



ADDICTIONS AND MENTAL HEALTH DIVISION

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May 23, 2011

To: Consumer and Family Run Organizations
Peer Delivered Service Providers

From: Shawn Clark, Workforce Development Manager

Subject: Updated Application for Reviewing Peer Delivered Services (PDS) Curriculum

Addictions and Mental Health Division, (AMH), recognizes the value of peers and family members who form a vital service and support network that enhances an individual's recovery and resiliency. AMH has embraced opportunities to partner with individuals, families and organizations providing PDS for people of all ages. AMH appreciates the many stakeholders who helped develop a process for reviewing and approving curricula designed for individuals seeking to work in Peer Delivered Service (PDS) roles within the adult mental health, children's mental health and addictions recovery arenas. The goal of the curriculum must be to prepare "Peers" to provide "Peer Delivered Services". **We have revised this process to support the Integrated Services and Supports Rule (ISSR).**

There are four attachments related to the process for applying to AMH to become an approved PDS training program. These include attachments:

1. Roles, Functions and Responsibilities
2. Directions for Completing the Application
3. Application Form
4. The Criteria Used to Review and Approve the Programs

Please see the AMH website at <http://www.oregon.gov/OHA/addiction/peer.shtml#amh> for information about the PDS training program. If you have questions regarding the application process please contact Shawn Clark, at 503-945-9720 or Judy Rinkin, Family Partnership Specialist, at 503-947-5525.

CC: Len Ray
Peer Delivered Services Review Committee

SC/sl

Oregon Health Authority
Addictions and Mental Health Division
Attachment 1
PDS Training Program Roles, Functions and Responsibilities

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AMH PDS Review Committee Role and Function

- The AMH PDS Review Committee will consist of three consumers with diverse perspective including, but not limited to, experience with mental health and addiction services and an understanding of lifespan issues (child to older adult), two substance use or mental health service providers, and two AMH staff. This committee will review and approve training program curriculum. The AMH PDS Review Committee meets quarterly in January, April, July, and October each year.

AMH Role and Responsibilities

- AMH will coordinate the activities of the AMH PDS Review Committee and carry out the responsibilities listed below:
 - AMH will ensure that programs meet the minimum 24 hour requirement,
 - AMH will post approved programs on the AMH website,
 - AMH will provide a letter to the approved training program stating that the submitted program's curriculum has met the AMH standards, and
 - AMH will approve all past and current deliveries of that program, as long as the curriculum is the one approved by AMH.

PDS Training Program Responsibilities

- PDS programs will submit an application for review to AMH using the prescribed application form.
- The application must be submitted on or before December 1, March 1, June 1 or September 1, to be reviewed at the next quarterly review.
- A PDS training program may submit updated or modified criteria at any time.

Attachment 1

Oregon Health Authority
Addictions and Mental Health Division
Attachment 2

Directions to apply for AMH approval for Peer Delivered Services (PDS) Training Program
Curriculum

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1. Complete attachment 3 to provide basic program information.
2. Make a single copy of the following and include all with your application: (applications may be submitted electronically)
 - The program, section goals and the agenda outlined by the hour. The pages of the curriculum must be numbered consecutively
 - The course outline and a detailed description of the curriculum as it is delivered, including;
 - Copies of your presentations, the notes you use to teach, plus instructions for exercises.
 - Copies of the written materials you provide for the participants.
3. See attachment 4 which lists the principles and elements that the AMH PDS Review Committee will use to review your program. In order for AMH to approve a program curriculum, it must teach each of the elements. It must also include materials and exercises that demonstrate the program includes each of the principles.
4. Send the completed application form, attachment 3, with the copies of the course materials to:

Oregon Health Authority (OHA) - Addictions and Mental Health Services Division
(AMH)
Attention: Shawn Clark, Workforce Development Manager
500 Summer Street NE E86, Salem, OR 97301-1118
shawn.clark@state.or.us
5. If your application is incomplete, AMH will let you know and hold the application for 30 days before returning it to give you time to send in all the materials.

**OHA-Addictions and Mental Health Division
Application for Peer Delivered Services (PDS) Training Program Review
Attachment 3**

May 23, 2011

Please complete this form and send a copy of your training curriculum (agenda, outline and course materials) to the AMH PDS Review Committee.

Section 1: Program Description and Contact Information

Date Submitted	
Applicant Name	
Organization	
Address Phone E-mail	
PDS Training Program Name	
Authors Name and Contact Information	
Indicate focus of peers trained mental health, addiction, co-occurring, or family	
Name and Qualifications of Your Program Trainer(s)	
Date of first delivery	
Number of classroom hours	
What confirms a participant's successful completion?	
Provide a short summary of your program and contact information for our web page.	

Submit this application form and a copy of your training curriculum to:

AMH PDS Review Committee - Attention: Shawn Clark, Workforce Development Manager
Addictions and Mental Health Division, 500 Summer Street NE, E86, Salem, Oregon 97301-1118

If your training program is available electronically, you may submit your application and materials using the following address: shawn.clark@state.or.us

If you have questions regarding the application process, please call Shawn Clark, 503-945-9720.

Thank you for your application

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PDS Application Form

Requirement	Location
Completed Application Form	
Goals	
Course Timeline	
Peers Packet	
Communication: Crisis Where is the description of the process that you teach regarding threat of harm to self or others	
Communication: Listening Skills	
Communication: Problem Solving	
Communication: Relationship Building	
Documentation: Where is the location of what you teach regarding objective vs. subjective reporting	
Education: Specific to Peer Population	
Education: Recovery or Resiliency Tools Example: Adult Mental Health W.R.A.P.	
Ethics: Boundaries (Include Personal and “Professional”)	
Ethics: Personal Support System	
Ethics: Role of Peer Delivered Services *See Glossary	
Knowing the Law: Include those as appropriate to the specific peer population.	
Knowing the Law: Civil Rights	
Knowing the Law: Fair Housing	
Knowing the Law: Confidentiality Specifically 42 CFR	
Knowing the Law: HIPAA	
Knowing the Law: Mandatory Reporting	
Knowing the Law: Individual Education Plan – Children/Families Only	
Knowing the Law: Individual Family Support Plan – Children/Families Only	
Resources: Service System	
Resources: Social Service Support System	
Resources: Advocacy System	
Wellness: Where is information about tobacco cessation resources?	

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Principle to be Demonstrated	Describe how this curriculum supports this principle and list some specific pages. *See Glossary for Definitions – pages 2 and 3 of Attachment 4	Location
Culturally Appropriate		
Informed Choice		
Partnership		
Person Centered		
Strengths-Based		
Trauma Informed		

Attachment 3
Form 3 of 4

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Peer Evaluation

Standard	How its evaluated Describe tests or tasks and provide page numbers where this is found	Location
Course Graduation Certificate		
What criteria would keep an individual from receiving a “certificate of graduation”?		
Course Completion		
Do you have a course completion “certificate”?		
If you have completion certificate, what is the criteria that makes it different from a “graduation Certificate”?		
Understanding of course information		
Demonstration of course skills		
Demonstration of a personal support system		
Understanding the Following:		
1. Confidentiality		
2. Mandatory Reporting		
3. How to deal with “threat of harm”		

Attachment 3
Form 4 of 4

Oregon Health Authority
Addictions and Mental Health Division
Attachment 4

The AMH PDS Review Committee will determine if a training program incorporates the core principles and teaches the elements in the curriculum.

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PRINCIPLES

- Culturally Appropriate
- Informed Choice
- Partnership
- Person Centered
- Strengths-Based
- Trauma Informed

ELEMENTS

Communication

- Crisis Intervention
- Listening Skills
- Problem-Solving Skills
- Relationship Building

Education

- Provide basic information of the arena you are preparing people to serve in: Adult Mental Illness, Addiction or Children's Mental Health
- Provide basic information of the arena you are preparing people to serve in: Strengths-Based and/or Recovery Processes and Tools

Ethics

- Boundaries
- Development of a Personal Support system
- Role of Peer Delivered Services

Knowing the Law

- Americans with Disabilities Act, Civil Rights and Fair Housing
- Confidentiality
- Documentation
- Mandatory Reporting

Resources

- Understanding the Service Delivery System in the program arena
- Finding Community and Support Services i.e. Disability, Childcare
- Agencies Advocating for Rights and Services
- Wellness: Including tobacco cessation resources

Attachment 4

Page 1 of 3

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Glossary for Peer Delivered Services Curricula

Culturally Appropriate (From Integrated Services and Supports Rule ISSR) “Cultural competence is the process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, disabilities, religions, genders, sexual orientations, age and other diversity factors in a manner that recognizes, affirms, and values the worth of individuals, families and communities and protects and preserves the dignity of each.”

Informed Choice

Is without judgment and includes health providers exploring service options with individuals, a full array of options to include, but not limited to, “traditional” and alternate treatments and supports.

Mandatory Reporting (As defined in ISSR)

“Mandatory Reporter: means any public or private official, as defined in ORS 419B.005(3), who comes in contact with or has reasonable cause to believe that an individual has suffered abuse or that any person with whom the official comes in contact, has abused the individual.”

Partnership

Involves peer-to-peer relationships, peer support within systems, peer connections with community resources and natural supports that demonstrate awareness of:

- Collaboration
- Connection
- Equality
- Individual perspective
- Interdependence
- Lived experience
- Mutuality
- Respect
- Exploring each others world-view

Attachment 4

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Glossary for Peer Delivered Services Curricula

Person Centered (From Centers for Medicare and Medicaid Services)

“Person-centered planning is a process, directed by the family or the individual, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The family or individual directs the family or person-centered planning process. The process includes participants freely chosen by the family or individual.”

Resilience (From ISSR)

Resilience means the universal capacity that a person uses to prevent, minimize, or overcome the effects of adversity. Resilience reflects a person’s strengths as protective factors and assets for positive development.”

Recovery (From ISSR)

“Recovery means a process of healing and transformation for a person to achieve full human potential and personhood in leading a meaningful life in communities of his or her choice.”

Role of Peer Delivered Services (From ISSR)

“Peer Delivered Services” means an array of agency or community based services and supports provided by peers, and peer support specialists, to individuals or family members with similar lived experience that are designed to support the needs of individuals and families as applicable.”

Strengths-Based

Focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals and families.

Trauma Informed (From the ISSR)

Information must include the AMH trauma policy which can be found at this website

<http://www.oregon.gov/OHA/addiction/trauma.shtml>

“Trauma Informed Services” means services that are reflective of the consideration and evaluation of the role that trauma plays in the lives of people seeking mental health and addictions services, including recognition of the traumatic effect of misdiagnosis and coercive treatment. Services are responsive to the vulnerabilities of trauma survivors and are delivered in a way that avoids inadvertent re-traumatization and facilitates individual direction of services.”

Attachment 4

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