Peer Support Services Definition Draft
Stakeholder Engagement Webinar
October 10, 2018
Welcome
Housekeeping

• Participant lines are muted during this presentation.

• This webinar is being recorded.

• Submit questions or comments in the Q&A chat box.

• Questions will be answered at the end of the presentation.

• Please notify us of technical issues via the Q&A chat box.
Agenda

• Peer Support Services Background
  – Ken Schuesselin Jr., DMH/DD/SAS

• Overview of Proposed Peer Support Services Definition Draft
  – LeJay Parker, MSW, LCSW & June Freeman, MSW, LCSW

• Participant Q&A
Objectives

• Provide an overview of the proposed Peer Support Services draft definition.
• Generate input regarding the design of the service definition.
Peer Support Services Background

• History
• Timeline
• Process
Peer Support Services (PSS)

- Evidenced-based mental health model of care that provides community based recovery services.
- Based on belief that beneficiaries with serious mental or substance use disorders can and do recover.
- Provides structured, scheduled activities that promote recovery, self-determination, self-advocacy, engagement in self-care and wellness and enhancement of community living skills.
- Can be provided in combination with other approved mental health or substance use services or as an independent service.
Peer Support Services Activities

• Activities are provided by Certified Peer Support Specialist (CPSS) who have identified as a person(s) in recovery from mental illness or substance use disorder.

• Activities are based on beneficiary’s needs and the relationship of mutuality between the beneficiary and CPSS; and coordinated within the Person-Centered Plan.
Peer Support Services Activities (Cont.)

• Structured activities may include:
  – Peer Mentoring or Coaching (one-on-one)
  – Recovery Resource Connecting
  – Skills Building Groups
  – Building Community
Service Eligibility & Criteria
Eligibility Criteria

• DSM-5 Diagnosis (Mental Health or SUD); AND

• Documented identified needs in three of the following areas (related to diagnosis):
  
  – Limited ability to integrate recovery and wellness practices into daily activities.

  – Recent crisis episode requiring intervention through Mobile Crisis Management, Facility Based Crisis, Emergency Department, or detoxification services.
Eligibility Criteria (Cont.)

− History of difficulty using traditional services (missing office appointments, difficulty maintaining medication schedules, etc.).

− Limited ability to identify and utilize community services and supports without assistance.

− Limited ability to develop and maintain relationships, including natural supports; maintain housing, physical health, school, job, or volunteer activity
Entrance Criteria

• Comprehensive Clinical Assessment that demonstrates medical necessity.
  – Must be completed prior to the provision of this service.
Continued Stay Criteria

- Desired outcome or level of functioning has not been restored; AND
- Continuation of service is supported by documentation of beneficiary's progress toward goals within the beneficiary's PCP.
Transition & Discharge Criteria

• Beneficiary meets the criteria for discharge if any one of the following applies:
  – Level of functioning has improved with respect to the goals outlined in the PCP, inclusive of a transition plan; OR
  – Achievement of positive life outcomes that support stable & ongoing recovery; OR
  – Not making progress or is regressing and all reasonable strategies have been exhausted; OR
  – No longer wishes to receive PSS.
Limitations
Limitations

• Beneficiary can only receive PSS from one provider.
• Family members or legally responsible person(s) are not eligible to provide the service.
• Beneficiaries receiving Innovations Wavier services, ACTT or CST are not eligible.
• PSS may be authorized during last 30-days of an authorization for ACTT or CST for transition of beneficiary to PSS.
• PSS may not be billed at the same time as another service.
Activities Not Covered

• Transportation
• Habilitation activities
• Recreational activities
• Clinical and administrative supervision
• Interventions not identified in PCP
• Services without prior authorization
• Services provided to family (children, spouse, etc.)
Prior Approval

• Required prior to provision or rendering of services.
Peer Support Services Program
Program Requirements

• PSS program is provided by qualified providers and under the direction of a Qualified Professional.

• PSS program has the ability to offer this service any time of the day including evening or weekends.

• Service is provided by certified NC Peer Support Specialist.

• Program adheres to the NC Peer Support Specialist Code of Ethics and Values.
Program Requirements (Cont.)

• Maximum program staff ratios:
  – QP to CPSS: 1:6
  – CPSS to beneficiary: 1:25
  – CPSS group facilitator to beneficiary: 1:12
Program Staffing

Peer Support Services Program Supervisor

• Coordinate assessments

• Collaborate with beneficiary(s) and CPSS to develop recovery oriented PCP

• Conduct at least one face-to-face contact with beneficiary within 30 days of PSS being initiated and no less than every 60 days thereafter to monitor progress and effectiveness of the program

• Plan work assignments, monitors, reviews and evaluates performance
Program Staffing (Cont.)

- Provide administrative and supportive supervision
- Determine caseload
- Facilitate Family Team meetings if needed
Program Staffing (Cont.)

Certified Peer Support Specialist

- Share lived experience
- Possess recovery-oriented skills and knowledge
- Model and mentor recovery values, attitudes and beliefs
- Promote opportunity for personal growth
- Model and share decision-making tools
- Provide examples of healthy social interactions
Program Staffing (Cont.)

• Recognize and appropriately respond to conditions that constitute an emergency
• Provide support in navigating systems
• Promote self-advocacy
## Training

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<tr>
<th>Time Frame</th>
<th>Training Required</th>
<th>Who</th>
<th>Total Minimum Hours Required</th>
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</table>
| Within 30 days of hire to provide this service | • 3 hours Peer Support Services Policy Component  
• 3 hours of Comprehensive Prevention and Intervention Crisis Plan Training  
• 3 hours of PCP Instructional Elements  
• 3 hours of Documentation Training | All Staff | 12 hours |
| Within 90 days of hire to provide this service | • 13 hours of Introductory Motivational Interviewing* (MI) (mandatory 2-day training)  
• 12 hours of Person Centered Thinking  
• 6 hours Crisis Response  
• 3 hours Peer Support Supervision | All Staff  
Peer Support Services Program Supervisor | 31 hours  
3 hours |
| Annually   | 10 hours of continuing education                                                  | All Staff                                | 10 hours |

Peer Support Services program staff shall participate in additional hours of training that is appropriate for the population being served.

Additional training may include: Trauma Informed Care; WRAP; WHAM; Basic Mental Health and Substance Use 101; Mental Health First Aid; Housing First, Permanent Supportive Housing, Tenancy Support Training.
Additional Policy Considerations

• Self-recovery assessment/tool to measure outcomes of service

• Expansion of Peer Support Services array to include Certified Family Support Partner service (direct caregiver-to-caregiver support)
Family Partner Support Services

• Upcoming Webinars or Meetings:
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