

Peer-Delivered Services (PDS) - Laura Van Tosh

Len Ray, Sponsor

Peer-delivered services are promising practices that exemplify hope, recovery, resilience, and independence. AMH recognizes the development, funding, and support of peer-related services that connects multiple stakeholders and promotes recovery and resilience. Peer-delivered services reflect a national trend and these services play a role within a recovery-oriented continuum of care. Oregon is home to a wide array of peer-delivered programs; some operate within the mental health and addictions systems, and others provide alternative services. Most are community-based and all are delivered by people with substance use disorders and/or mental health experiences or family members of adults or children with mental health experiences. Peer-delivered services operate at the grassroots and some of these programs have a statewide focus. The investment in an enhanced peer-delivered service program will expand opportunities for communities and AMH to involve peers in planning, evaluation, and policy at all levels of addictions and mental health systems, while cultivating existing programs that are in need of technical assistance. AMH will serve as a partner and collaborator in this effort and will encourage community engagement in support of these

Task	Responsible Party	Timeline to Complete	Progress	Next Steps	Concrete Benchmarks
Revise and approve PDS initiative goal statement and identify focus areas for the work plan.	Laura Van Tosh	Completed	Draft reviewed at 11/23/09 PDS meeting. Approved at 12/22/09 meeting.	Completed	a) Work plan approved by executive management. b) Work plan used by work group to accomplish tasks.
<u>Financing:</u> Develop financing plan for PDS - Medicaid, grant sources, Block Grant, general fund sources.	David Fischer	11/1/10	Initial discussion on financing options in addition to Medicaid held on 1/7/10. Financing plan will be developed in conjunction with catalogue of PDS programs.	a) Identify list of funding options. b) Utilize model state language for waiver. c) Revise State Plan in line with 1915-I waiver.	Develop plan to determine categories of programs, funding sources and model language in conjunction with catalogue of PDS.
<u>Financing:</u> Identify opportunities for Medicaid reimbursement of PDS, including technical assistance and evaluation.	David Fischer	11/1/10	The issue was discussed at 1/22 PDS Work Group meeting. Discussion of financing and state examples will occur at 7/10 PDS meeting.	Identify other state practices such as Georgia, Pennsylvania, and Michigan. Contact national leaders for technical assistance: Shawn Terrell (DHHS) and Paolo del Vecchio (SAMHSA).	a) Develop best practice list of states. b) Draft TA and evaluation plan.
<u>Workforce Development:</u> Provide training to providers, peers, and families on PDS, curricula, and resources.	Shawn Clark	12/31/10	Technical assistance sessions provided to PDS programs in 11/09, 12/09, and at 5/10 AMH Conference.	PDS training at 5/10 AMH Conference included sessions on peer specialists, recovery oriented systems of care, and warmline interventions.	Determine additional training needs based on AMH conference evaluations and incorporate information for training to occur in late 2010.

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<u>Workforce Development:</u> Provide training to providers, peers and families on best practice and emerging EBP for PDS.	Shawn Clark	7/30/10	Workshops and speakers at 5/10 AMH Conference provided emerging EBP information. Topics included peer specialists, recovery oriented systems of care, and warmline interventions.	Identify PDS best practices for future AMH-sponsored training.	Locate best practice training modules from other states; schedule training for late 2010 - 2011.
<u>Workforce Development:</u> Provide technical assistance to PDS agencies who do not meet ISSR criteria.	Staff to be assigned	Ongoing	Provide TA as requested. Review Committee met with PDS applicants twice in 2009. Site visit to one program 9/09.	Workforce Development Unit to attend ISSR discussion and overview on 1/14/10. Identify Workforce Development staff to provide technical assistance.	A cadre of AMH staff and volunteers who provide technical assistance upon request and dependent on staff time to meet AMH curricula standards.
<u>Workforce Development:</u> Develop feedback mechanism for external stakeholders to provide feedback to PDS Initiative activities.	Shawn Clark	11/5/10	PDS Work Group to discuss at 7/10 meeting.	PDS Work Group to create process for stakeholder input.	Stakeholders are informed via AMH email to provide input into PDS objectives.
<u>Workforce Development:</u> Identify competencies needed to provide PDS; develop matrix for level of services; include in contracts.	Shawn Clark	9/15/10		Work with PDS Committee and Licensing and Contract units to develop language. Meet with Medicaid staff.	Competencies drafted to develop curricula and to hire and supervise PDS providers.
<u>Workforce Development:</u> Develop focus group or survey to assess PDS; develop a matrix for planning; identify best practices for replication.	Laura Van Tosh	10/22/10	Review 2009 MHSIP survey and 2008 workforce development survey results. Identify themes and areas for possible replication.	a) Work with PDS staff to develop survey or identify focus group participants. b) Develop open-ended questions. c) Convene focus group (6-8 people); set date for focus group meeting.	Review survey results. Set date for focus group and identify focus group participants.
<u>Curriculum:</u> AMH establishes criteria and a review process for approving PDS curricula.		3/30/09	Completed	Completed March 2009	Policy, Process and Procedures approved and posted on AMH Web site.

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<u>Curriculum</u> : AMH establishes criteria and a selection process for review of PDS curricula.	Shawn Clark	Ongoing - Review of PDS curriculum is dependent upon applications.	Meet as needed to review.	Ongoing - Review Committee meets six times per year, or as needed depending upon requests.	a) AMH PDS Curriculum Review Work Group established. b) New members of Curriculum Review Work Group have been named.
<u>Communications</u> a) Keep PDS information updated on AMH website. b) Create a Facebook page.	Therese Hutchinson	10/25/10	Updates of PDS information on AMH website are ongoing.	a) PDS information to be identified. b) Discuss development of Facebook page at June 2010 PDS Work Group meeting. c) Meet with Greta Coe. d) Meet with Andrea Cantu-Schomos. e) Identify Peers to pilot Facebook and AMH Website information.	a) AMH web site updated monthly with current PDS information. b) Contact list of Oregon PDS programs created and maintained. c) Facebook page created and maintained.
<u>Communications</u> : Develop communication plan to keep stakeholder organizations informed.	Karen Wheeler	11/15/10	Stakeholder organizations have been identified. Draft communications plan has been submitted to PDS initiative members for review. Comments are being solicited. Draft communications plan has been	a) Draft Communications plan for PDS Work Group. Develop a newsletter for stakeholders. b) Clarify PDS goals and mission.	Communication plan developed.
<u>Outcomes</u> : Develop data process to establish outcome measures and develop research program for PDS services.	Laura Van Tosh	10/29/10	Discussed initial process for determining outcome measures with Adult Services Research Analyst. Discussed outcome measures for PDS via email with technical assistance centers.	a) Develop process for identification of outcome measures. b) Review state examples; consult with national technical assistance centers. c) Collaborate with Stakeholder group to identify outcome measures.	a) Data process to establish outcome measures developed. b) Plan for research program on PDS developed.

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<u>Policy:</u> Catalogue PDS programs in Oregon, based on type and funding to lay framework for an investment strategy.	Mike Hlebechuk	10/15/10	A method to catalog PDS programs is in development. A survey has been prepared and is being used to obtain inventory information. The process to gather information has been initiated. PDS Initiative Initiative members submitted comments on the inventory format.	a) Programs throughout Oregon are identified and categorized by funding (OHP, Medicaid, Grant funded) and location. b) Meet with Medicaid, Workforce Development, and Addictions managers; gather existing lists; verify programs. Analyze results from survey. Maintain survey results on the "I" drive.	a) Develop statewide list of programs and services and funding sources. b) Identify service gaps. c) Prepare lists for online posting. d) Announce project via Facebook and AMH listservs.
<u>Policy:</u> Identify best practice language from other states who have included PDS in state plan amendments.	Bill Bouska	Completed (11/09)	Minnesota language has been obtained.	a) Gather additional state examples. b) Meet with AMH Medicaid staff. c) Discuss next steps with PDS Work Group for Oregon Medicaid Program.	a) Policy language is drafted. b) Language is included in 1915-I waiver plan.
<u>Policy:</u> PDS definitions included in the ISSR and is described as a Service Element.	Judy Rinkin	Completed (12/09)	PDS definitions included in ISSR.	Utilize ISSR definitions in PDS Work Group.	Review definitions to ensure cohesion in the production of the PDS inventory and technical assistance plans.
<u>Policy:</u> Develop plan for expansion of PDS.	Laura Van Tosh	3/15/11		a) Identify best practices with AMH staff. b) collaborate with Children Services Advisory Committee and Consumer/Survivor Council to identify program types for expansion.	Develop outline for plan, incorporating expansion ideas from PDS workgroup and other research.
<u>Workforce Development:</u> Develop training for YAT and OFSN on ISSR and PDS.	Judy Rinkin				Develop training for YAT and Family members.
Develop NASMHPD TTI proposal for R. Harris.	Laura Van Tosh	10/8/10	Met with PDS Work Group and Stateholders on 5/20/10. Participated in technical assistance call with NASMHPD on 7/8/10. <i>Proposal will not be submitted as determined on 10/8/10.</i>	a) Ideas for proposal are in development. b) Ongoing collaboration with stakeholder groups is occurring. c) Develop draft for comment by 6/16/10. d) Submit draft proposal to R. Harris by 9/1/10.	a) Proposal draft developed for comment by 6/16/10. b) Final draft delivered to R. Harris on 9/1/10.