

#	Category	Standard	Provisional Standard	Notes/Comments
1	Service Definition/ Required Components	Social and emotional support that is provided by persons having a mental health, substance use, or co-occurring disorder to others with a similar disorder, in order to bring about a desired social or personal change. Structured and scheduled, non-clinical but therapeutic activities that promote socialization, recovery, self-advocacy, preservation and enhancement of community living skills.		
2	Provider Requirements / Qualifications	Must be over age 18, have a current or past diagnosis of a mental health, substance use or co-occurring mental health and substance use disorder, be receiving or have received behavioral health treatment, have at a minimum a high school diploma or GED, and demonstrate a pattern of recovery from a mental health, substance use, or co-occurring mental health and substance use disorder.		
3	Staffing Requirements	Must have completed a DBHDID approved adult peer specialist certification training and successfully completed the written and oral examination. Continuing Education: Must complete, maintain, and submit to DBHDID, documentation of a minimum of six (6) hours of related training or education per year.		Includes caseload size, team composition, training and continuing education requirements, etc.
4	Supervision Requirements	Must be supervised regularly by a physician, a psychiatrist, a LP, a LPP, including a certified psychologist or a certified psychologist with autonomous functioning; a LPA working under the supervision of a LP, a LCSW, a CSW working under the supervision of an LCSW; a LMFT, a MFTA working under the supervision of a LMFT, a LPCC, a LPCA working under the supervision of a LPCC, an Advanced Practice Nurse Practitioner, a Physician's Assistant, a Licensed Professional Art Therapist, a	Group supervision, in addition to individual supervision, is also recommended on at least a monthly basis.	

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		<p>Licensed Professional Art Assistant under the supervision of a LPAT; a CADC; a Licensed CADC; a Licensed CADC Associate.</p> <p>If services are provided through a CMHC, supervision may also be provided by a psychiatric nurse, or a Professional Equivalent.</p> <p>Individual supervision must occur at least twice per month, face to face. At least one supervision meeting must be individual. Each individual supervision session must be at least 30 minutes in length and must be documented in writing. The supervisor must maintain a written record of supervision. All written supervision records must be signed and dated by the peer specialist and the supervisor. Each written supervision record must include a description of the topic discussed, specific action to be taken, an update for any issue previously discussed that required follow up, and a plan for additional training needs if any were identified.</p>		
5	Admission Criteria	Must be over the age of 18 and diagnosed with a behavioral health disorder. (mental health, substance use or co-occurring mental health and substance use disorder).		
6	Service Planning / Documentation	Peer support services must be coordinated within the context of a comprehensive, individualized treatment plan which is developed through a person centered recovery planning process. Peer support services must be identified on each client's individualized treatment plan as a modality to address one or more specific goal/objective. Each peer support service provided		

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		<p>shall be documented in the client record. This documentation shall substantiate the service provided. Documentation shall include the type of service provided, date of service, time of service, place of service and the person providing the service. The documentation shall be signed by the person providing the service. All peer support services shall directly related to each client's individualized treatment plan and each service note will reflect that.</p>		
7	Continued Stay Criteria	<p>The desired outcome or level of functioning has not been restored, improved or sustained over the time frame outlined in the individual person centered treatment plan, OR the individual continues to be at risk for relapse based on current clinical assessment, history, or the tenuous nature of the functional gains. In addition, the individual has achieved current goals on their individualized treatment plan and additional goals are indicated as evidenced by documented symptoms, OR the individual is making satisfactory progress toward meeting goals and there is documentation that supports that continuation of this service will be effective in addressing the goals outlined in the treatment plan, OR the individual is making some progress but the specific interventions identified in the treatment plan need to be modified so that greater gains which are consistent with the individual's premorbid level of functioning are possible, OR the individual fails to make progress, demonstrates regression, or both in meeting goals through the interventions identified in the treatment plan, and the individual should be reassessed and recommendations revised to possibly include alternative or additional services.</p>		

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8	Discharge Criteria	The individual's level of functioning has improved with respect to the goals/objectives outlined in the individualized person centered treatment plan, OR the individual has achieved positive life outcomes that support stable and ongoing recovery and is no longer in need of peer support services, OR the individual is not making progress or is regressing and all reasonable strategies and interventions have been exhausted, indicating a need for more intensive services, OR the individual no longer wishes to receive peer support services.		
9	Service Setting	Services may occur at the outpatient clinic, client's home or other community location.		Documentation must include Site of service
10	Service Limitations / Exclusion	Services are limited to no more than twelve (12) units (3 hours) per day, per client, in any combination of individual and group services, or only individual or only group. Group services limit group participation to no more than twelve (12) clients at one time.		
11	Unit of Service	Quarter Hour – 15 minutes.		
12	Service Codes	HCPS Code: H0038 Self Help or Peer Services CMHC Code: 145- Individual 146 – Group		
13	Program Evaluation / Quality Improvement	There are currently no fidelity measures available for peer support.	DBHDID should monitor peer support services based on these peer support services standards.	In the SAMHSA toolkit for Consumer Operated Services there is a fidelity measure called the FACIT (Fidelity Assessment Common Ingredients Tool) which has a section of Peer Support, consisting of 2 questions about services. However, these questions

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				<p>are very specific to services being offered through a Consumer Operated Service.</p> <p>There is also an outcome measure called POP (Peer Outcome Protocol), but again these measures are very specifically related to Consumer Operated Services.</p>
14	Program Principles	<p>Peer Support Services are guided by the Principles of Recovery as outlined by SAMHSA. (It should be noted that these principles encompass mental health and substance use recovery)</p> <ol style="list-style-type: none"> 1. Recovery emerges from hope. 2. Recovery is person-driven. 3. Recovery occurs via many pathways. 4. Recovery is holistic. 5. Recovery is supported by peers and allies. 6. Recovery is supported through relationship and social networks. 7. Recovery is culturally based and influenced. 8. Recovery is supported by addressing trauma. 9. Recovery involves individual, family and community strengths and responsibility. 10. Recovery is based on respect. 	<p>DBHDID also recognized the Pillars of Peer Support, which describes the 25 pillars that are helpful in creating and sustaining a peer support specialist workforce. They are as follows: clear job and service descriptions; job related competencies; skills based recovery and whole health training program; competencies based testing process; employment related certification; ongoing continuing education; peer support whole health services; professional advancement opportunities; expanding employment opportunities; strong consumer movement; unifying symbols and celebrations; networking and information exchange; media</p>	<p>Behavioral Health Recovery is defined by SAMHSA as “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>Recovery involves four major dimensions that support a life in recovery: Health, Home, Purpose and Community.</p>

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			and technology access; consumer run organizations; competency based training for supervisors; program support team; research and evaluation.	