach to address the needs of all individuals needing peer services.

PROCESS

We express concern about the short response window and the limited ability of the general public to provide feedback on the proposed standards. While a public comment process was employed, the window for submitting feedback was limited to only 14 days, which may have limited participation. Additionally, the comment process was only advertised through a listserv and on the SAMHSA website, which may have confined awareness among the peer workforce and other stakeholders. Overall, Faces & Voices of Recovery believes that these limitations have restricted the extent to which the Model Standards reflect the diverse perspectives and expertise of the peer workforce and encourage ongoing engagement and feedback to improve the standards over time.

Model Standard #1: Authenticity & Lived Experience

Model Standard #1 emphasizes the importance of authenticity and lived experience among peer workers, particularly their direct experience with the strategies used to address associated challenges. Faces & Voices applauds the Administration for recognizing this crucial component of effective peer support services. By valuing the expertise from lived experience, we acknowledge the unique insights and perspectives that peer workers can bring to their roles. This recognition helps validate peer workers' experiences and reinforces the value of peer support as a vital component of the healthcare workforce. Overall, Model Standard #1 serves as an important reminder of the importance of centering lived experience in peer support services and ensuring that peer workers are fully empowered to use their expertise to support individuals in their recovery.

Model Standard #2: Training

Model Standard #2 highlights the importance of population-specific content areas in training peer workers. While it is recognized that specific certifications may hold

² Switzer, G. E., Wittman, F. D., & Penberthy, J. K. (2018). Peer support services in the behavioral healthcare workforce: State of the field. *Journal of substance abuse treatment*, 89, 16-24.

expertise within these content areas, it is also crucial for all peer workers to have a moderate comprehension of these knowledge bases. This is because these knowledge bases are transferable and experienced at different levels of the peer workforce. For example, while some peer workers may have more extensive training and expertise in working with individuals experiencing homelessness, all peer workers can benefit from having some knowledge of the unique challenges and resources available for this population. Similarly, while some peer workers may have more extensive training in working with individuals that may experience an overdose, all peer workers can benefit from having knowledge of responding to an overdose and administering an opioid reversal medication.

Model Standard #3: Examinations

Model Standard #3 emphasizes the importance of developing exams that are accessible and inclusive for all peer workers. Again, we applaud the Office for recognizing the need for accommodations and intentional accessibility measures to ensure that all peer workers have the opportunity to demonstrate their knowledge and skills. Additionally, the peer-led nature of developing exams is crucial to ensuring that the exams are both relevant and appropriate for the peer workforce. Faces & Voices of Recovery supports using alternative testing models incorporating roleplay. These can be a valuable way to assess peer workers' ability to apply their knowledge and skills in real-world scenarios. Overall, Model Standard #3 is an important reminder of the need to be intentional about accessibility and inclusivity in all aspects of the peer support workforce, and Faces & Voices is encouraged by the Administration's commitment to these principles.

Model Standard #4: Formal Education

Faces & Voices of Recovery supports this proposed standard, as formal education is not the only means that peer workers can obtain a strong foundation of knowledge and skills that can enhance their effectiveness in their roles. We recommend that States revisit and revise policies that require formal education for reimbursement from third-party payors and seek to incorporate parity across reimbursement standards. This proposed standard will lead to greater recognition and support for all peer workers.

Model Standard #5: Work Experience

Faces & Voices of Recovery acknowledges the importance of work experience for peer workers, recognizing that it can provide valuable opportunities for skill-building and professional development. However, this exposure to prior work is not feasible in all situations. To ensure quality service within the peer workforce during the initial phase of employment, we recommend that where state certification

entities do not require or require minimal work experience, hiring organizations should provide extensive and measurable peer supervision requirements.

Model Standard #6: Background Checks

Model Standard #6: Background Checks recognizes the need to balance safety concerns with the principles of recovery and inclusion. Faces & Voices of Recovery support this proposed standard; however, we recommend that states invest time in removing barriers prohibiting peer workers from working in roles involving Medicaid reimbursement. These barriers can create unnecessary obstacles for peer workers seeking to enter the workforce and can limit the ability of clients to access the support they need.

To further support this proposed standard, Faces & Voices recommends the standards more clearly state that any mention of, the investigation into, or required disclosure of drug and alcohol-related crimes, non-violent felonies, and similar offenses be excluded from the mental health and substance use peer certification process. This would help reduce stigma and discrimination against individuals with lived experience of substance use and criminal justice involvement while promoting the principles of recovery and inclusion. A 2016 study found that peer support services can improve outcomes for individuals with mental health and substance use disorders, and reducing barriers to employment can help ensure that these services are available to those who need them most.³

Model Standard #7: Recovery

Model Standard #7: Recovery emphasizes the importance of a recovery-oriented approach to peer support services. Faces & Voices of Recovery supports the recommendation within this standard that the hiring organization should have autonomy in determining how they implement "...pathway-specific recommendations to meet the needs of the population(s)." This is a crucial component of the standard, as it recognizes that different organizations and communities may have unique needs and preferences regarding recovery support. This standard is a step towards creating more individualized and effective recovery support services for those with mental health and substance use disorders.

Model Standard #8: Diversity, Equity, Inclusion, and Accessibility

Our organization fully supports this standard as it aligns with our priority of ensuring all individuals have equitable access to quality care and services, regardless of their background or circumstances. We recognize that diversity,

³ Morse, G. A., Salyers, M. P., Rollins, A. L., Monroe-DeVita, M., & Pfahler, C. (2016). Burnout in mental health services: A review of the problem and its remediation. *Administration and Policy in Mental Health and Mental Health Services Research*, 43(6), 899-913. doi: 10.1007/s10488-016-0732-1

equity, and inclusion are moral imperatives and critical components of practical and high-quality care.

Model Standard #9: Ethics

The proposed Model Standard #9 on Ethics is crucial in upholding the integrity of the peer workforce. Including a code of ethics and guidelines for ethical behavior ensures that peer workers maintain high standards of conduct. Additionally, the recommendation for states to establish a process for reviewing breaches of ethics is a necessary process for any social service or health care setting.

However, to ensure impartiality and avoid potential conflicts of interest, we recommend that the impartial committee or board established by the state certification entities to review breaches of ethics should not be affiliated with or indirectly influenced by the certification entity. This would increase the credibility and transparency of the process and provide assurance to the public that ethical breaches are being addressed fairly and objectively.

Model Standard #10: Costs & Fees

SAMHSA's proposed Model Standard #10: Costs & Fees is supported by our organization. However, we recommend that the asterisk "SAMHSA strongly encourages that costs associated with re-certification be integrated into general application fees" be rewritten for clarity. This could create the impression that an applicant may be required to pay a higher up-front cost for certification, which may create additional barriers for the peer workforce. We suggest that SAMHSA consider alternative language that emphasizes the importance of keeping costs associated with re-certification reasonable and manageable for peer workers.

Model Standard #11: Peer Supervision

The proposed Model Standard #11 on Peer Supervision is crucial in ensuring the fidelity of the peer workforce. Therefore, we recommend that the formal education requirements for peer supervisors should follow the same recommendations made in Model Standard #4 on Formal Education. This would ensure peer supervisors have the necessary knowledge and skills to provide adequate guidance and support to their peers. Overall, we strongly support the inclusion of Model Standard #11 and believe it will contribute to the overall success and well-being of the peer workforce.

Closing thoughts

In conclusion, Faces & Voices of Recovery, fully supports the proposed model standards for certification of peer workers. We appreciate SAMHSA's attention to detail and thoughtfulness in crafting these standards. These standards have the potential to enhance the peer workforce and ensure high-quality services to those



seeking mental health and substance use disorder services. We strongly recommend that SAMHSA incorporate our recommendations to improve these standards further. We hope that our suggestions will be considered and that the final Model Standards will reflect the needs of the peer workforce and the individuals they serve. Thank you for considering our input.

Sincerely,

A handwritten signature in black ink that reads "Patty McCarthy". The signature is written in a cursive, flowing style.

Patty McCarthy, M.S.
Chief Executive Officer
Faces & Voices of Recovery