

Recommendation 1:**Form a State Peer Involvement and Peer Support Service Standards Committee**

This committee will be comprised of representatives from certified CCBHC's, statewide consumer and family peer leaders and other stakeholders. At least 60% of this committee membership will be consumer and family peer leaders, including a representative from OCAC, CSAC, OHA Office of Consumer Activities and the THW Commission. This committee will provide oversight and guide the CCBHC Demonstration with regards to the development of peer support programs, including but not limited to: specific measures and standards for peer and family inclusion, technical assistance, quality and quantity of peer support services, and independent peer-run contracted services.

This committee will also contribute toward future peer support and peer involvement initiatives as identified by the Oregon Health Authority. This committee's initial tasks will be to establish statewide peer support and involvement standards and measures for the CCBHC Demonstration.

Recommendation 2:**Oregon shall adopt a specific definition of consumers and family members for CCBHC governance standards.**

The term "peer," as used in this document, refers to all members of this group:

"Adults, parents of children, adolescents under 18, transition aged youth, and geriatric populations being treated for, or in recovery of mental and/or substance used disorders. Consumers, clients, service recipients and patients are used interchangeably to refer to persons of all ages for whom health care services, including behavioral health services, are provided by CCBHC's."

Recommendation 3:**Set firm goals and measures for Peer Support consistent with the Oregon Performance Plan.**

A measurable percentage of the CCBHC behavioral health resources need to be designated for Peer Support services with the result that Peer Support services are available to 100% of the served population. Peer-run efforts need to be included as CCBHC services, and the resources and administrative supports committed to this area by CCBHC leadership will be robust.

Recommendation 4:**Each CCBHC clinic must have a Peer Support Services & Inclusion Plan**

The Peer Support Services & Inclusion Plan is developed with meaningful involvement by local peers and guided by standards established by the Peer Involvement and Peer Support Service Standards Committee. This will guide growth and development with consideration of each sites' unique strengths and current gaps.

Recommendation 5:**Distinct Peer Support supervision standards shall be established for all CCBHC's.**

Peer-specific supervision standards for CCBHCs shall be established by the Peer Involvement and Peer Support Service Standards Committee. Sites which do not meet peer support supervision standards will be offered technical assistance (TA) and support by the Office of Consumer Activities and /or the Peer Involvement and Peer Support Service Standards Committee.

It is essential that clinical supervisors understand the peer support discipline, peer support culture, and uphold fidelity to peer values which include MUTUALITY, choice, self-determination, informality,

approachability, and a perception of both consumers and peer providers that is not based on the assessment of medicalized symptoms or medical model practices.

Recommendation 6:

Reintroduce contracting standards that uphold integrated Consumer and Family–Driven Governing Boards to provide oversight to each CCBHC. (ORS 410)

Within the first year of certification, TA will be made available through the State to develop a site-specific Peer Support and Involvement Plan. For those sites which do not meet the criteria developed by SAMHSA for a Consumer and Family-Driven Governing Board, Technical Assistance will be provided for the development of a plan to achieve this organizational transformation. Sites will be offered participation from robust statewide peer networks and input mechanisms; this process will be facilitated through the Peer Involvement and Peer Support Service Standards Committee and the OHA Office of Consumer Activities.

Recommendation 7:

Identify and implement fidelity scales for peer support services and peer involvement in governance. The Peer Involvement and Peer Support Service Standards Committee will identify both quality and quantity indicators and metrics for service outcomes.

Recommendation 8:

State funded Technical Assistance to implement each CCBHC clinic’s Peer Services and Peer Inclusion plan

Technical Assistance and support to address the local program needs are made accessible through statewide funding and training for peers, family members, and communities, as well as for CCBHC staff.

Involving peers to in TA roles to train, facilitate and coach, the state can maximize existing resources developed through Oregon’s long history of innovative peer programs and community involvement. OHA’s Office of Consumer Activities and their constituent network, as well as the various ‘peer-run’ trainers, advocacy-based organizations and consultants, can create a natural framework for expanding meaningful peer participation and effective peer support services and all discipline training on PDS through technical support.

Recommendation 9:

Follow Up and Measurability

The adoption of these recommendations shall be reported back within 30 days, and shall be scored as:

- 1) Adopted
- 2) Adopted with amendments (changed, adding time for review and reply)
- 3) Not implemented

And the recommendations that fall under 1) and 2) shall have measures identified by the Peer Involvement and Peer Support Service Standards Committee that will be tracked and realized as part of future CCBHC reporting processes.