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## **Bucks County 2020/21 Certified Peer/ Certified Recovery Services Survey Project Community Report**

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The Bucks County Consumer/Family Satisfaction Team (C/FST) met with the Bucks County Department of Behavioral Health & Developmental Programs, Magellan Behavioral Health, and the Bucks County Drug & Alcohol Commission, Inc. regarding **perceived underutilization of Certified Peer and Certified Recovery Support services in Bucks County** and identified potential barriers to increased referrals:

- 1) Stigma at the provider level
- 2) Lack of provider awareness of CPS/CRS services
- 3) Issues with navigating referral processes

**Purpose: to inform strategic planning to foster a shared vision of certified peer/certified recovery support in Bucks County and increase awareness of this valued, evidence-based service.**

### **Objectives:**

- Learn about awareness and understanding of CPS/CRS services
- Learn how these services are being referred to and utilized
- Explore barriers to utilization of CPS/CRS services
- Gather data supporting positive outcomes of CPS/CRS services in Bucks County

### **Who did we survey?**

**13** CEO/Top leadership staff from MH and SUD providers in Bucks County were interviewed via Zoom to capture a top-down view of how Peer Support services are valued and promoted.

**86** MH and SUD provider staff from various Bucks County agencies participated.

**58** (67%) of those respondents completed the entire SurveyMonkey survey.

## Awareness and Understanding of CPS/CRS services

### GENERAL AWARENESS/UNDERSTANDING:

- CEOs exhibited awareness and understanding of peer services as well as a **positive attitude toward the role** of CPS or CRS.
- Referring staff offered a wide variety of responses ranging from knowledgeable to minimally aware of peer services; most understood that CPS and CRS have their own lived experience with MH or SUD and now offered support to others.

### MARKETING/PROMOTION of Peer Services: (Internal/External)

- Four CEOs indicated there was a specific employee responsible for marketing and promotion at their agency, though not necessarily a marketing professional.
- External: Several CEOs noted a **lack of funding/marketing skill of staff was a barrier**.
- Internal: CEOs indicated a variety of ways Peer Support is promoted internally, including trainings cited by Referring staff.

**48%**  
Referring staff\* indicated their **agency offered opportunities to learn about CPS/CRS services.**  
(\*28 of 58 respondents)

## How CPS/CRS services are being referred to and utilized

### CEOs reported encouraging collaboration between CPS/CRS and other treatment staff by:

- Ensuring staff understand integral role of the CPS/CRS
- Including CPS/CRS in treatment team meetings
- Establishing strong relationships and communication
- Consulting with CPS/CRS
- Including CPS/CRS in clinical meetings

**76%**  
MH provider staff\* said they are **aware of the referral process** for CPS/CRS services.  
(\*60 out of 79 respondents)

**80%**  
Referring staff\* indicated **CPS/CRS services are incorporated** into treatment plans, discharge plans, **OR** assessments.  
(\*45 of 56 respondents)

**71%**  
Referring staff\* indicated various ways **collaboration** between CPS/CRS and other treatment team members is encouraged at their agency.  
(\*41 of 58 respondents)

*Note: Not all staff who participated in the SurveyMonkey were responsible for making referrals to MH and SUD services. Where "MH provider staff" is used, it refers to all staff, not just those responsible for making referrals.*

## Barriers to utilization of CPS/CRS services

### Top barriers to referring to CPS/CRS services (58 referring staff):

- Wait lists (40%)
- Not knowing where to refer to (22%)
- Not qualifying due to insurance (28%)
- Lack of understanding of CPS/CRS role (21%)

### Top challenges to delivering an effective Peer Support program per the CEO interviews:

- **Lack of availability of well-trained staff** – difficulty in finding and keeping CPS/CRS with adequate training such as computer and documentation skills.
- **Funding and billing issues** –
  - Sufficient reimbursement for competitive salaries
  - Clarification of billing requirements
  - Understanding duplication rules with other services
- **Clear job role descriptions** and expectations for CPS/CRS

**STIGMA toward the CPS/CRS role (from both clients and agency staff) was a concern expressed at the outset of this project.**

**78%**  
Referring staff\* don't believe stigma toward the role of CPS/CRS at their agency exists.  
(\*45 of 58 respondents)

**CEOs**  
Recognized stigma exists everywhere; were committed to addressing it if observed at their agencies.

## Positive Outcomes of CPS/CRS services

**CEOs**  
CEOs were enthusiastic in their comments about Peer Support services and how they benefit clients.



**CEOs**  
All expressed a desire to expand their agencies Peer Support programs.

**48** referring staff shared a variety of CPS/CRS service benefits.  
**46%** mentioned the top benefit of Peer Support was the provision of "support."  
(\*22 of 48 respondents)

## Recommendations

- CEOs were asked what help Bucks County or Magellan could give them to address challenges to delivering an effective peer support program. CEOs expressed appreciation for help received during the COVID pandemic. **Following are suggestions they offered based on their perception and experience:**
  - Identify a different means to fund CPS/CRS services other than fee for service to reduce pressure on staff and allow for secure income for staff.
  - Increase frequency of Peer Support certification trainings to increase number of CPS/CRS.
  - Allow for cost-of-living wage increases to address future funding.
  - Suggest having different documentation expectations for CPS/CRS than for licensed counsellors.
  - Increase communication by including site directors on emails or using social media.
  - Recognize and increase support for providers with successful peer support programs.
  - Allow for more individualized programming to accommodate different provider's needs.
- CEOs also shared their **future vision** for Peer Support programs which provide additional recommendations:
  - Recruit, and keep, outstanding, well-trained CPS/CRS.
  - Encourage more peer support activity out in the community.
  - Expand peer support programs, both independent and embedded.
  - De-stigmatize peer support, i.e., dispel the idea that people need to “pull themselves up by their bootstraps.”
  - Integrate peer support into ALL services offered.
  - Emphasize multidisciplinary treatment, less focus on a “medical model.”
- Other recommendations based on survey and interview responses:
  - Enhance Peer Specialist training to include practical workplace skills and not just personal recovery.
  - Increase awareness of Peer Support through specific training initiatives.
  - Explore ways to make referral process for Peer Support services easier and more well-known.
  - Promote inclusion of CPS/CRS in all aspects of treatment.
  - Ensure that CPS/CRS participate in team and/or clinical meetings on a routine basis.
  - Raise awareness of Peer Support available to teens ages 14-17.
  - Emphasize ethics and boundaries education within initial training to address issues encountered by CPS/CRS.
  - Clarify to providers State, County, and Behavioral Health Managed Care eligibility and reimbursement requirements to foster a more cohesive understanding of peer services.

## Project Outcomes

The Peer Services Report identified documentation skills as an area of concern for Bucks Peer Support Service providers. In response Magellan Behavioral Health has prepared a Documentation Workshop to be provided through the Bucks Professional Development Network. The workshop will address Magellan Record Reviews Process, documentation requirements, strategies for identifying member needs, best practices for goal planning and demonstrating progress towards the identified goal in each note.