

PEER SUPPORT SERVICES

I. **Definition of Services:**

Peer support services are provided by a trained Peer or Family-peer Specialist in a variety of settings including practicing in home and community based settings. Peer services are offered to enable clients whom have a diagnosis of mental illness or disability to live in their community, in a setting appropriate to their individual support requirements and preferences. The Peer Support service is an individualized, recovery-focused service that allows individuals the opportunity to learn to manage their own recovery and advocacy process. Interventions of peer specialist staff serve to enhance the development of natural supports, coping skills, and other skills necessary to function as independently as possible in the community. Peer Specialist interventions may also provide services to help a person's re-entry into the community after a hospitalization or residential treatment.

Peer support services focus on personal safety, confidence, growth, goal achievement, connection to the community, boundary setting, planning, self advocacy, personal fulfillment, development of natural supports and effective communication skills. Services emphasize acquiring, developing and expanding rehabilitation skills necessary for a person to move forward in their recovery.

Examples of peer support interventions include:

- **Self Help:** developing a person's ability to make informed, independent choices; helping the person develop a network of contacts for information and support with the help of the experienced peer specialist.
- **Community Education;** Peer specialists work with community providers and other natural support entities to teach them about recovery, mental illness, and help create an environment of acceptance and support. Through education, peer specialists work to decrease the stigma and discrimination that surrounds mental illness.
- **Individual Advocacy:** Peer specialists discuss concerns the consumer may have about medication or diagnosis with prescribers and other professional staff if the consumer requests this service. Peer specialists also help the consumer make appointments for medical, mental health and other human services. The most important role of the peer specialist, however, is to teach the consumer skills to enable them to effectively advocate for themselves.
- **Pre-crisis support;** Peer specialists work with the consumer to help them create and implement a WRAP plan or personal crisis plan. They make appropriate referrals if a consumer may be escalating to a crisis.
- **Education; Volunteering, Employment:** Peer specialist help the consumer get information about returning to school, applying for volunteer positions, and job training. They also work with the consumer to teach them how to ask for reasonable accommodations.

- **Managing distressing symptoms:** Peer specialists work with the consumer and treatment team to help the consumer identify effective strategies for managing distressing symptoms. This is done from an experiential basis, and is done in collaboration with other treatment interventions such as formal counseling, groups and medication.

Peer Services are guided by the principles identified by the Recovery Community Services Program funded by the US Substance Abuse and Mental Health Services Administration. These principles include:

- **Keeping recovery first**—Placing recovery at the center of the effort, grounding peer services in the strengths and inherent resiliency of recovery rather than in the pathology of substance use disorders.
- **Cultural diversity and inclusion**—Developing a recovery community peer support services program that honors different routes to recovery and has leaders and members from many groups at all levels within the organization.
- **Participatory process**—Making sure the recovery community directs or is actively involved in project design and implementation, so that recovery community members can identify their own strengths and needs, and design and deliver peer services that address them.
- **Authenticity of peers helping peers**—Drawing on the power of example, as well as the hope and motivation, that one person in recovery can offer to another; providing opportunities to give back to the community; and embracing the notion that both people in a relationship based on mutuality can be helped and empowered in the process.
- **Leadership development**—Building leadership abilities among members of the recovery community so that they are able to guide and direct the service program and deliver support services to their peers.

II. Staff requirements

- Peer support must be delivered by persons who have the life experience of being diagnosed with a serious mental illness or who have a family member who has been diagnosed with a serious mental illness or serious emotional disorder. Peer and family peer specialists must currently be working on their recovery, stable and able to maintain employment. A peer specialist/family peer specialist must have a level of literacy to enable them to perform the administrative requirements of the job. This typically means having at least a high school diploma or GED, but lack of these credentials will not disqualify an individual from employment as long as they are able to perform the administrative duties of the job (i.e. documenting consumer contacts, reading and understanding literature relevant to the job).

- Peer/family peer specialists must have completed a recognized peer specialist training program and must have documentation of completion. At a minimum, the training program should focus on the following areas:
 - Principles of recovery, resiliency and empowerment
 - Cultural competency
 - Dealing with conflict
 - Goal setting and problem solving
 - Understanding psychosocial rehabilitation
 - Consumer rights and confidentiality
 - Professional boundaries in a peer support setting
 - Self advocacy
 - Listening and responding skills
 - Telling personal stories in a way that helps consumers
- Peer/family peer specialists are supervised by a Qualified Health professional as defined by Federal guidelines.

III. Service Setting

- Peer/family peer services can be provided in any location. The majority of contacts should be face-to-face, however, some services may be provided over the telephone as necessary to help the consumer achieve their rehabilitation goals.

IV. Service Criteria

The consumer is experiencing difficulties in at least one of the following areas or needs rehabilitative services to restore functioning in one of the following areas of life experience:

- A. Is receiving or has recently received crisis intervention services
- B. Is experiencing functional problems in his/her home, community, church, school, job or volunteer activity
- C. Is in recovery from mental illness or co-occurring disorders (mental illness and substance abuse) and is in need of mutual support from a peer in order to maintain recovery.
- D. Is experiencing money management problems
- E. Needs to develop self advocacy skills in order to decrease dependency on the formal mental health system
- F. Would benefit from peer modeling in order to take increased responsibility for his/her own recovery
- G. Needs peer supports in order to maintain self-sufficiency.

V. Exclusion Criteria:

Client has significant behavioral healthcare needs that requires clinical and/or psychiatric services, inpatient care, to stabilize and improve their wellbeing. Peer support should be considered adjunctive.

Any of the following criteria are sufficient for exclusion from this level of care:

- A. The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.
- B. The individual requires a level of structure and supervision beyond the scope of the program.

VI. Continued Stay Criteria:

- A. Demonstrates a capacity to progress at his/her level of functioning.
- B. Client wishes to continue participation with peer support services.
- C. Additional Peer Support services have not been tried and are appropriate for the client's needs.

VII. Discharge Criteria:

- A. No longer wishes to receive peer support services
- B. Goals of the client's service plan and program have been substantially met.

VIII. Frequency of Review:

- A. Review is consistent with service plan reviews for those clients involved in other treatment services or is not applicable for those MHCs providing services via a long term support model.

IX. Expected Outcomes

- A. This level of care supports recovery and the expected outcome is improved community integration
- B. Consumer is better able to reach his/her own treatment goals.