

Service Name	PEER SUPPORT
Setting	Peer support services may be provided in an outpatient office/clinic, individual's home and/or community setting. Secure telehealth delivery is allowable, as deemed clinically appropriate.
Facility License	As required by DHHS Division of Public Health.
Basic Definition	<p>The provision of Peer Support services facilitates recovery. Recovery means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.</p> <p>The service is separate and distinct from other behavioral health services provided to a consumer and is designed to assist individuals/families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and to promote health and wellness. The core element of the service is the development of a relationship based on shared lived experience and mutuality between the provider and the individual/family. Services are trauma informed/culturally sensitive and facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. Service is person/family centered, promotes self-directed recovery and supports self-advocacy and empowerment through interventions that emphasize safety, self-worth, growth, connection to community, planning and social supports.</p> <p>This service can be provided to consumers and families in individual and group settings.</p>
Service Expectations :	<ul style="list-style-type: none"> ◦ A mental health or Substance Use Disorder assessment describing the service needs of the consumer, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services. A copy of the assessment(s) should be found in the consumer's peer support file; if unable to obtain, documentation will be found describing efforts to obtain. ◦ A Wellness and Recovery Service Plan (WRSP) is developed through shared decision making inclusive of the individual/family and must identify specific areas to be addressed; clear and realistic goals and objectives; strategies, and recovery support services to be implemented; criteria for achievement; target dates; methods for evaluating the individual's progress; a discharge plan, wellness plan, and crisis prevention plan that includes defining early warning signs and triggers and response. ◦ The Wellness and Recovery Service Plan (WRSP) is developed within 30 days following admission, reviewed and updated a minimum of every 90 days, or more frequently as clinically necessary thereafter while receiving services. The individual/parent shall sign the plan to indicate involvement in the planning; refusal to sign and why will be noted on Plan. ◦ Coordinate care with other providers of service. Obtain copies of other active treatment/service plans to ensure care coordination and to assist in development of WRSP. The clinical consultant is responsible for reviewing and signing off on the Wellness and Recovery Service Plan. ◦ Family Peer Support Services provided to care-givers/family are directed to support the acquisition of skills to assist in improved outcomes for youth with complex needs. ◦ Complete developmentally appropriate screenings to identify strengths, ability, and at-risk behavior, including suicide, at admission and throughout program; if imminent danger is identified appropriate steps must be taken to minimize risk.

	<ul style="list-style-type: none"> ◦ WRSP Peer support service interventions to support individuals on their recovery journey include : <ul style="list-style-type: none"> ◦ Person centered-strength based planning; ◦ System navigation, accessing community resources, and engagement with formal and informal resources and supports through coaching/mentoring, ◦ Assist individuals in accessing resources and to locate and join existing self-help groups; ◦ Education about topics such as healthy personal boundaries, individual rights, self-management, and the significance of shared decision making; ◦ Self-advocacy activities that enhance problem solving abilities and improve health and well-being; and ◦ Crisis support. ◦ For Family Peer support, provide education to family to support building parenting skills and understanding trauma. ◦ Collaborate and serve as a valuable member of the individual/family/guardian’s care team. ◦ Clinical consultation between a licensed provider and the peer support provider must occur every 90 days or as often as necessary to update progress or revise the WRSP. ◦ Clinical Consultation shall be available to provide consultation on various situations that arise to the level of “crisis” with the individual and/or family
Length of Service	As identified by the individual, the coordinated treatment team, and as determined clinically necessary.
Staffing	<p>The peer support provider must meet the following criteria:</p> <ul style="list-style-type: none"> • Be 19 years of age or older; • Self-identify as having lived experience as an individual with a mental health/substance use disorder or as a parent/care-giver to a child with a mental health/substance use disorder; for family peer support providers must have experience parenting a child/youth with a behavioral health challenge. • Have a high school diploma or equivalent with two years of lived recovery. • Have certification as described by the Division of Behavioral Health. <p>The clinical consultant assumes professional responsibility for the services provided by the peer support provider. Clinical consultants must be licensed as one of the following:</p> <ul style="list-style-type: none"> • Psychiatrist; • Licensed Psychologist; • Provisionally Licensed Psychologist; • Advanced Practice Registered Nurse (APRN), Nurse Practitioner (NP); or Registered Nurse (RN) • Licensed Independent Mental Health Practitioner (LIMHP); • Licensed Mental Health Practitioner (LMHP); • Provisionally Licensed Mental Health Professional (PLMHP); • Licensed Alcohol and Drug Counselor (LADC) for substance use only; and • Provisionally Licensed Alcohol and Drug Counselor (PLADC) for substance use only.

Staffing ratio	<ul style="list-style-type: none"> • The ratio for clinical consultant to peer support provider as needed to meet clinical consultation expectations described above. • Caseloads for peer support providers must not exceed 1:25. • Groups are a minimum of three and a maximum of 12 participants.
Hours of Operation	Peer support services will be available during times that meet the need of the individual and families served which may include evenings, weekends or both.
Rate	A minimum of one (1) hour of face to face direct service is required. Multiple face to face contacts and hours of service are recommended. If a face to face does not occur then documentation must be maintained logging peer provider's attempts to contact individual/family, or reason for cancellation.
Desired Individual Outcome	<ul style="list-style-type: none"> • The individual/family has achieved maximum benefit from the service or no longer wishes to receive the service; • The individual/family's recovery and wellness plan is sustainable. The individual/family demonstrates the ability to identify their strengths, needs, access resources and successfully navigate various systems to engage with those resources; • The individual/family has formal and informal supports in place;
Admission Guidelines	<ul style="list-style-type: none"> • Presence of a mental health and/or a substance use disorder that would benefit from this service; and • The individual is enrolled in active behavioral health services; and • Presents with symptoms and/or functional deficits that interfere with the individual's ability to maintain a routine of wellness and sustained recovery. • For Family Peer Support, caregiver of a child/adolescent living with a severe emotional disturbance, substance use disorder, who is experiencing urgent behavioral/emotional challenges in the home, school, and/or community. Serious Emotional Disturbance is evidenced by significant functional impairments due to their behavioral health diagnosis.
Continued Stay Guidelines	<ul style="list-style-type: none"> • The individual/family continues to meet the admission guidelines for peer support services; and • There is reasonable likelihood of substantial benefit as a result of active continuation of this service as demonstrated by objective behavioral measurements of improvements; and • The individual/family is making progress toward their goals and is actively participating in the interventions.