

# *About Pillars of Peer Support*

The Pillars of Peer Support Services initiative is designed to provide ongoing resources to promote Peer Support Services in state mental health systems of care. Annual Pillars of Peer Support Services Summits have brought together nationally recognized experts and stakeholders from across the U.S. to identify and create consensus around factors that greatly facilitate the use of Peer Support Services. These services are recognized as valuable tools to support recovery. Participants to the Pillars Summits have been recruited and invited from their state behavioral health authorities. Each Summit generated a report which is available for viewing on this website.

Together, these reports provide a comprehensive summary of the results and findings of the Pillars of Peer Support Services Summits, along with resources to help promote the mission of expanding Peer Support Services to all states. While peer support occurs in a variety of forms, settings, and interactions, it is important to note that the focus of these reports is on Peer Support Services: formalized services provided to individuals by Certified Peer Specialists, individuals who have received specific training and certification in this area. These services are delivered in mental health, addictions, and whole health settings.

2009

In November 2009, the first Pillars of Peer Support Services Summit was convened at The Carter Center in Atlanta, Georgia. The intent of the Summit was to bring together those states that currently provide formal training and certification for peer providers working in mental health systems to examine the multiple levels of state support necessary for a strong and vital peer workforce able to engage in states' efforts at system transformation, including recent innovations in Whole Health. To prepare for the 2009 Summit, organizers collected data on those states that currently utilized Peer Support Services under Medicaid reimbursement. Participants were surveyed on the unique attributes of their state's program prior to attendance, and summary state reports were provided to all participants.

At the summit, attendees were provided with a rough, informal draft identifying some of the lessons learned or "pillars" based on successes various states have already identified. In the Summit these pillars were reviewed and redefined with the intention of proposing a framework or blueprint for other states interested in developing or expanding their peer support programs. In addition, newly defined Pillars of Peer Support Services were recommended to advance the implementation and ongoing support for peer support services in the mental health field.

On the second day of the Summit, the state representatives were introduced to three state Transformation Transfer Initiative (TTI) Grants funded in 2009 by SAMHSA to promote Peer Support Whole Health. The presentations of the TTI grants from representatives of Michigan, Georgia and New Jersey shared efforts to offset the average 25-year premature death of consumers served in the public sector by training peer specialists in whole health recovery. The presentations were so well received that Peer Support Whole Health was unanimously added as a national Pillar of Peer Support Services.

## 2010

Because of the success of the first Pillars of Peer Support Services Summit within the field, a second phase was designed with a goal of bringing together those states not currently billing Medicaid for Peer Support Services. This second Summit was designed to examine opportunities for expansion of Medicaid-billable Peer Support Services in these states, and to identify the assistance each of these participating states might need to accomplish that goal. Invitations were extended to those states, and each state was invited to send two representatives to an October 2010 Summit, also at The Carter Center. It was recommended that the two representatives might include a consumer leader and a Medicaid representative, although ultimately each State chose people whom they thought would best represent the State's needs.

In order to set the stage and provide a framework, the second Summit began with a series of panel discussions. These included brief presentations by invited subject experts, followed by interactive questions with the audience. Following these presentations, attendees heard two reports: one on the evidence base for peer support and a second outlining results of a NASMHPD survey on states' use of peer support services.

Finally, attendees (grouped by state) participated in working sessions that addressed three topics: In order to move forward towards establishing Medicaid billable peer support services our state would need to do the following activities; A) We anticipate that the major barriers or challenges will be; B) We may need technical assistance in the following areas.

Each state team completed a worksheet summarizing the findings of their discussions.

## 2011

The third annual Pillars of Peer Support Services Summit was held September 26 and 27, 2011 in Atlanta, GA at the Carter Center. The focus for this summit was on Whole Health Peer Support Services. The goal was to bring together leaders from U.S. states and territories to examine the best practices in Medicaid and Peer Support Services for integrating healthcare across the full spectrum of behavioral and physical health.

Building on the foundations established with the development in 2009 of the 25 Pillars of Peer Support Services and the subsequent Summit in 2010 to expand Medicaid billing of peer support services, this meeting was convened to expand the understanding of the role of Peer Support Services in the overall promotion of Whole Health and well being. The concept of Whole Health has been developed to describe health services that integrate both behavioral health (mental and substance use conditions) and general health. Leaders from the field presented keynote, plenary, and panel sessions aimed at addressing the rapidly evolving and transforming health systems, the roles of peers in Whole Health, innovative and exemplary programs, the role of Medicaid in funding Whole Health services, and the role of peers in the workforce. Additional work was done by the participating state representatives to outline next steps, challenges and possible action agendas to address Peer Support Whole Health Services in their states and territories. A workgroup also developed a consensus statement that was adopted by the Summit participants that outlines the roll of Peer Support Services in a health care essential benefits package.

2012

This Pillars of Peer Support Services Summit focused on dual themes of establishing recovery cultures and national standards. Keynote presentations focused on the history and development of Peer Support Services. This also included information on the use and outcomes of these services. This presentation was followed by a presentation on the role of Peer Support Services in CMS directed programs and provided attendees an overview of the opportunities for these services in health reform. Two breakout sessions were also presented. In the first, a panel of national leaders provided perspectives on the development of national standards for Peer Support Services. A second panel discussed the opportunities for developing recovery cultures across service organizations.

This summit also included breakout sessions for participants to review and discuss the themes of standards and recovery cultures. Participants actively engaged in these discussions and provided recommendations to the full participant group. Summary details of these break-out sessions are included in the full Pillars report.