

NorthCare Network Clinical Practice Guideline

NorthCare Network Clinical Practice Guidelines are developed through collaborative efforts to organize /codify the body of knowledge, skills and information that make up the clinical practice of behavioral health in a specific area and to assist in achieving compliance and consistency in our work.

Title: Peer Support Specialist Practice Guideline	Functional Area(s): Evidence Based Practices	Section(s):
Guideline Supersedes: NA	Lead Author(s): Lucy Olson and PSS Guideline Workgroup ; PSS Learning Collaborative	Authorized by: NorthCare CEO & NorthCare COO
Sent for 14-day Review On:	Effective Date: March 16, 2011	Review/Revised Date:
Applies To:		
<input checked="" type="checkbox"/> CMHSP <input type="checkbox"/> CMHSP Sub-Contractors <input type="checkbox"/> NorthCare CA		<input type="checkbox"/> CA Sub-Contractors <input type="checkbox"/> Other: _____ <input type="checkbox"/> Excluding: _____

I. PURPOSE

For over thirty years, self-care, which includes self-help, self-management, and mutual/peer support activities, has become an increasingly critical component in improved delivery of healthcare services. Self-care models in public and private mental health systems are increasing in number. Self-care is identified as an evidence-based practice; a growing research base supports its values and benefits (samhsa.gov/AdvisoryCouncil_1999). It is now the expectation in Michigan that Peer Support Specialist services are available throughout the delivery system. Activities provided by PSS are completed in partnership with consumer and other members of the treatment team for the specific purpose of achieving increased community inclusion and participation, independence and productivity. The PSS for persons with mental illness is available to provide the consumer with information and support at all phases of recovery, from emergency to outpatient or inpatient settings. The PSS performs a wide range of tasks to assist the person in regaining control over their own life and recovery process. The PSS is a role model in recovery and ongoing coping skills. As a new category of service provider, Peer Support Specialists are assured the support necessary to be successful in their work duties.

II. DEFINITION(S)

Peer Support Specialist (PSS): An individual in recovery from severe mental illness who is receiving or has received services from the public mental health system. Because of their life experience, they provide expertise that professional training cannot replicate. Individuals who are functioning as Peer Support Specialists serving beneficiaries with mental illness must meet MDCH specialized training and certification requirements. Peer specialists who assist in the provision of a covered service must be trained and supervised by the qualified provider for that service. Peer Specialists who provide covered services without supervision must meet the specific provider qualifications. (PIHP/MDCH Provider Qualifications 6/01/09)

Peer Support Specialist Learning Collaborative: A quarterly forum for PSS and the PSS liaisons to review successes, progress and barriers in the implementation of peer directed

services. A portion of the Learning Collaborative is dedicated to educational training for the PSS.

Recovery—Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.(National Consensus Statement on Mental Health Recovery 2006)

III. Clinical Practice Guidelines

A. Recruitment

Applicants interested in providing PSS services may be recruited by the CMHSP through a variety of internal and external mechanisms

1. Internal and /or external postings with directions to the CMHSP website for more information
2. Internal and external referral sources may be used such as:
 - a. Clinicians and paraprofessionals will be trained regarding the position and may provide referrals.
 - b. Michigan Works
 - c. College Students through the Disabilities Office
 - d. Supported employment program referrals
3. Requirements posted in the job description could include:
 - a. Have a high school diploma or GED
 - b. Be more than one year since first diagnosed with a mental illness
 - c. Be more than one year since use of substances, if the individual has a co-occurring diagnosis of substance use
 - d. Agree to freely share information about being diagnosed with a mental illness and personal experiences with others, when helpful, and at the correct time when providing support.

B. Hiring practices

Employment of PSS should follow the standard hiring practices of the agency. It is recommended:

1. If there is an Interview Panel, one member of the panel is knowledgeable about the services PSS provide –for instance a PSS and/ or PSS supervisor and the panel should not exceed three members.
2. The PSS supervisor acts collaboratively with Human Resources to develop the job description and interview process.

C. Orientation and Training

1. Agency expectations for orientation; training and personnel policies are reviewed with the applicant when hired.
2. Training—Mandatory PSS certification training; other training curricula as outlined in the job description.
3. On the job training by accompanying staff on community contacts.
4. Participation in the regional PSS Learning Collaborative to develop a regional perspective and develop a professional support network.

D. Supervision

1. PSS are assured the support they need to be successful through strong clinical supervision.
 - a. Supervisors must be trained about PSS certification and PSS services;
 - b. At a minimum, supervisors will attend the PSS Learning Collaborative at a minimum until the new PSS is certified.
2. Supervision begins immediately. Supervision should be proportional to the experience and training of the PSS and to the amount of hours they are working. The level of supervision will vary depending on the program and specific EBPs in which the PSS participates. The supervisor and PSS are encouraged to develop an individual supervision plan.

3. The PSS needs to be matched with a supervisor who is:
 - a. strength based
 - b. Committed to mentor the PSS through the first year.
 - c. Committed to a problem solving approach and acting as a liaison for the PSS to the other programs.
 - d. Helps other programs learn how a PSS may benefit their program.
 - e. The supervisor is responsible for maintaining an individual supervision log.

E. PSS Job Classifications- The recommended incremental job classification system allows the PSS to advance based on certification and effective provision of services. The PSS could operate at three levels within the service delivery system. A level system could guide the range of job assignments and rates of pay. The position could become a career and not just a stepping stone in recovery.

Level One—Peer Support Apprentice (PSA) /Trainee: Minimum time frame --the time necessary to become a certified PSS. Additional training time up to one year might be required. PSS may be oriented to a number of programs for training purposes as well as to seek a good match for ongoing provision of services. The PSS works with the same supervisor throughout their Level 1 status. The PSS is expected to meet all mandatory agency training requirements and documentation standards and may request reasonable accommodations to fulfill them. Level One training could be waived with prior certification at another agency and supervisor approval.

Level Two – The PSS is certified and the range of assignments and level of independence is greater. They may be assigned to a specific program (or programs). With a program change there might be a change in supervisors. The expectation would be the new supervisor would be mentored by previous supervisor if new supervisor has no experience with PSS. The development of a new supervision plan proportional to the new roles and responsibilities is encouraged.

Level Three –PSS would be eligible for advanced training in EBPs with the commitment to stay and use the training. PSS might obtain training from sources outside the agency. At this level, a PSS coordinator position could be developed blending direct services and coordination of PSS services.

F. Performance Monitoring

1. Performance evaluations should be completed as outlined in agency policy; utilizing agency designated forms. There may be variation in the requirements for individual PSS performance depending on the PSS skills and the program(s) they join.
2. Plans and timelines for developing PSS services at all clinical sites will be developed by the CMHSP and reported to the region at the NorthCare Practices Improvement Leadership Team (PILT).
3. Consumer outcome measurements will be developed through the PILT and the PSS Learning Collaborative.
4. NorthCare will review the successful implementation of this directive via the review service data and updates from the PSS Learning Collaborative.

REFERENCE(S)

CMS

[Michigan Medicaid Provider Manual](#)

[PIHP/MDCH Provider Qualifications 6/01/09](#)

[NorthCare Clinical Practice Guideline Policy](#)