Samples and suggestions for writing your PA Medicaid Funded Peer Support Service Description Application:

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OMHSAS recommends beginning the peer support service application process by contacting your OMHSAS regional field office representative and using the 17 point "Peer Support Service, Service Description- Review Checklist" to complete the application process.

To begin, fill in the required background information in numerical/outline order. This may be a matter of collecting some background information from your existing licensed agency or it may be a matter of beginning from the perspective of a new provider seeking approval/licensure for the first time. Review the description, determining whether or not the program as it exists now meets the requirements. Determine what is needed to develop and/or refine the unique parts of a peer support service that will meet the PA Peer Support Service requirements.

The following samples are excerpts directly from peer support service descriptions submitted to OMHSAS and have not been corrected as to wording, grammar, and spelling.

This document is intended to serve as suggestions and samples that may be helpful in developing your own peer support service description application. We don't recommend a cut and paste of the following examples, but rather use them as examples/ideas of how a successful peer support service application looks in different areas around the state.

Excerpted samples for writing service descriptions
Organized by 17 point checklist
(identifying information replaced by *****)

1. Governing Body and Advisory Structure

***** Board of Directors consists of eleven members. In accordance with Agency bylaws, six directors must be a consumer of mental health service or a family member of a consumer of mental health services. The remaining five directors represent community members with various expertise wishing to support ****‘s mission. *****Board of Directors meet on a monthly basis, at which time they review financial statements and guide the Agency in regard to its policies, planning, and mission. ****‘s Executive Director reports to the Board of Directors.

***** Services is a private not-for-profit organization providing behavioral health services to children, adults and families for the past 25 years. The company has operated in ***** County for over eleven years.

****** Services is a corporation governed by a thirteen member Board of Trustees, which meets on a quarterly basis. A five member Executive Committee of the Board meets on a monthly basis. ***** Services maintains its corporate headquarters at **********

Board members are elected for staggered two-year terms (half of the Board is elected each year). The officers of the Board, the Chairman, Vice Chairman, Secretary and Treasurer, are elected at the annual meeting and comprise the Executive Committee. The President and Chief Executive Officer of the corporation is an ex-officio member of the ****Board and an officer who also serves on the Executive committee.

The Corporation employs over ***people with *** employees working out of the **** county. Current officers include **** Chief Executive Officer*******, Chief Financial Officer and *****, Chief IT Officer. ***** of PA is governed by a three member Board of Directors, which meets on a quarterly basis.

*****uses local advisory and stakeholder group to provide feedback regarding the quality and satisfaction with services. We strive to have at least 51% of membership be representative of the consumers and families we support. **** values the role of these groups as they assist in holding us accountable to our mission and commitment to serve the most vulnerable populations. *******will utilize advisory groups to assist in the development and support of Certified Peer Specialist services.

We have attached an organizational chart for the corporate office, our local Regional office, and the local agency structure which include the Certified Peer Specialist program.

2. PROGRAM PHILOSOPHY

*****believes that recovery is a journey a consumer makes that is unique for each person. For this journey to be successful individuals must have a choice and play a primary role in designing the services they receive including the types, frequency and duration of services.

Peer support services can provide these opportunities and are based on principles that facilitate the development of recovery skills. The purpose of peer support services are to: …

It is the philosophy of **** to provide Mental Health Services in the community to families and individuals in a cost efficient, effective manner. The clinics support and adhere to the CASSP and CSP principles. The clinics allow consumers freedom of choice and active participation in the treatment process. Peer Support service philosophy would provide opportunities for individuals receiving services to direct their own recovery and advocacy process. Also the program would teach and support acquisition and utilization of skills needed to facilitate individual recovery. While promoting the knowledge of available service options and choices, the program would also promote utilization of the natural resources within the community setting facilitating a sense of wellness and self-worth. As a provider, *****will focus on a recovery oriented approach to treatment.

Our corporate mission statement is “to provide innovative solutions to support the unique needs of the individuals we serve by striving to create a caring and responsive environment that promotes the highest standards of integrity and quality.” We believe this proposal will provide additional opportunity for ****to fulfill this mission.

3. POPULATION TO BE SERVED

The CPS program at ******will serve consumers who are 18 years of age or older, reside in ******County and meet the following admission criteria: (May copy and paste from Bulletin adding information specific to program) such as:

We feel especially fortunate because three of the candidates are between the ages of 58 and 60 and ******* County has a substantial older adult population that often times go underserved and we feel the CPS program will provide a more effective mechanism for outreach. The other two candidates are younger and are ages 24 and 34 and will work wonderfully with our younger population, especially those referrals that fall into the transition age group. Based on the pool of CPS staff *****will be providing services to adults with a serious mental illness ranging in age from 18 to 65+ years of age.

****Peer Support services target adults 18 years and older diagnosed with serious mental illness exhibiting moderate to severe functional impairment that interferes with their ability to live and thrive in the community. **** will deliver Peer Support Services to any individual meeting the aforementioned criteria residing in **** County regardless of their involvement with Medical Assistance or BHMCO. In addition to serving residents of **** County, ***** will provide Peer Support Services to***** members residing in other counties who have identified **** as their provider of choice to deliver the service.

****** Services are provided to individuals who meet eligibility criteria and who wish to become involved in the program. There are five special population groups who ******* Services currently serves. The five populations are:

- Older Adults
- Individuals with Co-Occurring disorders
- Individuals in Discharge Planning
- Individuals Transitioning from the child serving system
- Individuals with a legal history which may or may not include past violent behavior

Each group are provided peer-to-peer services with the following requirements/protocols.

Older Adults

**** services currently has one full time certified peer specialist involved in approved training to be a certified peer specialist for older adults. This trained and certified staff person will provide services to those referred peers over the age of sixty (60). This individual will also serve as a consultant to other peer specialists who serve peers over age 60 until additional staff can receive the enhanced training to serve older adults. This is a personal area of interest for this staff person and he has chosen to focus his staff development in the area of the older adult.

Individuals with Co-Occurring Disorders

****** services currently provides services to individuals with co-occurring mental health and drug and alcohol disorders. ***** as an agency has training plans to provide training so that each ***** Service component is Co-occurring Competent according to Bulletin OMHSAS-06-03, "Co-occurring Disorder Competency Approval Criteria for all Facilities Licensed by the Department of Health, Division of Drug and Alcohol Program Licensure, or the Department of Public Welfare, Office of Mental Health and Substance Abuse Services". All peer-to-peer staff will attend this training. Upon completion of this training the **** program will have a Co-occurring Competency designation. Currently two of the peer-to-peer staff are in recovery from drug and alcohol use. The mental health professional in addition to MH experience has four years of D&A Outpatient service experience. These experiences are invaluable in legitimatizing the ability of the peer-to-peer program to serve this population

Individuals in Discharge Planning

***** services currently visits each individual who is in active discharge planning from either a community hospital or a state hospital. The lead peer-to-peer staff person will visit each potential discharge prior to discharge from the facility to offer peer services, offer recovery opportunities, and serve as a peer resource to assist the individual with successful community reintegration. When discharge is a result of unseen instances which do not allow a visit to the facility, the lead peer worker will attempt to visit the individual at their residence. This peer activity will only occur when the individual being discharged from a hospital agrees to the peer contact.

Individuals Transitioning from the Child Serving System

Each individual who is aging out of a juvenile justice or residential treatment facility is given the opportunity to meet with a certified peer specialist to be offered peer services and/or be informed about recovery resources from a peer perspective to facilitate the successful transition from the child serving system to the adult system at a critical time in a young adults life. It is believed that a peer can be an invaluable resource to a young adult who may have few resources and few individuals to rely on due to their leaving the child serving system that supported them. One of the part

time peer specialists has an interest in this population and will be making these visits. When the institution is geographically distant or discharge is imminent, a visit may occur after discharge. Visits should occur within a two week time period if an after discharge visit is necessitated. This peer activity will only occur when the individual being discharged from an institution agrees to the peer contact.

Individuals with or without a legal history which may or may not include past violent behavior

Individuals with a legal history which may or may not include violence and/or individuals with a history of violence are a population with obstacles that those without such a history do not experience in the same way. Housing and/or housing subsidy, income, and employment are resources which may be withheld from this population due to their history. Currently no one person is designated to specialize with this population. In future employment, specialization will be explored. Currently, this population will be served by the existing staff and information on the criminal justice system will be shared at staff meetings. Peer activity with this population will only occur when the individual agrees to the service which should also mitigate any actual or perceived threat.

4. SERVICES PROVIDED/EXPECTED OUTCOMES

****will seek to develop a Consumer Advisory Board that will work with the CPS program to identify appropriate and meaningful outcome measures. We anticipate establishing goals in the following areas:

Increased community tenure: This can be accomplished through the development and appropriate use of WRAP plans and Psychiatric Advanced Directives.

Increase reliance on natural supports: Assisting individuals in developing and maintaining community supports and relationships is a primary function of the Certified Peer Specialists. Service plans will be used to develop goals in this area and will be documented as part of service delivery.

Increased satisfaction: Through surveys and self reporting we hope to see that consumers have an increase satisfaction with their quality of live through their relationship with peer support staff.

Certified Peer Specialists create a one-to-one, supportive relationship with the person they are mentoring in recovery. Through this relationship, they engage with the individual to

address identified goals and needs. Common activities of the Peer Specialist and their consumer include assistance in increasing natural support networks; effective utilization of community resources; support in acquiring and keeping a job; involvement in meaningful community activities; support and encouragement for increased self-advocacy; and other individually identified activities that enhance self-esteem, hope, and empowerment.

> The goals of the Peer Support program is to broaden the scope of services with specific goals based on individual needs which may be in the areas of wellness and recovery, education, employment, crisis support, housing, social networking, self-determination and individual advocacy. The relationship between consumers being served and the Peer Specialist is intended to facilitate the accomplishment of the goals specified in the recovery focused Individual Service Plan (ISP).

The ***** Program is primarily an individual service but will offer group service when more than one individual would benefit from the same instruction and has a specified goal for instruction on their individualized service plan. An example could be a group WRAP (Wellness Action Recovery Plan), or A Recovery Plan, or a crisis plan, or Advance Directive Training. No group or individual topic sessions will occur without a trained facilitator in the topic being developed.

5. PROGRAM CAPACITY/STAFF QUALIFICATIONS and

6. SERVICE DELIVERY PATTERNS (At times co-mingled)

**** estimates that with 1-2 full time and 2-4 part time CPS positions between 30-40 unduplicated consumers will be enrolled in the program with 40 and 60 hours of direct service will take place each week. This allows sufficient time for travel, paperwork, staff meetings, training etc. Based on the needs of peers involved with the program the average time that will be spent with each participant will be approximately 1.5—2 hours of face-to-face contact per week while not exceeding 4 hours per day. This ratio can and will likely change as the intensity of service needs evolves and peers become more empowered by their own personal recovery. All service delivery and contact frequency decisions will be made by the CPS and the peer on an individual basis.

Each full time CPS will carry a caseload of between 12-15 consumers and part time CPS caseloads will be proportionate to the number of hours worked per week. The current five individuals who received the CPS certification are reflective of the cultural composition of ***** County. In addition each CPS meets and/or exceeds the following criteria in order to provide CPS services: (May copy and paste specifics)

Although **** plans to have at least 1-2 full time and 2-4 part time CPS positions a total of 5 individuals have the CPS certification with a plan of having all CPS candidates available to provide services. Any remaining CPS that are not part of the regular staff at ****** will be asked to be available when one of our CPS needs time off or has an unexpected absence. In doing so, these remaining CPS staff will be able to maintain their skills so that when the program expands or we need to replace a CPS, someone is trained and experienced to fulfill those duties. In addition, we plan to assure that these alternate CPS staff attends weekly meetings, receives the same ongoing training, supervision and networking opportunities that the CPS program staff receives. Meanwhile, two staff from ****** have received the CPS supervisor's training and will be available when needed to accommodate any other service needs or unexpected absences that may arise.

***** Center intends to serve 50 individuals. The staff to consumer ratio will be determined by the severity of need of the individuals in the program and by the geographic of the area however we anticipate a 1:10 to 1:15 ratio. We will strive to assign cases in a way to minimize travel and allow the quickest response to service need. Consumer will be eligible to receive up to 4 hours of service per day with a maximum of 3600 units of service per year.

Consumers will be encouraged to develop contingency plans addressing the type of support and who will provide it should there be a staff absence due to vacations or sick time. We do not believe in providing temporary staff replacements as they can have a potential negative affect on the primary staff and consumer relationship. If needed and requested by the consumer the Supervisor can provide phone support and assistance until the Certified Peer Specialist returns. In developing contingency plans*** will work with other provider and natural supports in the consumer's life to be available during any staff absences or vacancies.

*******is committed to working with and employing individuals who represent the local community and the individuals served. In many programs this has involved hiring staff who are bilingual and bi-cultural, staff who are fluent in communicating with hearing impaired consumers and assuring consumer choice in who is available to work with them. We have developed excellent working relationships with community organizations that can assist in identifying appropriate staff such as Hispanic American organizations and local deaf communities.

Certified Peer Specialists employed by the *** will serve a maximum of twenty (20) individuals. Although the maximum number of individuals served will not exceed twenty, a Certified Peer Specialist may serve less than twenty individuals according to the needs of those being served as not to affect the quality of the service being delivered. The Certified Peer Specialist and their supervisor will regularly discuss the workload in order to determine the most appropriate number of individuals that should be served, keeping in mind the Recovery/Individual service plan, agency contact requirements, as well as honoring the personal needs of the Certified Peer Specialist working with the individuals. ****** will recognize the Certified Peers are in recovery themselves, and will work with them on an individual basis to help further their own recovery efforts.

****** has developed an agency standard that defines the minimum amount of contact necessary to deliver Peer Support Services that takes into account the number of individuals receiving the service of any one Certified Peer Specialist, as well as the Recovery/Individual service plan. In order to most effectively deliver the service, the ***** requires that Certified Peer Specialists maintain a minimum of two (2) face-to-face contacts per month with individuals receiving Peer Support. These two contacts shall not be separated by more than fourteen (14) days. Although these are minimum contact requirements mandated by the Agency, Peer Support Services are intended to meet the needs of the individual in regard to their recovery, and contact frequency may be more often if needed. Additionally, there will be no limit to the number of hours that a Certified Peer Specialist may meet with an individual on a daily, weekly, monthly, or yearly basis if it is determined that the service is needed to continue the promotion of that individual's recovery. Consideration will be given to services beyond the Medicaid allowed limits. *** recognizes that recovery is unique to each person; therefore, no limit shall be placed on the service delivery that would impair the recovery process. If a Certified Peer Specialist is unable to meet the contact criteria, their attempts to contact individuals will be documented. Additionally, if contact with the individual cannot be made, then other attempts to locate the individual shall be documented. Contacts and attempted contacts will be reviewed during regularly scheduled supervision, as well as triaged on an as needed basis.

In the event that a Certified Peer Specialist is temporarily absent due to illness or other circumstances, a contingency plan will be utilized to assure that an individual seeking services is able to obtain them. First, another Certified Peer Specialist will be contacted to see if they are available to assist the individual. If they are not, the Immediate Response Coordinator or MH Back-up system will be utilized, depending upon the level of service the individual is requesting. Ultimately, it will be the responsibility of the Peer Support Supervisor to assure that the individual receives the appropriate amount of assistance based upon staff available to provide it.

Initially, a peer specialist to individuals served ratio will have a ratio of one to between 8 to 12. This ratio may be adjusted based upon the specific needs of the individuals currently being served by the peer specialist.

There are currently two full time staff, one working with individuals in general and one focusing on the older adult. There are currently four part time staff who are also generalists. Staff are both male and female and of varying ages allowing those served to choose who they would be most comfortable working with.

Peer specialists have been hired from the local area that they are going to be working in and as such represent some diversity in cultural orientation, sex, religious beliefs, education levels, and socioeconomic backgrounds.

The expectation is that the peer specialist will have contact with the individuals they are serving at minimum two (2) times per week unless the individual states a desire

to do otherwise. Minimally, an average of one time per week is required for inclusion in to the program. There is no absolute rule, but assistance to an individual via a peer or any other service generally has a decreasing ability to provide assistance when contact is infrequent.

The five candidates interviewed and then chosen to participate in the two week CPS training all meet and/or exceed the above minimum requirements. From our group of candidates that received the certification, all are reflective of the cultural composition of *****County.

7. HOURS OF OPERATION AND 8. GEOGRAPHIC LIMITS

> ******** Outpatient Clinic operates Monday through Friday 8:30am to 5pm. The Peer Support program however will be focused around individual consumers. This service will be provided at times convenient to the consumers, often in the evenings or on weekends.

The hours for operation of peer support services will be 8:30 AM – 5 PM Monday through Friday. In the event that an individual receiving Peer Support services needs non-emergent support outside of these hours, Certified Peer Specialists will be permitted to flex their schedules accordingly to accommodate the individual's needs. In the event that a Peer Specialist is made aware of an individual's emergent need for support that begins during office hours and will extend beyond office hours, the Peer Specialist will be encouraged to assist the individual throughout the duration of the emergency. Individuals needing support after business hours or on weekends may contact **** County Crisis Intervention, who will respond to emergent needs, and then update the Peer Specialist and their supervisor on the next business day. Follow-up with the individual will be completed by the Peer Specialist on the same day of notification from Crisis Intervention of the individual's need for support. A contingency plan for temporarily addressing an absence or illness of peer support staff includes utilization of the **** back up system currently in place.

Frequency of contact and days/hour of contact as well as place of contact is to be decided based upon the desires of the individual served. A peer specialist's schedule (in regard to already being booked/scheduled with another individual or a staff meeting or a conference/workshop or scheduled time off) is the only staff reason to request a different time than that requested by the individual served.

The normal working hours are generally 8:00 AM to 5:00 PM Monday through Friday. The Peer-to-Peer Program is offered at the convenience and driven by those served so non-traditional hours are mandatory. Non-traditional working hours are usually from 5:00 PM to 8:00 Pm or weekend hours. Hours of each individual staff person will vary depending upon those currently being served. Hours worked will be a topic of discussion in coaching/supervisory meetings.

For full time staff, the normal work week shall be thirty-seven and one-half hours (37.5) of work in a seven (7) day consecutive day period unless otherwise specified in the job description.

In that the Peer-to-Peer Program hours are at times scheduled at the need of the person served, non-traditional hours as well as weekends make this a seven (7) day a week service, individual schedules will vary greatly. At no time should this service not be reasonably available and staff are expected to respond to unscheduled demand as well as non-traditional hours.

In that the **** Program is a free standing program extensive travel throughout a wide geographic area is a job expectation. To assist, agency vehicles, two vans and a car are assigned for the exclusive use of the peer staff. Vehicles are to be shared among the FT and PT staff. Agency vehicles are available on a sign up basis. Documentation of Agency Vehicle use is kept in each vehicle and each individual trip must have documented: mileage at start, destination, mileage at end and any gas/oil purchases. Fleet Cards are in each vehicle coded for the program the vehicle is assigned and are to be used for purchases. Receipts are to be submitted to the Supervisor when the sheet is filled.

Priority for the use of agency vehicles is given to the staff traveling the most distance at any given time. An individual is tasked with the regular maintenance and repair of the agency vehicles.

9. PLACE OF SERVICE

Consumers will have the option of receiving services at an office location or in the community. We anticipate the majority of services being provided in a community setting. Sites can include the consumer's home, place of work or any community setting such as libraries or local restaurants.

Consumers who choose to receive services at an office will have a choice of two sites. ***** currently has offices at ********. Both sites are located on public transportation routes. Sites are handicapped accessible and have private office space designated for the programs.

Place of contact should again be at the desire of the individual served, but should also take into consideration the goal/objective/task being focused upon to accomplish the desired outcome.

In that **** Program is a free standing program, contact is expected to be in the community not the office. Exceptions to this may be instructional contacts, group

contact for crisis planning and or wellness activities (i.e. Group WRAP Planning) when individuals share needs or have the same identified need. Another exception allowing an office visit may be when meeting with some or all of an individual's treatment staff for continuity of care planning.

Visits other wise shall be community based. Community based visits generally mean at the individual's home or in a community setting based again upon the tasks/objectives being addressed. In that peer-to-peer services are at times advocacy teaching based, it is possible that a peer specialist may accompany or visit a peer within another MH treatment setting. When a visit occurs in another MH treatment setting the following rules apply: The peer specialist is prohibited from assuming any responsibility for service provision that is the responsibility of the MH program within the setting being visited. For example, a peer specialist may not provide coverage at a CRR, nor can they direct an activity at a social rehabilitation program. It is also not permissible to bill for two separate services being provided for the same chronological hour, so if a peer service is being delivered in a MH treatment setting that is billing, then the peer service cannot be billed, for example, a peer specialist accompanies a peer to a psychiatric visit that lasts one hour. If the psychiatric appointment bills from 1:00 PM to 2:00 PM then the peer-to-peer staff cannot bill for peer-to-peer services from 1:00 PM to 2:00 PM. Peer-to-peer services can be billed prior to 1:00 or after 2:00 as long as peer-to-peer services are offered during the time being billed.

10. TRAINING

This plan address the unique training needs of each person and assure that training is focusing on peer support and recovery. Peers will have access to all ***** training which includes but is not limited to psychiatric rehabilitation, skills training, crisis management and WRAP planning. Training will also be customized to meet the needs of the individuals the Peer Specialist is supporting to assure that services are provided in a culturally competent and age-appropriate manner.

Training records will be maintained by the Program Supervisor and the Human Resources department. Each record will contain an attendance sheet and description of the training attended.

> *****will ensure that staff within the Peer Support Program will receive adequate training and support prior to starting and continuously throughout employment. Each training will be provided in an age appropriate, culturally competent manner. The objective of these trainings is to develop knowledge and competency in the area of recovery and peer support.

**** strives to provide prompt and appropriate orientation, education, and training to the organization's employees. This effort is designed to enhance job knowledge, competency, and ensure compliance with licensing and regulatory standards. ***** Education and Quality Management Coordinator coordinates and monitors all internal and external

education and training programs. ***** staff and maintains a written record of training attended by each **** employee.

****** staff are mandated to participate in core orientation, department specific orientation, in-service training and continuing education programs. The training modules will include but are not limited to regulatory requirements, professional standards, clinical protocols, and recommended training (see Attachment V).

All **** staff must obtain a minimum of 20 continuing education training hours annually, not including the orientation. The 20 continuing education training hours can be obtained in a variety of venues, including self-learning packets, e-learning, ****in-service trainings, community trainings, and higher education programs.

Of the mandated minimum 20 continuing education training hours, Peer Support Specialists must participate in a minimum of 12 continuing education training hours specifically focused on peer support or recovery practices to maintain peer specialist certification.

Prior to providing peer support services, Peer Support Specialists are required to complete a peer specialist training curriculum approved by the Department of Public Welfare.

Peer Support Specialists require a written staff training plan appropriate to identified needs and position requirements that addresses:

- Enhancement of knowledge and skills
- Provision of services that are age-appropriate and culturally competent
- Maintenance of peer specialist certification

Part of the evaluation process is the development of a staff development plan. The following staff development opportunities are/and/or can and are expected to be a part of any peer-to-peer staff person's staff development plan. Additionally staff development plans will address areas which indicate need on the staff evaluation form. The following are **** Staff Development Policies for the peer-to-peer program staff:

****** has an internal and external staff development policy. Internally, each employee is required to within one year of employment attend the following staff development programs provided by or set up by the agency.

Defensive Driving
Ethics
CPR
HIPAA
Cultural Diversity
Recovery
Safety Training

Crisis Training, topics vary by year, i.e. suicide assessment, Self mutilation
Annual Cross Training MH/AAA

For the Peer-to-Peer Program, external trainings that are required are as follows.

For Peer-to-Peer Specialists
- Peer-to-Peer Certification Training
- Wrap Facilitator training
- Advance Directive training

For Peer-to-Peer Supervisors
- Peer-to-Peer Coaching Training
- Wrap Facilitator training
- Advance Directive training

For the Peer-to-Peer Program Mental Health professional
- Peer-to-Peer Coaching Training

Additionally, *****expects and encourages Peer-to-Peer staff to attend appropriate externally provided conferences and trainings. External trainings that are required of staff as part of a plan of correction or that ****recommends or approves for the Peer-to-Peer staff will have the costs of the trainings provided by the agency. This includes travel, food and lodging at approved state rates. Examples of trainings are:

- PMHCA (Pennsylvania Mental Health Consumers Association) Annual; Conference
- ASIST Suicide Training
- First Aid
- Motivational Interviewing
- Recovery Planning
- Any Psychosocial/Psychiatric Rehabilitation Courses/Conferences
- Any Skill training/educational trainings to assist others to develop skills to advance their recovery efforts.
- Compassion Fatigue

Peer-to-Peer specialist staff who are certified are required to attend 18 (eighteen) hours of continuing education each year with 12 (twelve) on peer support or recovery specifically. The agency will cover the cost of these required continuing education requirements.

In addition to agency required orientation trainings and certification trainings and skill development to improve job performance, Peer-to-Peer staff should have as part of their continuing education plan identified needs based upon their future career tract expectations. All staff development plans for Peer-to-Peer staff are individualized

after the core trainings required of all ****Staff are accomplished. In addition to conferences and workshops, as an agency, funds permitting, ****** provides payment for one college course per semester at Bloomsburg University established rates. These courses must be approved in advance and must both be related to their current responsibilities as well as improving their skill levels. **** as an agency encourages and financially supports staff development which prepares a *****staff person for a future position and or another job classification as long as the skills learned can in part be applied to their current employment. Specific questions/permission about individual staff development should be directed to the supervisor for answers/approvals. ****** expects that staff will remain employed by the agency for six (6) months for each agency paid course. Employees who leave employment prior to that time are responsible to repay ***** for the entire costs of courses reimbursed by the agency according to ******Personnel Policies.

11. CLINICAL OVERSIGHT/MENTAL HEALTH PROFESSIONAL

Clinical oversight for the Peer Support services will be provided by the Mental Health Services Director. The Mental Health Services Director is a Mental Health Professional. The Mental Health Services Director will meet weekly with the Peer Support Supervisor to ensure that services and supervision are provided consistent with service requirements.

Direct supervision of the Certified Peer Specialists will be delivered by the Peer Support Supervisor. The supervisor will maintain a minimum of one face-to-face contact meeting per week consisting of at least one hour. This weekly meeting will be documented in a log of supervisory meetings. In addition to this weekly supervisory meeting, additional support may be delivered on an as-needed basis, or at the request of the Peer Specialist.

The Peer-to-Peer Program consists of staff, a lead worker and a supervisor/mental health professional. Supervision of the staff will occur formally on a weekly basis. In addition the Peer-to-Peer supervisor/MHP is available daily to the PT and FT Peer-to-Peer staff for any issues/concerns/needs which arise. During the formal Peer-to-Peer supervision the supervisor/MHP will meet with the staff individually and as a group in the weekly staff meeting. Weekly staff meetings will occur with all Peer-to-Peer Program Staff. Both group and individual supervision will occur during this weekly meeting. The Peer-to-Peer supervisor/mental health professional will facilitate the meeting. The meeting topics consists of the following:

- Group Program Coaching/Supervision/Coordination
    1. New Referrals
    2. Discharges

3. Protocols and procedures
4. Continuity
5. Staff/Employment issues
6. Staff Skill development
7. Staff input
8. Documentation
9. Individual and Program outcomes
10. Any additional topics

- Individual Staff Coaching/Supervision/Coordination
    1. Staff issues
    2. Individuals served issues
    3. Treatment planning
    4. Staff evaluation
    5. Staff development
    6. Any additional topics

The coach/supervisor/mental health professional will document supervision with notes of all group and individual supervision that will be kept in a program supervision file.

In that it is the expectation of the agency that peer-to-peer staff be offered the opportunity to utilize their employment in part as a career path, the lead worker position is a position which is expected to progress in to a Peer Supervisor position. Other positions within the agency are also available to peer-to-peer staff as part of any staff person's career path.

12. PEER SPECIALIST/PEER SUPPORT/PEER ROLE

Peer support services recognize the unique contribution that people in recovery can make to their peers such as providing information and referral; mentoring others in the areas of life skills, education, and employment; and offering emotional support and guidance based on first-hand experience. Peer support services complement, extend, and enhance the formal treatment provided by professionals. Peer support services provide the community connectedness and social support necessary to sustain recovery.

Peer support services recognize that the process of recovery is a highly individualized experience that is achieved via many different pathways. Therefore, peer support recognizes that the essential components for recovery vary from person to person. Peer support helps people move toward recovery by offering hope, motivation, and living proof that treatment works and recovery is possible. Peer support offers support, information, and role models in a non-threatening, non-judgmental environment.

Peer Support services recognize that a key component of recovery lies in undoing the cultural process that labels and discounts individuals with mental health challenges, disregards recovery as obtainable, and creates life long dependency on the mental health system.

Peer staff will focus on peripheral topics and activities which will assist their peers. They assist peers in becoming connected, to others and to the community. They can assist with symptom management, i.e. mitigating hearing voices. They will assist with accessing and utilizing wellness programs including but not limited to physical health care, preventative care and disease management. Peer staff will assist peers with accessing and utilizing agencies that provide care in other living domains such as income maintenance, housing, travel, nutrition, and dental care to name a few. Peer staff will assist peers when interested with forming and/or maintaining a spiritual connection with others and themselves and the community.

One of the most useful skills a certified peer specialist can use is demonstrating and sharing their own personal recovery work. This sharing and demonstrating is the heart of the Peer-to-peer concept. Peer staff will within a developed relationship, demonstrate personal recovery for their peer. They will verbally and via their actions provide encouragement and support to their peer. In working with their peer, use of the strengths based assessment and an individualized service plan to assist in providing some structure and guidance in working toward personal recovery is demonstrated. At each visit, the peer staff will avail the opportunity to provide immediate feed back of progress on tasks and inquire on the usefulness that the peer found in the visit.

With the permission and desire of their peer, peer staff will also have contact with immediate and extended family and friends of their peer to orient them to personal recovery and what their involvement in assisting their loved one in recovery can be.

Coincidental to the one-to-one contact with their peer, peer staff will demonstrate personal recovery to other agency staff, community members, and other consumers to impact positively on the negative stigma attached to experiencing a mental illness.

Peer staff will also provide demonstration of recovery and assist their peers by attending treatment team meetings at other mental health treatment facilities, mental health treatment sessions and meet with individual treatment staff providing services to their peer when their peer makes a request. At these meetings, the peer staff will share and receive information (with a signed written release) designed to both assist them and assist those they are meeting with to the benefit of the peer served.

****** staff are expected to utilize networking with other peer specialists and/or self identified mentors and/or personal/professional support in relation to their work as part of a professional and personal wellness, self care, professional development. Opportunities both internally within *****and external are available.

Internally, the peer-to-peer program meets weekly to review procedures, share resources and problem solve. Part of this time is utilized to allow all peer staff to network among themselves about their work experience and needs. A suggestion that was made and is planned is to utilize the WRAP planning process to develop a WRAP Plan for the peer-to-peer program to assist staff in times of crisis/ increased demand.

Externally, the peer-to-peer staff are encouraged to visit other peer-to-peer programs across the Commonwealth to network with peers performing the same job functions. The development of a regional and/or state wide association of peer-to-peer staff has been discussed and one part-time peer staff is keeping up to date about the progress of this group to allow participation by **** peer staff when it is operational.

Worker safety is of primary concern in a mobile service. Both physical safety and ethical safety are areas to address. The initial step to protect the safety of staff and those individuals served is part of the initial screening interview. The lead peer-to-peer staff or the mental health professional will evaluate physical and ethical safety. When a referral is received from a treatment provider, gathering information on physical safety from the referral source is required. With a self referral, this topic will be discussed as part of the initial interview. In that ***** is located in a primarily rural area with few service providers compared to an urban area, it is anticipated that referrals to the peer-to-peer program will occur when the peer-to-peer staff have a previous relationship with the individual served. When the relationship was a close personal relationship, the individual will be assigned to another peer staff. When this is not possible, the individual can be referred to a geographically close alternative peer-to-peer program.

No staff person nor any individual served are to tolerate behavior which they feel is inappropriate and/or threatening to them in any way. In an instance where any staff person feels threatened they are to leave the situation immediately and seek assistance of other staff/supervisory staff. All staff will receive training in deescalating potential negative behavior. Alternatives when threatening behavior is believed to interfere with providing service are to visit in pairs vs. individual visits. In instances where this is not believed mitigating, service may be withdrawn as unsafe. In addition to behavior, the peer-to-peer staff are instructed to terminate a visit and leave if it becomes evident that an individual is under the influence of drugs and/or alcohol and work is not possible. A person served under the influence is not to be terminated from services as this is viewed as an opportunity to make a positive impact in a person's life. If an individual repeatedly is under the influence and is unable to control this behavior, then the primary task of the peer staff is to seek services the individual accepts to assist them.

Additional ethical safety can be an issue when inappropriate sexual behavior or thoughts are evident. It is the responsibility of the worker to take the initiative to

address these issues in a professional manner. No peer staff person is to address this issue in isolation. Consultation with supervisory staff is to occur immediately upon discovery of any thoughts or behaviors of a sexual nature.

Ethical dilemmas arise in person centered service provision. The best action to take when a suspected ethical issue is evident is to discuss the situation with a supervisory staff. Many ethical issues can be resolved when openly discussed with a knowledgeable disinterested party. Secrecy of such issues leads to more ethical concerns and allows no opportunity for resolution and reflects unprofessionally on the individual keeping the secret.

In instances where an individual being served is unhappy with the service, they have the ability to discuss their dissatisfaction with any member of the peer-to-peer staff or any staff person in **** Service System. In instances where they believe they are experiencing discrimination, complaints may be filed with ***** or any Civil Rights Compliance Agency, specifics in the Civil Rights Compliance Memo attached and given to all individuals in their intake interview.

Any individual receiving peer-to-peer services may withdraw from the service without it impacting any other services received from either****** or any other agency. In addition the **** Peer-to-Peer Service is voluntary and no individual can be forced or instructed to accept the service when they do not wish to be involved with peer-to-peer.

In that peer-to-peer services are a service where an individual who has been in service is tasked to assist another individual with personal recovery, a relationship of trust and value is paramount. Thus, individuals served by the peer-to-peer program will have choice in their assigned peer staff. In addition with being given choice of the peer initially assigned to them, individuals served also have the ability to request a change of peer staff without prejudice. This request can be made to any staff person within the *****Service System and all individuals will be informed of this when interviewed for inclusion in the peer-to-peer program.

13. RECOVERY FOCUSED INDIVIDUAL SERVICE PLAN DEVELOPMENT

Consumers will also receive their own copy to keep as a reminder of their own path to recovery. Only those areas identified by the assessment and the consumer will become service plan recovery goals. The service plan will illustrate the role of the CPS, the consumer, family members, significant others and any other involved persons for each recovery goal. In addition, the service plan will also identify target dates for the completion of each goal and will be reviewed at least every six months (or more frequently if consumer desires) with the consumers to determine where any changes may need to be made. At the consumer's request service plans will be shared with other members of the treatment team to promote consistency and avoid any service duplication. At any point during CPS program

involvement, consumers have a right to make changes to their service plan. Such rights are explained in detail in the consumer rights pamphlet distributed to everyone that becomes involved in the program.

> . The ISP will specify individualized goals and objectives directly impacting the consumer's recovery and community integration in a manner that is outcome oriented and measurable. The ISP will identify interventions directed to achieving the individualized goals and specify the role of the Peer Specialist in relating to the consumer and involved others. The ISP will also specify the frequency of Peer Support Services to be delivered.
> Consumers direct and define the intensity of service they receive. When consumers wish to increase or decrease these services, a request can be made either verbally or in writing. The Peer Support Supervisor will work with both the consumer and the Peer Specialist to redefine schedules as needed and appropriate.

In addition to the standardization of the number of individuals served and minimum frequency of contacts, *** requires that Certified Peer Specialists complete a Recovery/Individual service plan with every individual enrolled in peer support services. The initial plan will be completed within thirty (30) days of an individual's enrollment in peer support services. The plan shall be individualized, and identify goals and objectives specific to that individual's concept of recovery. The goals identified will be measurable and outcome-oriented, allowing for review and revision as needed. This plan will be signed by the individual, peer specialist, and mental health professional.

All goals identified in the Recovery/Individual service plan will be reviewed at least every three (3) months in order to monitor an individual's progress and the outcomes that have occurred. Specific goals, the strategies used in attempt to obtain these goals, and any other obstacles that may have been encountered during this period should be addressed at this time and modified in attempt to enhance the achievement of the objective as it pertains to an individual's recovery.

> At the end of a six-month period from the initial plan, another Recovery/Individual service plan will be completed. This plan may include a continuation of the goals identified in either the initial plan, or the three-month review, or it may be an entirely new set of objectives that has been identified by the individual. Individuals will be encouraged to make every attempt to complete the goals that they have identified, however, it will be recognized that one has the right to choose their own path to recovery.

Peer support specialists will assist individuals in achieving the goals that individuals have identified as the most important to their recovery.

It is important to note that any individual receiving peer support services may review or revise their Mutual Agreements Plan at any time during their enrollment in the program, and revisions to this plan are not subject to occur at only three-month intervals.

Each individual accepted into **** Program will have a strengths based service plan. The strengths based service plan will be developed based upon the strengths based assessment. The individual being served is the primary decision maker in regard to the development of the strengths based service plan which will guide peer-to-peer service provision. The strengths based service plan will have the following components/sections/definitions:

- Area of Need (from strengths based assessment areas)
- Discharge criteria (how will I know when I no longer need peer-to-peer services)
- Outcomes (measurable) (Goals)
- Strengths to assist
- Barriers which may interfere
- Objectives (to get to goal accomplishment)
- Tasks (to get to objectives)
- Responsible party
- Frequencies
- Completion/Target dates
- Review/measurement of progress
- Signatures

14. TREATMENT TEAM COLLABORATION

**** attends the biweekly treatment team meetings with***** County Human Services, Mobile Psychiatric Nurse program, Crisis, ICM and the Base Service Unit. These meetings are intended to keep all providers informed of each consumer's status and serve as a means to assist consumers in avoiding potential crisis and/or hospitalization. Each provider works to engage consumers with whatever supports are necessary to promote their recovery. Therefore, not only will ***** be already attending these meetings, but they will also serve as a referral source for the program. Meanwhile consumers involved in the Peer Specialist program will be informed of the biweekly treatment team meetings and will be given the option of having his/her case presented if appropriate. When a treatment team meeting occurs for a person in the CPS program, he/she is invited to attend and may bring others if they choose. The meeting's focus will be to work on and facilitate consumer recovery by keeping all agencies informed of the consumer's individual WRAP, advance directives, personal goals and overall well-being. However if a consumer requests that a separate team meeting occur other than the ongoing biweekly team, the CPS will be responsible for coordinating that process.

The Certified Peer Specialists and/or their supervisor will participate and collaborate with outside agencies involved with individuals receiving peer support services. Interagency, or

treatment team, meetings, where the individual receiving services is present and given equal opportunity to participate, are identified by **** as best practice for collaboration. In order to most effectively collaborate with other agencies, certain criteria will be identified by **** prior to participation.

****** will only participate in interagency meetings in which the consumer has extended an invitation to the employee. ***** respects that individuals have the right to direct their own recovery and to determine the participants that they feel necessary to assist in planning their recovery process. Upon receiving an invitation to participate in an interagency meeting from an individual receiving peer support services, certain preparations to guarantee that the Certified Peer Specialist or their supervisor's involvement is allowable and not in any way a violation of confidentiality will occur.

**** will verify that there is a valid release of information signed by the individual receiving the service giving permission to release and receive information from the participating agencies. If valid releases do not exist, efforts will be made to secure them. In the event that an individual does not wish to sign a release giving ***** permission to participate in the interagency meeting, the Certified Peer Specialist or their supervisor will inform the treatment team of the individual's decision. Releases that have been obtained will be placed in the individual's medical record.

If the individual receiving peer support services requests that ***** be the coordinating agency for the team meeting, the Certified Peer Specialist or their supervisor may take the lead role in the coordination of the meeting. Coordination will involve inviting participants requested by the individual to be in attendance, securing a location for the meeting as well as a time for the meeting to occur that is convenient for all, or the majority, of the participants, and facilitating the discussion that is to occur.

Although treatment teams are recognized as a highly effective way to join partnerships in an individual's recovery, at times Certified Peer Specialists will have to communicate either individually, or in small groups, with providers. All applicable confidentiality policies will still be adhered to in these instances. Peer Specialists will communicate with formal and informal supports involved with the individual in a variety of ways. These may include, but not be limited to, face to face conversation, telephonically, and electronically. ***** recognizes that an essential component to recovery lies in the engagement of all existing supports in an individual's life, as well as the identification of new supports that can assist in recovery. Certified Peer Specialists will facilitate this process and through identifying supports that may assist in an individual's recovery and will be reviewed during supervision.

15. REFERRAL/INTAKE PROCESS

Referrals can be accepted from many sources. Consumers can self refer to the program. When referrals come from individuals other than physicians or other practitioners of the healing arts; coordination will be made to obtain the necessary recommendation for the service.

******will work cooperatively with BHMCO to ensure ongoing communication occurs when referrals are made and to ensure authorization to provide the service is received.

Referrals for Peer Support Services through the Case Management Unit will be initiated by using the Peer Support Services – Referral Form. The following procedure will be used for all referrals for Peer Support Services:

1. The referring individual will be responsible for completing the form in its entirety and forwarding the original to the Peer Support Supervisor. Referrals will be accepted from, but not limited to, individuals requesting peer support services, case managers, community providers, ***County MH/MR, and the BH-MCO
2. The referral source will be responsible for obtaining a recommendation for peer support services from a licensed practitioner of the healing arts, and will include this recommendation with the referral
3. The Peer Support Supervisor will review the referral for completeness and forward it to the Certified Peer Specialist
4. Upon receiving the referral, the Certified Peer Specialist will consult with a Mental Health Professional in order to verify that the referred individual is eligible for Peer Support Services, as well as to determine the appropriateness of the referral
5. Through this collaboration, the Certified Peer Specialist and Mental Health Professional will conclude whether or not the referral for Peer Support Services should be accepted or not accepted based on both the eligibility of the individual and their anticipated benefit from the service.
6. This determination will be documented on the referral form via signatures of both the Certified Peer Specialist and the Mental Health Professional along with a written explanation of the decision
7. A copy of the referral form will be forwarded to the referral source, to inform them of the outcome
8. If the referral is accepted to receive Peer Support Services, the original referral form will be forwarded to the supervisor of Peer Support Services to be assigned to a Certified Peer Specialist
9. The original form will be filed in the referred individual's chart

An individual does not need to be receiving any other mental health service, including case management, in order to be referred to peer support services.

Upon assignment, the Certified Peer Specialist will have thirty (30) days to establish contact with the referred individual and initiate Peer Support Services.

16. LINKAGES WITH OTHER SERVICES/SUPPORTS

Peer specialists will meet together weekly for training and support. Peer specialist will attend supervision with the Outpatient Clinic staff every other week. During

these times they will share successes and challenges gaining support, ideas, understanding, and guidance from their colleagues. **** will work with neighboring counties to establish local meetings for the Peer Specialists to interface with each other. Peer Specialists will have access to the internet at the Outpatient Site for additional support and resource opportunities. **** will also pursue hosting a quarterly meeting for Peer Specialists in the region.

Coincidental to the one-to-one contact with their peer, peer staff will demonstrate personal recovery to other agency staff, community members, and other consumers to impact positively on the negative stigma attached to experiencing a mental illness.

Peer staff will also provide demonstration of recovery and assist their peers by attending treatment team meetings at other mental health treatment facilities, mental health treatment sessions and meet with individual treatment staff providing services to their peer when their peer makes a request. At these meetings, the peer staff will share and receive information (with a signed written release) designed to both assist them and assist those they are meeting with to the benefit of the peer served. They can again avail the opportunity to positively impact on stigma and also assist others in becoming more recovery oriented to the benefit of their peers.

***** has a long history of providing mental health and housing services and supports in *******County for over 15 years. During that time, *****has forged strong elationships with many mental health and community agencies. ***** maintains formal written service linkage agreements with ******* County Human Services BSU and ICM programs, ***** Behavioral Health's Crisis and OPMH programs, Mobile Psychiatric Nurse Program etc. Informal linkages exist through long standing working relationships with the County Welfare Office, Social Security, local banks, Transportation Authority, ******* Medical Center, local landlords, rental assistance, several housing assistance programs as well as local businesses. Through these formal and informal linkages the CPS program will have a variety of resources to pull on in assisting the peers to attain their personal recovery goals. However, individual information will not be shared with any of the above resources without the appropriate peer consent.

**** is devoted to allowing its Certified Peer Specialists the opportunity to collaborate and network with peers both internally and externally. Networking between peers shall be encouraged to not only expand resource available to those receiving services, but also to promote the continued recovery of Peer Specialists at both **** and other agencies providing the service.

This networking will be accomplished in a variety of ways. First, Certified Peer Specialists will be located in workstations within the Agency in order to maximize their ability to workshop situations, share information, and undertake other collaborative efforts with one

another. Currently, both Certified Peer Specialists are stationed in the same area, which also has the capacity to expand to provide workspace for up to two additional peers. ***** also encourages its peers to host a monthly Peer Networking meeting in order to meet with peers from outside agencies and support one another. **** will continue to make meeting space available to the peers until it is their wish to change the venue of this meeting. Management and Case Managers attend this meeting by invitation only. Additionally, the Certified Peer Specialists are permitted and encouraged to attend any networking provided outside of the agency in order to continue collaboration, networking, and to promote their own recovery. This includes networking collaboration that may occur during regular business hours, pending, of course, that service quality and delivery to individuals receiving Peer Support Services is not compromised in doing so.

17. QUALITY ASSURANCE/IMPROVEMENT PLAN

******* is committed to the recovery of persons with serious mental illness through effective programming. ***** 's Continuous Quality Improvement Plan (CQI) strives to fine tune current programming, make changes as needed, and look at future programming needs. The CQI Plan includes an annual assessment that contains: a program needs assessment, a quality assessment that includes consumer satisfaction interviews and an outcome evaluation showing participant progress on measurable outcomes. Data sources for these outcomes may include the Expectations survey, Wellbeing Index, Peer Outcomes Protocol Questionnaire, progress on individual Recovery Plans, and participant focus groups. In addition, at the entry into services participants receive ****** Welcome Packet, their rights and responsibilities and HIPPA guidelines.

Documentation in the Improvement Plan will cite any specific barriers encountered that might interfere with the Certified Peer Specialist's ability to perform the job, as well as steps taken to reduce or eliminate these barriers. Further, strategies for promoting a spirit of collaboration and partnership both within the agency, and with community stakeholders will be identified and their usage documented. Weekly staff training and support as well as monthly case reviews by ***** Mental Health Professional with Peer Specialists will help ensure quality peer support services.

The Peer Support Services program activities include a systematic and ongoing review process to ensure that the program is delivering high quality services to eligible recipients. The Quality Management (QM) program includes the identification and evaluation of the key elements of service delivery. Specifically, these key elements include:

- Access to services.
- Appropriateness of services.
- Efficacy of services.
- Timeliness of service delivery.
- Informed consent in service delivery.
- Competency of service providers.
- Engagement in culturally sensitive service delivery.
- Utilization of evidence–based best practices.
- CPS will receive at least 18 hours of continuing education training per year.

- Satisfaction with services.

Individuals participating in the Certified Peer Specialist program will be expected to assist in the ongoing program evaluation process by completing program evaluation instruments selected to gauge the impact of the program on the participants. The Peer Outcomes Protocol Questionnaire has been selected as one method to evaluate effectiveness of the program. Additionally, the Consumer Satisfaction Team survey results will be accessed to further assess consumer satisfaction with services, along with regular review from consumer suggestion boxes. The case records of the Peer Support Services program will also be utilized for extracting data to provide evidence of effective services and program activities. In addition, participants of the service will be asked to complete an "Expectation of Service" questionnaire at the onset of services. The information from the "Expectation of Service" form will be used in QM activities to gauge the participant's initial expectations and provide a demographic profile of those participating in these services.

Certified Peer Specialists will actively participate in the development of forms and surveys used in the service delivery, and participate on the Advisory Committee. Quarterly monitoring activities with related reports will be provided to the primary contractor (******* County Human Services), the Advisory Committee and the Executive Director of *****.

As Peer Support Services develop additional QM processes will be developed to ensure that services continue to be provided following the best practices for peer specialist programs.

***** Peer Support Program will be a part of the overall Performance Improvement program of *****. This program provides the framework to continually evaluate and enhance consumer health outcomes. This plan is reviewed and updated annually with a report generated at that time to include: population served, outcome of case reviews/chart audits conducted throughout the year.

The plan will specifically address the following related to peer support:

A. Identifying and implementing ways to eliminate organizational, systemic, and community barriers that may interfere with the ability of the peer specialist to perform his or her primary job responsibilities.
B. Promoting a spirit of collaboration and partnership among ****, the peer specialist and community stakeholders.
C. Documentation/Service outcomes will be reviewed monthly by the Clinic Coordinator and/or Peer Specialist Supervisor to evaluate:
    1. Timeliness of chart completion
    2. Quality of ISP
    3. Appropriateness of service
    4. Consumer satisfaction

**** has a Quality Management committee that meets monthly to address the specific issues of quality management, process improvement, utilization management, and performance improvement (see Attachment V).

**** ‘s quality assurance plan will include a performance improvement plan that specifically addresses the delivery of peer support services and will be reviewed and updated annually and will be subjected to the requirements and guidelines set forth in the Supplemental Provider Agreement for the Delivery of Peer Support Services.