



April 30, 2015

Pamela S. Hyde, J.D., Administrator
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Rockville, MD 20857

Dear Administrator Hyde:

On behalf of the Family Run Executive Director Leadership Association (FREDLA) members and family-run organizations across the country, we are pleased to provide comments on the recently released draft of **Core Competencies for Peer Workers in Behavioral Health Services** under the SAMHSA strategic initiative priority areas of Recovery Supports and Workforce Development.

In addition to addressing each of the specific Core Competencies, we are sharing some overarching observations and comments for SAMHSA's consideration in revising the Core Competencies.

A. Language

1. Throughout the document, we are concerned that language is too directive and puts the person providing peer support in lead role rather than to walk alongside. Peer support providers should empower, mentor, role model, and not to do for someone, but with them. The one providing peer should not be the voice, but should help others find their voice and the ability to use it.
2. We suggest making changes to the language in order to insure the core competencies are fully inclusive of peers working to support youth, young adults, and family members responsible for minor children with behavioral health needs. We would suggest using the terms recovery/resiliency/wellness throughout the document to embrace all aspects of support provided by peers rather than limiting language to just "recovery."
3. Use of the terms "peer" and "peer worker" is confusing at times. We would suggest distinguishing the provider from the recipient by using language such as "peer support provider" and using "adult/youth/family" or "individuals being supported" to identify those receiving peer support services. We also believe this conveys more respectful language rather than categorizing all individuals as "peers."

4. It would be important to define “peer support” in the body of the document to clearly state that these core competencies encompass: adult peer support providers, youth peer support providers and family peer support providers in behavioral health. We suggest a more inclusive definition such as:

Peer Support Providers are individuals with “lived experience” who are training to assist others who are experiencing similar challenges with mental illness and or substance abuse for themselves or for members of their family. Peer support can include: an adult in recovery supporting another adult; a youth supporting another youth; or a parent who is caring for a child with behavioral health needs assisting another parent to access services for their child.

5. Family members who are caring for a child with behavioral health needs are not “in recovery” and peer support provided to these individuals is different from support provided to a child, youth, or adult experiencing behavioral health needs. Language in the core competencies should address that distinction. For example, #'s 7, 11, and 14 suggests that the individual receiving support is in recovery. Our family leaders have told us that families find this language upsetting.

B. Role of Peer Support Providers

1. As stated above in Section A., peer support is built on empowerment and peer support providers “do with” instead of “doing for” the individuals they are supporting. For example, under Category V: Recovery Planning, (#20) instead of using a directive “Proposes strategies to help a peer accomplish tasks or goals” we would suggest alternate language such as, “Assists an adult, family, youth to develop their own strategies to accomplish their goals.” The role of the peer support provider is to empower an adult, family or youth to develop their own strategies thus building skills and enhancing self-esteem rather than propose strategies on their own. Instances such as this are in other sections of the document (#28, #41, #52)
2. Family support provider’s often work with the more than one member of the family. Typically, individual family members are at different places in the process of resilience, recovery and wellness. Family support providers need to be able to recognize these differences and adjust what they do accordingly. At times this may require taking the focus off of one family member while doing more to support another family member who is experiencing caregiver burnout or a crisis.

C. Additional Categories

1. We strongly recommend addition a set of competencies concerned with Ethics. Specific skills that fall under this category for any peer support provider include:
 - a. Maintaining boundaries
 - b. Recognizing one’s own biases and avoiding moral judgements of others who may have a different culture, beliefs or norms

- c. Awareness of domestic violence laws including: child abuse/neglect indicators and reportable incidents, child protection, adult protection, restraining orders and custody determination
 - d. Understanding HIPAA and laws governing confidentiality
 - e. Being knowledgeable about relevant laws and regulations such as ADA (American's with Disabilities Act), Olmstead and ACA (the Affordable Care Act) and in the case of children and youth IDEA (the Individuals with Disabilities Education Act).
2. Regardless of one's age, individuals with mental health needs touch many systems. For families and youth this undoubtedly includes the educational system. We believe there should be a separate category pertaining to education. The majority of families requesting support for their children, adolescents or young adults are in some way dealing with education issues: special education, suspension, expulsion, drop-out, vocational education and transition-planning. A peer support provider must be knowledgeable about programs and post-secondary educational opportunities in the community in order to adequately support a family, youth or young adult.

D. Recommendation to Adopt National Standards Already in Place for Family Support Providers

In 2010, the National Federation of Families conducted a comprehensive process to define core competencies for family support providers. This included collection and analysis of job descriptions and task analysis as well as a national survey of knowledge, tasks and abilities necessary to carry out these tasks. Based on their findings, in 2011 a national certification process for family support providers was set in place and states that are developing their own certification process are using these national core competencies as a model for training and certification.

We respectfully request that SAMHSA recognize the distinct roles, approaches, activities, knowledge base and skills required for family peer support providers and adopt the work that has been done. Adopting two distinct sets of competencies would insure the integrity of both peer support providers for adults and for families. Recognizing and elevating their distinct roles would demonstrate SAMHSA's respect for both.

Sincerely,



Jane A. Walker, Executive Director
On behalf of FREDLA Members and Family Leaders

Cc: Paolo del Vecchio, M.S.W.
Gary Blau, Ph.D.