

Peer Support Specialists

County Behavioral Health Systems

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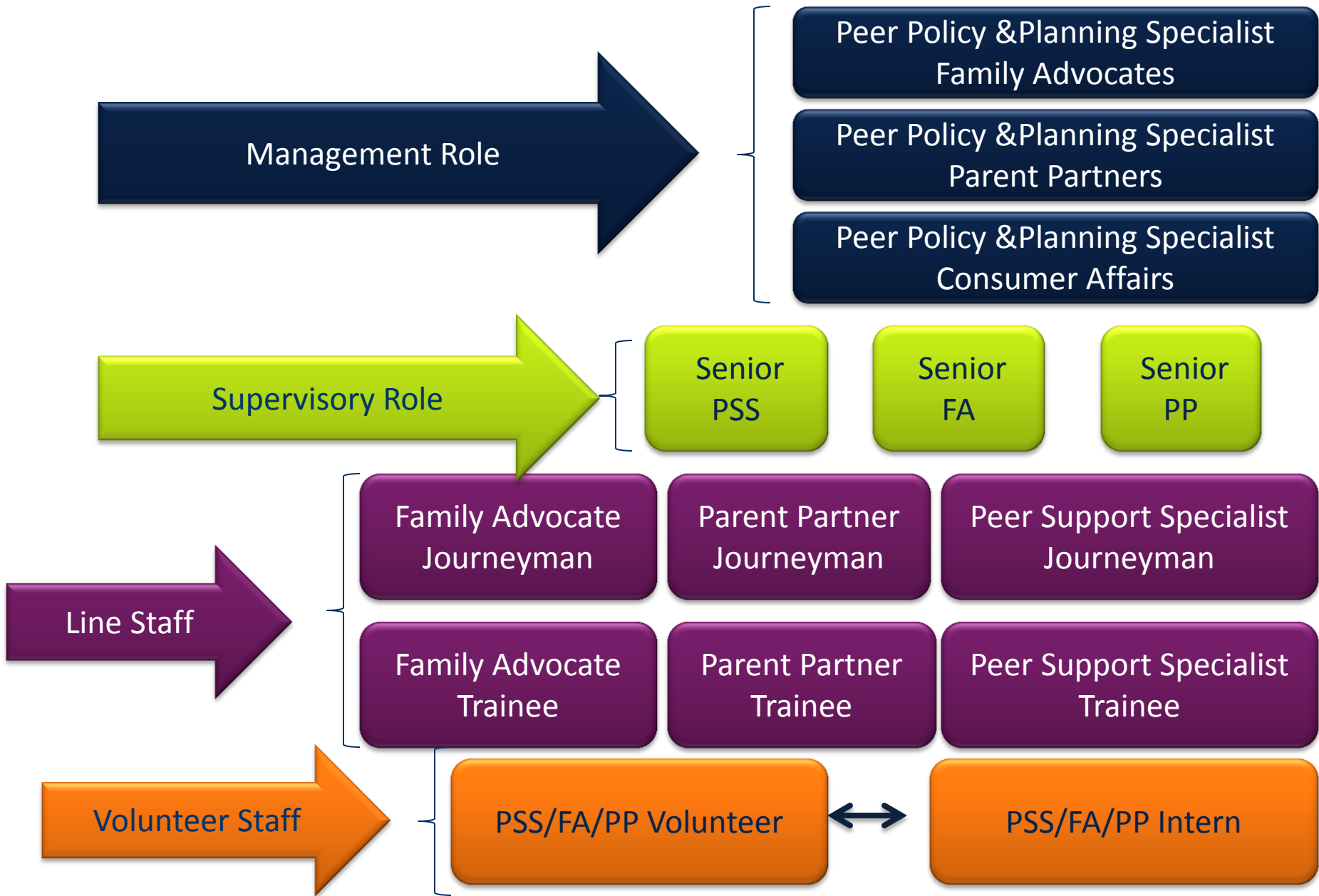


History in our County

Top Management Support = Success

- 1990's
 - Family Advocates in place in 1993
 - Introduced Parent Partners in 1998
- 2005
 - MHSA challenge County Mental Health to add innovation
 - Peer Consumer Providers - Peer Support Specialists
- 2006
 - The First Peer Employment Training Class
 - 17 Graduates
 - 5 hired by RCDMH

Career Ladder





Peer Support Roles

Family Advocate Programs

Western Region

Mid-County

Desert Region

Forensics / Mental Health Court

Family Room

Recovery Learning Centers

NAMI – Family to Family

Parent Partner Programs

Western Region

Mid-County

Desert Region

Transitional Age Youth (TAY)

Full Service Partnership / TAY

Katie A. in collaboration with DPSS / foster Care

Consumer Affairs Programs

Western Region

Mid-County

Desert Region

Long Term Care

New Life

Recovery Learning Centers

Family Room

Integrated Health Care / Whole Health

PAIR

Consumer Affairs Programs

Crisis Support and System of Care

Substance Use Programs

“New Life” AB 109

Research and Technology

Communications

Peer Navigation

Volunteer / Intern Staff

- All clinics and programs
- Commissions and Committees
- Events (May is Mental Health Month)
- Includes two duty statements
 - PSSV – Limited role
 - PSSI – Shares duty statement with PSST

Line Staff (Trainee / Journeyman)

- Clinics, programs, administration
- AB 109 “New Life”
- Substance Use Programs
- Specialty Programs
- Crisis Intervention
 - Hospitals
 - Mobile units

Supervisory Role

- Support Supervisors and Clinics
- Development & Implementation of Training
- Interagency collaboration
- Staff Development
- Program Development
- Assist with staff support
- Mentor all staff in the delivery of Recovery focused Services
- Model recovery for the whole department
- Participate in committees and boards

Management Role

- Planning
- Policies to include peer perspectives
- Advise on projects and programs
- Bring lived experience to top level management
- Advise the system on Recovery Focused Service Delivery

Medicaid Peer Support Coding

Senate Bill 614

What is the Bill calling for?

- A billing category specific for peer providers
- A distinct service type
- Medi-Cal reimbursement if Federal financial participation is available
- Facilitate early intervention

What are we doing now?

- Bill under rehab codes listed
- Capture an estimated 50% of actual Peer Provider interactions
- 25% of Peer Support Services are non-billable
- MHSA funds offset reimbursements

Client Support Services

- Support wellness and care management
- Indirectly assist with treatment goals

Client Support Services

- Indirectly address the person's treatment goals
- Do not connect to any of the person's treatment goals
- Could be provided by anyone in the community
- Are activities specifically listed in the regulations as “non-reimbursable”
- Are provided more for the benefit of others in the person's life
- The non-group activity is provided for the benefit of multiple clients.
- Are more of a physical health service than a mental health service
- Person is capable, but service is done for them, not with them

What are the positive effects?

- Able to recoup funds for all work provided by Peer Support Specialists
- Create specialized programs to meet our stakeholder needs
- Fund expansion of Peer Support Services
- Statewide uniformity of services