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NYS OMH Mental Health Outpatient Treatment and Rehabilitative Services Guidance on Youth, Family, Adult, and Older Adult Peer Support Services Effective 11/23/2022

Introduction

The work of Certified Peer Specialists, Credentialed Family Peer Advocates, and Credentialed Youth Peer Advocates herein referred to as Peer Specialists/Advocates is a necessary complement to the work done by therapists, case managers, and other members of a treatment team. Numerous research studies have indicated that when added as a primary service to treatment, Peer Specialists/Advocates play a significant role in improving health and wellness, because of their ability to build trust, form one-to-one relationships, and foster hope for others. Peer Specialists/Advocates know what the struggle is like because they've experienced similar challenges. They can understand the thoughts and feelings of people going through resilience and recovery or caring for a child with social and emotional challenges. Peer Specialists/Advocates utilize their lived experience and expertise of resilience and recovery with others in their work.

As the mental health system becomes increasingly more responsive and person-centered, Peer Specialists/Advocates play a key role because of their cultural understanding and ability to provide education in a community setting. Youth, Family, Adult, and Older Adult Peer Support Services, herein referred to as Peer Support Services are nonclinical services designed to support the individual/family from the unique perspective of someone who shares similar experiences. Lived experience gives Peer Specialists/Advocates a deep level of understanding and insight into a recovering individual's experience. Their experience of learning to grow and thrive, while facing similar challenges, puts them in a position to share meaningful lessons learned in a way that individuals can view as highly credible.

Peer Specialists/Advocates play an increasingly important role in the recovery process of people living with mental illness or social and emotional challenges. The services they provide have been shown to promote positive health and recovery outcomes, including reduced inpatient service use; enhanced relationships with providers; better engagement with care; higher levels of empowerment and hope for recovery; and improved ability to manage continuing health and wellness.

Peer Support Services

In order for successful inclusion of Peer Support Services into clinical settings, the entire team should learn about the role of the peer to understand how it differs from a clinical role. The peer's role should not reflect that of a clinician, but of a valuable and independent member of the multidisciplinary team who offers the unique insight from the

point of view of a peer. While not clinical in nature, the role of the peer is critical in supporting individual informed decision making around treatment options that lead to individual and family driven outcomes which can lead to better satisfaction with life and increased wellness.

Qualified Individuals who may provide Peer Support Services include:

OMH New York Certified Peer Specialists (NYCPS) who:

- a. Identify as being actively in recovery from a mental health condition and intentionally self-disclose one's mental health recovery journey;
- b. Possess a certification from, or are provisionally certified as, a New York Certified Peer Specialist by an OMH-approved Certified Peer Specialist certification program; and
- c. Are supervised by any professional staff as defined in 599.4.

OMH Credentialed Family Peer Advocate (FPA-C) who:

- a. Demonstrate lived experience as a parent or primary caregiver who has navigated multiple child-serving systems on behalf of their child(ren) with social, emotional, developmental and/or behavioral healthcare needs;
- b. Possess a credential from, or are provisionally credentialed as a Family Peer Advocate by an OMH-approved credentialing program; and
- c. Are supervised by any professional staff as defined in 599.4.

OMH Credentialed Youth Peer Advocate (YPA-C) who:

- a. Who is an individual 18 to 30 years old who has self-identified as a person who has first-hand experience with, emotional (mental health), behavioral challenges, and/or co-occurring disorders;
- b. Who is able to use lived experience with a disability, mental illness, and involvement with juvenile justice, special education, substance use disorder, and/or foster care to assist in supporting youth in their resiliency/recovery and wellness;
- c. Possess a credential from, or are provisionally credentialed as a Youth Peer Advocate by an OMH-approved credentialing program; and
- d. Are supervised by any professional staff as defined in 599.4.

Peer Specialists/Advocates can be hired directly by MHOTRS or can be contracted to provide Peer Support Services.

Peer Specialists/Advocates who hold a credential from a certifying authority recognized by the Commissioner of the Office of Addiction Services and Supports (Certified Recovery Peer Advocate) are eligible to work in MHOTRS provided they qualify for and obtain provisional OMH Peer Certification or Credentialing within 12 months of being hired. It is expected that, within a reasonable amount of time, they will then complete full OMH Peer Certification or Credential their work experience hours post provisional certification/credentialing.

Peer Support Services may be provided in individual or group settings, at the MHOTRS program site or offsite, as well as via telehealth. Peer Support Services may include but are not limited to providing resiliency/recovery-based skills training, facilitating groups, support, non-clinical crisis support, as well as modeling effective coping skills, facilitating community connections and engaging in informed decision making, resilience and recovery. Additional detail on the service components for each Peer Support Service type is outlined below.

Peer Support Services offered by a qualified Peer as identified by above certified/credentialed peers can be provided, and billed for, prior to admission to engage individuals.

Preadmission

There is no limit to the number of days Peer Support Services can be provided prior to admission, however, the purpose and goal of the preadmission contacts must be identified and documented in the record. Preadmission Peer Support Services may only be provided as an individual service, not in groups. Each contact must be documented in the chart and should include the purpose of the contact, response of the individual, and progress made towards the goal. The preadmission documentation for contact by the peer must be signed by the Peer Specialist/Advocate and a Licensed Practitioner of the Healing Arts (LPHA).

The goal of preadmission services by the peer is to engage the individual in informed decision making, resilience and recovery. Not every individual will enter treatment, as they may choose to engage in other services or decline treatment all together. There is no requirement of admission to bill for the services. Peer Support Services may not continue if the individual declines treatment and is not enrolled. If the individual would like to continue to receive peer services, they can be referred to community-based peer services available through CORE or CFTSS, as appropriate.

Multidisciplinary Team Approach

Peer Specialists/Advocates are cultural and recovery ambassadors - they promote connection and inspire hope. As members of an integrated care team, Peer Specialists/Advocates make contributions that assist with engagement, practical assistance to achieve and sustain skills, development of coping mechanisms, empowerment, and building relationships. When Peer Support Services are delivered, the peer perspective must be integrated into the interdisciplinary team-based approach to care. Further, even when Peer Support Services are not formally added to a person's treatment plan, the inclusion of Peer Specialists/Advocates as members of an integrated care team can help to support a person-centered/family-centered approach to care.

Peer Specialists/Advocates should attend all clinical team meetings and staff trainings. Agencies should ensure that treatment staff receive training about Peer Support Services and establish policies and practices to ensure strong collaboration amongst the team.

When Peer Support Services are provided via contract with a MHOTRS Program, every effort must be made to coordinate services to foster an integrated care approach. Collaboration across agencies promotes a comprehensive, holistic, and individual/family-driven team that strategically informs and monitors interventions. Peer Support Services being delivered through a contract with the MHOTRS Program does not eliminate the expectation of collaboration through Peer Specialists/Advocates being a part of the multidisciplinary team. This is necessary to incorporate the vision of the Peer Support Services as part of the MHOTRS program, and to enhance outcomes by maximizing the important roles of each professional team member. Evidence of collaboration must be documented in the individual's case record and denoted in the treatment plan, as appropriate.

Organizational Readiness

The successful integration of peer support work into an already established program requires an organizational commitment with an understanding of a new approach to care. Readiness and implementation are an ongoing process that requires preparation and planning to promote sustainability.

Preparations for including Peer Specialists/Advocates on multidisciplinary care teams involve an honest, transparent assessment of the organization's readiness. The organization and its members must share the values of teamwork and collaboration, be committed to peer integration, and have the capacity and skills to adopt new principles, framework, and practices. It is recommended that agencies develop an action plan that includes, at minimum, the following:

- specifies each care team member's role and how members work together;
- identifies how Peer Specialists/Advocates complement and achieve the team's priorities and outcomes (for example, access, continuity, coordination, and communication);
- provides policies and procedures that use person-first recovery language throughout; and
- stipulates how organizational personnel evaluate progress, and when applicable, how the use of Peer Support Services impacts treatment outcomes.

Integrating Peers

The development of multidisciplinary care teams and the inclusion of Peer Support Services signals a change in the approach to working with people with mental illness or social and emotional challenges. This change requires more than simply hiring Peer Specialists/Advocates. It necessitates providing active and ongoing support in the following ways:

- The organization should clearly define Peer Specialists/Advocates' roles and responsibilities and distribute this information to relevant staff.
- Training could surpass standard peer certification requirements to include further support and skill development (e.g., motivational interviewing, assessing for risk, safety in the community, social determinants of care, etc.).
- Training should be required of all relevant agency staff and supervisors regarding peer roles and their work as a member of an integrated care team.

- Employers should provide regular, ongoing supervision of Peer Specialists/Advocates. When possible, peer professional staff should be given this supervisory responsibility.
- Organizations should choose individuals to act as peer champions within the organization to help promote Peer Support Services and encourage frequent, ongoing staff communication.

Sustainability

Agencies should ensure that sustainable innovations that support peer work are woven into the organizational culture, policy, budgets, and day-to-day practices. To promote the sustainability of Peer Specialists/Advocates, consider the following practices:

- Inclusive policies and procedures that promote a peer workforce and value peers' unique orientation and expertise.
- Organizational feedback loops that include Peer Specialists/Advocates.
- A culture that emphasizes a team approach to care delivery and recognizes how collaboration can contribute to high quality care outcomes.
- Ongoing education and promotion of the unique and specialized roles of each multidisciplinary team member. It is important to avoid role confusion, splitting, and misuse of services (e.g., use of Peer Specialists/Advocates for therapeutic re-engagement without clinical input and support; use of Peer Specialists/Advocates in an unplanned way; use of Peer Specialists/Advocates to solely address activities and functions not defined in scope such as care coordination, etc.)
- Program outcomes tracking to identify where a program excels and where the organization may need to make modifications.

Treatment Planning Documentation

Peer Support Services should be used in a planned and intentional way regardless of service frequency. When services are planned to address the goals, objectives, and preferences of the individual/family, the service must be listed in the Treatment Plan. Similarly, when Peer Support Services are used in a targeted, short-term manner (i.e., following a clinically significant event, change in status/engagement, etc.) the event and corresponding program response or plan should be noted in the treatment plan including the use of Peer Support Services.

There may be circumstances in which the individual/family may benefit from a singular or ad hoc peer service intervention (e.g., support during a provider or education/Committee on Special Education (CSE) meeting; resource education/connection, etc.). In these cases, while the service and intervention may not be noted in the plan, there should be evidence of rationale for the intervention via progress note, interdisciplinary team meeting minutes, etc. Progress notes should indicate the type of service provided, the purpose of the contact, response of the individual, and progress.

Peer Support Services in Adult Serving MHOTRS Programs

Peer Support Services are an array of formal and informal activities and supports provided to individuals who are experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, and/or community. Services are delivered in a

trauma informed, culturally and linguistically competent manner that recognizes diversity, equity, and inclusion. Certified Peer Specialists model recovery and may share their own recovery experience to support clients in the client's own recovery.

Peer Support Services should help foster self-determination, self-advocacy if necessary, and informed decision making. Services support the individual in their desire or lack of desire to participate in treatment, using motivational interventions, ultimately with the aim to help the individual decide for themselves if and how to participate in treatment. Peer Support Services create connections with individuals and provide one on one support while also helping individuals connect to community resources and natural supports. Peer Support is best utilized at the beginning of someone's treatment whenever possible, to provide that ongoing support throughout.

Service Components:

1. Self-Advocacy, Self-Efficacy, and Empowerment

- Coaching and modeling shared decision-making and skills that support collaboration, in addition to providing opportunities to self-advocate.
- Supporting individuals to advocate on behalf of themselves to promote shared decision-making.
- Ensuring that individuals inform all planning and decision-making.
- Modeling strengths-based interactions by accentuating the positive.
- Modeling strengths-based interventions that highlight individual strengths that can be utilized to address barriers to recovery.
- Supporting the individuals in discovering their strengths and concerns. Assist individuals to identify and set goals and short-term objectives that reflect individual preferences and encourage active participation in life.
- Supporting individuals to be empowered to express their fears, expectations, and anxieties to promote positive effective communication.
- Assisting individuals to frame questions to ask providers.
- Assisting with development of psychiatric advance directives (PAD).
- Supporting individuals to express their dreams, strengths, and assets that encourage self-direction and choice.
- Supporting individuals to be empowered to make informed decisions regarding the nature of supports for themselves through:
 - Sharing information about resources, services, and supports and exploring what might be useful for them;
 - Exploring the needs and preferences of the individual and locating relevant resources;
 - Sharing information about benefits and helping the individual access benefits, food, shelter, permanent housing, etc.;
 - Helping individuals understand eligibility rules; and
 - Assisting individuals in exploring community inclusion that encourages usage of community resources and supports.

- Supporting individuals to be empowered to utilize self-directed recovery tools (e.g., MyCHOIS, Wellness Recovery Action Planning (WRAP), etc.).
- Working collaboratively with individuals to identify things that bring passion, purpose and meaning to their life and helping the person incorporate them into their life.
- Supporting an individual to develop a social network and build relationships with others and their respective communities.
- Assisting in navigating the service system including assisting with engagement and bridging during transitions in care, connecting to “warm lines” and community self-help groups.
- Facilitating groups teaching coping skills, life skills, and health/wellness skills.

2. Engagement, Bridging, and Transition Support:

- Validating the individual’s experiences and feelings.
- Relating to their own recovery stories, sharing personal recovery practices, and helping the individual to discover recovery practices that will work for them.
- Providing whole health wellness coaching, including sharing personal efforts to enhance health, wellness, and recovery.
- Modeling of recovery lifestyle, including participation in recovery activities (e.g., coffee/tea at a coffee shop, attending a recovery celebration, participating in a wellness activity, etc.).
- Supporting individuals with aftercare providers upon discharge from ERs, Detox Units, Inpatient Psychiatric Units, etc.
- Serving as a bridge between Individuals and service providers, supporting a productive and respectful partnership by assisting the individuals to express their strengths, needs and goals.
- Based on the strengths and needs of the individual, connecting them with appropriate services and supports. Accompanying the individual when visiting programs if requested by the individual.
- Facilitating meetings between individuals and service providers.
- Assisting the individual to gather, organize and prepare documents needed for specific services.
- Addressing any concrete or subjective barriers that may prevent individual participation in the community of their choice.
- Promoting continuity of engagement and supports as individuals’ needs and services change.

3. Peer Recovery Supports and Peer Counseling:

- Providing recovery education and self-help linkage for individuals and their family members.
- Providing non-clinical treatment planning support that incorporates life areas (e.g., community connectedness, physical wellness, spirituality, employment, self-help, etc.).
- Assisting with learning and practicing independent living skills.
- Helping individuals and families self-monitor their progress.

- Modeling effective coping skills.
- Provide hope and encouragement around community inclusion.

4. Community Connections, Natural Supports, and Transitional Supports:

- Supporting the individuals' adjustment to home after an incarceration or institutional stay (e.g., psychiatric hospital, medical hospital, residential facility, detox, etc.).
- Assisting an individual in community living in various life roles.
- Arranging for aftercare services (appointment dates, contact information, etc.) with the individual and their significant others prior to discharge.
- Assisting individuals with inclusion and support in their own communities.
- Helping the individuals to rediscover and reconnect to natural supports already present in their lives.
- Utilizing the individuals' knowledge of their community in developing new supportive relationships.
- Helping the individuals identify and become involved in leisure and recreational activities in their community.
- Arranging support and training as needed to facilitate participation in community activities.
- Conducting groups with individuals to strengthen social skills, increase sense of social connection, provide emotional support, and create opportunities for ongoing natural support.

5. Pre-crisis and Crisis Support Services:

- Providing advocacy and support when an individual is in an ED or crisis unit or prior to incarceration or admission to an institutional stay (e.g., detox, residential, hospitalization, etc).
- Providing support before or during a crisis or a relapse.
- Developing wellness, crisis diversion plans, or wellness promotion plans and helping the individual implement them.

Family Peer Support Services in Child/Adolescent Serving MHOTRS

Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community. FPSS provide a structured, strength-based relationship between a Family Peer Advocate (FPA) and the parent/family member/caregiver for the benefit of the child/youth. Services are delivered in a trauma informed, culturally and linguistically competent manner recognizing diversity, equity, and inclusion.

Family is defined as the primary caregiving unit and is inclusive of the wide diversity of primary caregiving units in our culture. Family is a birth, foster, adoptive, or self-created unit of people residing together, with significant attachment to the individual, consisting of adult(s) and/or

child(ren), with adult(s) performing duties of parenthood/caregiving for the child(ren) even if the individual is living outside of the home.

Service Components:

1. Engagement, Bridging, and Transition Support

- Serving as a bridge between families and service providers, supporting a productive and respectful partnership by assisting the families to express their strengths, needs and goals.
- Based on the strengths and needs of the youth and family, connecting them with appropriate services and supports. Accompanying the family when visiting programs.
- Facilitating meetings between families and service providers.
- Assisting the family to gather, organize and prepare documents needed for specific services.
- Addressing any concrete or subjective barriers that may prevent full participation in services.
- Supporting and assisting families during stages of transition which may be unfamiliar (e.g., placements, in crisis, and between service systems etc.).
- Promoting continuity of engagement and supports as families' needs and services change.

2. Self-Advocacy, Self-Efficacy, and Empowerment

- Coaching and model shared decision-making and skills that support collaboration, in addition to providing opportunities for families to self-advocate.
- Supporting families to advocate on behalf of themselves to promote shared decision-making.
- Ensuring that family members inform all planning and decision-making.
- Modeling strengths-based interactions by accentuating the positive.
- Supporting the families in discovering their strengths and concerns. Assist families to identify and set goals and short-term objectives.
- Preparing families for meetings and accompany them when needed.
- Empowering families to express their fears, expectations, and anxieties to promote positive effective communication.
- Assisting families to frame questions to ask providers.
- Providing opportunities for families to connect to and support one another.
- Supporting and encouraging family participation in community, regional, state, national activities to develop their leadership skills and expand their circles of support.
- Providing leadership opportunities for families who are receiving Family Peer Support Services.
- Empowering families to make informed decisions regarding the nature of supports for themselves and their child through:
 - Sharing information about resources, services, and supports and exploring what might be appropriate for their child and family.

- Exploring the needs and preferences of the family and locating relevant resources.
- Helping families understand eligibility rules.
- Helping families understand the assessment process and identify their child's strengths, needs and diagnosis.

3. Parent Skill Development

- Supporting the efforts of families in caring for and strengthening their children's mental, and physical health, development, and well-being of their children.
- Helping the family learn and practice strategies to support their child's positive behavior.
- Assisting the family to implement strategies recommended by clinicians.
- Assisting families in talking with clinicians about their comfort with their treatment plans.
- Providing emotional support for the family on their parenting journey to reduce isolation, feelings of stigma, blame and hopelessness.
- Providing individual or group parent skill development related to the behavioral and medical health needs of the child (e.g., training on special needs parenting skills).
- Supporting families as children transition from out of home placement.
- Assisting families on how to access transportation.
- Supporting the parent in their role as their child's educational advocate by providing information, modeling, coaching in how to build effective partnerships, and exploring educational options with families and school staff.

4. Community Connections and Natural Supports

- Enhancing the quality of life by integration and supports for families in their own communities.
- Helping families to rediscover and reconnect to natural supports already present in their lives.
- Utilizing the families' knowledge of their community in developing new supportive relationships.
- Helping families identify and become involved in leisure and recreational activities in their community.
- In partnership with community leaders, encouraging families who express an interest to become more involved in faith or cultural organizations.
- Arranging support and training as needed to facilitate participation in community activities.
- Conducting groups with families to strengthen social skills, decrease isolation, provide emotional support, and create opportunities for ongoing natural support.
- Working collaboratively with schools to promote family engagement.

Youth Peer Support Services in a Child/Adolescent Serving MHOTRS Program

Youth Peer Support services (YPSS) are formal and informal services and supports provided to youth, who are experiencing social, medical, emotional, developmental, substance use, and/or behavioral challenges in their home, school, placement, and/or community centered services.

These services provide the training and support necessary to ensure engagement and active participation of the youth in the treatment planning process and with the ongoing implementation and reinforcement of skills. Services are delivered in a trauma informed, culturally and linguistically competent manner.

The structured, scheduled activities provided by this service emphasize the opportunity for the youth to expand the skills and strategies necessary to move forward in meeting their personal, individualized life goals, develop self-advocacy skills, and to support their transition into adulthood.

Service Components:

1. Skill Building:

- Developing skills for coping with and managing psychiatric symptoms, trauma, and substance use disorders.
- Developing skills for wellness, resiliency, and recovery support.
- Developing skills to independently navigate the service system.
- Developing goal-setting skills.
- Building community living skills.

2. Coaching:

- Enhancing resiliency/recovery-oriented attitudes, i.e., hope, confidence, and self-efficacy.
- Promoting wellness through modeling.
- Providing mutual support, hope, reassurance, and advocacy that include sharing one's own "personal recovery/resiliency story" as the Youth Peer Advocate (YPA) deems appropriate as beneficial to both the youth and themselves. YPAs may also share their recovery with parents/caregivers to engage parents/caregivers and help them "see" youth possibilities for future in a new light.

3. Engagement, Bridging, and Transition Support:

- Acting as a peer partner in transitioning to different levels of care and into adulthood; helping youth understand what to expect and how and why they should be active in developing their treatment plan and natural supports.

4. Self-Advocacy, Self-Efficacy, & Empowerment:

- Developing, linking, and facilitating the use of formal and informal services, including connection to peer support groups in the community.
- Serving as an advocate, mentor, or facilitator for resolution of issues
- Assisting in navigating the service system including assisting with engagement and bridging during transitions in care.
- Helping youth develop self-advocacy skills (e.g., may attend a Committee on Preschool Special Education or Committee on Special Education meeting with the youth and parent, coaching the youth to articulate his educational goals).

- Assisting youth with gaining and regaining the ability to make independent choices and assist youth in playing a proactive role in their own treatment (assisting/mentoring them in discussing questions or concerns about medications, diagnoses, or treatment approaches with their treating clinician). The YPA guides the youth to effectively communicate their individual perspective to providers and families.
- Assisting youth in developing skills to advocate for needed services and benefits and seeking to effectively resolve unmet needs.
- Assisting youth in understanding their treatment plan and help to ensure the plan is person/family centered.

5. Community Connections and Natural Supports:

- Connecting youth to community resources and services. The YPA may accompany youth to appointments and meetings for the purpose of mentoring and support but not for the sole purpose of providing transportation for the youth.
- Helping youth develop a network for information and support from others who have been through similar experiences, including locating similar interest programs, peer-run programs, and support groups.
- Facilitating or arranging youth peer resiliency/recovery support groups.

Billing

Peer Support Services may be provided to individuals, family or other collaterals, or groups of individuals not to exceed 12. For services of a duration of at least 15 minutes, one unit of service shall be billed. For each additional service increment of at least 15 minutes, an additional unit of service may be billed, up to twelve units per day, or 3 hours maximum. Multiple units of Peer Support Services may be provided consecutively or at different times of the day.

When submitting claims for Peer Support Services -individual, providers will use HCPCS code H0038, per 15 minutes. In addition to H0038, Group services will also require the use of modifier HQ. There is no change to APG Peer Group Base Rates.

Peer Support Services are optional, and do not require OMH prior approval to provide these services and do not need to be listed on the license.

Onsite Peer Support Services are exempt from Utilization Threshold counts when submitted with one of the Health Services rate codes (e.g., 1474). Off-site Peer Support Services will be claimed using the appropriate off-site rate code (e.g., 1507), which is also exempt from Utilization Threshold counts.

Pre-admission Peer Support Services are NOT intended to be stand-alone Peer Services. Ongoing Peer Support Services can only be provided to individuals enrolled in the MHOTRS. However, the first service can be with a peer (if appropriate and necessary to engage the individual in informed decision making, resilience and recovery).

- Pre-admission peer encounters are not limited to 3 encounters.

- Pre-admission Peer Service contacts do not start the 30-day clock for initial assessment Preadmission.
- Pre-admission Peer Support Services may only be provided as an individual service, not in groups.
- Pre-admission documentation for contact by the peer must be signed by the peer and a Licensed Practitioner of the Healing Arts (LPHA).
- Each pre-admission Peer Support Service contact must be documented in the chart and should include the purpose of the contact, response of the individual, and outcome of the encounter.

Supervision

As the field is evolving, programs should be thoughtful about who provides supervision to Peer Specialists/Advocates in order to ensure the inclusion of the Peer Specialists/Advocates into the treatment team. Any professional staff as defined in 599.4 are eligible to supervise Peer Specialists/Advocates, however, recovery values, principles, trauma-informed, and core concepts must be embedded in the supervision practice.

Agencies should ensure that Peer Specialists/Advocates have access to in-discipline supervision, mentoring and support from Peer Specialists/Advocates. This can be accomplished by connecting Peer Specialists/Advocates within the organization and supporting regular convenings. This can also be established in collaboration with local agencies or via contracting with peer-run agencies.

Agency leadership should meet regularly with Peer Specialists/Advocates and treatment team leaders to ensure successful implementation of Peer Support Services and address challenges in a timely manner. Peer Specialists/Advocates should be afforded opportunities to participate in external peer networking, training and conferences, and other activities dedicated to support their continued education and professional development.

Policies and Procedures

OMH requires that programs who are providing Peer Support Services develop policies and procedures related to Peer Support Services. These policies and procedures may include requirements for training Peer Specialists/Advocates as well as supervisors and non-Peer staff on providing Peer Support Services; how to incorporate providing Peer Support Services; and address collaboration with the team and supervision, including peers as part of team meetings; etc.