Parent Peer Support Service – Individual

Service Definition

Parent Peer Support (PPS) is a strength-based rehabilitative service provided to parents/caregivers that is expected to increase the youth/family's capacity to function within their home, school, and community while promoting recovery. These services are rendered by a CPS-P (Certified Peer Support – Parent) who is performing the service within the scope of their knowledge, lived experience, and education. The service exists within a system of care framework and enables timely response to the needs of all family members across several life domains, incorporating formal and informal supports, and developing realistic intervention strategies that complement the youth's natural environment.

The services are geared toward promoting self-empowerment of the parent, enhancing community living skills, and developing natural supports through the following interventions:

1. Through positive relationships with health providers, promoting access and quality services to the youth/family.
2. Assisting with identifying other community and individual supports that can be used by the family to achieve their goals and objectives-; these can include friends, relatives, and/or religious affiliations.
3. Assisting the youth and family accessing strength-based behavioral health, social services, educational services and other supports and resources required to assist the family to attain its vision/goals/objectives including:
    a. Helping the family identify natural supports that exist for the family.
    b. Working with families to access supports which maintain youth in the least restrictive setting possible; and
    c. Working with the families to ensure that they have a choice in life aspects, sustained access to an ownership of their IRP and resources developed.
4. In partnership with the multi-disciplinary team, working with the provider community to develop responsive and flexible resources that facilitate community-based interventions and supports that correspond with the needs of the families and their youth.

Interventions are approached from a perspective of lived experience and mutuality, building family recovery, empowerment, and self-efficacy. Interventions are based upon respect and honest dialogue. The unique mutuality of the service allows the sharing of personal experience including modeling family recovery, respect, and support that is respectful of the individualized journey of a family's recovery. Equalized partnership must be established to promote shared decision making while remaining family centered. All aspects of the intervention acknowledge and honor the cultural uniqueness of each family and the many pathways to family recovery.

One of the primary functions of the Parent Peer Support service is to promote family/youth recovery. While the identified youth is the target for services, recovery is approached as a family journey towards self-management and developing the concept of wellness and functioning while actively managing a chronic behavioral health condition, which enable the youth to be supported in wellness within his/her family unit. Families are supported in learning to live life beyond the identified behavioral health condition, focusing on identifying and enhancing the strengths of their family unit as supporters of the youth. As a part of this service intervention, a CPS-P will articulate points in their own recovery stories that are relevant to the obstacles faced by the family of consumers of behavioral health services and promote personal responsibility for family recovery as the youth/family define recovery.

The CPS-P focuses on respectful partnerships with families, identifying the needs of the parent/caregiver and helping the parent recognize self-efficacy while building partnership between families, communities, and system stakeholders in achieving the desired outcomes. This service provides the training and support necessary to promote engagement and active participation of the family in the supports/treatment/recovery planning process for the youth and assistance with the ongoing implementation and reinforcement of skills learned throughout the treatment/support process. PPS is a supportive relationship between a parent/guardian and a CPS-P that promotes respect, trust, and warmth and empowers youth/families to make choices and decisions to enhance their family recovery.

The following are among the wide range of specific interventions and supports which are expected and allowed in the provision of this service:

1. Assisting families in gaining skills to promote the families' recovery process (e.g., self-advocacy, developing natural supports, etc.).
2. Support family voice and choice by assisting the family in assuming the lead roles in all multi-disciplinary team meetings.
3. Listening to the family's needs and concerns from a peer perspective and offering suggestions for engagement in planning process.
4. Providing ongoing emotional support, modeling, and mentoring during all phases of the planning services/support planning process.
5. Promoting and planning for family and youth recovery, resilience, and wellness.
6. Working with the family to identify, articulate and build upon their strengths while addressing their concerns, needs and opportunities.
7. Helping families better understand choices offered by service providers, and assisting with understanding policies, procedures, and regulations that impact the identified youth while living in the community.
8. Ensuring the engagement and active participation of the family and youth in the planning process and guiding families toward taking a pro-active and selfmanaging role in their youth's treatment.
9. Assisting the family with the acquisition of the skills and knowledge necessary to sustain an awareness of their youth's needs as well as his/her strengths and the development and enhancement of the family's unique problem-solving skills, coping mechanisms, and strategies for the youth's illness/symptom/behavior management.
10. Assisting the parent in coordinating with other youth-serving systems, as needed, to achieve the family/youth goals.
11. As needed, assisting communicating family needs to multi-disciplinary team members, while also building the family skills in self-articulating needs/desires/preferences for treatment and support with the goal of full family-guided, youth-driven self-management.
12. Supporting, modeling, and coaching families to help with their engagement in all health-related processes.
13. Coaching parents in developing systems advocacy skills in order to take a proactive role in their youth's treatment and to obtain information and advocate with all youth-serving systems.
14. Cultivating the parent/guardian's ability to make informed, independent choices including a network for information and support which will include others who have been through similar experiences.
15. Building the family skills, knowledge, and tools related to the identified condition/related symptoms so that the family/youth can assume the role of self-monitoring and self-management.
16. Assisting the family in understanding:

- Various system processes, how these relate to the youth's recovery process, and their valued role (e.g., crisis planning, IRP process).
- What a behavioral health diagnosis means and what a journey to recovery may look like; and
- The role of services/prescribed medication in diminishing/managing the symptoms of that condition and increasing resilience and functioning in living with that condition.

17. Empowering the family on behalf of the recipient; providing information regarding the nature, purpose, and benefits of all services; providing interventions and support; and providing overall support and education to a caregiver to ensure that he or she is well equipped to support the youth in service transition/upon discharge and have natural supports and be able to navigate service delivery systems.
18. Identifying the importance of Self Care, addressing the need to maintain family whole health and wellness in order to ultimately support the youth with a behavioral health condition.
19. Assisting the family in self-advocacy promoting family-guided, youth-driven services and interventions.
20. Drawing upon their own experience, helping the family/youth find and maintain hope as a tool for progress towards recovery; and
21. Assisting youth and families with identifying goals, representing those goals to the collaborative, multi-disciplinary treatment team, and, together, taking specific steps to achieve those goals

<u>Admission Criteria</u>

1. PPS is targeted to the parent/guardian of youth/young adults who meet the following criteria:
    a. Individual is 21 or younger; and
    b. Individual has a substance related condition and/or mental illness; and two or more of the following:
        i. Individual and his/her family needs peer-based recovery support for the acquisition of skills needed to engage in and maintain youth/family recovery; or
        ii. ii. Individual and his/her family need assistance to develop self-advocacy skills to achieve self-management of the youth's behavioral health status; or
        iii. iii. Individual and his/her family need assistance and support to prepare for a successful youth work/school experience; or
        iv. iv. Individual and his/her family need peer modeling to increase responsibilities for youth/family recovery.
2. For the purposes of this service, "family" is defined as the person(s) who live with or provide care to the targeted youth, and may include a parent, guardians, other caregiving relatives, and foster caregivers.

<u>Continuing Stay Criteria</u>

1. Individual continues to meet admission criteria; and
2. Progress notes document parent/guardian progress relative to goals which the youth/family identified in the Individualized Recovery Plan, but treatment/recovery goals have not yet been achieved.

<u>Discharge Criteria</u>

1. An adequate continuing recovery plan has been established; and one or more of the following:
    a. Goals of the Individualized Recovery Plan have been substantially met; or

b. Individual served/family requests discharge; or
c. Transfer to another service/level is more clinically appropriate.

Service Exclusions

1. "Family" or "caregiver" does not include individuals who are employed to care for the member (excepting individuals who are identified as a foster parent).
2. General support groups which are made available to the public to promote education and advocacy do not qualify as Parent Peer Support.
3. If there are siblings of the targeted youth for whom a need is specified, this service is not billable unless there is applicability to the targeted youth/family.
4. This unique billable service may not be billed for youth who resides in a congregate setting in which the caregivers are paid in a parental role (such as child caring institutions, or any other living environment that is not comprised of family, guardians, or other more permanent caregivers). A short-term exception would be if the youth were preparing for transition back to a single-family unit, the family member is present during the intervention, and the service is directed to supporting the unification/reunification of the youth and his/her identified family/caregiver and takes place in that home and community

Clinical Exclusions

Individuals with the following conditions are excluded from admission unless there is clearly documented evidence of a behavioral health condition overlaying the diagnosis: Developmental Disability, Autism, Neurocognitive Disorder, or Traumatic Brain Injury.

Required Components

1. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the person-centered interactions offered by the Certified Peer Specialist(s).
2. The operating agency shall have an organizational plan which articulates the following agency protocols:
    a. PPS cannot operate in isolation from the rest of the programs/services within the agency or affiliated organization or from other health providers.
    b. CPS-Ps providing this service are supported through a myriad of agency resources (e.g., Supervisors, internal agency 24/7 crisis resources, external crisis resources, etc.) in responding to youth/family crises.
3. The CPS-P shall be empowered to convene multidisciplinary team meetings regarding a participating individual's needs and desires.
4. Contact must be made with the individual receiving PPS services a minimum of twice each month. At least one of these contacts must be face-to-face and the second may be either face-to-face or telephone contact depending on the individual's support needs and documented preferences.
5. At least 50% of PPS service units must be delivered face-to-face with the family/youth receiving the service. In the absence of the required monthly face-to-face contact and if at least two unsuccessful attempts to make face-to-face contact have been tried and documented, the provider may bill for a maximum of two telephone contacts in that specified month.
6. The CPS-P must be allowed to participate as an equal practitioner partner with all staff in multidisciplinary team meetings.

Staffing Requirements

1. Services must be provided by a CPS-P.
2. Parent Peer Support services are provided in a structured 1:1 CPS to family-served ratio.
3. A CPS-P must receive ongoing and regular supervision by an independently licensed practitioner to include:
    a. Supervisor's availability to provide backup, support, and/or consultation to the CPS-P as needed.
    b. The partnership between the Supervisor and CPS-P in collaboratively assessing fidelity to the service definition and addressing implementation successes/challenges.
4. A CPS-P cannot provide this service to his/her own youth and/or family or to an individual with whom he/she is living; and
5. A CPS-P cannot exceed a caseload of 30 families and shall be defined by the providing agency based upon the clinical and functional needs of the youth/families served.

Clinical Operations

1. CPS-Ps who deliver PPS shall be involved in proactive multi-disciplinary planning to assist the youth/family in managing and/or preventing crisis situations.
2. PPS is goal-oriented and is provided in accordance with the youth's collaborative and comprehensive IRP.

Service Accessibility

1. PPS may be provided at a service site, in the recipient's home, or in any community setting appropriate for providing the services as specified in the recipient's behavioral health recovery plan; via phone (although 50% must be provided face to face, telephonic contacts are limited to 50%).
2. To promote access, providers may use Telemedicine as a tool to provide direct interventions to individuals for whom English is not their first language. Examples of this include:
    - the use of one-to-one service intervention via Telemedicine, connecting the individual to a practitioner who speaks the individual's language versus use of interpreters; and/or
    - the use of an interpreter via Telemedicine to support the practitioner in delivering the identified service.

    Telemedicine may only be utilized when delivering this service to an individual for whom English is not their first language. The individual/family must consent to the use of this modality. This consent should be documented in the individual's record. The use of telemedicine should not be driven by the practitioner's/agency's convenience or preference

Documentation Requirements

1. CPS-Ps must comply with all required documentation expectations set forth in this manual.
2. CPS-Ps must comply with any data collection expectations in support of the program's implementation and evaluation strategy

Billing & Reporting Requirements

When Telemedicine technology is utilized for the provision of this service in accordance with the allowance in the Service Accessibility section of this definition, the code cited in the Code Detail above with the appropriate GT modifier shall be utilized in documentation and claims submission