

SERVICE CATEGORY: OUTPATIENT SERVICES

SERVICE DEFINITION

Service Name	PEER SUPPORT
Funding Source	Behavioral Health
Setting	Peer support services may be provided in an outpatient office/clinic, individual's home and/or community setting.
Facility or Professional License	As required by DHHS Division of Behavioral Health
Basic Definition	The provision of Peer Support services facilitates recovery as the person served defines it. The service is designed to assist individuals and 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 facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. This service can be provided to individuals and families in individual and group settings.
Program Expectations	<ul style="list-style-type: none"> • A mental health or substance use disorder assessment describing the service needs of the individual, completed by a licensed clinician authorized to perform this service, must have been completed prior to initiating peer support services and recommends this level of care. A copy of the assessment(s) should be found in the individual'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. The clinical consultant is responsible for reviewing and signing off on the Wellness and Recovery Service Plan. • 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 as needed, including for crisis needs.

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	<ul style="list-style-type: none"> • Care coordination activities must include collaboration with other treatment providers, including obtaining copies of treatment/service plans to aid in development of the WRSP. • Family Peer Support Services provided to care-givers/family supports the acquisition of skills to assist in improved outcomes for youth with complex needs, education of the family to support building parenting skills and understanding trauma. • Developmentally appropriate screenings are used to identify strengths, ability, and at-risk behavior, including suicide risk, at admission and throughout program; if imminent danger is identified appropriate steps must be taken to minimize risk. • Interventions include: Person centered-strength based planning; system navigation, accessing community resources, and engagement with formal and informal resources and supports through coaching/mentoring; assisting individuals in locating and joining existing self-help groups; education about topics such as healthy personal boundaries, individual rights, self-management, and the significance of shared decision making; and self-advocacy activities that enhance problem solving abilities and improve health and well-being. • Crisis support to advocate and liaison with other crisis response services. • Collaborate as a member of the individual/family/guardian’s care team. • Adapts services to be person centered and fit the needs of particular individuals, such as veterans, transitional age youth, families, and those with law enforcement contact. • Face to face service delivery is preferable. If in person service delivery is unavailable, telephone is acceptable with documentation regarding the barriers preventing in person service delivery
Length of Services	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>

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	<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. • Peer support groups are a minimum of three participants and a maximum of twelve
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 and weekends.
Individual Desired Outcome	<ul style="list-style-type: none"> • 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; • Improved stability as indicated by using support system to reduce crisis contacts as appropriate and safe

UTILIZATION GUIDELINES

PEER SUPPORT

I. Admission Guidelines:

All criteria are met:

1. Presence of a mental health and/or a substance use disorder that would benefit from this service; and
2. The individual is enrolled in active behavioral health services; and
3. Presents with symptoms and/or functional deficits that interfere with the individual's ability to maintain a routine of wellness and sustained recovery.
4. 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.

II. Continued Stay Guidelines:

All of the following Guidelines are necessary for continuing treatment:

1. The individual/family continues to meet the admission guidelines for peer support services; and
2. 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
3. The individual/family is making progress toward their goals and is actively participating in the interventions.