



Self-Help/Peer Services

- I. Definition of Services:** A consumer-operated service is defined as a consumer-controlled operation, which defines its own parameters, and is organized so that responsibility, control, and decision-making are shared among consumers. These services are designed and intended to promote the principles of Recovery to assist the person in overcoming the negative impact of a psychiatric disability despite its continued presence, and facilitate the person's resumption of positive roles in the community. Such services fall within the spectrum of "wraparound" services made available to consumers. These services include a wide range of supports, services, and advocacy provided by peers to other peers. Self-Help/Peer Services are intended to provide ongoing support and assistance for other individuals with similar mental health disorders, and focus on aspects of recovery and reintegration into the community. Self-Help/Peer Services should be coordinated with other mental health services being provided to the member.

These services are developed in conjunction with members and member advocates and are evaluated based on member satisfaction and member input into initiatives for improvement.

II. Examples of Self-Help/Peer Services:

- a. **Peer Case Management/Peer Support Provider:** May be employed by state or local mental health authorities, trained, primary consumers of mental health services act as case managers/mentors for their peers. Services may include assistance with obtaining benefits, developing daily living skills, obtaining housing, attending medical, dental, clinic appointments, role modeling, providing transportation or making such arrangements, and education/support.
- b. **Drop-In Center:** Drop-in centers often serve as the nucleus for a broad range of services, supports, and social activities. A drop-in center may serve as a clearinghouse for information on such topics as housing assistance, vocational/employment information, advocacy, and education services. Self-help group meetings, as well as social events, may be held at the center. They also sometimes provide some vocational support services.
- c. **Recovery/Self-Help Groups:** A common form of peer support, recovery groups meet regularly on a formal or informal basis to share ideas, information, resources, and experiences and offer mutual support. These groups are run by and for consumers. They are typically designed to share experiences and support around a common issue including living with a specific illness.
- d. **Peer Advocacy:** Peer advocacy services are provided by consumers who have been trained in relevant areas (e.g., mediation, negotiation, mental hygiene law, entitlements). In this role, individuals advocate for consumer rights and their ability to access services and supports of their choice, or voice complaints on their behalf.



<p>III. Admission Criteria:</p>	<p><i>All of the following criteria are necessary for admission:</i></p> <p>A. The individual demonstrates symptomatology consistent with a DSM-IV-TR (Axis I-II) diagnosis, which requires and can reasonably be expected to respond to interventions offered by a self-help/peer operated program.</p> <p>B. Exacerbation or persistence of a long standing psychiatric disorder results in symptoms of thought, mood, behavior, or perception that significantly impair functioning in one or more major life area.</p> <p>C. Psychosocial, Occupational, and Cultural and Linguistic factors- <i>These factors should be considered when making level of care decisions.</i></p>
<p>IV. Exclusion Criteria:</p>	<p><i>Any of the following criteria are sufficient for exclusion from this level of care:</i></p> <p>A. The individual is a risk to self or others, or sufficient impairment exists that a more intensive level of service is required.</p> <p>B. The individual does not voluntarily consent to participate in the service;</p> <p>C. Individuals with the following conditions are excluded from admission unless there is also a coexisting DSM-IV-TR psychiatric diagnosis/condition with associated behavioral symptoms which determine the need for this level of care and are the focus of intervention:</p> <ul style="list-style-type: none"> • Autism • Mental Retardation • Delirium, Dementia, Amnestic and other Cognitive Disorders
<p>V. Continued Stay Criteria:</p>	<p><i>All of the following criteria are necessary for continuing treatment at this level of care:</i></p> <p>A. The individual’s condition continues to meet admission criteria;</p> <p>B. The individual’s treatment does not require a more intensive level of care;</p> <p>C. Progress in relation to specific symptoms or impairments is clearly evident and can be described in objective terms, but goals of the service have not yet been achieved;</p> <p>D. When medically necessary, appropriate psychopharmacological intervention has been prescribed and/or evaluated.</p>
<p>VI. Discharge Criteria:</p>	<p><i>Any of the following criteria are sufficient for discharge from this level of care:</i></p> <p>A. The individual’s functioning has improved to the point that s/he appears able to remain stable without the services.</p> <p>B. The individual exhibits severe disruptive or dangerous behaviors (e.g., suicide/homicide attempt, drug/alcohol addiction, symptoms of psychosis) that require treatment at a more intensive level of care.</p> <p>C. Consent for program participation is withdrawn.</p>