Review of Peer Support Specialist Trainings

Comparison of Virginia and Other State Processes

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Submitted to:

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September 2020

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Acknowledgements:

The OMNI Institute wants to thank the National Association of State Mental Health Program Directors and the states who shared information for their contributions to the creation of this report. Additional thanks to Virginia State Opioid Response Grant team for supporting this work.

Suggested Citation:

The OMNI Institute (2020). Review of Peer Support Specialist Trainings Comparison of Virginia and Other State Processes. Submitted to DBHDS ORS, Richmond, VA.

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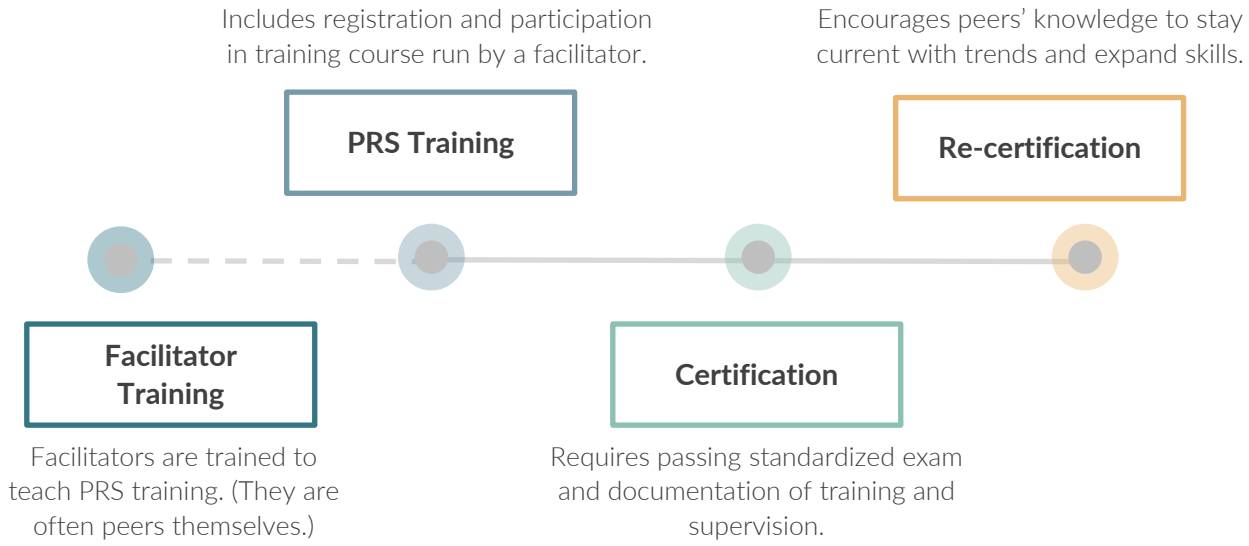
Introduction

The following report contains a comparative review of processes and procedures related to the training and certification of peer recovery specialists (PRS). OMNI completed this review in partnership with Virginia's Department of Behavioral Health and Developmental Services (DBHDS) Office of Recovery Services (ORS) to support the ongoing development of an effective PRS workforce. (See Appendix A for a review of definitions related to the PRS workforce.)

This review draws on information collected via the internet and key-informant interviews to provide a current environmental scan, as well as analysis of the level of consistency among PRS training and certification in selected states (See Appendix B for detailed information on methods and states reviewed).

The current nature of peer recovery services in the United States was a primary driver of this review. The utilization of peers to deliver mental health and substance use recovery services has grown dramatically among various types of service provider organizations in the last decade. Due to the various settings, tasks, job titles, and services provided by peers, their training, certification, and implementation into existing service settings vary widely across and sometimes within states[1]. Thus, there is often uncertainty around what the standards for training peers should be.

This review examines the entirety of the PRS training and certification process, including the steps outlined below:



A comparison of the information collected is outlined in the sections that follow, beginning with information related to PRS training, followed by facilitator training information, and then PRS certification processes. A summary table of all information is included after these sections and followed, lastly, by recommendations specific to Virginia's processes.

[1] Cronise, R., Teixeira, C., Rogers, E. S., & Harrington, S. (2016). The peer support workforce: Results of a national survey. *Psychiatric Rehabilitation Journal*, *39*(3), 211.

PRS Training

Who Administers Training

Peer trainings are administered and conducted chiefly by two types of entities: independent vendors or state health departments. These entities determine the standards for training, including curricula and requirements for completion, and manage the training process.

In some instances, the peer training process is managed in collaboration between two or more entities. For example, Maryland's state health department collaborates with and funds the University of Maryland School of Psychiatry, which in turn identifies local training agencies or contractors to conduct peer trainings. Likewise, some health departments that collaborate with partners are able to stipulate certain aspects of the vendor-conducted trainings, such as curricula content. Other vendor-led trainings are considered proprietary; in these cases, the state is often unaware of many of the vendor's training procedures.

Independent Vendors

Independent vendors are most often procured by state health departments to conduct peer trainings. Types of vendors include individuals, consultancies, corporations, academies, universities, and community or grassroot peer recovery networks. A small number of states reported that their trainings were conducted by any entity interested in teaching a curriculum that meets the state's minimum standards. Trainings may be conducted by multiple different vendors within the same state simultaneously. Occasionally, vendors go through an approval process by the state health department, or state Medicaid agency. For example, a state may audit the entity's curriculum content so that it complies with the guidelines of a partnering certification body or state peer recovery specialist governing body, or simply provide the vendor with a training curriculum to use. Some states limit the number of peer trainings one specific vendor can conduct for them yearly.

State Health Departments

Trainings are also managed and conducted by initiatives, programs, or behavioral health and recovery divisions within statewide administrations. In these cases, training curricula are typically developed, vetted, and monitored by the department.

PRS Training Curricula

Peer training involves transferring information to peers that is then translated into practice as services are delivered to individuals. The content of peer training curricula used in several states was found in training manuals (for both students and facilitators) and/or posted training course descriptions, either state or vendor sponsored. The content consistently fell into two categories: knowledge and skills.

Knowledge content seeks to educate peers about topic areas related to substance use and mental health disorder recovery. Frequently, information is presented as "dispelling myths" about individuals, recovery, or health that might be held by the student or society at large.

Table 1. Compilation of Knowledge Content Areas in Peer Trainings

Category	Content
 Peer Support Services	• Basic knowledge of core competencies for peer support services, including types of services and their goals • Glossary of terms • History of peer support services movement in behavioral health
 Recovery Processes	• Definition of recovery • History of recovery orientations in behavioral health systems • Stages of recovery, stages of change • Trauma-informed practices including crisis de-escalation • Experiential knowledge transfer (e.g. telling recovery stories, engaging in dialogue around recovery with individuals) • Setting and accomplishing recovery goals (e.g. "wellness recovery action plans")
 Disorder-Specific	• Science of substance use or other addictions including psychological and physiological processes • Identifying substance use and/or mental health disorders • Substance use disorder trends • Co-occurring disorders • Medication-assisted treatment or other treatment methods
 Peer Support Services	• Stress reduction • Building relationships with others • Spirituality • Anger management • Suicide or self-harm
 Community Resources for Individuals	• Knowledge of what services exist locally for individuals • Orientation to partnering treatment or recovery agencies • Overview of the state's behavioral health systems
 Stigma	• Navigating internalized stigma • Avoiding stigmatizing language • Understanding workplace stigmatization of peers

Skills content is related to effective delivery of services to individuals, successful integration into the workplace, and aspects of self-care. Rather than prescriptive instructions, skills are often presented as guidelines for peers to consider while they deliver services in a peer/individual relationship capacity.

Table 2. Compilation of Skills Content Areas in Peer Trainings

Category	Content
 Communication	• Listening skills • Person-centered language • Conveying empathy
 Advocacy/Mentoring	• Promoting self-efficacy, empowerment • Recognizing and championing individual strengths • Facilitating individual autonomy in the recovery process • Motivating individuals receiving services
 Ethics/Accountability	• Knowledge of the limits of the peer role and boundary setting • The importance of confidentiality • Legal considerations, such as understanding mandatory reporting responsibilities • Medication-assisted treatment or other treatment methods
 Cultural Sensitivity	• Beliefs and values • Cultural diversity of individuals receiving services • Recognizing and reducing cultural barriers between peers and individuals • Understanding cultural power dynamics • Overview of marginalized or oppressed groups including special recovery populations (e.g. veterans, justice-involved)
 Professionalism	• Guidelines for appropriate self-disclosure • Workplace expectations and accountability (e.g. being punctual) • Interacting with colleagues and supervisors
 Peer Implementation	• The value of the peer role and dynamics of its integration into existing settings • Workplace skills • Providing effective services • Working in cooperation with clinicians • Peer self-care
 Clinical skills	• Motivational interviewing

In addition to the training content above, peer training manuals had supplemental content sections, or reference to separate training courses related to peer services, such as peer supervision, and general wellness coach training (non-recovery oriented).

Training Completion Requirements

In order to successfully complete trainings, states set specific requirements that must be met. Typically, states have identified a set number of required training hours, although the number of hours required varied across states, ranging from 40-76 hours. Required hours were sometimes separated into different types: didactic (i.e. in-person setting) or online/unaccompanied (i.e. homework) training hours. States often specified that a certain number of hours must be completed in-person.

In addition, states require peers to pass a training exam to fully complete the training process. Similar to the variability in training hours requirements, there was variation in the acceptable passing score on training exams (e.g. 80% of answers correct).

Accessibility of Trainings

Frequency of Trainings Offered

Some states offer trainings throughout each month according to demand, and some offer trainings at set intervals, ranging from 4 to 8 trainings per year. Training schedule calendars are displayed publicly or must be requested by calling the training vendor.

It should be noted that at the time of this report, most trainings were unavailable or had gone to virtual/remote status due to impacts from the COVID-19 pandemic, so an accurate measure of frequency of trainings offered was difficult to confirm.

Costs

The cost of trainings varied widely, and states indicated that contracted vendors (individuals or organizations) set their own fees for conducting trainings. Some trainings were free and one training program cost up to $750. The typical fee range for an entire training course across the compared states was $80-$235.

Evaluation of PRS Trainings

Another aspect of this comparative review was how trainings are evaluated, including but not limited to 1) how states define success in their peer training programs, and 2) how states ensure that the trainings are successful.

Most often trainings are evaluated based on the peer's perceptions of the training curricula content and the facilitator's performance, via an evaluation form the peer completes either after each training session within a course, or after the entire training course has concluded. Often the form must be completed as a requirement of receiving a graduation certificate for the course. State peer recovery service administrators then intend to review the forms or procure a separate evaluator to review (such as a university group or private evaluation firm).

The evaluation forms typically collect quantitative data on the peer's satisfaction with the overall training and facilitator, and the method in which training was delivered (e.g. materials, training facility, assignments, and activities). Evaluation forms also asked the peer to affirm that certain content was provided in the training and gauge how prepared they felt to deliver services. Relatedly, some forms asked peers how the training benefited their personal wellness or recovery. Almost all evaluation forms include open ended questions asking how the peer would suggest the training be changed or improved.

Often states that contract their peer trainings through vendors are unaware of the procedures that vendors may use to evaluate the effectiveness of the training they offer, if they evaluate at all. States may also audit the training curricula as a form of evaluation of vendor trainings, ensuring that the trainings include standards and content identified by the state as relevant.

No states explicitly defined success of their peer training curriculum in terms of the quality of services delivered by the peers after they had been trained. One state did evaluate peers' performance in an internship position as a proxy measure of performance in an official peer capacity.

Facilitator Training

Readily available information on the processes and standards for those who facilitate peer trainings was limited, and many states reported that they did not have formal systems for training facilitators, or that such processes were still being developed.

Rather than officially train facilitators, one state described having a "facilitator network" by employing substance use or mental health disorder clinicians or other knowledgeable professionals to conduct facilitator trainings. Another state simply identified peers who seemed to be natural experts in peer recovery service content and groomed them to volunteer as facilitators. Other states' health department staff train facilitators themselves. Several states that employed vendors to train peers were unaware of how the vendors trained their facilitators, though some vendor websites indicated they offer facilitator training courses, as well as materials to teach facilitators skills and tools needed to promote the success of their trainees.

Requirements to be a Facilitator

Most facilitators are trained peers themselves, and some are required to be certified in order to facilitate peer trainings. Some states require a facilitator to be educated in behavioral health and/or declare that they have had lived experience with substance use or mental health disorder treatment.

PRS Facilitator Training Curricula

Like peer training curricula, facilitator training manuals present information as guidelines to consider, rather than prescriptive instructions on how to facilitate. This allows for facilitation to be flexible so it can account for possible diverse group dynamics and learning styles.

Facilitator training materials are typically composed of a peer training manual that has been enhanced with added sections containing notes and guidance for facilitators. Most curricula guide the facilitator to be prepared (including practicing facilitation), demonstrate time management while facilitating, be warm and inviting, and respect trainees. Additionally, facilitator training manuals use language that encourages the facilitator to consider their experiential knowledge when facilitating, akin to a peer sharing their lived experience with those receiving services.

In addition to the peer training curricula content, the added facilitation content can include:

Table 3. Compilation of Content Areas in Facilitator Training

Category	Content
 Organization	• Time schedules for training content • Preparation checklists (e.g. materials and procedures) • Identified learning objectives for each content area and/or session of training
 Delivery of Training Content	• Understanding adult learning principles • Presentation skills • Demonstrating commitment to the training topics • Example activities, handouts, scripts, and lesson plans
 Understanding Trainees	• Respecting trainees • Group dynamics (e.g. how to handle non-participation in activities) • Alternative learning styles • Capitalizing on trainee strengths • Recognition that trainees have lived experience with a mental health or substance use disorder

PRS Certification

States' peer certification processes are conducted by state departments of health, state Medicaid agencies, certification boards sponsored by the state, and national certification boards such as NAADAC, the Association for Addiction Professionals (formerly the National Association for Alcoholism and Drug Abuse Counselors). Though national boards typically do not replace state-required certifications, some states have chosen national boards to serve as an official certification body for them.

Requirements for Gaining Certification

Background and Experiences

The requirements for peers to earn a peer recovery specialist certification depended on the state and/or certifying body. There was strong overlap across states, and most certification requirements involved elements in the following domains:

Personal

- Minimum age, usually over 18
- Residency in the certifying state
- High school diploma or GED attainment
- Valid contact information (e.g. email address)
- Personal or professional references

Recovery-Related

- Duration in personal recovery from a substance use or mental health disorder
- Duration of abstinence/sobriety
- Must have a supervisor and support plan
- Provide a personal statement of lived experience with a disorder

Work-Related

- Sign a peer recovery specialist-specific code of ethics statement or affirmation statement
- Volunteer or paid experience specific to recovery, often in specific recovery domains such as advocacy, mentoring, wellness, or ethics
- Current employment in recovery-related position

Training/Continuing Education

- Complete initial training conducted by the state
- Proof of continuing education units (CEUs) or training in specific domains (see below)

In contrast to other certification requirements, states' policies related to criminal background checks and declarations varied. In fact, the states that shared their certification requirements were almost evenly split between requiring a background check, requiring a criminal conviction declaration, and requiring neither.

Training and Continuing Education

One state allowed for hours in any type of training, as long as it was substance use-related, to be sufficient for the training requirement of their peer certification; however, the majority of states were more specific on what content of training or continuing education was considered valid.

Across all state programs researched, the following were noted as content areas required for trainings to be considered valid and contribute to certification requirements.

Disorder/Recovery-Related

- Basic pharmacology
- HIV/other pathogens education
- Identification of substance use, mental health, or co-occurring disorders in order to provide referrals
- Recovery management
- Wellness

Service Coordination/Planning

- Case management
- Crisis management
- Documentation
- Screening and intake
- Knowledge of recovery-oriented systems of care

Mentoring/Delivering Education

- Advocacy
- Community/family education
- Mentoring

Peer Role-Related

- Confidentiality
- Cultural awareness or humility
- Ethical responsibilities or ethics education, including professional ethics

Exams and Fees

All peer certification processes involved taking an exam, though the exams come from different sources depending on the state certifying body, for example the International Certification & Reciprocity Consortium computer exam (IC & RC), or a state-created competency exam. Exams can be created by individual certification programs, though some states stipulate that exams must contain questions that test knowledge in certain core elements of peer recovery services or training. A common threshold for passing a certification exam is 80% of items answered correctly. Fees to receive certification and/or attempt a certification exam ranged from $100-$175.

Re-Certification

Certifications are valid for a limited duration, at which time they may be renewed through a re-certification process. Most states' peer certification requires re-certification every two years.

Re-certification requirements include holding an unexpired PRS certification, signed affirmations of professional or (more often) ethical conduct, and payment of renewal fees ranging from $50-$200. Re-certification also requires proof of 2 to 20 hours' worth of CEUs or state approved PRS education in general or elective content areas, and most all states stipulated a portion of the hours be in the area of ethical considerations.

Comparative Summary

The following charts compare components of Virginia's peer and facilitator training and PRS certification with the other states that were researched. The information for other states is presented together as one, with a measure of the consensus that was found across those states. Low consensus indicates there was great variability found for that component across states, whereas high consensus indicates nearly all states had the same requirements or process for that element. The final column in each chart offers a recommendation of whether Virginia should maintain current procedures in this area (indicating that Virginia is generally on par or further developed than other states) or review current procedures (indicating that there are possible opportunities for growth or improvement).

PRS Training

Table 4. PRS Training Elements Comparison Chart				
Component	Virginia DBHDS	Other States	Consensus	Recommendation
Administering Body	• Independent "vendors." State collaborates to train facilitators who then administer trainings.	• Independent vendors • State health departments • Other organizations	Low	Maintain
Training Curricula Content Area (*Knowledge*)	• Peer Support Services • Recovery Processes • Self-Awareness • Recovery and Behavioral Health Language • Trauma-Informed Care • Stigma	• Peer Support Services • Recovery Processes • Disorder-Specific Content • Health/Wellness Principles • Community Resources Available for Referral • Stigma	Moderate	Review (in process)
Training Curricula Content Area (*Skills*)	• Communication • Advocacy • Interpersonal Skills • Self-Care • Cultural Sensitivity • Professionalism • Motivational Interviewing • Advance Directives	• Communication • Advocacy/Mentoring • Ethics/Accountability • Cultural Sensitivity • Professionalism • Peer Implementation • Clinical Skills	Moderate	Review (in process)
Completion Requirements	• 60 didactic, 12 homework • Score of 80% across quizzes and final exam	• 40-76 hours of training • Separation of hours into in-person and homework	Moderate	Maintain
Frequency of Trainings	• Determined by facilitator	• 4-8 per year, or monthly	Low	Review
Training Costs	• Determined by facilitator • The first training a facilitator conducts must be free of charge	• $80-235 for entire training course	Low	Review
Evaluation	• Exit form with peer perceptions of: o Facilitator performance o Overall training quality o Suggestions for improvement of training	• Exit form with peer perceptions of: o Facilitator performance/delivery method o Efficacy to deliver peer services o Effect of training on personal wellness/recovery o Overall training quality o Suggestions for improvement of training	Unable to ascertain a reliable consensus	Review (in process)

Facilitator Training

Table 5. Facilitator Training Elements Comparison Chart				
Component	Virginia DBHDS	Other States	Consensus	Recommendation
Requirements to be a Facilitator	• Must be certified Peer Recovery Specialists that already have proven training skills • Required to train 12 peers at no charge with state-provided materials	• Must be trained peer or declare lived experience with a disorder • Education in behavioral health	High	Maintain
Training Curricula Content Areas	• A trainer handbook is provided that includes tips for delivering training content for each PRS training content module • Trainers are also supplied with a separate document outlining timeframes for delivering specific content across training sessions.	• In addition to PRS training content areas: o Organization o Delivery of Training Content o Understanding Trainees	Moderate	Review

PRS Certification

Table 6. PRS Certification Elements Comparison Chart				
Component	Virginia DBHDS	Other States	Consensus	Recommendation
Administering Body	• State certification board	• State departments of health • Medicaid agencies • State sponsored or national certification boards	Moderate	Maintain
Requirement Domains for Gaining Certification	• Personal • Recovery-Related • Work-Related • Training • Criminal conviction status declaration	• Personal • Recovery-Related • Work-Related • Training/Continuing Education • Background check or declaration	Moderate	Review (specifically policies related to criminal conviction status declaration)
Training / Continuing Education Curricula Content Areas	• 72-hour DBHDS training curriculum (see above)	• Disorder/Recovery Specific • Service Coordination/Planning • Mentoring/Delivering Education • Peer Role-Specific • Ethics	Low	Maintain
Certification Exam	• Must pass IC & RC examination for peer recovery specialists. The passing score is 500/800 or 62.5%.	• Administered by different bodies (some of which also use the IC & RC), but must be approved by the state • Score of 80%	High	Maintain
Certification Fee	• $175	• $100-175	Moderate	Maintain
Re-Certification Interval	• Every 2 years	• Every 2 years	High	Maintain
Re-Certification Requirements	• 20 hours of education, including 6 in ethics	• Signed affirmations of professional conduct • Continuing education units in general or elective content areas including ethics	Moderate	Maintain
Re-Certification Fee	• $75	• $50-$200	Moderate	Maintain

Recommendations & Conclusions

Recommendations

PRS Training Elements

Although there remains limited consensus across states on PRS training content and characteristics, this review highlighted several areas ORS might consider in order to facilitate process improvements.

- Ensure information presented in training is as clear and concise as possible, including reducing areas of overlap or redundancy within the PRS manual.
- Gain oversight or awareness of how much demand exists for PRS trainings.
- Ensure equal accessibility across the state for cost and frequency of trainings.
- On training evaluation forms, include measures of efficacy- or knowledge-specific content areas and training accessibility.
- Prioritize the use of information provided in training evaluation forms to inform future trainings.
- In addition to an evaluation form, track, and measure Peer performance in their role as a measure of training efficacy.

Facilitator Training Elements

Factors relating to facilitator training exhibited a higher level of consistency across states than other areas. Suggested updates offer opportunities to provide trainers with more robust training and support.

- Develop an official facilitator training manual. Areas for expansion could include additional activities (optional or required), or the integration of an example schedule for covering each area of training content.
- Consider including facilitation and educational skills as part of facilitator training in addition to PRS training content.
- Continue encouraging trainers to be familiar with local and/or state resources in their training curriculum and pass that knowledge to Peers.

PRS Certification

Certification processes were relatively consistent across states. Virginia does not diverge significantly from the practices adopted by other states.

- Elements of certification should be considered in evaluation of training processes.
- Continue advocating for state-wide changes to policies regarding criminal history and barrier crimes to expand the PRS workforce.

General Recommendations

The following recommendations are based on impressions from the comparative review as a whole.

- Establish a yearly follow-up process with Peers and/or the organizations that employ them to measure Peer performance delivering services, satisfaction in their role, and challenges encountered.
- Establish a regular review cycle of all aspects of PRS training, facilitation, certification to ensure that Virginia stays current with developing best practices and identifies areas where change may be needed in the future.
- As administrative changes are made in peer training processes, continue to build community around trainers and trainees, and gather and consider feedback from all stakeholders, for example through stakeholder steering committees or roundtable meetings.

Summary

The implementation of peer-delivered recovery services has rapidly grown in the U.S., yet there is no standardized roadmap to guide PRS training. This review of several states' PRS training processes was able to gauge some consensus on components of trainings and compare those aspects to Virginia's PRS training process. There is great variability in the entities that states utilize to administer PRS trainings, however, there is moderate consensus among most states' training procedures. There are still some significant knowledge gaps, such as how PRS training effectiveness is evaluated. As information on PRS training is often not readily available, some states are unaware of certain elements of training because they are conducted by independent vendors whose information is kept proprietary, or elements of training have not yet been established.

Results of this review support continued communication and transparency among states regarding their experiences, challenges, and recommendations related to PRS training and certification. Efforts such as informational networks or data sharing systems will support the eventual development of best practices in PRS training and create the foundation for a stronger, more effective PRS workforce and community across the United States.

Appendices

Appendix A: PRS Definitions

Peer Recovery Specialists

Peer recovery specialists ("peers") are trained individuals providing recovery services who have lived experience with substance use and/or mental health disorders, and who are in recovery from a disorder[2].

Through sharing their experiential knowledge gained from their individual recovery process, as well as the knowledge gained in training, peers provide services to individuals to facilitate initiation and maintenance of recovery from substance use and mental health disorders[3]. Specific services include providing substance use and mental health education; modeling coping strategies; connecting individuals to community or institutional resources; and more traditional services such as case management[4]. Peers may be known by other terms such as peer supporters or peer workers and are generally distinguished from clinicians who have had other specialized education in substance use and/or mental health disorder treatment. In Virginia, trained and certified peers are titled, Certified Peer Recovery Specialists. Before that they are called peer supporters.

In substance use and mental health recovery fields, it is important to consider the use of terminology that does not perpetuate stigmatizing language[5]. For example, referring to "a person experiencing a substance use disorder" humanizes them more than the term "addict." This is also the case for the terminology regarding individuals who receive recovery services. Many literature bases and service providers use different terms such as "patient," "client," and "consumer." Those who advocate for recovery-orientations in services may also use the term "peer" or "friend." Some states prefer the term "challenges" instead of substance use and mental health disorders. For the purposes of this report we refer to those receiving services as "individuals" or "individuals receiving services," recognizing that not all who are in recovery receive services and the need for inclusive and empowering language.

For a more comprehensive definition and history of the peer movement, and information related to outcomes of peer recovery services, please see OMNI's literature review publication submitted to DBHDS in 2020, "Measuring Outcomes of Peer Recovery Support Services."

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[2] Myrick, K., & del Vecchio, P. (2016). Peer support services in the behavioral healthcare workforce: State of the field. *Psychiatric rehabilitation journal*, *39*(3), 197.

[3] White, W. L. (2009). *Peer-based addiction recovery support: History, theory, practice, and scientific evaluation*. Great Lakes Addiction Technology Transfer Center {and} Philadelphia Department of Behavioral Health and Intellectual disAbility Services.

[4] Eiken, S., & Campbell, J. (2008). Medicaid coverage of peer support for people with mental illness: available research and state examples. *Thomson Reuters. Retrieved February 23*, 2009.

[5] Barry, C. L., McGinty, E. E., Pescosolido, B. A., & Goldman, H. H. (2014). Stigma, discrimination, treatment effectiveness, and policy: public views about drug addiction and mental illness. Psychiatric Services, 65(10), 1269-1272.

Trainings and Certification

In 2007, the Centers for Medicare and Medicaid Services specified that peers who provide services funded by Medicaid must complete training and certification as defined by the state in which the services are delivered (CMS, 2007). While not all peer recovery support services are billed to Medicaid, most states require peers to complete a training and certification program before providing recovery support services to individuals. Training prepares peers to deliver services, whereas certification involves issuance of a certificate, license, or other credential to allow peers to work in an official capacity.

Peer trainings consists of registration, reviewing educational materials, and attending and participating in courses administered by an instructor. Those instructors (usually trained peers themselves) are also trained to deliver peer training curricula. Instructor training is sometimes called "training of trainers" (TOT) or facilitator training.

Additionally, as a partial requirement of maintaining certification, some certifying bodies stipulate that peers obtain an additional type of training, continuing education, to encourage peers to stay current with changing trends in their field, refresh the retention of previously learned knowledge, or expand their knowledge and skills.

Certification typically involves the peer declaring to a certifying body personal information (e.g. age, state of residence), completed trainings, previous work experience, documentation of being supervised in a peer role, and a minimum passing score on a standardized examination. Peers who are certified are recognized as being trained and committed to ethical standards for peer work, and the certification enables them to provide services for a limited period of time in the certifying body's jurisdiction. Before a certification expires, a re-certification process is required to ensure continued ability to provide services. Re-certification may involve further declarations and documentation of continuing education. Fees are associated with peer training, facilitator training, certification, and re-certification.

Appendix B: Methods

This review compares information regarding peer training processes from multiple states. Initially, ORS identified states with similar structures or needs to Virginia for comparison (i.e., Pennsylvania, Georgia, Arizona, Maryland, Vermont, and Rhode Island). From an initial scan of background information from ORS peer training materials, and a canvassing of state peer recovery services websites, relevant peer training content areas were identified for further research, a directory of information was formed, and knowledge gaps were identified. During the initial research stages, OMNI identified and documented processes from additional states that have a presence in the PRS field and/or reputation for having strong PRS programming.

State PRS Processes Compared			
Alaska	Hawaii	Massachusetts	Rhode Island
Arizona	Illinois	Michigan	Tennessee
Connecticut	Indiana	Nebraska	Vermont
Delaware	Iowa	Ohio	Washington
Florida	Kentucky	Oregon	Washington D.C.
Georgia	Maryland	Pennsylvania	West Virginia

Once the relevant parameters for comparison were determined, information on each state was gathered through internet searches, reviews of literature, multiple key informant surveys and two interviews. Comparison information was also gathered from questions posed to a PRS-related mailing list whose members included peer training administrators.

Information on internal peer training processes was often not readily available (e.g., on websites), especially in the case that trainings were conducted by independent organizations. Additionally, the impact of the COVID-19 pandemic likely affected the availability of staff to respond to OMNI's inquiries for information. Areas of interest that were particularly impacted by lack of information are noted.