

GAO Highlights

Highlights of [GAO-19-41](#), a report to congressional committees

Why GAO Did This Study

As the peer support workforce has grown, there has been increased attention to standardizing the competencies of peer support specialists through certification.

The 21st Century Cures Act included a provision for GAO to conduct a study to identify best practices related to training and certification in peer support programs in selected states that receive funding from SAMHSA. This report, among other things, describes leading practices for certifying peer support specialists identified by program officials in selected states.

GAO interviewed state program officials in six selected states and reviewed online, publicly available information about their peer support programs. GAO selected the states in part based on the state's certification program being well-established (at least 2 years old), use of SAMHSA funding for peer support, and stakeholder recommendations. The six selected states—Florida, Georgia, Michigan, Oregon, Pennsylvania, and Texas—are among the 41 states and the District of Columbia that, as of July 2016, had programs to certify peer support specialists. In addition to the state program officials, GAO interviewed SAMHSA officials and 10 stakeholders familiar with peer support specialist certification, including mental health researchers and officials from training organizations, among others.

GAO provided a draft of this report to HHS for review and comment. The Department did not have any comments.

View [GAO-19-41](#). For more information, contact Mary Denigan-Macauley at (202) 512-7114 or deniganmacauleym@gao.gov.

November 2018

MENTAL HEALTH

Leading Practices for State Programs to Certify Peer Support Specialists

What GAO Found

According to officials from the Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS), shortages in the behavioral health workforce are a key reason that individuals with mental illnesses do not receive needed treatment. In recent years, there has been an increased focus on using peer support specialists—individuals who use their own experience recovering from mental illness to support others—to help address these shortages. Program officials GAO interviewed in selected states generally cited six leading practices for certifying that peer support specialists have a basic set of competencies and have demonstrated the ability to support others.

Six Leading Practices for Programs that Certify Peer Support Specialists Identified by Program Officials from Selected States



PRACTICE 1: Systematic screening of applicants

The program should have a systematic and objective screening process to assess the applicant's understanding of recovery and the peer role.



PRACTICE 2: Conducting core training in-person

The program should offer—or ensure approved training vendors offer—in-person core training to foster relationship building and allow peers to develop and practice their interpersonal skills.



PRACTICE 3: Incorporating physical health and wellness into training or continuing education

The program should ensure that peer support specialists are trained during core training or continuing education to help others manage their physical health in addition to their mental health.



PRACTICE 4: Preparing organizations to effectively use peers

The program should have efforts in place to educate staff at provider organizations about the peer support role and should help ensure that supervisors are prepared to supervise peers.



PRACTICE 5: Continuing education requirements specific to peer support

The program should ensure that peer support specialists take continuing education that is specific to the peer support role.



PRACTICE 6: Engaging peers in the leadership and development of certification programs

The program should ensure that peer support specialists who have been certified and are working in the field are involved throughout the certification process, including helping screen applicants, providing training, or developing curricula.

Source: GAO analysis of information from interviews with six selected states. | [GAO-19-41](#)