

Oklahoma's Proposal to Integrate Adult and Children's Peer Driven Services

Peer to peer driven services has and always will be an element of recovery for consumers. According to NAMI (2013), **Peer support** is getting help from someone who has been there. People with similar experiences may be able to listen, give hope and guidance toward recovery in a way that is different, and may be just as valuable, as professional services. Peer services include mutual support groups, peer-run programs and services in traditional mental health agencies provided by peer support specialists (NAMI 2013). Currently, the ODMHSAS adult and children's peer recovery programs operate in two very different hemispheres. In the children's system the Family Support Provider (FSP) is the foundation of peer driven services for families. The FSP provides targeted support services, to children and families enrolled in system of care wraparound services. The services are child centered with the needs of the child and family dictating the types and mix of services provided. To be effective, the FSP works with children in their homes and communities, incorporating the entire family in the Wraparound process and focus on their strengths as well as the child's age and cultural heritage. The adult system uses Recovery Support Specialist (RSS) fulfills a unique role in the support and recovery from mental illness and substance abuse disorders. An RSS is a person in recovery from a mental illness and/or substance abuse disorder, who has been trained to work with others on his/her individual road to recovery. An RSS works in collaboration with the consumers and clinical staff in the best interests of the individual's recovery process. Both positions serve a valuable role for consumers requesting additional support; and clinicians needed additional advice when supporting consumers with services access.

The Family Support Provider position is designed to benefit the SoonerCare eligible child

experiencing a serious emotional disturbance who is in an ODMHSAS contracted systems of care community based treatment program and who without these services would require psychiatric hospitalization. This service provides the necessary support and services to ensure engagement and active participation of the family in the treatment planning process and with the ongoing implementation and reinforcement of skills learned throughout the treatment process. The Family Support Provider qualifications will include the following elements:

- Have a high school diploma or equivalent.
- 21 years of age and have successful experience as a family member of a child or youth with serious emotional disturbance, or a minimum of 2 years' experience working with children with serious emotional disturbance or be equivalently qualified by education in the human services field; and/or have demonstrated recovery from a mental illness, substance abuse disorder or both; or a combination of work experience and education with one year of education substituting for one year of experience (preference is given to parents or care givers of child with SED).
- Agree to respect and observe the PRSS Code of Ethics.
- Pass an examination based on standards promulgated by ODMHSAS after completing the training.
- Pass OSBI and OKDHS child abuse check as well as adult abuse registry and motor vehicle screens.
- Complete Wrap 101 Training
- Receive ongoing and regular supervision by a person meeting the qualifications of a LBHP. A LBHP

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must be available at all times to provide back up, support, and/or consultation.

- Successful completion of the Family Support Training according to a curriculum approved by the ODMHSAS prior to providing the service; successful completion of the ODMHSAS Recovery Support Provider Training and Test within 120 days of hire.

Within the adult service system, the Recovery Support Specialist (RSS) fulfill a unique role in the support and recovery from mental illness and substance abuse disorders for consumers. A RSS is a person in recovery from a mental illness and/or substance abuse disorder, who has been trained to work with others on his/her individual road to recovery. The RSS qualification will undergo very little change. Each applicant for certification as a Recovery Support Specialists shall:

- (1) Possess a High School Diploma or General Equivalency Diploma (GED);
- (2) Person or family member living in recovery from a substance abuse or mental health disorder or both.
- (3) Be at least 18 years of age;
- (4) Be willing to share about their own recovery;
- (5) Be employed by or volunteer with the state, a behavioral service provider or an advocacy agency contracting with the state to provide behavioral health services.
- (6) Possess good moral character;
- (7) Pass an examination based on standards promulgated by ODMHSAS pursuant to 43A O.S. § 3-326;
- (8) Not be engaged in any practice or conduct which would be grounds for denying, revoking or suspending a certification pursuant to this title; and

317:30-5-240.3. Qualifications for Certification (OHCA)

Community Recovery Support Specialist (RSS). The community/recovery support worker must meet the following criteria:

- (1) High School diploma or GED;
- (2) Minimum one year participation in local or national member advocacy or knowledge in the area of behavioral health recovery;
- (3) Person or family member living in recovery from a substance abuse or mental health disorder
- (4) successful completion of the ODMHSAS Recovery Support Provider Training and Test

We're proposing four system level changes:
1.Changing the FSP qualifications to incorporate RSS elements
2.Changing the FSP training requirements; which will funnel all future FSP's through the existing RSS training program
3. Developing an addendum to the existing RSS qualifications; which would allow FSP's with lived experience and/or living in recovery to attend RSS training.
4. Language change to ODMHSAS Ch. Administrative laws 17 and 18.
The proposed approach will utilize a program collaboration and service integration approach. Program collaboration and service integration (PCSI) strategic priority approach will strengthen peer to peer integration across the children's and adult peer to peer driven systems. Program collaboration and services integration is a mechanism for organizing and blending interrelated health issues, activities, and prevention strategies to facilitate a comprehensive delivery of services. Program Collaboration involves a mutually beneficial and well-defined relationship between two or more programs, organizations or organizational units to achieve common goals. Service Integration provides persons with seamless comprehensive services from multiple programs without

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repeated registration procedures, waiting periods, or other administrative barriers. There are five principles that form the decision making framework for PCSI: appropriateness, effectiveness, flexibility, accountability, and acceptability. By following these five principles for PCSI, the suggested program changes can be delivered more comprehensive for peer driven, integrated services.

Making the recommended changes to the RSS and FSP requirements will create a peer-to-peer learning community and establish a structured network of partners at local CMHC. Each RSS and FSP will receive the existing RSS training, and share experiences and problem solving strategies with other members of the peer to peer community. RSS will still be required to meet qualifications as an RSS. FSP's attending the RSS training will fall under two categories: 1. Lived experience 2. Living in recovery. FSP's with lived experience (category 1) will not be certified as an RSS, but will gain valuable experience going through the RSS training and will be certified as a FSP. The goal is for FSP's to learn the guiding elements and principles of peer to peer philosophy. FSP's living in recovery (category 2) will be certified as an RSS, and FSP. Once again, FSP's attending the RSS training will gain valuable peer to peer training experience. The goal is for FSP's to learn the guiding elements and principles of peer to peer philosophy. FSP's that become certified as RSS must meet certification requirements established by 450:53-5-3 continuing education requirements. The focus of this funneling approach is to ensure children's and adult peer to peer paraprofessionals gain valuable experience and insight into the recovery paradigm, improve program collaboration within CMHC's and integrate services.