



THE TEMPLE UNIVERSITY COLLABORATIVE ON
COMMUNITY INCLUSION
of Individuals with Psychiatric Disabilities

A Guide to Creating Self-Directed Care Programming

The Delaware County CRIF SDC Model

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I. INTRODUCTION

What is Self-Directed Care?

Self-directed care is an increasingly popular approach to the delivery of community-based human services that provides service recipients greater control over the dollars expended for their care. Self-directed care (SDC) programs are designed to provide service recipients with a greater measure of autonomy in determining what types of services they need, the intensity and duration of those services, and which service providers to employ. SDC programs express a commitment to the empowerment of individuals in need, a confidence that individuals in need are themselves often in the best position to determine their service needs, and a recognition that people in need, with assistance, are able to manage service dollars—often public expenditures—with skill.

SDC programs mark a significant departure from most service delivery mechanisms, particularly for those with disabilities. Our public systems of care often ask a skilled professional such as a Support Coordinator to independently assess the needs of the ‘client’ and to authorize public expenditures to meet those needs, as well as to determine which human services agencies will provide the necessary care. Service recipients often complain that this does not work well: service recipients want a stronger voice in how public monies are spent on their care as well as some measure of authority over many aspects of how their care is delivered. (Slade, 2012) (Doty, Mahoney, & Simon-Rusinowitz, 2007)

In response, the past twenty years has witnessed some experimentation with self-directed care models, for various populations and with varying scope. For instance:

- Some early SDC models provided a modest sum of funds (\$250-\$1,000) to be used by individuals with developmental/intellectual disabilities (and their families) to permit the purchase of goods and/or services that might not ordinarily occur to or be reimbursed by usual service delivery systems;
- In some communities, personal assistance services for individuals with physical disabilities have been delivered through a system in which the individual with a disability determines what personal assistance services they need, when they need them, and who will deliver them; and
- Early models of SDC services for the older adults have set aside state dollars for service recipients to purchase goods and services of their choosing that would not otherwise be covered (non-reimbursable) through Medicare.

Each of these approaches is often a response to consumer dissatisfaction with standard service delivery systems of care, where consumers have limited control over what they need, the service providers they prefer, and the opportunity to direct their own lives. Consumers may feel locked into receiving services that do not meet their needs or are simply ineffective or may be caught in relationships where there is a poor fit between provider and participant. This may lower the quality of care, result in participants dropping out of care completely, and raise costs without increasing consumer satisfaction.

Self-Directed Care in Mental Health

Self-directed care is consonant with the priority outlined by the President's New Freedom Commission on Mental Health to encourage consumer and family driven mental health care. (Slade, 2012) (President's New Freedom Commission on Mental Health, 2003) The SDC model meets this objective by allowing program participants to "self-direct," or authorize, the services and goods they feel would most benefit them in their recovery journey, including those that have not traditionally been reimbursed by payers. Participants have a voice in how some public monies are spent on their mental health care, choose from whom they would like to receive services, and exercise ultimate authority over many facets of their care delivery. (Slade, 2012) (Doty, Mahoney, & Simon-Rusinowitz, 2007)

Self-direction is an emerging model in the mental health field as a challenge to past assumptions regarding individuals with mental health conditions. Specifically service providers have assumed a need for outside direction among those living with a mental illness. This in turn has led to the misallocation of services to participants. Up until fairly recently, rather than partnering with participants, service providers have often adopted an authoritative role with participants. This model has tended to strip individuals of their sense of autonomy. Self-directed care challenges this paradigm by empowering participants to conceptualize their mental illness within a recovery framework and, further, to direct those aspects of their lives in which they would like to see change. This framework, as outlined by the Substance Abuse and Mental Health Services Administration (SAMHSA), focuses on four primary dimensions: health, home, purpose, and community. In actualizing a recovery-oriented life, participants are asked to consider each of these four areas and the way in which they are able to self-direct their health and wellness and reach their full potential.

In light of the promise of this model, a number of federal agencies, including SAMHSA, the Centers for Medicare and Medicaid Services (CMS) and the Institute of Medicine are promoting implementation of SDC in states' public mental health systems. (Slade, 2012) Furthermore, in 2012 SAMHSA released its updated working definition of mental health and substance use recovery, identifying "self-direction" as one of the keystone principles necessary for recovery. Self-directed care for those with mental health conditions is well-aligned with a subset of results from the Cash and Counseling National Demonstration and Evaluation Project. This project was the first to provide a robust comparison of SDC versus traditional service delivery for those receiving Medicaid benefits. (Doty, Mahoney, & Simon-Rusinowitz, 2007) The project included adults with disabilities, children with developmental disabilities, and the elderly; SDC recipients received an individual budget, financial counseling, and administrative assistance. An analysis of findings comparing the experiences of older adults with and without mental health conditions in Arkansas determined that it was more beneficial for individuals to participate in Cash and Counseling than utilize traditional services. (Shen, et al., 2008) Furthermore, it was found in a study of the same demonstration in Florida that persons with severe and persistent mental illnesses who participated in SDC were more likely to utilize consistent and early intervention services and to have decreased use of crisis care compared with a matched sample who did not take part in SDC. (Report of the Effectiveness of the Self-Directed Care Community Mental Health Treatment Program as Required by s.394.9084. F.S., 2007)

Self-directed care's innovation lies in the autonomy and flexibility it affords participants. Unlike the traditional service delivery system, in which individuals are assigned to services through a psychiatrist or case manager acting as a gatekeeper, participants in SDC are able to direct their own treatment by defining their treatment plan and controlling an individual budget through working with a peer who acts as a modified gatekeeper. This ability to

articulate one's mental health needs and subsequently exercise the authority to purchase items that address those needs outside the traditional system is fundamental to the way SDC operates. SDC affords participants several benefits over traditional services (Slade, 2012) (President's New Freedom Commission on Mental Health, 2003) (Institute of Medicine, 2006), including:

Stronger emphasis on wellness and the integration of mental health and substance use treatment with physical health care (Participants in some programs have requested funds to pay for private smoking cessation therapy and hypnotherapy as well as for a private trainer to alleviate depression and address diabetes)

Increased consumer choice of providers, services, and medications (Program participants have requested assistance with psychiatrist, therapy, and medication co-payments and have chosen their own methadone clinic)

Broadened consumer access to natural supports and resources to live independently within the community (Participants in some programs have reconnected with family through gatherings, taken driving lessons to increase independence, and enrolled in a community college computer class in support of their goal to start a home-based business)

Greater innovation in service delivery (Program participants have accessed acupuncture for pain management and smoking cessation)

Expanded adoption of recovery oriented services and practices (Programmatic adoptions of recovery oriented practices include incorporation of SAMHSA's eight dimensions of wellness and WRAP® into peer support services offered)

A Self-Directed Care Program for Delaware County (Pennsylvania)

In Delaware County (Pennsylvania) a coalition of consumers, state and county mental health authorities, the local Behavioral Health-Managed Care Organization (BH-MCO), and nearby researchers have designed and implemented a self-directed care initiative for individuals with mental health conditions. In 2010, after two years of planning, the Consumer Recovery Investment Funds Self-Directed Care (CRIF SDC) project began working with eligible individuals with mental health conditions. The project has four key elements embedded in its design:

- Individuals with mental health conditions in Delaware County were offered the opportunity to have greater control over public expenditures for their mental health care in community settings, establishing and managing an individual budget to purchase treatment, rehabilitation, and peer support services they believed to best meet their needs;
- Personalized budget totals were separately established for each person and were based on the average of their Medicaid expenditures, for the previous two years, for community mental health services, exclusive of the costs of any inpatient or emergency services, which continued to be made available on an unlimited basis to each individual;
- Recovery Coaches- Certified Peer Specialist trained individuals with their own histories of mental health conditions- were hired to assist each program participant in

establishing and managing their budgets, determining which treatment, rehabilitation, and peer support services (Medicaid-reimbursable in Pennsylvania)* responded to their individualized recovery community inclusion plans; and

- If program participants do not fully expend the in-plan portion of their individualized budgets, they can work with their Recovery Coach/CPS to spend those ‘saved dollars’ by purchasing additional goods and services that are ‘out-of-plan’ (that is, not Medicaid-reimbursable) that the program participants feel make a further contribution to their recovery; and, program participants are consistently encouraged to use both in-plan and out-of-plan dollars to increase their participation in mainstream community activities to expand their engagement in everyday activities—community inclusion—beyond the range of services and supports provided by mental health and other social services systems.

Joan, a Delaware County self-directed care participant, after evaluating the services she was utilizing, felt that she could provide her own transportation more inexpensively and independently as opposed to using “in the system” services such as case manager transportation to medication checks. She requested self-directed care monies to pay for the tags and insurance for her car in order to transport her children, travel to appointments, and return to school.

Tim, also a Delaware County self-directed care participant, requested a three month YMCA membership in support of his physical health dream goal. Not only did he anticipate that the membership would improve his self-esteem and allow him to lose weight, but he also chose to use self-directed care dollars to join the YMCA as an alternative to spending his service dollars attending a clubhouse.

Grounded in the above four design components, the CRIF SDC project’s trajectory from genesis up until present is illustrated by the following timeline.

* In Pennsylvania, peer support services delivered in a Medical Assistance reimbursable program must be provided by a Certified Peer Specialist.

A Brief Chronology

In 2007, Joseph Rogers, then President and CEO of the Mental Health Association of Southeastern Pennsylvania and one of the nation's leading consumer advocates, sought to develop a self-directed care intervention in Pennsylvania. Mr. Rogers approached Temple University's Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities to help him further develop the idea. He also consulted with the Delaware County Office of Behavioral Health as a potential site for the experimental program: once on board with the project idea, the County Office involved Magellan Behavioral Health of Pennsylvania, the county's behavioral health managed care provider and another key player in the project. Temple developed the proposal which secured a funding commitment from Delaware County and the Pennsylvania Office of Mental Health and Substance Abuse Services to proceed with pilot project implementation. Initial funding from the state allowed for substantial planning, implementation, and development of the project. The project, through Temple University, then sought funding through its Research and Training Center grant on community inclusion from the National Institute on Disability and Independent Living Rehabilitation and Research (NIDILRR).

In 2010 Delaware County, Pennsylvania launched the implementation of a self-directed care project, the Consumer Recovery Investment Funds Self-Directed Care program (CRIF SDC program) to allow Medicaid managed care behavioral health participants with serious mental illness the opportunity to control their own budget in order to directly purchase goods and services related to their recovery. The following timeline outlines the major milestones in the development of the project:

- **2007:** Mental Health Association of Southeastern Pennsylvania (MHASP) proposes idea for a project in which consumers could utilize the self-directed care focus employed by other human service fields
- **2008:** MHASP, Delaware County Office of Behavioral Health (OBH), and Magellan Behavioral Health of Pennsylvania agree to participate in the project
- **2009:** Ten participants are enrolled in a three-month trial project with MHASP to pilot documentation and enrollment processes
- **2010-Present:** CRIF SDC project in operation

The Manual

Delaware County's self-directed care project was an unusually ambitious initiative, empowering program participants to frame the overall nature of the mental health services and supports they would receive in community settings, and incorporating the assistance of Recovery Coaches/CPS as part of the participants' recovery journey. This manual is designed to provide a resource for other mental health systems who may seek to replicate the Delaware County Project. While the manual is intended to be utilized by other Pennsylvania counties interested in replicating Delaware County's self-directed care model, it should be acknowledged that program implementation will vary according to location.

II. PLANNING FOR IMPLEMENTATION

Overview of CRIF SDC Project

Participants join the CRIF SDC program after demonstrating need and receiving endorsement for peer support. The program is structured around participant time with an assigned Recovery Coach/CPS, or an individual who is in the recovery process themselves and is uniquely trained to serve dual roles as peer support specialist and supports broker. The Recovery Coach/CPS communicates core recovery principles such as embodying personal responsibility for one's recovery journey, experiencing hope for a better future, demonstrating self-direction and control over one's life, integrating services and supports holistically, accessing peer and natural supports, respecting one's cultural background and the multiplicity of recovery pathways that exist, addressing trauma one may have experienced, and fostering self-acceptance.

Through the Recovery Coach's/CPS' self-directed care peer support assistance, the participant identifies their hopes and dreams, goal(s) that will move them toward those dreams, and concrete steps that will help them to reach their goal(s). In a community supports broker role, the Recovery Coach/CPS helps the participant to locate community resources in support of their goal(s). Within the scope of this role, the Recovery Coach/CPS assists participants in making decisions regarding the allocation of service dollars in an individual budget to traditional in-plan services normally paid for by Medicaid and non-traditional, out-of-plan goods and services not covered by Medicaid. A key feature of this model turns on banking in-plan Medicaid dollars that can then be utilized to pay for non-traditional, out-of-plan, goods and services. It should be noted that while the peer support and supports broker roles are clearly defined here according to functions carried out in collaboration with participants, in actual practice, the two roles are not mutually exclusive.

CRIF SDC Project Collaborators

The CRIF SDC project is comprised of an operations team featuring four main components: a county mental health authority, a program service delivery element, a managed care company, and a research partner. The four organizations that work to deliver these services in the project are detailed below. Finally, we'll briefly mention the Pennsylvania Office of Mental Health and Substance Abuse Services' role in the project as well.

Delaware County Office of Behavioral Health:

Background

The Delaware County Office of Behavioral Health (OBH) serves between 500,000-580,000 individuals. Of this number, nearly 90% are eligible for Medical Assistance (MA), or Medicaid behavioral health care. The federal contract associated with the provision of these Medicaid mental health services is overseen by OBH. In addition, OBH has oversight of state and local funding streams. The Office of Behavioral Health also oversees the implementation of primary services that must be provided in each of Pennsylvania's 67 counties. While OBH is not involved in direct service provision, they are responsible for promoting healthy relationships between Pennsylvania service providers and for ensuring adequate access to services for mental health consumers. The Office of Behavioral Health also provides education, financial monitoring, and program technical assistance.

Role in the CRIF SDC Program

The Office of Behavioral Health contributes to the overall program design, implementation, and progress of the CRIF SDC project. The Office of Behavioral Health oversees all behavioral health and substance use programming in Delaware County; OBH also holds a memorandum of understanding with the Mental Health Association of Southeastern Pennsylvania (MHASP) to provide mental health services. The Office of Behavioral Health supplied startup monies and provides ongoing programmatic funding for the CRIF program. In addition, OBH monitors and reports on the funds and expenditures associated with contracts with both MHASP and Magellan Behavioral Health of Pennsylvania. To secure startup and programmatic funding, the county uses what are referred to as Reinvestment Funds which are described more fully in the box to the right.

Mental Health Association of Southeastern Pennsylvania:

Background

The Mental Health Association of Southeastern Pennsylvania is a nonprofit corporation that addresses the challenges of those living with mental health conditions. The Mental Health Association of Southeastern Pennsylvania (MHASP) focuses its work on five domains: advocacy, direct support to individuals, training and education, information and referral, and technical assistance. Emphasizing peer-to-peer support, MHASP provides over 40 services to people living in five Pennsylvania counties. MHASP focuses on the provision of both family and youth as well as adult services. Among their youth and family services, MHASP provides referrals, direct advocacy, and educational resources to families and caregivers affected by mental health conditions.

Working with Reinvestment Funds

Reinvestment Funds are used by county mental health offices throughout Pennsylvania and are derived from unused capitated Medicaid dollars

To capture funds, counties and the state must demonstrate decreased hospital utilization

A portion of these unexpended funds are allocated to counties after they have developed a reinvestment plan which meets state determined criteria

Counties formally request approval from the state for new services; proposed services must be:

- Recovery-oriented
- Innovative
- Sustainable

Reinvestment Funds are utilized in the CRIF SDC program to provide monies (Freedom Funds) to fund activities that Medicaid traditionally does not reimburse

Role in the CRIF SDC Program

The Mental Health Association of Southeastern Pennsylvania is responsible for developing the programmatic component of the CRIF SDC project. MHASP coordinates with the operations team members to implement the CRIF SDC program, delivering peer support and brokering services to and promoting recovery and community inclusion among program participants. As the member of the operations team responsible for running the CRIF SDC program, MHASP develops and implements all forms and policies, hires and trains Recovery Coaches/CPS, recruits individuals to participate, offers supports brokering and peer support, and bills for services provided.

Magellan Behavioral Health of Pennsylvania:

Background

Magellan has been the behavioral managed health care organization, or BH-MCO, in Delaware County (PA) for individuals receiving assistance from Medicaid since 1997. The state of Pennsylvania contracts for the provision of behavioral health care with individual counties; these counties in turn subcontract with a BH-MCO such as Magellan. Magellan contracts with providers who offer mental health, substance use, and intellectual and developmental disabilities services. Magellan works closely with the communities it serves, participating in adult and youth community support-driven services.

Role in the CRIF SDC Program

Magellan fulfills four major functions as a member of the CRIF SDC operations team. First, Magellan, as the Medicaid managed care agent for Delaware County (PA), is responsible for approving in-plan Recovery Coach services funded directly with Medicaid monies as well as reimbursing Medical Assistance peer support services carried out by the Recovery Coaches/CPS. Magellan also reviews and authorizes out-of-plan service requests. Finally, Magellan provides service utilization data which MHASP uses to assist in developing participant budgets and perform ongoing budget monitoring.

Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities:

Background

The Temple University Collaborative on Community Inclusion of Individuals with Psychiatric Disabilities conducts research and knowledge translation activities to promote community inclusion among individuals with psychiatric disabilities. It is the Collaborative's goal to integrate participants and their families, researchers and policy makers, program managers and direct service providers, and community members and academic researchers across all aspects of the research and knowledge translation process. The Collaborative's work includes a wide range of research and knowledge activities funded by a Rehabilitation Research and Training Center grant provided by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR)

Role in the CRIF SDC Program

Research activities associated with the CRIF SDC project were designed and implemented by the Temple University Collaborative's Rehabilitation Research and Training Center (RRTC), funded by NIDILRR. The Collaborative worked closely with Joseph Rogers and the Mental Health Association of Southeastern Pennsylvania to develop the initial proposal to fund the CRIF SDC project. Once initial program funding was secured, the Collaborative utilized a portion of its RRTC award, funded by NIDILRR, to develop and implement a 3-

year randomized controlled trial which compared the efficacy of self-directed care versus usual care management. Temple University is responsible for participating in the development of the CRIF SDC model and has been intimately involved in the program's conceptualization and operation. The Collaborative maintains a strong consultative and evaluative presence on the operations team.

Pennsylvania Office of Mental Health and Substance Abuse Services

The Office of Mental Health and Substance Abuse Services (OMHSAS) oversees the administration of Medicaid mental health services in the Commonwealth of Pennsylvania. As well, OMHSAS is responsible for approving the use of reinvestment funds in Pennsylvania. It is with their support and agreement that the CRIF SDC project is able to utilize reinvestment funds in Delaware County.

Key Elements

The following four elements illustrate established effective practices commonly drawn upon by self-directed care programs. A two part illustration is utilized: in the first part a description of the established practice employed by the CRIF SDC program is presented. In the second part, the manner in which the practice is implemented by the CRIF SDC project is described.

Person-centered planning

Established Practice

Person-centered planning is a strategy for putting necessary supports and services in place to help participants achieve goals they identify as important and worthwhile based on individual strengths, capacities, preferences, needs, and desired outcomes. (Cook, Terrell & Jonikas, 2004) (Alakeson, 2007) According to CMS guidelines, the person-centered planning process is directed by the individual, with assistance from supports as desired. (Centers for Medicaid & Medicaid Services, 2014) Person-centered planning addresses the participant's social service needs while simultaneously integrating their wishes with regard to personal goals, preferences, natural resources in the community, finances, and other areas important to the individual. (U.S. Department of Health and Human Services, 2014) This planning takes the form of a concrete recovery plan (Goal Plan) that details participants' future goals with supports and services in place to maximize achievement of chosen objectives. A goal-oriented action plan and timeline are also developed in tandem with the recovery plan. (Cook, et al., 2010)

CRIF SDC Implementation

The CRIF SDC program has implemented person-centered planning through an emphasis on participant articulation of hopes and dreams. Participants initiate the process of person-centered planning by thinking expansively about and then defining their dreams. Once participants have identified life areas, or domains, which they would like to work on, the participant and Recovery Coach/CPS begin to structure a concrete Goal Plan comprised of goal(s) based on the dreams the individual has voiced. Action steps, or activities that the participant is responsible for accomplishing to reach their goal(s), are discussed and documented as are interventions, or activities, that the Recovery Coach/CPS commits to doing to support the participant in reaching their stated goal(s). A cornerstone of the CRIF SDC programmatic approach, the participant acts as the driving force in their own planning process.

Individual budgeting

Established Practice

Individual budgeting allows participants the opportunity to have a voice regarding how their care dollars are allocated. Specifically, participants are able to self-direct an allocation of funds for goods and services that will aid in their recovery. Individuals are not only able to direct how their funds are spent, but also who will provide the services they identify in their Goal Plan. The individual budget is developed through a person-centered planning process and is aligned with the needs and preferences established in the individual's service plan. (Medicaid.gov, 2014) States are accountable for explaining the method used to determine the dollar amounts of individual budgets. (Medicaid.gov, 2014) States must also delineate how adjustments will be made to individual budgets when changes in person-centered service plans occur and describe a process to evaluate participants' expenditures. (Medicaid.gov, 2014)

CRIF SDC Implementation

Implementation of individual budgeting in the CRIF SDC program involves an analysis of historical data over a 24-month period to determine average monthly service utilization. This is not a fixed budget but instead gives participants an idea of the money they have to budget on services in the future. Based on their historical budget, participants' monthly budgets are made up of traditional and non-traditional services, where traditional services are those usually covered by Medicaid. A CRIF SDC programmatic innovation, participants are able to decrease traditional services that are unnecessary, redundant or no longer useful, thereby making room in their budget to "bank" funds for less traditional but often much needed goods and services. Often, these services and supports were previously unaffordable. In all cases, the determination around which services to eliminate and which to include are self-directed and are related to the goals participants have set forth in their Goal Plans; through the self-directed process, participants develop concrete skills to aid them as consumers in the health care arena. With full knowledge of where and how their health care dollars are being spent, SDC participants are able to exercise decision-making skills regarding services that will move them forward according to their stated recovery goals.

Supports brokerage

Established Practice

CMS guidelines stipulate that a supports broker must be available to each individual that chooses to self-direct. (Medicaid.gov, 2014) The supports broker serves as the point of connection between the participant and the program and provides services and supports to the participant as they self-direct. (Medicaid.gov, 2014) The broker also acts as an agent of the participant, listening and taking direction from the individual. (Medicaid.gov, 2014) A primary role of the supports broker involves disclosing to the participant the amount of money that the individual has available to spend on traditional, or in-plan, services. This amount must be reviewed with the participant on a consistent basis, to track progress against the goals the participant has self-identified. Similarly, the use of out-of-plan, or non-traditional, services is also shared with the participant. To this end, part of the supports broker role involves assisting participants in locating and purchasing desired in-plan and out-of-plan goods and services in accordance with the participant's available budget. (Cook, Terrell & Jonikas, 2004)

CRIF SDC Implementation

In the CRIF SDC program, supports brokerage is carried out by certified peer specialists (CPS), also known as Recovery Coaches. In this capacity, CPS review with participants methods for spending their individual budgets in a manner consistent with their identified goal(s). This includes ongoing analyses of expenditures of traditional and non-traditional services to determine an optimal mix of goods and services that will further the participant's recovery. Specifically, all services and supports a participant receives must align with the goal(s) which the participant has stated in their Goal Plan. In the CRIF SDC program, supports brokerage encompasses a range of services, from assessing the affordability of goods and services to assisting participants in the research of goods and services to the actual purchase of those goods and services that will move the participant forward according to the steps they have laid out in their Goal Plan. The CRIF SDC program works toward community inclusion, providing individuals with the financial support they need to participate in mainstream community activities, to naturally take part in the community in which they live, and to feel valued for their own unique contributions. (Salzer & Baron, 2006)

Peer Support

Established Practice

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful. (Mead, Hilton, & Curtis, 2001) CMS guidelines regarding peer support focus on the delivery of services. As such, guidance is concerned with supervision, care-coordination, and training and credentialing. (Centers for Medicare & Medicaid Services, 2007) The delivery of peer support is characterized by three unique contributions by peer staff. First, peers generate hope in participants through positive self-disclosure of their own recovery story; peers are able to demonstrate that it is possible to gain control over one's illness. (Solomon, 2001) Second, peers fulfill a role modeling function, demonstrating self-care with respect to one's illness as well as utilizing their experiential knowledge to navigate daily life's challenges and trauma. (Solomon, 2001) (Mead, Hilton, & Curtis, 2001) Finally, empathy and conditional regard, or having walked in the participant's shoes, undergird the peer support relationship and must be present for the first two peer contributions to function. (Davidson, Bellamy, Guy, & Miller, 2012)

CRIF SDC Implementation

In Pennsylvania, peer support services are reimbursable by Medicaid. Specifically, within the CRIF SDC program, peer support activities are uniquely delivered by Recovery Coaches/CPS and include educating participants about self-directed care, assessing participant strength and recovery needs, and helping participants articulate dreams and decide on recovery goals. Goals and the steps needed to meet them are evaluated by the Recovery Coach/CPS and participant at regular intervals. As well, any additional supports that might be required to meet participant goals, including accessing community resources and events, are identified as part of the peer support process. Community inclusion is fostered as the Recovery Coach/CPS supports participant engagement with their community through experiences such as taking an educational course, joining a local gym, or attending religious services. In the peer support role, the Recovery Coach/CPS utilizes and shares their own personal recovery experience, assisting the participant in their recovery journey. The Recovery Coach/CPS also models recovery and personal

responsibility for the participant and encourages the individual to engage with their Goal Plan.

Who Is Eligible

There are seven eligibility requirements that individuals must meet in order to participate in the CRIF SDC program; however, it should be noted that criteria for identifying target populations may differ across settings. Please also note that criteria #2-5 comprise the Medical Assistance criteria for peer support services (please see Appendix II for a copy of the OMHSAS Peer Support Services Bulletin). The following are the specific eligibility criteria for the CRIF SDC program:

1. **Voluntary participation:** Participants must voluntarily elect to take part in the program. Treatment should not be dictated; choosing whether one wishes to participate is a key tenet in the self-directed model. Participants are recruited through outreach to major providers or hosting of recovery-oriented events.
2. **Magellan Behavioral Health service recipient:** Services that participants receive must be reimbursed by Magellan Behavioral Health Services, the behavioral health managed care company serving Medicaid recipients of Delaware County (PA). This criteria is detailed in the Medical Assistance Bulletin for peer support services.
3. **Resident of Delaware County:** Participants must currently reside in Delaware County (PA) as Magellan Behavioral Health is a county-specific program. This criteria is specified in the Medical Assistance Bulletin for peer support.
4. **Qualifying DSM-IV psychiatric illness:**
 - Schizophrenia (295.xx)
 - Mood disorder (296.xx)
 - Borderline personality disorder (301.83)

Participants must have been diagnosed with one of the above diagnoses as delineated in the Medical Assistance guidelines. These diagnoses are chosen by the State and qualify the participant as eligible for peer support services.

5. **Practitioner of the Healing Arts (PHA) endorsement of mental health condition:** Participants must obtain a PHA signature attesting to their eligibility for peer support. According to Medical Assistance policy, a PHA must identify a qualifying psychiatric impairment (see #4) for which peer support will be useful.
6. **Absence of hospitalizations:** Participants must demonstrate six months free of inpatient hospitalization. This criteria addresses the participant's stability in the community. Participants meeting this criteria were determined to be stable enough to participate in the CRIF SDC program.
7. **60th-90th percentile service utilization:** Participants must demonstrate historical service utilization equal to or greater than the 60th percentile of all Medicaid eligible service utilizers in Delaware County (PA). This range was chosen in order to capture the upper end of system utilizers.

What Is Funded

In setting up an SDC program, decisions must be made as to what services will be funded. In the CRIF SDC program, a distinction is made between in-plan and out-of-plan services; individual participant budgets reflect an analysis of past claims data gathered over a period of 24 months of service utilization. If participants are able to demonstrate a reduction of in-plan services, they can make room, or “bank” funds for out-of-plan, or non-traditional, services. Broadly, in-plan services are funded through Medicaid dollars and out-of-plan services are funded via reinvestment monies.

In-plan services

These services are commonly referred to as any service traditionally paid for by Medicaid. Examples of traditional services include targeted case management, psychosocial rehabilitation, and medication checks. Recovery Coach/CPS time is also considered an in-plan service as Pennsylvania has obtained a Medicaid waiver to deliver peer support services. This means that program participants must purchase peer support, or Recovery Coach/CPS, services as part of their monthly in-plan budget. All peer support services are goal-directed. For example, peer support services involve setting and evaluating goals with the participant as well as developing recovery skills and tools that help the participant move forward with the goals they have formulated. Peer support also includes accompanying the participant into the community to further achievement of community inclusion goals. Finally, Recovery Coaches/CPS offer crisis support to participants when necessary.

Out-of-plan services

These goods and services are known as those not traditionally paid for by Medicaid. However, the requested purchases must always fit into the participant’s Goal Plan and meet the individual’s stated recovery goals. The monies for these goods and services derive from unused capitated Medicaid dollars known as reinvestment funds. Participants who are able to save, or “bank,” in-plan service dollars can then use these available dollars (known as Freedom Funds) to pay for out-of-plan goods and services; these funds can be used to further community inclusion goals by paying for goods and services that link individuals to community life. The following illustrate some ways in which CRIF SDC participants have chosen to allocate their banked funds to strengthen their connectedness within the community:

Rose hosted a monthly “movie night,” using banked funds to buy pizza, popcorn, and other food for a once a month get-together of friends. Initially, the gathering consisted only of participants; however, those in attendance soon brought along their friends who then made new friends with program participants. In this way, Rose’s inclusion within her community grew, and individuals within the program increased their feelings of connectedness to the community.

Jeff was very involved with Alcoholics Anonymous (AA). He also loved to throw barbecues and considered hosting these types of events a “normal thing” to do. Jeff used Freedom Funds to purchase a grill, charcoal, and hamburgers for the barbecues he held at his home. Inviting new and old friends from the recovery community to these gatherings increased Jeff’s sense of community cohesion and aided in his drug and alcohol recovery.

Before using his banked funds to take martial arts classes, Jason demonstrated trouble with authority, causing multiple domestic disturbances. Freedom Funds have allowed Jason to ascend in the karate belt rankings, increase his focus and discipline, and relate to his children. Since starting karate, Jason’s entire physical demeanor has changed and he has become more task-oriented. He no longer feels the need to engage in fights and feels more connected to individuals living in his community. In addition, Jason is now considering using his martial arts skills to teach karate within the community.

Service Choices

Participants’ individual budgets are comprised of in-plan and out-of-plan funds, and the individual self-directs how their service monies will be distributed. Participants have four principle choices regarding the manner in which they choose to allocate the service dollars contained within their individual budget:

1. **Standard Medicaid services + peer support:** Participants choose not to alter the distribution of traditional Medicaid services they currently receive with the exception of adding required peer support services.
2. **Varied Medicaid services + peer support:** Participants choose to receive traditional, in-plan services; however, these services may differ from those received upon entry into the CRIF SDC program depending on participants self-identified needs and goals. Participants also receive peer support.
3. **Medicaid services + peer support + banking for out-of-plan services:** Participants choose to receive a combination of Medicaid services, including peer support, as well as bank funds for out-of-plan services.
4. **Peer support + banking for out-of-plan services:** Participants choose to receive only peer support and bank the remainder of their funds for out-of-plan services.

How to Bill Medicaid

As peer support is a Medicaid billable service in Pennsylvania, it is crucial to set up a viable Medicaid billing system early in the development of the program. In order to deliver peer support services, each peer support program necessarily must obtain a Medicaid provider number, or PROMISE number.

Obtaining a PROMISE Number

The following steps can be followed in Pennsylvania State to obtain a PROMISE number:

1. Peer support program develops program service description
2. Peer support program works with the behavioral health managed care organization (BH-MCO) and county to approve service description
3. Peer support program works with regional OMHSAS representative to approve service description
4. Peer support program obtains Civil Rights Compliance Questionnaire for Bureau of Equal Opportunity from regional OMHSAS representative
5. Peer support program submits completed Civil Rights Compliance Questionnaire to OMHSAS
6. OMHSAS issues Certificate of Compliance to the peer support program
7. Peer support program submits the following to OMHSAS:
 - PROMISE application (obtained online)
 - Approved service description
 - Certificate of Compliance
8. OMHSAS conducts a site visit of the peer support program
9. OMHSAS assigns a PROMISE number to the peer support program
10. BH-MCO conducts a site visit of the peer support program

It should be noted that the BH-MCO may also have their own credentialing process. As well, during the 6-month PROMISE obtainment period, program development should be underway. This includes hiring and training staff, obtaining vehicles, creating documentation, and moving toward the endpoint of billing for services.

Billing

Billing procedures will vary greatly from one program to another; each BH-MCO will have different methods of billing. However, all programs must possess the capacity to bill for 15-minute units. It is recommended that peer support programs work with their BH-MCO to determine the optimal billing system for their particular program.

Data Collection

The data collected by CRIF SDC program falls into five main categories as detailed below. Data in categories #1-3 are logged into Excel spreadsheets and maintained by the Project Coordinator.

1. **Historical claims data:** Refers to information obtained from the BH-MCO from an initial 27-month period and captures 24 months of participant service utilization. This data is used to determine each participant's individual budget allocation (in-plan + out-of-plan services).
2. **Ongoing utilization of claims data:** Each month, MHASP receives and logs in-plan utilization from the BH-MCO (three-month lag in data). This three-month lag allows the Recovery Coach/CPS and participant to evaluate the services the participant planned to access versus the services actually accessed. Satisfaction and relevance of services can also be assessed based on this data.
3. **Freedom Fund data:** Each month, MHASP logs Freedom Fund (out-of-plan) utilization. MHASP also tracks and logs all paperwork that accompanies the Freedom Fund request and approval process, including requests to MHASP's fiscal department for funds to be transferred to SDC cards. In addition, MHASP tracks and logs whether Freedom Fund purchases were actually made by participants.
4. **Medical Assistance data:** this encompasses all data associated with MA billing procedures as well as CPS continuing education documentation tracked for audit purposes. Six-month goal planning data and ongoing progress note documentation is also collected program-wide.
5. **Demographic data:** this data is collected at enrollment for credentialing purposes by the Bureau of Equal Opportunity and includes participant
 - a. Name
 - b. Date of birth
 - c. Social security number
 - d. Member #
 - e. CIS #
 - f. Diagnosis

III. STAFF

This section includes all major staffing for the CRIF SDC program as well as the roles and responsibilities that accompany these positions. The staffing structure for the CRIF SDC program consists of three distinct, yet interconnected arms: the Program Manager, the Project Coordinator, and the Recovery Coach/CPS. Training and supervision of Recovery Coaches/CPS and associated operational issues that Recovery Coaches/CPS encounter on the job are also included in this section.

Staffing

Program Manager:

The individual holding this position maintains content expertise on peer support and self-directed care. The Program Manager must demonstrate competency in the areas of:

1. **Program creation and development** (staff hiring and training; development of program policies, procedures, and forms; participant enrollment)
2. **Leadership and networking** (act as a program ambassador, create community partnerships with non-mental health partners, lead team meetings)
3. **Care collaboration** (coordinate participant care beyond the scope of Recovery Coach/CPS duties, coordinate working relationships between participants and other providers)
4. **Supervision of staff** (formal and informal)
5. **Provision of ongoing training to staff** (develop, coordinate, and present staff training on recovery, peer support, and SDC)
6. **Provision of technical assistance to other programs, grants, and contracts** (collaboration with other programs interested in working with the SDC model)

Programmatic oversight duties may be split between a supervisor who monitors daily, non-clinical duties and a master's-prepared mental health practitioner who oversees the clinical aspects of the program. Clinical responsibilities include signing off on all progress notes, Recovery Strategies and Goal Plans. Although it is possible to contract out the mental health practitioner position, in the case of the CRIF SDC program, these two roles are combined within the Program Manager position.

Please see Appendix III for detailed job description.

Project Coordinator:

The Project Coordinator works in tandem with the Program Manager to develop and maintain the day-to-day operations of the CRIF SDC program. Specifically, this position is responsible for performance in the following domains:

1. **Tracking and logging of monthly participant in-plan utilization**
2. **Tracking and logging of ongoing participant Freedom Funds banked**
3. **Tracking of Freedom Fund requests**
4. **Processing of Freedom Fund requests and approvals**
 - Ensuring that requests are complete
 - Sending requests to the BH-MCO or entity that is responsible for approvals
 - Notifying staff once requests return from the BH-MCO or approving entity
 - Following established protocols to load funds onto SDC cards
5. **Ensuring that Freedom Fund purchasing is within program guidelines**
6. **Collection and logging of Freedom Fund purchase receipts**

Please see Appendix III for detailed job description.

Recovery Coach/CPS:

This position, the services of which are reimbursable by Medicaid in Pennsylvania, is filled by individuals who are in the recovery process themselves and are trained to serve dual roles as peer support specialists and supports brokers within the CRIF SDC Program. The program relies upon the capacities of the Recovery Coach/CPS and on the belief that the individual filling this role is uniquely positioned to connect with participants.

The peer support role is concerned with assisting in the creation and evaluation of participant-identified goals. Through a sharing of their own lived experience, the Recovery Coach/CPS helps the participant to articulate their dreams and develop goals and steps to reach those goals. Grounded in a strength-based perspective, a primary function of this role is to help the participant to develop recovery-oriented skills and tools that the individual will then be able to utilize outside of the Recovery Coach/CPS-participant relationship.

The supports broker role is also one in which the Recovery Coach/CPS hopes to impart concrete skills and tools to the participant and is concerned with educating the participant to become a better consumer of services. The supports broker reviews budgeting with the participant, ensures that the participant understands where their service dollars are being spent, assists them to save service dollars if they so wish, and helps them to find community resources and supports aligned with the goals they have developed as part of their goal planning.

Utilizing the tools of positive self-disclosure, role-modeling, and empathy, the Recovery Coach/CPS acts in a peer support capacity to achieve the following with participants:

- Empowerment, recovery, and community inclusion
- Participant access to service options and natural resources
- A sense of wellness and self-worth among participants

Specifically, coaches are responsible for using recovery-based services and tools to:

- Work with participants to identify, develop, and access supports in the community
- Model personal responsibility, self-advocacy, and hopefulness
- Partner with participants to assess their hopes, strengths, accomplishments, and challenges in order to work toward the achievement of goals
- Partner with participants to develop a Goal Plan and support system to further self-sufficiency
- Support participants in the self-management of crises

In a supports broker role, the Recovery Coach/CPS engages with participants to provide:

- Help in locating community resources and supports that fit participant goal(s)
- An evaluation of in-plan and out-of-plan services utilized against participant's established budget
- Assistance with decisions regarding how to allocate a participant's individual budget
- Guidance around submitting purchase requests

The Recovery Coach/CPS position is notable for its flexible delivery of services within the community setting. Through the peer support and supports broker roles, Recovery Coaches/CPS facilitate opportunities for participants to direct their own recovery and advocacy process. Participants are an integral part of the peer support experience and determine the frequency and duration of visits that will be maximally beneficial to their recovery process.

Please see Appendix III for detailed job description.

The Recovery Coach's Job

Increasing Community Inclusion:

Chris loves music; however, before joining the CRIF SDC program, he rarely left his home. With the accompaniment of his Recovery Coach, Chris began to attend free live music concerts. After some time, he attended concerts on his own and eventually organized trips to music concerts for people in the CRIF SDC program. Chris moved from a place of isolation to a position of independence in which he freely enjoyed resources in his community.

Accessing Service Options:

Kate joined the CRIF SDC program as a self-described "miserable" person. Having received trauma-informed training, Kate's Recovery Coach detected that Kate was living with domestic violence. With the help of her coach, Kate received support to realize that her home situation was unhealthy. The Recovery Coach also helped Kate to identify an organization that assisted her in successfully leaving her partner and securing legal aid.

Fostering a sense of wellness:

Before joining the CRIF SDC program, Janet logged frequent psychiatric in-patient stays. Today, Janet's Recovery Coach is an integral part of her crisis plan; Janet's coach reminds her of her skills and strengths when she is facing an emotionally difficult period. Janet now realizes that hospitalization is not the only answer during distressing times and relies on the wellness tools she has developed in concert with her Recovery Coach.

Recovery Coach/CPS Hiring Considerations and Qualifications

Recovery Coaches/CPS hired to be part of the CRIF SDC project are selected through a multi-step process. Management cited six main considerations in hiring Recovery Coaches/CPS for the CRIF SDC project:

1. ***The applicant must possess accreditation as a Certified Peer Specialist.*** Accreditation requires 80 hours, or two weeks, of training and must be completed prior to hire as a Certified Peer Specialist.
2. ***The applicant must possess a valid driver's license and have the ability to drive a vehicle.*** This is not an absolute requirement, but due to the extensive geographic boundaries of Delaware County (PA), reliance on public transportation makes carrying out participant visits more difficult.
3. ***The applicant must possess the capacity to bill 20-25 hours per week.*** This determination has its precedence among insurance companies which set productivity at 60% of total hours worked. CRIF SDC Recovery Coaches/CPS work a 40-hour week; thus, a 50-60% benchmark which Recovery Coaches/CPS are expected to meet translates into 20-25 billable hours a week.
4. ***The applicant must possess the ability to use a computer as well as to learn new computer applications.*** This requirement derives from the complex nature of the role. The position calls for budgeting, manipulating multiple calendars, and utilizing an electronic healthcare record system named Credible.
5. ***The applicant must demonstrate engagement in the community.*** The hiring manager would ideally prefer a candidate who has ties in community life and is able to draw upon their experience in utilizing community supports.
6. ***The applicant must complete a writing sample.*** Applicants are asked, "What is recovery?" and are expected to hand write their answers. This process serves several purposes. Specifically, it gives the Program Manager the chance to see the applicant's thought process, obtain a writing sample, and observe the manner in which they construct sentences, all of which are important elements as Recovery Coaches/CPS must document progress notes and help participants to articulate and develop Goal Plans.

Recovery Coach/CPS Training and Supervision

As Recovery Coaches/CPS come to their positions with different professional backgrounds and levels of job-related experience, it is important to plan for adequate training and supervision when initially setting up any SDC program. Flexible opportunities for ongoing training should also be built into programming in order to reinforce core content communicated during orientation, to introduce new concepts, and to meet OMHSAS continuing education requirements.

CPS Training

As mentioned previously, to be considered for hire, all Recovery Coaches/CPS must currently possess 80 hours of specialized training, culminating in the Certified Peer Specialist accreditation. CPS training is given by two organizations in Delaware County (PA), one of which is the Mental Health Association of Southeastern Pennsylvania. Within the two week CPS training period, peer specialist trainees also take part in two days of Wellness Recovery Action Plan (WRAP®) training. All CPS subsequently complete five days of additional training and certify as WRAP® facilitators.

Recovery Coach/CPS Orientation

Initial Recovery Coach/CPS training for the CRIF SDC program takes approximately three weeks to complete and starts from the premise that not everyone comes to the position with the same basic skill set. From this idea, the Program Manager builds capacity with:

1. A literal explanation of each specific task
2. An exercise during which team members can practice on themselves
3. An exercise during which team members can practice on each other
4. Repetition of the above process until the task is mastered

Skills are developed in six major areas during initial Recovery Coach/CPS training:

1. **Technology** (how to use email and other computer skills)
2. **Professionalism** (how to conduct oneself in an office setting)
3. **Vehicle coordination** (how to coordinate access to a limited number of vehicles)
4. **Documentation** (how to use paperwork as a tool according to MA regulations)
5. **Peer support process** (how to transition from documentation to outlining participant goals and steps)

WRAP® Basics

The WRAP® program is a set of tools delivered by peers to:

- Facilitate personal empowerment
- Assist participants in achieving self-identified life goals and dreams
- Decrease and/or prevent distressing feelings and behaviors
- Improve participants' quality of life

Key elements of a WRAP® program include:

- Wellness toolbox
- Daily maintenance plan
- Identifying triggers and an action plan
- Identifying early warning signs and an action plan
- Identifying when things are breaking down and an action plan
- Crisis planning
- Post-crisis planning

- 6. **Community inclusion** (how to help participants establish and work toward the goals of greater participation in community life)

Ongoing Recovery Coach/CPS Training

Continuing Recovery Coach/CPS training reinforces skills taught during the first three weeks and also serves to fulfill the OMHSAS 18-hour continuing education requirement. Training takes place in a variety of settings, including:

- Weekly team meetings
- In-house trainings
- Remote trainings and conferences
- Webinars

Recovery Coaches/CPS receive training in a wide array of content areas. For example, peer support skills development takes place in, but is not limited to, the following domains:

- Reinforcing self-direction
- Recovery principles
- Community inclusion planning
- Trauma-informed practices
- Motivational interviewing
- Documentation
- Burnout prevention

In addition, Recovery Coaches/CPS receive training in non-peer support-specific areas, such as:

- HIPAA
- Sexual harassment
- Blood-borne pathogens
- First aid

Inside Supervision

The following reflect topical areas brought up in typical supervisory sessions:

Personal wellness

Integrating wellness tools (such as developing a WRAP®) that can be used in the coach's personal life as well as mirroring recovery principles that can be modeled by coaches with participants

Job performance

Addressing concerns about meeting productivity expectations and brainstorming ways to effectively schedule visits

Using collaborative documentation

Working with the participant to document the visit in a way that is both billable and recovery-oriented

Enforcement of self-directed peer support

Ensuring that the peer support services delivered help the individual to do for themselves rather than the Recovery Coach doing for them

Resource development

Providing Recovery Coaches with resources to use in the field (such as how to interact with a participant who hears voices)

Supervision

Individual Recovery Coach/CPS supervision takes place for one hour once a week with the Program Manager. Supervision is structured to cover the following areas:

- **Check-in:** Through targeted questions, the Recovery Coach/CPS is asked to review the success of the peer support they have provided in the past week
- **Issues:** The Recovery Coach/CPS is given an opportunity to raise any issues of concern relating to the participants on their caseload or their fellow Recovery Coaches with a particular emphasis when needed on addressing community inclusion concerns
- **Units:** The number of billable units the Recovery Coach/CPS has accrued in the past week is reviewed
- **To Do:** New items, items from the previous week, and ongoing items are reviewed
- **Challenges/Supports Needed:** The Recovery Coach/CPS is asked to identify any challenges they are facing that might require additional supports, either from the Program Manager or other Recovery Coaches/CPS
- **Kudos:** The Recovery Coach/CPS is asked to share one noteworthy piece of information about themselves at the end of the supervisory session.

Team Meeting

Team meetings take place during a two hour period once a week. All programmatic staff are in attendance at team meetings. Any staff member can lead the team meeting, and meetings always start with a staff member reading aloud a recovery-oriented message. Broadly, team meetings are a time to review resources and issues and for staff to give and receive support around any challenges that might have arisen in the past week. Issues commonly discussed during team meetings include:

- Upcoming trainings
- Logistical issues
- Administrative issues
- Enrollment of new intakes
- Program discharges
- Staff schedules
- Freedom Fund questions

Staffing ratios

Approximately 45 participants are currently enrolled in the CRIF SDC program. Participants are evenly distributed among the Recovery Coaches/CPS with 11-12 SDC participants assigned per coach. It should be noted that for purposes of program sustainability, each Recovery Coach/CPS also carries a caseload comprised of an additional 12 participants

enrolled in traditional peer support without Freedom Funds. If an SDC participant needs further support, it is acceptable and encouraged that more than one Recovery Coach/CPS meet with the participant for extra help. This serves a dual purpose; it helps the participant understand that they need not rely on only one person for assistance, broadening the number of supporters in their life, as well as provides additional team support for that participant's Recovery Coach/CPS.

Participant visits

The duration of a typical Recovery Coach/CPS visit with a participant is between one and one and a half hours. The number of times a participant meets with their Recovery Coach/CPS is highly individualized and depends on a participant's needs and budget. Some participants might schedule a visit with their Recovery Coach/CPS every other week and other participants function well with a monthly meeting to address mainly budgeting issues. In all situations, the duration of and frequency with which Recovery Coach/CPS meetings take place is self-directed by the participant and is according to their wishes and the goals they set.

Operational issues

Recovery Coaches/CPS identified a number of operational challenges encountered in their role within the CRIF SDC program.

Skilled Supervision

The most prominent issue raised by Recovery Coaches/CPS references the importance of skilled supervision. Many peer specialists, as well as participants, have a history of trauma. Supervision gives the peer specialists a "place to let go of [the trauma] in order to stay well." Effective supervision is contrasted with simple crisis management. One peer specialist also made note of the benefit of weekly team meetings as a supportive outlet. Team meetings are a time to share caseloads and ask for extra support and feedback from colleagues.

Boundaries with Participants

A second issue generated by Recovery Coaches/CPS involves the importance of solid training around and maintenance of boundaries with participants. Coaches stressed the importance of not giving or receiving gifts from participants, otherwise, "It can get sticky really quickly." While Recovery Coaches/CPS found this rule a priority to adhere to, they also often found it uncomfortable to follow in the moment. Several coaches described situations in which a participant was short on food. Rather than buy the participant a bag of groceries and apply a short-term solution to the problem, thereby creating an unsustainable dependency, the Recovery Coach/CPS and the participant were better served by the coach helping the participant to think of ways to creatively and constructively address their food needs.

Disclosure of Recovery Story

Another boundary challenge that Recovery Coaches/CPS face involves disclosure regarding their own recovery story. Sharing parts of one's own recovery can be the foundation of the peer support relationship between Recovery Coach/CPS and participant. In other words, knowing that the Recovery Coach/CPS has been through similar life circumstances can solidify the coach-participant connection. However, according to experiences within the CRIF SDC program, Recovery Coaches/CPS were mindful that it is only appropriate to share one's recovery in circumstances in which it benefits the participant. Also pertinent to disclosure, program Recovery Coaches/CPS have learned that it is acceptable to keep parts of one's recovery private as one "cannot unshare something."

Open Scheduling

A final operational challenge detailed by Recovery Coaches/CPS concerns open scheduling. Due to the size of the county, Recovery Coaches/CPS have found it challenging to meet the quota of 20-25 billable hours per week, a number determined necessary for program sustainability. Recovery Coaches/CPS emphasized the need to effectively think through and plan one's day. Particularly with an open scheduling system, Recovery Coaches/CPS found that they could not accommodate all of their participants and meet their quota of billable hours. To assist with this, Recovery Coaches/CPS implemented a system known as calendar blocking. Each day is carved into four billable blocks of one and a half hours each. Each block is devoted to time spent visiting with a participant. Half an hour of travel time is allotted between visits. The blocking system provides structure to the Recovery Coaches'/CPS' days and eliminates ineffective utilization of time.

Community Inclusion

Finally, the program has struggled to better grapple with barriers to community inclusion, including the reluctance of program participants to move beyond the supports and services of mental health providers, the sense among Recovery Coaches/CPS—who may not themselves have achieved substantial levels of community inclusion—that they feel unprepared to assist program participants in this regard, and the real problems faced by resistant community organizations. Continual attention to these issues has proven necessary to avoid a gradual abandonment of this aspect of the project's self-directed care goals.

IV. THE PROCESS

This section guides the reader through the elements necessary to recruit, enroll, and develop and plan goals with participants. The section opens with the primary methods for recruiting participants into the CRIF SDC program and outlines the way in which participants are enrolled. This is followed by a detailed discussion of how biopsychosocial information is elicited from participants via the My Life Story and My Annual Life Story documents, dreams are identified through a Recovery Strategy, and goals determined through development of a Goal Plan. In addition, guidance is provided regarding how the CRIF SDC program develops participant monthly budgets, how participants bank funds within this budget, and the process for authorizing and executing new participant out-of-plan expenses. The section concludes with direction for engaging with participants in ongoing collaboration and support.

Recruitment

There exist two predominant means of recruiting new program participants:

Outreaching to major providers

The Program Manager contacts providers that serve eligible participants (psychiatric rehabilitation programs, day programs, case management etc.) and arranges a time to visit the program site. At the program site, the Program Manager speaks to participants about SDC and possible accomplishments that can be achieved with supports brokerage and peer support. This method of recruitment is particularly effective if a Recovery Coach/CPS or former participant is able to speak to their experience with the program, sharing with potential participants the benefits and successes they have experienced from taking part in self-direction.

Hosting of recovery-oriented events

The other method which the CRIF SDC program employs to recruit new participants involves hosting quarterly participant meetings as well as other recovery-oriented events. These community events occur in a common space such as a public library and serve a dual purpose. First, they bring current participants together in a non-judgmental space. The quarterly meeting is a forum for participants to share ideas about community resources accessed as well as their own success stories. Second, the meetings are open to the community at-large and participants often bring supports with them. Hearing the stories of current participants can motivate community members and supports to become CRIF SDC participants themselves.

Enrollment

Once an individual demonstrates interest in the CRIF SDC program, the Program Manager provides the participant with a brief overview of the peer support enrollment process and distributes an enrollment form to the individual. To initiate the enrollment process, the participant must then complete the enrollment form, including obtaining the necessary endorsement from a Practitioner of the Healing Arts (PHA).

Peer Support Referral and Recommendation: The enrollment process begins when the Project Coordinator at MHASP receives a completed Peer Support Referral and Recommendation Information Form. This attests to a participant's qualifying diagnosis for peer support services and is signed by a Practitioner of the Healing Arts (PHA). Examples of qualified PHA include physicians, licensed psychologists, certified registered nurse practitioners, and physician's assistants. The form requires:

- Specification of a mental health diagnosis along with the corresponding DSM-IV code
- Specification of criteria for peer support that the potential participant meets
- PHA recommendation of a specific domain which the individual would benefit from assistance with
- The PHA to sign, date and return the form to the CRIF SDC Project Coordinator at MHASP; however, it is always the responsibility of the potential participant to ensure that the referral form is received by MHASP

Please see Appendix IV for a copy of this form.

Verification of Medical Assistance: After the referral form has been received, the Project Coordinator utilizes the Pennsylvania Department of Welfare's Eligibility Verification System (EVS) to ensure that the individual has Medical Assistance. The program must determine if the potential participant is currently eligible for Medicaid benefits and can be billed for peer support services.

Registration of Participant: The Project Coordinator registers the enrollee into the electronic health record (EHR) system by uploading copies of their Peer Support Referral and Recommendation Information Form, verifying enrollee Medical Assistance eligibility through the electronic verification system, and capturing other required data.

Assignment to Recovery Coach/CPS: Once Medicaid eligibility has been verified and the enrollee has been registered, either the Program Manager or the Project Coordinator will assign the enrollee to a Recovery Coach/CPS. It is then the responsibility of the assigned Recovery Coach/CPS to contact the participant to conduct the enrollment visit.

Please see Appendix IV for a copy of associated form.

First visit: After the assigned Recovery Coach/CPS has made contact with the participant, the first visit is scheduled. During this visit, official enrollment occurs as it is at this time that the participant signs the Approval to Receive Services document. The first visit includes an overview of:

CRIF SDC program: The Recovery Coach/CPS provides the participant with an explanation of peer support and of the SDC process. The individual is given the opportunity to agree to voluntarily participate in this process.

Recovery model vs. medical model: The idea that recovery is possible and that mental illness need not be chronic is shared with participants. Participants are educated that mental illness is only a part of who they are and that they can develop goals for themselves larger than simply managing their mental health symptoms. A message conveying personal responsibility for their own wellness is also communicated to participants during this first visit. The Recovery Coach/CPS clarifies both the coach's role and the participant's role, ensuring that the participant agrees to take the lead in their own recovery with the coach's assistance when necessary.

Participant handbook. The Recovery Coach/CPS reviews MHASP's participant handbook with the participant. The handbook covers topics such as:

1. MHASP organizational vision/mission/values
2. What participants can expect during the first meeting
3. Involvement of family and friends in treatment
4. Participant rights/responsibilities
5. Limited English proficiency
6. Freedom of choice/service
7. Federal and State laws protecting persons with disabilities
8. Privacy practices
9. Complaint, grievance and appeal process
10. Discharge bill of rights
11. Description of WRAP® (Wellness Recovery Action Plan)
12. MHASP services

Please see Appendix IV for a copy of the participant handbook.

Request/release of information. These two forms always accompany each other. The request for information permits MHASP to request specific information from another entity. The release of information form allows the other agency to release this information to MHASP. At a minimum, five requests/releases must be signed by the participant, including one each from:

1. Magellan Behavioral Health of Pennsylvania (insurance company)
2. Delaware County Office of Behavioral Health (county)
3. Temple University (evaluators)
4. PNC Bank (local bank)
5. Participant-designated emergency contact

The Recovery Coach/CPS sets up all of the requests/releases, with the exception of the emergency contact within the EHR system ahead of time. In this way, the participant need only sign the requests/releases at the time of the visit. In anticipation of any technological issues that may occur during the visit, the Recovery Coach/CPS brings with them paper copies of all requests/releases.

Each request/release:

- Is subdivided into general categories of information that may be requested/released, such as:
 - Mental health/physical information
 - Drug/alcohol information
 - HIV/AIDS information
 - Other

- Asks the participant to indicate more specifically the type of information within each category that is to be requested/released, such as:
 - Assessments
 - Diagnoses
 - Service/goal plans
 - Psychiatric summary
 - Medication records
 - Demographic information
- Indicates the dates of service from which information can be requested and/or shared. The requests and releases are valid for one year from the time of signature by the participant.

Please see Appendix III for copies of the Request/Release of Information forms.

Additional signatures:

1. ***My Approval to Receive Services Form:*** By signing the My Approval to Receive Services form, the participant:
 - Demonstrates understanding of CRIF SDC program
 - Has the right to refuse any services
 - Agrees that MHASP will arrange for necessary transport in a crisis
 - Understands that MHASP keeps records and abides by HIPAA
 - Has received and reviewed the MHASP handbook

Please see Appendix IV for a copy of the My Approval to Receive Services form.

2. **Assignment of Benefits Form:** By signing this form, the participant agrees that MHASP will bill Medicaid for peer support services rendered.

Please see Appendix IV for a copy of the Assignment of Benefits form.

After obtaining these two authorizations, the Recovery Coach/CPS verifies the information MHASP has on record for the participant, such as demographics and contact information, in the EHR system. If there are any record discrepancies or additions, the Recovery Coach/CPS notifies the Project Coordinator with these changes. The EHR system, Credible, is used for many of the following planning steps.

Planning

This section involves steps initiated during the first meeting between Recovery Coach/CPS and participant. The number of elements covered during the first meeting will vary from one participant to another; however, the following outlines the order and content of the planning process to be followed by all Recovery Coaches/CPS in the CRIF SDC program. In recognition of the centrality of community integration in increasing opportunities for presence and participation within the community for individuals with mental health conditions (Burns-Lynch, Salzer, & Baron, 2011), the tools in this section also assess current engagement in the community and progress made towards community inclusion in the past year.

My Life Story

The Life Story is the CRIF SDC programmatic version of a biopsychosocial assessment and is used to obtain detailed information pertaining to multiple life domains. Two versions of the Life Story exist: the initial version, My Life Story, which must be completed within 30 days of enrollment, and the Annual My Life Story, a version that builds on the initial My Life Story and reflects achievements and barriers met within the past year. Both are elements of peer support carried out by the Recovery Coach/CPS.

Planning Snapshot

My Life Story:

Initial biopsychosocial assessment utilized (within the first 30 days) to obtain detailed information about multiple life domains; used to identify dream areas that the participant would like to work on.

Annual My Life Story:

Biopsychosocial assessment used at the one-year mark and annually thereafter; it builds on the initial My Life Story and fulfills a similar function.

Recovery Strategy:

Annual Strategy focusing on the individual's articulation of their hopes and dreams. The Recovery Strategy is divided according to the same life domains as, and follows from, My Life Story and My Annual Life Story.

Goal Plan:

Also known as an Individual Service Plan, the Goal Plan is created semi-annually for each goal identified in the Recovery Strategy and is a road map of how the participant will attain the goal(s) they have identified in their Recovery Strategy.

Completion of My Life Story involves participant identification of:

1. Past successes
2. Persons who helped them to achieve these accomplishments
3. Strengths they believe they possess
4. Areas they would like assistance with
5. What their best life would look like

My Life Story then addresses the following domains:

1. Family & Friends
2. Community Connections
3. Education
4. Work/Employment
5. Volunteering
6. Housing
7. Physical Wellness
8. Mental Wellness
9. Substance Use History
10. Legal Forensic History
11. Financial
12. Religion/Spirituality
13. Meaningful Activities

The domains covered are an expanded version of SAMHSA's Eight Dimensions of Wellness; each domain is associated with content relevant to the participant's recovery journey. Questions attempt to elucidate challenges or successes a participant might be experiencing in that particular domain. For example, in the Community Connections domain, participants are asked questions such as:

- What are some things you wish you could do?
- Are there any activities you used to enjoy but have stopped doing?
- What other supports are you involved with in the community?

In all cases, the purpose is twofold. First, the Recovery Coach/CPS hopes to gain a fuller picture of the participant. By including information regarding all 13 domains, the Recovery Coach/CPS and participant build a foundation from which to address and support specific goals. Second, the Recovery Coach/CPS seeks to determine if the domain is an area that the participant chooses to actively work on. To this point, in the My Life Story, there is an explicit question, "Is this an area you want to work on?" If the participant answers negatively, the Recovery Coach/CPS and participant move on to the next domain. If, on the other hand, the participant indicates that this is an area they would like to address, this signals advancement to the next section of the same domain.

The participant is then asked to generate a list of things they would like to work on related to that specific domain. This entails:

1. Identifying where the participant sees themselves in six months
2. Envisioning where the individual pictures themselves in one year
3. Articulating a goal and a plan in this domain

Importantly, a participant self-identifying a domain as an area that they would like to work on is a triggering event for the development of The Recovery Strategy (see below).

Please see Appendix V for a copy of the My Life Story form.

Annual My Life Story

The Annual My Life Story form is an abbreviated version of the initial My Life Story and is focused on successes and challenges encountered within the time span of the last year. The form:

1. Is subdivided into domains similar to the initial My Life Story.
 - Questions are directed to prompt participants to think about domain-specific activities they have engaged in during the past year
 - Activities are related back to goals the participant has set
2. Asks the participant to consider how working on a particular domain and goal facilitated movement toward their dream(s).
3. Gives the participant the opportunity to decide if the area is one they would like to work on in the coming year.
4. Asks the participant if they have, and encourages the use of, a:
 - **WRAP®** (participant-created Wellness Recovery Action Plan used to feel better and stay well),
 - **Crisis plan** (roadmap to follow should the participant start to decompensate or become a danger to self and/or others), and/or
 - **Mental health advance directive** (written plan describing a participant's wishes for their mental health care should they be psychologically unable to communicate their wants and needs)
5. Obtains signatures from the participant, Recovery Coach/CPS and a master's level mental health professional.
 - Signatures from both the participant and Recovery Coach/CPS demonstrate the collaborative nature of the documentation
 - A signature from a qualified mental health professional indicates that the assessment has been conducted in a strength-based, clinically sound manner

Please see Appendix V for a copy of the Annual My Life Story form.

Recovery Strategy

Once the My Life Story form has been completed, the next step is for the Recovery Coach/CPS to create the Recovery Strategy in concert with the participant. This strategy encompasses and is informed by the domains that the participant has identified in their biopsychosocial assessment. With peer support, the participant develops dreams in each of the domains they have self-identified as areas they would like to work on. Importantly, dreams are recorded by the Recovery Coach/CPS in the participant's own words; this creates greater investment when the dreams are read back to the participant. Participants are asked to rank their desire to work on the 13 individual domains on the Recovery Strategy worksheet. At the end of the Recovery Strategy, self-reported outcome data is collected for the past year referring to number of:

- Mental health crisis contacts

- Days as a psychiatric inpatient
- Days in detox
- Days in residential rehabilitation

The form is completed with signatures from the Recovery Coach/CPS, participant, and a mental health professional.

Please see Appendix V for a copy of the Recovery Strategy form.

Goal Plan

Goal planning, or the development of an individual service plan (ISP), follows from the Recovery Strategy that has been created and is a peer support function. Each Goal Plan details a specific goal the participant has chosen to work on and the domain it falls under. Participants may choose to work on more than one goal at a time. Participants may also engage with multiple goals in service of the same dream or goals may address different dreams and their corresponding domains.

Ordinarily, a Goal Plan is formulated within the EHR system. However, Recovery Coaches/CPS also ensure that they bring a hard copy of the Goal Plan with them to all enrollment visits, and this is what is referred to here for illustrative purposes. Goal Plan goals are developed in response to the question,

What would need to happen in order for a particular Dream to come true?

Goal Formulation

In order to help participants further conceptualize goals, Recovery Coaches/CPS ask participants,

If the Dream is on the other side of a river, and we are going to build a bridge made of planks to get there, what are the big steps, or planks, that need to happen to get to the Dream?

Several questions follow, designed to identify how the goal contributes to the participant's recovery; strengths, resources, and supports that may help to reach the goal; potential setbacks in achieving the goal; and the costs associated with reaching the goal. The goal that the participant is working on is clearly stated at the top of the second page of the goal planning worksheet and must closely relate to the domain checked on the first page of the worksheet. The goal statement should be:

- Self-identified by the participant
- A written statement of the participant's desire to add/change/improve something in their life in the next six months to two years
- Person-centered
- Stated in positive terms
- Expressed in the participant's words

Action Steps and Interventions

The next two sections on the Goal Plan, Action Steps and Interventions, are developed by the participant with the assistance of the Recovery Coach/CPS and are formulated to be **SMART**:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

“My Action Steps,” identifies areas the participant is responsible for completing to reach the goal they are setting. The following are true of action steps:

- Multiple steps can be listed in order to reach the goal
- Steps are recorded in participant’s own words
- As steps are completed, new steps can be added

The action steps area on the Goal Plan is followed by an interventions or “Steps to Assist” section. Interventions are:

- Concrete steps to aid the participant in reaching their goal
- Actions carried out by the Recovery Coach/CPS

This part of the Goal Plan allows space for the Recovery Coach/CPS to delineate what they will do to support the participant’s action steps. This might take the form of processing a Freedom Fund request or providing peer support and could be any concrete step that the Recovery Coach/CPS might engage in to assist the participant in reaching their goal. Recorded for each action step and intervention are:

- The frequency
- The target date for completion
- The outcome code
 - The outcome code is assigned by the Recovery Coach/CPS to each action step and intervention either at the 6-month mark or upon completion of the goal, whichever comes first.

Decoding SMART

Kim’s Dream is to return to the workforce and hold a full-time job. In order to accomplish this, she has set several goals for herself:

- Create a resume
- Perform a skills assessment
- Apply for jobs
- Obtain a driver’s license

To achieve her last goal, Kim develops, with the help of her Recovery Coach, six Action Steps that are SMART:

1. Visit the Department of Motor Vehicles in the next two weeks to pick up a driver’s manual
2. Spend one hour three times/week over the next four weeks studying the manual
3. Sign up for driving lessons within the next one month
4. Schedule and attend biweekly driving lessons
5. Pick a date for taking the driving test within the next three months
6. Complete driving exam

- The outcome codes indicate the status of the steps utilized to meet the goal, and range from “Achieved” to “Discontinued.”
 - A..... Achieved
 - AS..... Achieved with Support
 - SI..... Significant Improvement
 - SO..... Some Improvement
 - NC..... No Change
 - S..... Set Back
 - DC..... Discontinued

Finally, the participant is asked to consider how they will know when they have reached their goal, and this is recorded on the Goal Plan for future reference. Before signing off on the completed Goal Plan, the participant authorizes a statement of agreement or disagreement regarding the content of the Goal Plan and their participation in the development of the plan.

Please see Appendix V for a copy of the Goal Planning form.

24-Month Financial Review

Participant budgets are developed from an analysis of claims data reflecting 24-month service utilization as part of the SDC process. Data collection begins 27 months prior to participant enrollment in order to encompass a complete 24-month period. When a new participant joins the CRIF SDC program, MHASP requests 24-month utilization data for that individual from Magellan. Once they have received the data set, MHASP cleans the data and then calculates an average monthly budget by dividing the total utilization budget by 24. This is the target number which the participant will aim to stay within on a monthly basis and is determined from utilization of in-plan services only. A budgeting meeting takes place within the first month of participant enrollment, and an individual budget is developed in conjunction with the participant’s Goal Plan.

Banking Savings

Banking of Freedom Funds is part of the SDC process. Every month in which the participant is enrolled in the program, MHASP sends a request to Magellan for the prior three month’s service utilization data. MHASP then makes the information understandable and available to the participant. Concretely, Recovery Coaches/CPS communicate the dollar amount assigned to services by the BH-MCO that participants receive, allowing participants to understand how the services they use impact their budget. In this way, participants can make educated decisions about which services they wish to continue receiving and which they are not currently benefitting from.

Due to a lag in data availability, participants must bank funds for three months before they are presented with the first set of claims data. Banking of Freedom Funds is cumulative and savings carry over from one month to the next. However, each month of the overall individual budget is independent of other months in order that the participant does not run a deficit from month to month. The formula for determining the amount of Freedom Funds a participant has available is calculated as follows:

$$\text{Monthly Budget} - \text{In-Plan Utilization} = \text{Banked Amount Freedom Funds}$$

Once a participant has banked Freedom Funds, they are able to request an amount up to the amount they have banked, providing their request, or “ASK,” fits into their Goal Plan. By reducing the quantity of in-plan services utilized, participants can make room in their budgets for non-traditional, out-of-plan services, to be paid for with Freedom Funds. For instance, Freedom Funds can be used to further community inclusion by allowing for mobility within the community (e.g., bus passes, car sharing, etc.), taking part in community-sponsored events (e.g., joining a religious congregation, participating in a YMCA recreational program, etc.), obtaining a competitive or entering a mainstream job training program, etc.), and/or participating in mainstream educational classes (e.g. taking classes at a local community college, returning to a four-year degree program, finishing a GED, etc.). As can be seen below, many of the Freedom Fund purchase categories listed provide individuals with the opportunity to participate in community-based activities, thereby increasing their degree of community inclusion. (Salzer M. S., Baron, Menkir, & Breen, 2014)

Some common Freedom Fund purchase areas include:

- Out-of-network mental health treatment
- Health and physical fitness services
- Assistance with self-care or daily living
- Appliances and technology
- Transportation
- Community memberships or lessons
- Job training and job searches
- Tuition, tutoring, educational supplies

Items not allowable for purchase with Freedom Funds include:

- Any illegal activity or drugs
- Cash
- Alcohol
- Gambling
- Pornography
- Firearms or other weapons

Working with Freedom Funds: Jen’s Three Month Snapshot

January

Monthly Budget	\$800
In-plan Services	\$600
Banked Freedom Funds	\$200

February

Monthly Budget	\$800
Prior Freedom Funds	\$200
In-plan Services	\$300
Banked Freedom Funds	\$700

March

Monthly Budget	\$800
Prior Freedom Funds	\$700
In-plan Services	\$400
Freedom Fund Request	\$300
Banked Freedom Funds	\$800

In the accompanying sidebar, a sample three-month participant budget is provided. The participant, Jen, has a monthly individual budget of \$800. This monthly individual budget was created based on in-plan utilization, but is used to budget both in-plan and out-of-plan approved goods and services. Out-of-plan goods and services are paid for with Freedom Funds. In January, Jen spent \$600 of her \$800 budget on in-plan services [peer support (\$200), medication checks (\$100), case management (\$100), psychosocial rehabilitation (\$200)]. This left Jen with \$200 to bank for out-of-plan services, or Freedom Funds. Choosing not to spend her Freedom Funds in January, Jen carried the \$200 over into February. In February, she reduced her in-plan purchases, spending \$300 on traditional services [peer support (\$200), medication checks (\$100)] and banked \$500 of her individual budget as Freedom Funds during this month. Her cumulative total amount banked for February came to \$700 (\$200 carried over from January + \$500 from February). Finally, in March, Jen transitioned from supportive housing to her own apartment and accessed additional peer support to assist her with this. Jen spent \$400 on in-plan services [peer support (\$300), medication checks (\$100)], banking \$400 dollars in Freedom Funds. Also during this month, she submitted a Freedom Fund request in the amount of \$300 (for pots and pans and bedding supplies for the new apartment) which was approved. Thus, her total banked Freedom Fund amount at the end of March came to \$800 (\$100 banked in Freedom Funds from March + \$700 banked in Freedom Funds from January and February).

Deciding on New Expenses

As part of the SDC process, Freedom Fund requests must fit into the participant’s overall Goal Plan and be consistent with the goals participants have articulated for themselves. The starting point for the participant and Recovery Coach/CPS is always determining the supports needed to move forward with the participant’s dream(s) and Goal Plan and assessing how these supports fit into the participant’s budget. During their minimum monthly meetings, the participant and Recovery Coach/CPS evaluate most current participant monthly utilization data. The Recovery Coach/CPS supports the participant to self-direct the costs and utility of services used over this time period. If new in-plan services are desired, a standard rate sheet is referenced. If the participant wishes to request new out-of-plan services, the participant, often with the assistance of the Recovery Coach/CPS, will research the cost of the new service to determine the expected cost. In considering what goods and services to request, the participant and Recovery Coach/CPS must consider if the item is one that Medical Assistance (MA) would traditionally pay for as Freedom Funds are a payer of last resort. If MA will pay for the item or service, perhaps they will only pay for a portion of it and this must be considered also.

All services must be determined to be Medicaid ineligible before Freedom Funds will authorize payment. Often, the amount paid by Freedom Funds is equal to the amount not covered by an individual’s physical insurance. For example, a participant may wish to purchase “no-line” bifocals. The total cost for the bifocals is \$600. The participant’s physical health insurance will pay for \$100 of the cost of the glasses. Assuming that the participant has adequate funds banked, the approved Freedom Fund amount would be for \$500.

Total cost of glasses	\$600
-Physical health insurance coverage	\$100
Freedom Fund amount	\$500

In the case of mental health treatment covered by Freedom Funds, these are often providers who exist outside of Magellan’s network. Participants can access out-of-plan, non-traditional, mental health services, such as psychotherapy via webcam, by tapping into their bank of Freedom Funds.

Authorization of New Expenses

The Recovery Coach/CPS and participant can create a request for authorization, or “ASK,” for the purchase of those goods and services that don’t fit into the traditional Medical Assistance category. In order to limit the amount of up-front costs expended by MHASP and to prevent participants from making ineligible purchases, each purchase is capped at \$1000, regardless of the amount of funds the participant has banked. The following are the SDC steps required to submit an ASK:

1. **Recovery Coach/CPS ensures all participant documentation is up to date, including:**
 - Requests/Releases of Information
 - My Life Story/My Annual Life Story
 - Recovery Strategy
 - Goal Plan
2. **Recovery Coach/CPS determines that participant is requesting a good or service that will help them move forward in their recovery**
3. **Recovery Coach/CPS documents #2 in corresponding progress note**
4. **Participant and Recovery Coach/CPS fill out a Person-Centered Plan and Budget form**
 - Page 1 matches what is entered on the participant’s Goal Plan
 - Page 1 is in the participant’s own words
 - Page 2 includes an itemization of items requested
 - Participant clearly communicates the amount they are requesting to Recovery Coach/CPS
 - Recovery Coach/CPS informs participant as to whether they have sufficient funds banked for request
 - Participant and Recovery Coach/CPS sign form

Please see Appendix V for a copy of the corresponding form.

5. **Recovery Coach/CPS fills out a Delaware County Self Directed Care Project—Authorization Request**
 - The Member CIS# is an internally generated number that Magellan has assigned to identify the participant
 - The participant’s diagnosis/diagnoses is specified by Axis
 - Each item requested is specified according to domain with a start date, end date, and associated cost

Please see Appendix V for a copy of the corresponding form.

6. **Recovery Coach/CPS completes a narrative**
 - The narrative pulls together the other components of the ASK into a cohesive whole and tells a concise story of why the request is relevant and necessary to the participant’s recovery journey

- The narrative is used to reduce the number of times the care manager needs clarification of an ASK, thus delaying an approval
7. **Recovery Coach/CPS submits to Program Manager an ASK packet comprised of:**
 - Person-Centered Plan and Budget
 - Magellan Authorization Sheet
 - Narrative
 8. **Program Manager and Project Coordinator review ASK request**
 - ASK evaluated for fit with Goal Plan and pre-established goals
 - ASK packet must demonstrate necessity of item(s) requested to move participant forward in their recovery
 9. **If request approved, Project Coordinator sends request to Magellan for review by care managers who make final approvals for Freedom Fund requests based on clinical necessity within the context of an individual's Goal Plan**
 - Project Coordinator faxes each packet to Magellan
 - Project Coordinator follows up with an email
 10. **Magellan has one week to fax an approval or denial of ASK back to Project Coordinator at MHASP**

Communicating with the Recovery Coach/CPS

Once the Project Coordinator receives the approval or denial of the ASK, he then communicates Magellan's decision with staff either via email or verbally. If the item that has been requested requires that a check be cut, it is at this point that the Recovery Coach/CPS must convey the vendor information to the Project Coordinator. In the absence of this information, the money will be loaded onto the participant's bank card.

Bank Cards and Other Forms of Payment

The next part of the SDC process involves loading the participant's bank card or cutting a check. Once a check is cut or money is transferred onto a participant's bank card, the funds are considered invoiced, are logged by the Project Coordinator onto the live budget, and count toward the participant's total monthly budget. Bank cards are the preferred tender; however, checks are cut in instances when it is not possible to swipe a debit card. Examples of times when a check might be cut include when a participant is:

- Paying rent
- Purchasing an item from Craigslist
- Employing a neighbor to provide a service such as assisting with shopping or transportation

At enrollment, bank cards are issued to all participants. Participants are required to initial and sign off on a policy which outlines the use of Freedom Funds and the SDC bank card (please see Appendix V for Freedom Funds and SDC bank card policy). The bank card has no PIN feature, no ATM availability, and no access to cash. The bank card is a "paycard," which is a reloadable debit card with the VISA logo issued through a regional or national bank, in this case PNC Bank. Participants are able to swipe the bank card, or paycard, anywhere there is a VISA logo. It is important that the SDC bank card look and act like a true debit card in order to avoid stigma around use. When utilizing the card, participants are instructed to select the "credit" option as no PIN is required.

It should also be noted that when setting up the bank card system, MHASP blocked certain MCC's, or merchant category codes. This was done to restrict particular ineligible participant purchases ahead of time, including liquor, pornography, and firearms. Participants need to be made aware that lost bank cards incur a vendor charge as do some phone calls for assistance to the vendor. In an attempt to obviate costs associated with the latter, MHASP has attached a sticker with their phone number over the vendor's number on the back of the bank card, with instructions to call MHASP directly if help is required.

The provider must also consistently monitor bank card purchases for potential abuses. This is carried out by the Program Manager and/or Project Coordinator. If questionable purchases are discovered, they should be addressed with the participant by either the Program Manager or the Project Coordinator. In some cases, the Recovery Coach/CPS may talk to the participant regarding the purchase if they are scheduled to meet with the participant the same day the potential abuse is discovered. It should be noted that while abuses do exist within the CRIF SDC program they do not constitute the majority of purchases; the program has found deliberate intent abuses to be even more negligible.

The following illustrates the process for handling unapproved purchases:

- **First infraction:**
 - A verbal reprimand is issued
 - Participant maintains possession of bank card

- **Second infraction:**
 - MHASP takes possession of bank card for one month
 - Use of bank card must now be supervised; participant's budget incurs a cost for supervisory support in using bank card for purchases
 - Discussion takes place with participant to review bank card policy
 - During one month period, Recovery Coach/CPS assists participant in developing strategies for making better decisions regarding impulse control and staying within policy guidelines
 - If improvement documented at end of one month period, bank card returned to participant

- **Third infraction:**
 - Participant loses card permanently
 - Freedom Funds must be accessed through paper checks or supervised use of bank card

Ongoing Support

Monthly Check-ins

Monthly check-ins ensure that the participant is making progress toward the goals on their Goal Plan, identify any barriers to progress, and clarify for the participant the status of their individual budget. In a peer support capacity, the Recovery Coach/CPS performs a monthly evaluation of goals and the steps needed to reach these goals. In addition, the Recovery Coach/CPS and participant together identify any additional supports that may be needed to reach participant goals. With regard to supports brokerage, the Recovery Coach/CPS and participant evaluate participant monthly utilization over the past three months. The Recovery Coach/CPS and participant also evaluate how services used since the last visit have benefitted the participant and address questions, such as:

- Are services currently in place moving the participant towards their goal(s)?
- Are there any new services/goods that might move the participant toward their goal(s)?

- Are there any current services in place that could be eliminated/replaced?

In addition, on a monthly basis, at a minimum, the Recovery Coach/CPS and the participant review the Freedom Funds the participant has available to spend.

Progress Notes

At the end of every visit, the Recovery Coach/CPS documents what has been covered with the participant during that visit in the form of a progress note. This peer support documentation most often takes place within the EHR system, but for purposes of illustration, it is the paper form used in cases of back up that is described here.

Progress note documentation is important for two reasons. First, it is the way peer support is billed through Magellan to Medicaid; progress notes are the means to show that services have been rendered to the participant. Services, delivered either via telephone or in-person, are billed in 15-minute increments. The second reason to encourage the write-up of progress notes centers on a participant's accomplishments against a specific goal. It is the Recovery Coach's/CPS' responsibility to assess each goal during every Medicaid billable interaction, even if the Recovery Coach/CPS and participant are not explicitly addressing the goal during the visit. In this way, all progress towards goals is measured and recorded.

At a minimum, progress notes should:

- Document the date, location of the visit, and the start and stop time and circumstance of the contact, regardless of whether or not a billable service was provided
- Describe how the service/visit related to the participant's goal(s) identified in the Goal Plan
- Summarize the purpose and content of the peer support session
- Specify the intervention utilized as related to goal(s) in the Goal Plan
- Reflect attempts to reach the participant if contact cannot be made

The progress note then identifies the goal(s) that the Recovery Coach/CPS and participant worked on and how the current visit specifically addressed these goal(s). The progress note asks the Recovery Coach/CPS to specify the participant action steps for the identified goal(s). The next part of the progress note concerns the participant's feelings regarding progress toward their goal(s). The participant is asked to state in their own words how they have worked toward their identified goal(s) since their last visit with the Recovery Coach/CPS. The participant is also asked to rate their confidence in achieving a chosen goal on a scale from 1-10 as well as to respond to how they might increase their confidence in achieving this goal. In addition, the Recovery Coach/CPS and participant define next action steps the participant will take to support progress toward the participant's goal(s). There is space for the Recovery Coach/CPS to enter their own reflections on the day's visit.

The progress note continues with the Recovery Coach's/CPS' summary of next steps. The purpose of this section is to:

- Briefly summarize the visit
- Link services to the Recovery Strategy, goals, and action steps
- Demonstrate necessity of peer support visit according to MA standards
- Identify next steps that Recovery Coach/CPS and participant will take

There is also a space for participant comments, recorded in their own words, as well as space to record the level of participant engagement in the planning process. Finally, there is an area to detail the participant's WRAP®. After the progress note is completed, it is signed by the participant, either electronically or via hard copy, as well as by the Recovery Coach/CPS.

Please see Appendix VI for a sample progress note.

Six-Month Evaluation

State requirements dictate that participants work on at least one goal at any given time. State regulations also require that a peer support evaluation of each goal be conducted every six months. However, to ensure compliance, the CRIF SDC program evaluates goals every four months; the program attaches a four month planning goal sheet as part of the standard Goal Plan. Utilizing a separate evaluation sheet for each goal, progress toward goals are evaluated as are the supports that have been put in place to work toward goals. If a goal was not achieved, barriers that may have impeded goal accomplishment are analyzed. Finally, the participant is asked what goal-related gains they will have made upon discharge from services. The evaluation includes an assessment of a crisis plan and a WRAP®; questions regarding WRAP® planning address:

- Existence of a plan
- Interest in creating a plan
- Updating one's existing plan
- Utilization and effectiveness of one's plan
- Interest in attending WRAP® group

Also included in the evaluation is an assessment of service utilization over the past four-month period. Service utilization is quantified as self-reported number of:

- Mental health crisis contacts
- Days spent as a psychiatric inpatient
- Days spent in detox
- Days spent in inpatient substance abuse treatment

Finally, the evaluation must address the participant's functional impairment. The continued stay category monitors whether it is appropriate for the participant to remain in peer support. For a continued stay to be satisfied, the first three of five listed criteria must be met. These three criteria indicate that:

- The participant currently experiences moderate to severe functional impairment
- The withdrawal of services may likely result in loss of gains and goals made by the participant
- The participant agrees to continued peer support services

If these three criteria are satisfied, the Recovery Coach/CPS then lists the areas they have identified as requiring ongoing peer support. The form is signed by the participant, participant's family or friend (optional), Recovery Coach/CPS, and health professional.

Please see Appendix VI for a copy of the Six-Month Evaluation form (usually attached to the last page of the Goal Planning worksheet).

V. CONTINUING ROLE

At a minimum, the ongoing relationship between Recovery Coach/CPS and participant is comprised of the monthly check-in, detailed earlier. Any support beyond the one-hour monthly check-in is self-directed by the participant. The ongoing relationship is characterized by three main components and their associated activities:

1. Supports brokerage

Assessing latest in-plan service utilization

The Recovery Coach/CPS looks at the cost of in-plan, or traditional, services utilized over the past three months; they share this cost information with participants to evaluate if services used are meeting the participants' needs as outlined in their Goal Plans. Participants can elect to keep amount of traditional services constant, add new services, or decrease services.

Reviewing Freedom Fund utilization

Recovery Coach/CPS and participants evaluate the amount of out-of-plan, or non-traditional, services utilized over the past month. The Recovery Coach/CPS shares with participants the amount of Freedom Funds they currently have available for use.

Assisting participants to find community resources and supports that fit their goals

The Recovery Coach/CPS assists participants in developing a circle of support, or network of natural supports, within the community and both identifies mainstream community activities the program participant may wish to join and provides the individualized support (including accompaniment) they may need to utilize/join community activities. Recognizing that they are not experts in all life domains, the Recovery Coach/CPS also works with participants to brainstorm locations where individuals can find necessary resources and obtain answers to goal-related questions. Ultimately, the Recovery Coach/CPS is working toward empowering participants to independently broker their own life situations.

Making phone calls to providers and vendors

The Recovery Coach/CPS places phone calls to inquire about participant purchases. This is done in consultation with participants.

Filling out any necessary requests (ASKS)

The Recovery Coach/CPS, in conjunction with participants, fills out any required Freedom Fund requests for out-of-plan services and/or supports. The request, or ASK, must align with goals outlined in participants' Goal Plans.

2. Peer support

Reviewing participant goals and evaluating Goal Plans

The Recovery Coach/CPS reviews participant goals during each contact made. They also ensure that Goal Plans currently reflects participant dreams as outlined in their Recovery Strategy. Finally, the Recovery Coach/CPS collaborates in setting new goals as self-directed by participants.

Developing recovery skills and tools that help participants move forward with their established goals

In establishing goals, participants have identified concrete action steps they will take to accomplish these goals. It is the job of the Recovery Coach/CPS to isolate the barriers to achieving these action steps. Once these barriers have been identified, the Recovery Coach/CPS then works with participants to identify those tools that will best assist individuals in achieving the action steps they have outlined in their Goal Plans. Examples of tools participants may draw upon include,

- **WRAP®** (peer-delivered tools to increase empowerment, decrease distress, and assist in achieving goals and dreams)
- **Cognitive behavioral therapy** (psychotherapy that works to modify thought patterns in relationship to feelings and behaviors in order to improve coping)
- **Dialectical behavior therapy** (a cognitive behavioral approach that emphasizes participant strengths; thoughts, beliefs, and assumptions that make life harder; and Recovery Coach/CPS-participant collaboration)
- **Trauma-informed peer support** (peer support focused on helping survivors make sense of how they are coping and surviving; support emphasizes empowerment and coping tools)
- **Wellness coaching** (assists participants in choosing, obtaining, and keeping wellness and healthy lifestyle related goals)
- **Whole health peer support** (integrated health and behavioral health management in areas such as stress management, healthy eating, physical activity, and restful sleep)
- **Mindfulness** (a coping resource or mental state in which one attends to and purposefully controls one's awareness of what is occurring in the moment)

Accompanying participants into the community in support of achieving goals

Acting in a peer support capacity, the Recovery Coach/CPS may travel with the participant to various appointments and venues in the community, emphasizing the importance of community inclusion and engagement. Community visits are always aligned with participants' Goal Plans. The following illustrate a range of examples:

- **Attending a doctor's appointment:** The Recovery Coach/CPS and participant prepare beforehand regarding the information that the participant wishes to communicate to their physician. During the visit, the Recovery Coach/CPS reviews wellness tools needed to sit in a waiting room for an extended period of time and also helps the participant advocate for themselves with the medical staff.
- **Exercising at a gym:** The Recovery Coach/CPS accompanies the participant to a local health club to work out. While visiting the fitness center, the emphasis is not only on exercising, but also on community integration and a discussion of socialization with others at the gym.
- **Shopping for groceries:** The Recovery Coach/CPS works with the participant to develop a menu based on nutrition and frugality. The Recovery Coach/CPS and participant then travel to a local grocery store to implement this menu. The participant learns to make more nutritious, cost-effective food choices and develops new/additional skills related to food preparation.
- **Applying for a job:** This peer support interaction involves role playing beforehand in order to increase the participant's comfort level during job interviews. In addition, for those who have literacy challenges, the Recovery Coach/CPS might suggest obtaining a copy of employment forms such as a W-4 ahead of time. On the day of the interview, the forms can easily be copied, reducing the anxiety of filling them out de novo.

Focusing on strength-based skill development

This orientation underlies all work that Recovery Coaches/CPS engage in with participants. Recovery Coaches/CPS necessarily recognize individuals' accomplishments rather than focus on participants' deficits or failures. By highlighting successes in an individuals' lives, Recovery Coaches/CPS avoid further stigmatization of participants.

Providing crisis support

The following illustrate the types of support that CRIF SDC Recovery Coaches/CPS provide to participants in the event of a mental health crisis. The first four steps are standard protocol in crisis de-escalation, while the last four points function as a supplement to the initial four.

- **Assess for safety**
- **Review participant skills and tools**
- **Develop a plan**
- **Refer out**
- **Review distress tolerance and emotion regulation skills**

- Sharing of lived experience
- Remind participant how to access natural supports
- Refer to warm line, crisis line, or 911

3. Participant skills and tools for managing their own mental wellness

- The Recovery Coaches/CPS in the CRIF SDC program offer one-on-one and class-based skill building to participants in order to promote mental well-being. Tools utilized focus on power statements and decision balanced worksheets that help participants self-advocate with service providers as well as understand their motivation to continue or discontinue health behaviors. The program also incorporates WRAP® which helps participants to create a wellness toolbox that they can draw from when experiencing emotional distress.

Discharge

Discharge occurs following successful completion of the program or after 90 days of no contact with the participant, documented with attempts to get in touch with the individual. If the participant successfully graduates from CRIF SDC, the program remains open as a resource to the individual. The Discharge Summary form is standard protocol for all discharges and requires statement of an Axis I mental health diagnosis and provides room for a co-occurring drug and alcohol diagnosis.

1. **Check Appropriate Discharge Criteria:** Four discharge criteria are listed. Either criteria #1 AND #2 must be met or criteria #3 OR #4 must be met. If discharge criteria #4 is appropriate, one of several related sub-criteria must be checked as well.
2. **Explanation of Discharge/Closure:** If “Other” is the option selected under criteria #4, there is a space on page 1 of the Discharge Summary form for an explanation of how the discharge determination was made.
3. **Summary of Participation and Progress:** This should be in the participant’s own words, if they are available, and is an account of the participant’s progress up until discharge.
4. **After Care Plan or Recommended Referral:** According to OMHSAS regulations, all participants must have a plan for care in place and/or be referred appropriately at the point of discharge.
5. **Consumer’s Behavior/Attitude upon Discharge:** This refers to the participant’s disposition upon termination of services.
6. **Service Utilization:** This is self-reported data collected by Magellan and references services utilized in the past three months.
7. **Discharge Follow-up:** 30 days after discharge, the Recovery Coach/CPS makes contact with the participant to follow-up, record the outcome of the discharge, and closes out their paperwork.

Please see Appendix VI for a copy of the Discharge Summary form.

VI. PRACTICE ISSUES

Capacity Building

The top challenge cited regarding enrollment and ongoing participant processes involved skill building among Recovery Coaches/CPS. Recovery Coaches/CPS come to their position with varying degrees of capacity. It incumbent upon the Program Manager to build capacity among Recovery Coaches/CPS through targeted training. Some of the areas which have required capacity building in the CRIF SDC program include:

1. **Professionalism:** Not every Recovery Coach/CPS has worked previously and is familiar with professional standards. Topics such as the importance of always wearing an identification badge and introducing oneself during each interaction form the foundation for all activities that the Recovery Coach/CPS carries out.
2. **Basic skills training:** Recovery Coaches/CPS may require training regarding understanding documentation and how to use it as a tool. They may also need training around the importance of bringing extra hard copies of documents on visits. Finally, Recovery Coaches/CPS may need assistance in achieving fluency in computer skills and applications.
3. **Interviewing:** Capacity building is often necessary to develop Recovery Coaches'/CPS' ability to engage with participants as well as to successfully employ motivational interviewing strategies during their visits. As well, coaches might require training regarding delivering services in a self-directed manner, including helping participants to develop dreams and goals.
4. **Team building:** This refers to the Recovery Coach/CPS serving as a role model for the recovery process. Team meetings are one time in which team building takes place; during these meetings, new tools, such as mindfulness techniques, are introduced and applied to Recovery Coaches'/CPS' lives. Coaches are then encouraged to incorporate learned techniques not only into their participant visits, but also to integrate them into their own daily lives.
5. **Supports broker/peer support skills:** This set of skills refers to techniques that help Recovery Coaches/CPS more effectively carry out their functions as supports brokers and peer support specialists. Recovery Coaches/CPS often need specific training regarding troubleshooting methods to use on visits; if trained properly, coaches will have the tools to draw upon to provide the necessary supports to a participant in crisis.

Articulating Dreams

An additional challenge raised, specific to participants, involves developing Goal Plans and the articulation of one's dreams. As Recovery Coaches/CPS develop a Goal Plan with an individual, participants are encouraged to "think big." Many participants have never been given license to think expansively and creatively about their lives before. Hence, defining dreams for themselves can seem like an incomprehensible task. To make this a more concrete and manageable undertaking, Recovery Coaches/CPS pose the question,

If you had no boundaries or barriers, what would your perfect life look like in this domain?

By framing the question in this way, Recovery Coaches/CPS open a dialogue in which participants can explore their hopes and dreams.

Sustainability

Each Recovery Coach/CPS sees between 11-12 self-directed care participants; this is a relatively small caseload and thus requires the Recovery Coach/CPS to visit each participant for approximately four hours every other week. As such, a tension exists between billing enough units and remaining self-directed. Broadly, the challenge is in training Recovery Coaches/CPS to not reenact service delivery patterns they may have experienced in the past with participants in the present. Specifically, this takes the form of letting participants ask for and direct their own services, rather than doing for the participant.

Supervision

Supervision is a time intensive endeavor. The oversight of four Recovery Coaches/CPS within the CRIF SDC program translates into four hours of supervision weekly for the managing mental health practitioner. In addition, there is a two-hour weekly team meeting attended by all staff members. In the case of the CRIF SDC program, the Program Manager performs all programmatic supervisory functions as well as clinical oversight functions.

Turnaround of ASKS

Over time, MHASP learned that it is best to define a broad time frame to participants submitting a request for Freedom Funds. Initially, the service provider developed a large backlog of ASKS. In order to address this issue and to decrease participant frustration around timely fulfillment of requests for funds, MHASP set a long time frame, a total of four weeks from participant initial submission of the ASK.

Freedom funds are not emergency funds; however, they are sometimes treated as such by participants due to the emergent nature of individuals' life situations. Emergency requests for items such as rent and electricity are often the result of demands on already strained resources. To mitigate such an emergency mindset with respect to the use of Freedom Funds, the expected turnaround should necessarily be communicated clearly to all participants. As well, Recovery Coaches/CPS can offer support as appropriate to help generate other options to handle current emergencies.

Role of the Community

In recognition that community resources should be affordable and accessible, the CRIF SDC program has made connections with a number of non-mental health providers in the community. It is a programmatic belief that individuals should, whenever possible, enter into the community to participate in events with individuals from a wide range of life experiences rather than engage only with others who have similar mental health backgrounds. If one of the goals of the self-directed care initiative is to help move program participants from an over-dependence of mental health and other social support systems and services and toward greater participation in mainstream community activities, community organizations themselves must be approached, convinced, and supported in welcoming people with mental health conditions into their ongoing activities. To this end, linkages have been made on a programmatic level with a variety of community organizations. The following illustrate linkages that have been established by the CRIF SDC program.

Community acupuncture

The CRIF SDC program connected with a provider of low-cost acupuncture. This provider charges according to a sliding scale; participants can use their SDC bank card to purchase services to address issues such as pain management and tobacco addiction.

Art-Reach

The CRIF SDC program became a member of this non-profit organization which makes access to cultural venues and events possible for a much reduced cost. Participants are able to visit local gardens and museums as well as attend live arts at discounted rates.

Role of the Family

Participants self-determine the level of family involvement in their lives and in the program. The CRIF SDC program emphasizes the development of natural supports in participants' lives; as well, families are often invited to meetings that take place between participants and staff.

Freedom Funds are allocated in a variety of ways related to familial needs. For example, Freedom Funds are often directed to family members other than the participant in service of the one or more of the participant's recovery goals. In other cases, the Freedom Fund purchase may serve a mental wellness goal and at the same time strengthen the connection between participant and family members.

When Lisa entered the CRIF SDC program, she had not contacted her family for five years. The program empowered her to think differently about her family and consciously decide to incorporate them back into her life.

Family Matters

Helping family members

Beth's daughter needed prescription glasses in order to complete her computer-based school assignments. With very limited resources, Beth was unable to supply her daughter with this necessity. Freedom Funds allowed Beth to provide her daughter with a pair of eyeglasses and in the process feel more whole as a parent and as a person.

Building natural supports

Lauren, an HIV+ participant, seeks a better relationship with her family. Should she die, it is her wish that her family take care of her children. Lauren's Recovery Coach has assisted her with self-directed planning to reach this goal, and Freedom Funds have helped her leverage get-togethers with her family to build closer family relationships.

Increasing parental self-efficacy

Before joining the CRIF SDC program, many days Sophie was unable to get out of bed and care for her six young children due to a crippling depression. Since enrolling in the program, Sophie has used Freedom Funds to buy a bike and take a trip once a month with her children. These family trips have increased her sense of purpose and her self-worth as an individual and as a mother.

VII. WRAP-UP

The CRIF SDC project demonstrates that providing participants with a measure of control over their service choices and dollars works and need not be fraught with hazards; SDC projects can be developed and structured in a way that maximizes participant authority while minimizing potential system abuses. As participants begin to execute decision making power through self-directed care programming and authorize their accompanying funds, community inclusion goals gradually start to emerge. Participants recognize that community inclusion goals are indeed obtainable when they have the funds to support their engagement in life.

The self-directed care model provided by the Delaware County CRIF SDC project can, and should, be utilized in the development of other replication sites, responsive to local needs, across the country. It is the goal of this manual that the steps outlined herein will serve as guideposts in the development and implementation of robust new SDC projects. Looking forward, the future holds much promise for self-directed care on both the local and national fronts; there are many important lessons that can be learned and applied from the Delaware County CRIF SDC project.

Appendix I

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Appendix II

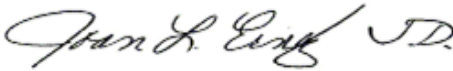
OMHSAS Peer Support Services Bulletin

ISSUE DATE:
 January 1, 2010

EFFECTIVE DATE:
 January 1, 2010

NUMBER:
 OMHSAS-09-07

SUBJECT:
 Peer Support Services - Revised

BY:

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 Deputy Secretary for Mental Health
 And Substance Abuse Services

PURPOSE

The purpose of this bulletin is to:

1. Announce that the Department of Public Welfare (Department) is adding Peer Support Services (PSS) telephone contact as a reimbursable service to the Medical Assistance (MA) Program Fee Schedule.
2. Issue provider handbook pages that contain service guidelines, prior approval procedures, and billing instructions as well as other information necessary for the provision of and payment for PSS including telephone contact.

This Bulletin, which allows for telephone contact as a reimbursable part of PSS, obsoletes Medical Assistance Bulletin (MAB) 08-07-09, 11-07-03, and 21-07-01, issued May 22, 2007 with an effective date of November 1, 2006. and OMHSAS Bulletin OMHSAS-09-05 issued September 10, 2009 with an effective date of October 1, 2009.

Scope:

This bulletin applies to all approved providers of PSS that are enrolled or seek to enroll in the MA Program in the Fee-For-Service (FFS) system and/or the HealthChoices Behavioral Health Program (HealthChoices).

BACKGROUND:

Prompted by the final report of the federal New Freedom Commission on Mental Health, issued in July 2003, the Office of Mental Health and Substance Abuse Services (OMHSAS) has engaged in a statewide system transformation initiative that focuses on the provision of recovery-oriented mental health and co-occurring (psychiatric and substance use disorders) services throughout the Commonwealth.

A key component of the system transformation is the Department's commitment to develop services that facilitate and support recovery. Consistent with that commitment, effective November 1, 2006, the Department has added PSS to the MA Program Fee Schedule for MA recipients 18 years of age and older in both the FFS delivery system and the HealthChoices Behavioral Health Program. To develop the service guidelines for peer support, OMHSAS sought input from and consulted with the entire spectrum of stakeholders, including consumers, family members, advocates, county personnel, and provider organizations.

DISCUSSION:

Based upon the fundamental principles of recovery, PSS are specialized therapeutic interactions conducted by self-identified current or former consumers of behavioral health services who are trained and certified to offer support and assistance in helping others in their recovery and community-integration process. Peer support is intended to inspire hope in individuals that recovery is not only possible, but probable. The service is

designed to promote empowerment, self-determination, understanding, coping skills, and resiliency through mentoring and service coordination supports that allow individuals with severe and persistent mental illness and co-occurring disorders to achieve personal wellness and cope with the stressors and barriers encountered when recovering from their disabilities.

Peer support is designed on the principles of consumer choice and the active involvement of persons in their own recovery process. Peer support practice is guided by the belief that people with disabilities need opportunities to identify and choose for themselves their desired roles with regard to living, learning, working and social interaction in the community. For this reason, the agreement of the individual to receive services is critical.

On an ongoing basis, individuals receiving the service are given the opportunity to participate in and make decisions about the activities conducted. Services are self-directed and person centered with a recovery focus. PSS facilitate the development of recovery skills. Services are multi-faceted and include, but are not limited to, individual advocacy, education, development of natural supports, support of work or other meaningful activity of the individual's choosing, crisis management support, skills training, effective utilization of the service delivery system, and coordination of and linkage to other service providers.

The purposes of PSS are to:

1. Provide opportunities for individuals receiving services to direct their own recovery and advocacy processes;
2. Teach and support acquisition and utilization of the skills needed to facilitate an individual's recovery;
3. Promote the knowledge of available service options and choices;
4. Promote the utilization of natural resources within the community; and
5. Facilitate the development of a sense of wellness and self-worth.

Specific service goals are based on individual needs and personal aspirations, which may be in the areas of wellness and recovery, education and employment, crisis support, housing, social networking, self-determination and individual advocacy. Goals pertaining to system advocacy will be limited to the coordination with or linkage to community resources. The relationship between the peer specialist and the individual served is intended to facilitate accomplishment of the goals specified in the Recovery-focused Individual Service Plan (ISP) which is also referred to as an Individual Recovery Plan. Face-to-face contact is critical to develop the relationship effectively, but there may be times when a telephone contact with the individual served may be appropriate.

PROCEDURE:

Provider Qualifications

PSS may be provided by an agency that provides only peer support services or by a psychiatric outpatient clinic, partial hospitalization program, crisis intervention provider, resource coordination provider, intensive case management provider or psychiatric rehabilitation service (PRS) provider enrolled in HealthChoices. Providers must be licensed by the Department, be enrolled in the MA Program as a provider of PSS and have received a letter of approval from the Department to provide PSS. Additionally, providers in the HealthChoices Program must be credentialed by the BH-MCO.

Services may be delivered directly by the enrolled provider or, with Departmental approval, by subcontract between an enrolled provider and a program or an agency that is not enrolled. If services are delivered through a subcontract arrangement, the enrolled provider remains responsible for all aspects of service delivery, including clinical and administrative oversight. Services must be provided as specified in the individual's ISP. Services may be site-based or off-site in the community, or both, as determined by the goal(s) identified in the ISP and may be provided, in limited circumstances, on a group basis, if specified in

the ISP.

In addition to complying with Title 55 Pa.Code Chapters 1101 (General Provisions Chapter), 1150 (MA Program Payment Policies), and 1153 (Outpatient Psychiatric Services), providers who choose to deliver PSS will sign a Supplemental Provider Agreement for the Delivery of PSS, and complete and deliver services in accordance with a service description. The service description and any subcontract arrangement must be approved by the Department before services are initiated.

A request to provide PSS, which includes the service description, with the elements specified in the attached handbook pages, as well as the details of any subcontract arrangement, including the subcontract agreement, should be submitted to the regional OMHSAS office (ATTN: Peer Support Services) and the County Mental Health/Mental Retardation (MH/MR) program of the county in which the service will be delivered. OMHSAS will conduct a review of the submitted information, which in some cases may include an onsite survey of the provider, and approve or deny the request.

An agency that is not currently licensed must also submit an application for licensure, before or at the time the request to provide PSS is submitted. An application for licensure may be obtained by contacting the regional OMHSAS office.

After receiving approval from OMHSAS to provide PSS and, if applicable, a license to provide PSS, a PSS agency must be enrolled in the MA Program. Instructions and forms for enrolling in the MA Program are available on the Department's website.

In addition to the forms identified on the website, the provider must submit the Supplemental Provider Agreement for PSS included with the handbook pages, as part of the enrollment package. In order to provide PSS in the HealthChoices Program, the provider must be credentialed by the BH-MCO. The entire enrollment package includes the following information:

1. PROMISe Provider enrollment base application;
2. Outpatient Provider Agreement signed by an authorized representative of the entity holding the base license;
3. Signed Supplemental Provider Agreement for the Delivery of PSS;
4. Copy of Certificate of Compliance
5. Copy of OMHSAS approved PSS description
6. Copy of OMHSAS letter of approval to operate a PSS program; and
7. Copy of Tax Document generated by the IRS showing both the name and tax ID of the entity applying for enrollment.

The completed MA enrollment package must be mailed to the appropriate regional OMHSAS field office, ATTN: Peer Support Services.

Service Provision:

PSS may be provided without prior Departmental approval when recommended by a physician or other practitioner of the healing arts acting within their scope of practice to an individual who is a member of the adult priority group as defined in *Mental Health Bulletin OMH-94-04, Serious Mental Illness: Adult Priority Group*, and as otherwise described in the attached handbook pages. A request for PSS on behalf of an individual who is not a member of the adult priority group may be submitted through the Program Exception Process (1150 Administrative Waiver), as specified in the attached handbook pages.

Note: Program exception requests on behalf of individuals who are members in the HealthChoices Behavioral Health Program should be submitted in accordance with the procedures established by each BH-MCO.

Individuals whose PSS are reduced or terminated have the right to appeal the decision in accordance with procedures set forth in Title 55 Pa.Code Chapter 275, Appeal and Fair Hearing and Administrative Disqualification Hearings.

Billing for Services

The procedure code for MA fee and limits that apply to PSS are as follows:

National Procedure Code	Modifier	Procedure Code Description	MA Fee	Unit of Service	Limits Outpatient
H0038	N/A	Self-help/peer services	\$10.00/unit	15 minutes	16 units day/ individual 3600 units/ year/ individual
H0038	GT	Self-help/peer services - interactive tele-communication systems	\$10.00/unit	15 minutes	25% or less of the per calendar year limit above

The MA fee and per day/per year limits apply to the Medical Assistance Fee- For -Service Program (MA FFS). The limit on telephone billing (25%) applies to both FFS and HealthChoices. Services may be billed for the time that the peer specialist has face-to-face interaction with the individual and/or while the individual is present, with the individual's family, friends, service providers or other essential persons.

PSS may be provided by supervisors who are also Certified Peer Specialists if they provide service directly to an individual(s) or in circumstances when they are required to cover for a peer specialist due to their unavailability. Contact with the individual, either in person or by telephone for the purpose of assisting the individual in meeting the goals in the ISP and as a reasonable and justifiable portion of a person's recovery, is compensable. Telephone delivered services will be limited to 25% or less of total service time provided per individual /per calendar year in both the FFS and HealthChoices Behavioral Health programs. Since PSS are now in the PA State Plan, the BH-MCO has the authority to establish its own rate in the HealthChoices Program for this service. If direct contact with the individual cannot be made in person or by telephone, the service is not billable. However, the progress note must reflect the attempts to contact the individual.

Provider staff meetings, record-keeping activities and other non-direct services are not billable as peer support units of service. Costs related to travel were included in developing the current MA fee for PSS and are therefore not billable. The co-payment for the service provided by the MA FFS Program will follow the current DPW policy. There are no co-payments in HealthChoices Behavioral Health.

A systems edit will be applied to claims to pay no more than the maximum of 16 units per day. Example: A claim for 3 hours (12 units) is submitted and is paid. A different claim for 2 hours (8 units) is subsequently submitted on the same day. The second claim will be paid for 4 units. Claims will be paid in the order they are submitted.

OMHSAS will generate a periodic report to monitor the 25% maximum limit for telephone contact. In addition:

- Providers are encouraged to monitor appropriate use of telephone-delivered PSS by conducting record reviews and internal audits of units of service billed, and self-report overpayment findings;
- Each BH-MCO should assess their network providers' adherence to service guidelines in order to assure quality services for members and should monitor utilization rates of telephone contacts; and
- OMHSAS will be monitoring the amount and appropriate use of telephone-delivered PSS through on-going licensing activities and

review of claims data.

When an individual receiving services has a disability as defined by the Americans with Disabilities Act (ADA) and documented as such, those services must be made accessible. For example, instant messaging is considered a reasonable accommodation for an individual with a communication disability when used as a necessary alternative to telephone contact in order to receive direct PSS. Although instant messaging is considered an immediate, direct, and reciprocal exchange of communication, as is telephone, TTY or webcam contact, it is not intended to replace or decrease the frequency of face-to-face contact. The provider may include instant messaging when used as an alternative to telephone contact with a person with a documented requirement of the need for a communication accommodation. All other existing parameters, such as limits and documentation requirements, remain in effect.

The service guidelines, prior approval procedures, billing instructions, and other information regarding MA payment for PSS are described in the attached updated pages of the Provider Handbook for Outpatient Psychiatric and Partial Hospitalization Services. As set forth in Title 55 Pa.Code § 1101.67(a), a provider must comply with the procedures described in the handbook pages to receive MA payment.

NOTE: Providers who render peer support services in the HealthChoices Behavioral Health Program should submit claims in accordance with the procedures established by each Behavioral Health Managed Care Organization.

Billing related inquiries should be directed to OMHSAS Behavioral Health toll free inquiry line at 1-800-433-4459.

ATTACHMENTS:

Medical Assistance Handbook, Outpatient Psychiatric and Partial Hospitalization Services, Updated Handbook pages, Peer Support Services and Attachments, revised for telephone billing.

OBSOLETES BULLETIN: Medical Assistance Bulletin (MAB) 08-07-09, 11-07-03, and 21-07-01, issued May 22, 2007 with an effective date of November 1, 2006 and OMHSAS

Bulletin OMHSAS-09-05 issued September 10, 2009 with an effective date of October 1, 2009.

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

For additional information:

The Department of Public Welfare website is located at www.dpw.state.pa.us

Appendix III

Position Descriptions

Program Manager
Project Coordinator
Recovery Coach/CPS

DEPARTMENT	Advocacy	LOCATION	7200 Chestnut Street
JOB TITLE	Program Manager - CRIF	JOB FAMILY	
REPORTS TO	Chief Advocacy Officer	DIRECT REPORTS	
SALARY/CAREER BAND		FLSA STATUS	<input checked="" type="checkbox"/> Exempt <input type="checkbox"/> Nonexempt

JOB SUMMARY

CRIF Self-Directed Care is an innovative pilot program for eligible participants of Medicaid mental health services in Delaware County, Pennsylvania. The program has been designed and is overseen by the CRIF Operations Team. Members of the Operations Team are: MHASP (which operates as fiscal agent and provides program services); Magellan Behavioral Health Services of PA, Inc. (which oversees state behavioral health services); Delaware County Office of Behavioral Health, and the Temple University Collaborative for Community Integration for Persons with Psychiatric Disabilities (which will be evaluating the program). The program combines state and Medicaid funds to provide participants with a personal recovery budget to purchase goods and services that support specific recovery goals. Each participant will have the support of a Recovery Coach, a Peer Support Specialist with training in self-directed care. The program will be evaluated to determine the efficacy of using Medicaid funds in behavioral health self-directed care. As a content expert on Peer Support and Self Directed Care, this position would also provide technical assistance to other programs, grants, and contracts looking to provide similar services.

ESSENTIAL JOB DUTIES

Programs Creation & Development

- Identifies statewide and community needs for programs that empower participants to greater self-care.
- Ensures that position and department are recognized nationally, regionally and locally as the Content Expert on Self Directed Care (SDC)
- Develops the Self Directed Care curriculum to deliver SDC Peer Support for Delaware County and other counties as they sign on
- Develops materials to sell to other counties for their use in implementing SDC to support the CRIF SDC model
- Functions as internal content expert on Peer recovery projects such as: Recovery Oriented Documentation Committee of MHASP; Workplace Capability Committee for MHASP Recovery Coach/Peer Support staff and all staff
- Deliver Trainings on Peer Support matters
- Leads research efforts on SDC
- Facilitate WRAP Workshops

Marketing & Networking

- Markets and provides consultative services and technical assistance through CCBH and other Counties to develop billable Peer Support Programs throughout the state
- Create linkages with other providers - both MH and non-MH in Delaware County
- Sits on County and State CPS Advisory Committee
- Markets SDC care programs to other populations such as people with physical disabilities and other impairments.
- Markets DC care services internationally and hosts/plans international visitors
- Establish contacts nationally and internationally for us to learn from or share our knowledge
- Maintain contacts with various programs that address issues of MH and obtain information on how to improve our services

ESSENTIAL JOB DUTIES

- Represent MHASP at county and state meetings
- Provide connections to programs across the agency to better serve participants, family members, and providers.
- Proactively seek opportunities to represent MHASP at associations, community organizations, etc.
- Present at relevant conferences and meetings (OMHSAS, Alternatives, NYAPRS, Netherlands, PMHCA, Temple, etc.)

Leadership

- Leads coordinating community supports for participants
- Leads with CRIF Operations Team to address all aspects of CRIF SDC Study
- Leads and supervises the Support Suite at Alternatives Conferences that we host
- Leads the coordination and integration of programs across systems.
- Leads the coordination of peer support for people with co-occurring issues.
- Staff and facilitate CRIF SDC Advisory Group
- Leads the coordination efforts of Peer Support across silos/systems.

Supervision

- Recruit and manage traditional peer support program for Delaware County
- Supervise Administrative Assistant/Billing Clerk and Recovery Coach staff
- Conduct weekly supervision of staff and Team Meetings
- Maintain communication with participants enrolled to ensure quality services
- Provide interdisciplinary support knowledge to staff

Train/Support

- Provide on-going support to Program Managers, and Recovery Coach staff around Peer Support
- Assist in the development of additional Peer Support programs and opportunities throughout the agency
- Conduct trainings as directed.
- Staying informed on policy changes within OMHSAS, the BH-MCO, county, state and federal policies that impact Delaware County and providing Peer Support Services
- Disseminate information to other programs and staff pertaining to safety, upcoming programs/events, etc.
- Coordinate and create curriculum for quarterly CRIF Participant meetings
- Attend trainings and workshops pertaining to the delivery of Peer Support
- Provide interdisciplinary support knowledge to staff
- Receive WRAP Facilitator training.
- Ensures all Federal, state and local reports are issued in a timely manner.

Other Duties

- Reports any activities that may violate established laws, regulations, policies or procedures. Raises questions about any actions contrary to law or policy taken by another staff member or employee or yourself, and reports the matter to management or to the Director of QI & C and/ or Human Resources.
- Edits, views, and approves data as appropriate in the Credible system.
- May be required to attend and testify at unemployment hearings as needed.
- Other duties as assigned.

ENTRY LEVEL REQUIREMENTS:**EDUCATION/CERTIFICATE/LICENSE/ SKILLS AND/OR EXPERIENCE**

- Master’s Degree with state of Pennsylvania licensure in Social Work, Counseling, Psychology or related field.
- At least ten years of supervisory experience in program management or oversight;
- Must possess a valid driver’s license.
- Leader in person-centered approaches and peer support program models.
- Applicant must demonstrate a dynamic and creative approach and a commitment to innovations in participant empowerment and self-help.
- Bi-lingual, bi-cultural preferred

KEY PERFORMANCE INDICATORS

- Demonstrated ability to complete all necessary documentation in a timely manner.
- Establish and maintain strong and effective work relationships with providers, stakeholders and funding sources.
- Demonstrated ability to keep boundaries and to form appropriate professional relationships with staff and participants.
- Demonstrated knowledge of recovery principles and recovery-oriented treatment programs.
- Demonstrated consistent behaviors in patience, creativity, flexibility, compassion, and sensitivity to persons with disabilities and other minority populations.
- Demonstrated ability to deliver contracted deliverables.
- Demonstrated ability to disseminate information related to SDC and Peer Support through reports, meetings, conferences, etc.

PHYSICAL DEMANDS

- While performing the duties of this job, the employee is required to sit at a desk with ergonomically appropriate equipment and to do some light lifting up to 25 lbs., climb steps, and walk around to multiple MHASP locations. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.
- Must be able to drive an automobile for long distances.
- Must be able to speak in large public settings.

WORK ENVIRONMENT

- The noise level in the work environment is usually moderate. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.

EMPLOYEE SIGNATURE

By my signature, I hereby certify that I have reviewed the attached description of my position and agree to perform the duties described therein. I understand that MHASP may make modifications, additions, or deletions to this job description at any time, and will notify me of any changes by sending me a revised copy for my review and signature.

Employee Printed Name _____

Date: _____

Employee Signature _____

DEPARTMENT	Advocacy	LOCATION	CRIF/ 7200 Chestnut
JOB TITLE	Coordinator, CRIF	JOB FAMILY	
REPORTS TO	Program Manager	DIRECT REPORTS	
SALARY/CAREER BAND	TBD	FLSA STATUS	Exempt Nonexempt
JOB SUMMARY			
<p>The Coordinator assists the CRIF SDC Program Manager in the development, maintenance, and creation of continuous quality improvement of the CRIF SDC Peer Support Programs and Projects. The coordinator is also responsible for maintaining the everyday operations of all SDC related programs as well as coordination of special projects.</p>			
ESSENTIAL JOB DUTIES			
<p>Electronic Health Record</p> <ul style="list-style-type: none"> • Registrar for CRIF SDC Peer Support Program • Ensures timely and accurate data entry and processing of specified ERH data. This includes: <ol style="list-style-type: none"> 1. Data entry – Accurately enters supplied data into the system. 2. Analysis – Recommending reports to assist management analyze data more effectively. 3. Reporting – Produce accurate and well- designed reports as requested • Updates participant status in the system as needed • Is subject matter expert on the EHR system for assigned program and assists staff in performing the assigned EHR functions. • Updates participant status in the system as needed • Scans selected documents as applicable and attaches to EHR record • Receives all requests for release of information and ensures that proper releases have been signed. Releases information as appropriate and approved. • Conducts regular review of EHR data as specified by program or service • Updates and reviews Authorizations (e.g. EVS, etc.) • Acts as liaison with fiscal department for insurance and billing questions and issues. • Maintains EHR application status by attending all related trainings, priority review of EHR user related email notifications, and coordination of application updates for responsible teams <p>Project Management</p> <ul style="list-style-type: none"> • Self-Directed Care – Delaware County/Magellan Behavioral Health Services <ol style="list-style-type: none"> 1. Daily SDC Fiscal Maintenance: coordinating Request packets with BH-MCO, tracking requests and outcomes, tracking fiscal requests and use of Freedom Funds through SDC Paycards or checks, reporting to staff and Program Manager on overall Reinvestment funds and budgets, producing reports of all Freedom Fund requests and expenditures 2. Submission of Reports to Operations Team, Research, and OMHSAS 3. Familiarity of on-going SDC activities around the nation 4. Creates reports for Research data • Self-Directed Care – Community Care Behavioral Health 			

ESSENTIAL JOB DUTIES

1. Technical Assistance for creation of written projects pertaining to SDC
 2. Coordination of meetings
- Self-Directed Care – Temple University Council on Disabilities
 1. Assistance with writing of curricula and reports
 2. Coordination of trainings and networking meetings
 - Peer Support – Magellan Behavioral Health Services
 1. every day operations of peer support programs: providing technical assistance in the collection of data, providing weekly and monthly productivity reports, tracking the CQI process of documentation and service delivery, identifying areas of need for improvement;
 2. Written reports of participant satisfaction, status reports of SDC to the State, Policy reports for the continuation of SDC, reports to Operations Committee;

Administrative

- Prepares, composes, updates, monitors and edits internal and external correspondence, forms and reports.
- Planning—schedules and tracks meetings and appointments. Prioritizes and tracks time-sensitive events and assignments to ensure timely completion
- Coordinates and tracks expense receipts and other fiscal information for submission to Fiscal
- Establishes, updates and maintains manual and automated filing systems to store and track records and confidential information ensuring accuracy and completeness
- Plans, organizes and/or participates in meetings, conferences, seminars and other events to take minutes and/or receive information.
- Assists and/or prepares graphic presentations including developing, copying and distributing

Office Manager

- Maintenance and coordination of company vehicles for project: ensuring maintenance, tracking expenses, ensuring proper documentation and submission of expenses
- Coordinates conference and meeting presentations, coordination of travel plans and accommodations
- Organizes, facilitates and follows up from Team Meetings
- Provides Back-Up supervision

Projects and Grants

- Provides technical assistance to meet reporting requirements within defined timeframes for assigned projects and grants
- Assists with grant proposal writing and coordination.
- Coordinates collection and write up of evaluation of the project deliverables
- Performs follow-up evaluations of data and organizational performance to ensure consistent improvement.
- Aggregate and display qualitative and quantitative dates
- Provide technical assistance to meeting reporting requirements within defined timeframes for assigned projects

- Arrange collaborative calls as required by project deliverables

Project Coordination

- Provides a high level of assistance to team members & leaders to ensure project scheduling is communicated and status updates, through data compilation, report analysis, report generation and project tracking and communication. Drafts reports that include schedules, tasks, deliverables and budget. Compiles metrics relating to project success and risks.
- Integrates project data for department management. Administers and maintains project lists and key project data, such as scheduling, expenditures, vendor management, and conflict escalation. Organizes and publishes project related documentation in various sources.
- Tracks costs and performance, service levels and other metrics required to ensure project goals and objectives are met.
- Participates in special projects as requested. Gathers research and generates reports as needed.
- Prepares and submits all Fiscal required documents: purchase orders, contract work-flows, lease, and expense reporting. Tracks financials of the department and ensures expenditures are within budget and balanced. Routes expenditures for the appropriate approval and payments. Serves as point of contact for invoice queries from vendors, clients and Fiscal.
- Maintains schedule and calendar of assigned staff. Screens correspondence and telephone calls as necessary. Prioritizes mail and email and responds to correspondence as appropriate. Coordinates team events meetings and events by providing administrative support.
- Coordinates maintenance and servicing of department and client equipment.

Other Duties

- Reports any activities that may violate established laws, regulations, policies or procedures. Raises questions about any actions contrary to law or policy taken by another staff member or employee or yourself, and reports the matter to management or to the Director of QI & C and/ or Human Resources

**ENTRY LEVEL REQUIREMENTS:
Education/Certificate/License/ Skills and/or Experience**

- Bachelor degree and experience
- Familiarity with local, state (OMHSAS), and federal regulations
- 3-5 years’ experience with a Medicaid-billable peer support program
- 3-5 years’ experience with Self Directed Care
- Understanding of peer support process and documentation
- Good written and verbal skills
- Familiarity with MS Office Excel, HSS or billing software, EHR
- Familiarity with research methods, statistics, and reporting
- Able to take initiative

PHYSICAL DEMANDS

- While performing the duties of this job, the employee is required to sit at a desk with ergonomically appropriate equipment and to do some light lifting up to 25 lbs., climb steps, and walk around to multiple MHASP locations. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.

WORK ENVIRONMENT

- The noise level in the work environment is usually moderate. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.
- Must be willing to work overtime as needed

EMPLOYEE SIGNATURE

By my signature, I hereby certify that I have reviewed the attached description of my position and agree to perform the duties described therein. I understand that MHASP may make modifications, additions, or deletions to this job description at any time, and will notify me of any changes by sending me a revised copy for my review and signature.

Employee Printed Name: _____

Date: _____

Employee Signature: _____

DEPARTMENT		LOCATION	
JOB TITLE	Recovery Coach	JOB FAMILY	Recovery
REPORTS TO	Service Manager, Supervisor or Director	DIRECT REPORTS	None
SALARY BAND	Two	FLSA STATUS	<input type="checkbox"/> Exempt <input checked="" type="checkbox"/> Nonexempt

JOB SUMMARY

The Recovery Coach provides flexible, community based services that are designed to promote the empowerment, recovery, and community integration of individuals who have severe mental health challenges by facilitating opportunities for individuals receiving service to direct their own recovery and advocacy process, by teaching and supporting the acquisition and utilization of skills needed to facilitate the individual's recovery, promoting the knowledge of available service options and choices and the utilization of natural resources in the community, and helping facilitate the development of a sense of wellness and self-worth.

ESSENTIAL JOB DUTIES

Peer Support/Coaching

- Applies general knowledge of Recovery services to complete small projects or conduct a series of tasks with a limited degree of supervision
- Works with participant to identify, develop, and access supports to increase his/her success in community integration and community inclusion
- Supports and teaches recovery and recovery tools and models personal responsibility, self-advocacy, and hopefulness
- Facilitates the participant's self-review of progress upon each encounter
- In partnership with each participant assesses their hopes, strengths, accomplishments and challenges in order to achieve his/her stated goals
- In partnership with each participant develops the recovery plan and his/her support system in order to support him/her in becoming self-sufficient
- Supports participants in the self-management of critical or crisis situations.
- Supports participants' in coordinating with or in choosing his/her significant and relevant supports in order to arrange services or resources to achieve his/her goals.
- Assists the individual in preparation and recording of the peer support recovery plan, encounter notes, and other documents that verify service delivery using person-first language, in a timely manner according to established quality and regulatory standards.
- Uses knowledge, skills, training from Certified Peer Specialist training and MHASP's Work Place Capability training to model, coach, support and advocate with participants.
- Escorts participants when necessary and ensures participants safety when participating in events, visits, and other interactions.

EHR

- Enters participant data in the Electronic Healthcare Records system upon intake.
- Ensures that all participants' visits are documented in EHR immediately
- Ensures that all data is correct by verifying information with the participant on every visit

Administrative

- Participates in weekly supervision and in team review of documentation of the comprehensive assessment of participants in various life domains
- Creates weekly schedule that meets existing program productivity standards and supervision,
- Participates in staff meetings and trainings.

ESSENTIAL JOB DUTIES

Other Duties

- Provides technical information to service managers, and executes routine assignments within a service
- Demonstrates level of knowledge and skills within a specific activity to consistently meet or exceed service requirements
- Reports any activities that may violate established laws, regulations, policies or procedures. Raises questions about any actions contrary to law or policy taken by another staff member or employee or yourself, and reports the matter to management or to the Director of QI & C and/ or Human Resources
- Other duties as assigned.

ENTRY LEVEL REQUIREMENTS:

Education/Certificate/License/Skills and/or Experience

- Minimum of a High School or GED Diploma; Associates Degree in a Human Services related field is preferred
- Credentialed as a Certified Peer Specialist.
- Minimum of three years of experience in a behavioral health work environment
- Must possess a valid driver's license.
- Demonstrated knowledge of the local Mental Health System
- Demonstrated ability to create, read and send e-mail through Google.
- Proficient in Microsoft Word
- Must possess basic computer skills to perform job duties including desktop computing, email, time sheet management, electronic health records, using Microsoft Office Applications, ADP and other relevant software
- Must have basic electronic communication and internet skills to gather information required for the program or program participants.
- Must be able to use new computer systems and/or software functions as they become available.

KEY PERFORMANCE INDICATORS

- Demonstrated ability to advocate with participants
- Demonstrated ability to keep boundaries and form appropriate professional relationships with participants.
- Demonstrated knowledge of recovery principles and recovery-oriented treatment programs
- Demonstrated consistent behaviors in patience, creativity, flexibility, compassion, and sensitivity to persons with disabilities and other minority populations
- Demonstrated ability to adhere to a flex schedule which allows for evening and weekend hours as may be required to respond to individual needs
- Completion of 18 hours of continuing education per calendar year, with 12 hours specific to recovery and wellness.

PHYSICAL DEMANDS

- While performing the duties of this job, the employee is required to sit at a desk with ergonomically appropriate equipment and to do some light lifting up to 25 lbs., climb steps, and walk around multiple MHASP locations and in the community in areas that may not be handicap assessable. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.

WORK ENVIRONMENT

- The noise level in the work environment is usually moderate. Reasonable accommodations will be made to enable individuals with disabilities to perform his/her essential job duties.
- Must be willing to work overtime as needed
- Must be able to work holidays

EMPLOYEE SIGNATURE

By my signature, I hereby certify that I have reviewed the attached description of my position and agree to perform the duties described therein. I understand that MHASP may make modifications, additions, or deletions to this job description at any time, and will notify me of any changes by sending me a revised copy for my review and signature.

Employee Printed Name _____

Date: _____

Employee Signature _____

Appendix IV

Enrollment Documentation

Peer Support Referral and Recommendation Information
Assignment and Change of Information
Participant Handbook
Request and Release of Information
My Approval to Receive Services
Assignment of Benefits

MHASP Enhanced Peer Services

A service of the Mental Health Association of Southeastern Pennsylvania

Peer-Support Referral and Recommendation Information

Date of Recommendation: _____

Person Making Recommendation- Name: _____ Phone: _____

Title or Relationship of the Person Making Recommendation: _____

Participant Name: _____ SSN: _____ DOB: _____

Address: _____ City: _____ State: PA Zip: _____ Phone: _____

DIAGNOSIS

(please list all diagnoses, including mental health and drug/alcohol, from most recent psychiatric evaluation)

Date of Evaluation: _____

AXIS I: MH Diagnosis: _____

DSM-IV Code: _____

D&A Diagnosis: _____

DSM-IV Code: _____

AXIS II: _____

DSM-IV Code: _____

(Above must have diagnosis of schizophrenia, major mood disorder, psychotic disorder NOS or borderline personality disorder to be considered eligible)

AXIS III: _____

AXIS IV: _____

AXIS V: _____

GAF: _____

Based on the Mental Health Bulletin: Serious Mental Illness: Adult Priority Group please check the appropriate box to indicate the information used to determine need for peer mentoring supports with the CRIF SDC Program: (must meet at least one of the criteria listed below)

A. Treatment History:

- _____ Current residence or discharge from a state mental hospital within the past two years
- _____ Two admissions to community or correctional inpatient psychiatric units or crisis residential services totaling 20 or more days within the past year
- _____ Five or more face-to-face contacts with walk-in or mobile crisis or emergency services within the past 2 years
- _____ One or more years of continuous attendance in a community mental health or prison psychiatric service within the past 2 years
- _____ History of sporadic course of treatment as evidenced by at least 3 missed appointments within the past 6 months, inability or unwillingness to maintain medication regimen or involuntary commitment to outpatient services
- _____ One or more years of treatment for mental illness provided by a primary care physician or other non-mental health Agency clinician within the past two years

MHASP Enhanced Peer Services Program
Mental Health Association of Southeastern Pennsylvania
7200 Chestnut Street, Upper Darby, PA 19082 emaula@mhasp.org
Office: (267) 507-3873 Cell: (215) 680-3174 Fax: (215) 525-9698

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MHASP Enhanced Peer Services

A service of the Mental Health Association of Southeastern Pennsylvania

OR;

B. Functional Level:

_____ Global assessment or functional scale rating of 50 or below

OR;

C. Coexisting Condition or Circumstance:

_____ 1. Coexisting Diagnosis:

_____ Psychoactive Substance use or Disorder

_____ Mental Retardation

_____ HIV/AIDS

_____ Sensory, Developmental, and/or Physical Disability

_____ 2. Homelessness

_____ 3. Release from criminal detention

Please check the domain for which you are recommending to the CRIF Program for Peer-Support Services:

_____ Social Domain

_____ Self-Maintenance: Living Domain

_____ Vocational Domain

_____ Self-Maintenance: Managing Illness & Wellness Domain (Recovery)

_____ Educational Domain

Additional Comments: _____

By signing this form, the Practitioner has reviewed the referral information, attests to its accuracy, and recommends the above-mentioned participant for service with the CRIF Program.

Signature of Licensed Practitioner of the Healing Arts

Date

Print Name

Address

Phone Number

This form is valid for 60 days from the date it is signed by a **Practitioner of the Healing Arts** (Physician, Licensed Psychologist, Certified Registered Nurse Practitioner or Physician's Assistant).

MHASP Enhanced Peer Services Program
Mental Health Association of Southeastern Pennsylvania
7200 Chestnut Street, Upper Darby, PA 19082 emaula@mhasp.org
Office: (267) 507-3873 Cell: (215) 680-3174 Fax: (215) 525-9698

Self-Directed Care Enhanced Services

A project of the Mental Health Association of Southeastern Pennsylvania, The Delaware County Office of Behavioral Health, Magellan Health Services, Inc., and The University of Pennsylvania Collaborative On Community Integration.

Assignment and Change of Information Form

Participant Name: _____ Date: _____

This form is being used for (check all that apply): _____ Recovery Coach/ Peer Specialist Assignment
_____ Change of Participant Information

Assigned Recovery Coach/Peer Specialist: _____

Change of Program Participant Information (complete only information changes):

Address: _____ City: _____ State: PA ZIP: _____

Telephone #: _____ Contact Person (if applicable): _____

Cell Phone #: _____ E-M _____ 1
Address: _____

Type of Housing: _____

BSU #: _____ Agency: _____

ICM: _____ Phone #: _____ Beeper: _____

Day Program: _____ Address: _____ Phone #: _____

Days per week: _____ Times: from: _____ To: _____ Contact: _____

Medications: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone #: _____

Other: _____

(Staff Signature) (Date)

CRIF Self-Directed Care Enhanced Service Program
Mental Health Association of Southeastern Pennsylvania
1211 Chestnut St., 11th Floor, Philadelphia, PA 19107 sd@mhasp.org
Office: (267) 507-3873 Cell: (215) 680-3174 Fax: (215) 525-9698



PARTICIPANT HANDBOOK

Mental Health Association of Southeastern Pennsylvania

1211 Chestnut Street, Suite 1100

Philadelphia, PA 19107

215-751-1800

www.mhasp.org

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THANK YOU FOR ENROLLING WITH THE MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA (MHASP)

... an organization dedicated to helping individuals with mental health conditions direct their own recovery journeys, and preparing family members to play supportive roles.

Our work is guided by the following beliefs:

- Persons with serious mental health conditions can and do recover. Children, youth, adults, family members and communities have the capacity for resilience and recovery.
- Creating an environment of hope is the first step on a successful recovery journey.
- Recovery is different for each person but is possible for all.
- Recovery occurs in the community and with connections to natural supports.
- The active involvement of individuals with mental health conditions and of family members is essential for system transformation and successful outcomes.

Throughout our organization, individuals in recovery and family members serve in leadership positions as employees, volunteers, and members of our board of directors. Our belief in individuals' potential to recover and in family members' ability to provide support is based on the lived experience of many of our employees and volunteers.

We recognize that the persons best able to shape their own futures are those who come through our doors seeking help: you and other service participants. Now that you have enrolled in an MHASP service, our employees, volunteers, and other participants will help you identify your goals and work to achieve them.

Again, welcome to MHASP, an organization dedicated to the belief that a better future is possible and to nurturing opportunities for you to find and hold on to hope.

Warm regards,

Bill Dinwiddie,

President & CEO

Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 3



The Mental Health Association of Southeastern Pennsylvania (MHASP) is a nonprofit organization that develops, supports and promotes innovative education and advocacy services. MHASP serves adults, children and youth affected by mental health challenges as well as parents and family members.

VISION

Individuals challenged by mental health conditions are empowered to direct their recovery journeys, and family members are prepared to play supportive roles, as members of informed and inclusive communities.

MISSION

To promote groundbreaking ideas and create opportunities for resilience and recovery by applying the knowledge learned from the people we support, employ and engage in transformative partnerships.

VALUES

These values—which are offered to staff, volunteers and participants—are applicable to everyone.

We value *Hope*, the belief that a better future is achievable. By fostering hope, we promote success and resilience.

We value *Self-Determination*—the exercise of free will—to encourage the independent expression of ideas and control over one's own life.

We value a *Holistic Focus*, which represents the interrelatedness of all human needs. By recognizing the connection among physical, mental and spiritual needs, we nurture growth and creativity.

We value *Support*—the nonjudgmental sharing of knowledge, experience and assistance among peers and colleagues—as a basis for promoting personal and professional development and achievement.

We value *Cultural Awareness*—understanding and honoring a person's deeply held values, beliefs and practices—as a foundation for building enriching and complementary relationships.

We value *Personal Responsibility*—that each of us is accountable for our actions, that each of us is responsible for pursuing his or her purpose in life—as vital for overcoming challenges and achieving personal and professional goals.

We value *Empowerment*—the process of helping individuals increase their capacity to make choices and to transform those choices into desired outcomes—as necessary for helping individuals gain the self-confidence required for self-actualization and leadership.

We value *Respect*—the unconditional regard for the inherent worth of all individuals—as necessary for developing, maintaining and enhancing effective personal and professional relationships.

We value a *Strengths-Based* perspective, which presumes that everyone has resilience and talents, and which acknowledges individuals' unique ideas and experiences. By focusing on strengths, we cultivate hope.

We value *Education and Learning*—the lifelong pursuit of knowledge and experiences—for their own sake and for enhancing personal and professional development.

Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 4

YOUR INITIAL MEETING

We will:

1. Inform you about the services we offer and ask you what you want to be involved in. We will also give you information on where to find other mental health services/substance abuse services within the system of care.
2. Give you information on how to access those services outside MHASP, and what to do in the event of an emergency.
3. Give you information regarding your right to, and the process to, file a complaint or grievance when you are not satisfied with the services you are receiving, whether these services are provided by MHASP or [elsewhere](#) within your county mental health system.

MHASP ENCOURAGES THE INVOLVEMENT OF FAMILY AND FRIENDS

MHASP staff will ask you to identify people who are important to you, whom you count on for support and who may assist you in your recovery process, if you so choose. Examples of potentially supportive people are:

- Immediate family members (parents, children, spouses/partners, brothers/sisters)
- Relatives (grandparents, cousins, uncles, aunts, nieces/nephews, etc.)
- Friends and romantic relationships (boyfriends/girlfriends/significant others)
- Roommates; coworkers; classmates; support group members, AA or NA sponsors or members
- Minister, rabbi, priest, imam, lama, or other spiritual leader
- Physicians, physical therapists, chiropractors, and other healthcare workers
- Therapists and case workers (Welfare, Social Security, protective services, etc.), administrators or supervisors of programs that you attend, probation officers, etc.
- Employers
- Landlords
- Teachers

Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 5

PARTICIPANT RIGHTS

As a participant in MHASP services, you have the right to:

1. Receive accurate, easily understood information that may help you to make more informed health care decisions;
2. Not be discriminated against on the basis of age; race; ethnicity; color; national origin; marital status; disability; religion; genetic information; economic status; actual or perceived sexual orientation, perceived gender identity, and/or gender expression; and/or source of payment;
3. Be treated with dignity, respect, fairness, consideration, and equality; and to be free from abuse, neglect and/or mistreatment;
4. Participate in your recovery service planning process;
5. Manage your own personal financial affairs (unless you have been informed by the Social Security Administration that you need a representative payee);
6. Have access to emergency services;
7. Request a change of staff members from your individual service team;
8. Retain all civil rights and liberties;
9. Practice the religion or faith of your choice; and
10. Confidentiality. Participants have the right to communicate with MHASP staff members in confidence and to have their health information kept confidential.

If you receive services from Homeward Bound, you have these additional rights:

- a. Receiving or sending mail without interference of staff or other participants.

Restriction of Rights

The only time your rights can be restricted is when a licensed professional has determined that you may be a danger to yourself or others. If this should occur, you have the right to be "assisted by any advocate of your choice in the assertion of your rights and to see a lawyer in private at any time," according to the Mental Health Procedures Act (§ 5100.53. Bill of rights for patients).

Participant Responsibilities

MHASP believes in you and therefore encourages you to assume as much responsibility as possible. We believe that greater participation in your services increases the likelihood of your achieving the outcomes you may wish to accomplish. These responsibilities include but are not limited to:

- Taking an active part in the development of your service planning.
- Telling staff what you want and need from your services.
- Sharing information with staff that is relevant to your services.
- Telling staff if you are not satisfied with services or feel you have been treated unfairly. (See also pages 9-10 for complaint and grievance procedures.)

We encourage behavior that is respectful to all individuals and that protects the confidentiality of their individually identifiable information.

IF YOUR ABILITY TO SPEAK ENGLISH IS LIMITED...

It is our responsibility to ensure that all participants have meaningful and equal access to services. This responsibility encompasses the most basic of human needs: the need for communication and understanding. In order to ensure effective communication, service staff will make every effort to ensure communication and understanding for those participants and/or their immediate families who are identified as having Limited English Proficiency (LEP).

In addition, the public office spaces have been equipped with universal symbols for bathrooms and exits.

Once participants or their family members have been identified as needing translation or interpretive services, service staff will contact the corresponding appropriate agency to identify translators/interpreters.

FREEDOM OF CHOICE/SERVICE

MHASP provides a wide array of services. When you enroll in our services, we will support your personal development. If MHASP is unable to provide all the services you require, we will assist you in reviewing the services provided by your area service providers. If you wish to exercise your right to seek services elsewhere, designated staff will help you identify and access any such services. Your signature on the Approval to Receive Services form, which you will receive upon enrollment, indicates that the above procedures have been explained to you. Your signature on this form also indicates that the MHASP staff members you are working with have informed you about your local county website and have given you information about services available in your county. If you do not have access to a computer, the MHASP staff members will print out the relevant information for you.

FEDERAL LAWS PROTECTING PERSONS WITH DISABILITIES

Americans with Disabilities Act (1990)

... prohibits discrimination against persons diagnosed with disabilities. Disabilities are defined as "mental or physical impairments which substantially limit one or more basic life activities."

Rehabilitation Act (1973)

... prohibits discrimination on the basis of "handicap" and requires employers and educational programs to make reasonable accommodations to meet the needs of persons with disabilities.

Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 7

NOTICE OF PRIVACY PRACTICES

YOU HAVE THE RIGHT:

To talk to us, knowing that what you tell us will be kept private.

To choose how we can use your information. This includes your authorization of, or your refusal to authorize, the use of your information for marketing purposes.

To choose the people, if any, to whom we send your information and what information, if any, we can send.

To look at your record and ask for a copy.

To ask to make changes (amendments) in your record.

To get a list of people or organizations that we sent your information to.

To stop an authorization that said we could release your information.

We will contact you if a breach of your data has occurred.

If you feel that any of your privacy rights have been violated, you may file a Privacy Complaint with the Mental Health Association of Southeastern Pennsylvania (MHASP) by contacting the Quality Improvement & Compliance Director (267-507-3947). If you are not satisfied with the results, you may contact and give information to the U.S. Department of Health and Human Services Office for Civil Rights. (Contact information is on page 10.) Although we encourage you to contact MHASP first, you are not required to do so. Instead, you can immediately contact the Office for Civil Rights.

A copy of the Privacy Notice is posted at the services site. To request a copy of the Privacy Notice, which explains these rights in detail, ask a staff member or contact the Quality Improvement and Compliance Director at 267-507-3947.



Complaint, Grievance and Appeal Process: *What if I am not satisfied with the services?*

MHASP staff are dedicated to providing the most exceptional supports for people who choose our services. However, even with our best efforts, sometimes people may not be pleased with some aspects of the services. When this happens, you can ask us for support to file your complaint. MHASP staff members will provide helpful supports so that you can complete the process.

1. We suggest that you first discuss your concern directly with the service staff, especially the supervisor/manager of the service. Sometimes things can be resolved at a "local level" more easily than you think.
2. If you are not satisfied with the outcome of the complaint, you can file a grievance with the MHASP administration (see below for details), with your insurance provider, with the state or county behavioral health offices or with the state or U.S. government.
3. You **DO NOT** have to bring your complaint to MHASP first. You may take your complaint directly to your insurance provider, to the state or local behavioral health office or to the state or federal government if you wish.

IF YOU WANT TO FILE A COMPLAINT

You are encouraged to first speak directly with the MHASP staff or manager involved, to resolve the complaint informally. If you are not satisfied with the results, please call the MHASP Compliance Hotline—866-762-5456—and report your complaint. Please leave a telephone number so that we can get back to you.

You can submit your complaint in writing to the director of the MHASP division under which the service operates (please see pages 19-21 for a list of all the divisions and the services that operate under them), the MHASP Quality Improvement and Compliance Department, or a trusted staff member, who will then forward it to the Quality Improvement and Compliance Department at 1211 Chestnut St., Philadelphia, PA 19107, 267-507-3947. You will receive a response within 10 days.

If you are not satisfied with the outcome, you may appeal the decision to other authorities (listed on page 10).



Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 9

WHERE TO APPEAL

If you are not satisfied with the outcome of your complaint or grievance processes, you have the right to appeal any decision to a higher authority.

You are NOT required to report issues to MHASP before seeking supports from these authorities. You may contact them at any time if you choose to do so.

Mental Health Association of Southeastern PA
1211 Chestnut Street, 11th floor
Philadelphia, PA 19107-4122

Commonwealth of Pennsylvania
Department of Public Welfare
Bureau of Equal Opportunity
Southeastern Regional Office
801 Market Street, Suite 5034
Philadelphia, PA 19107
Regional Manager
(215) 560-2230

Department of Public Welfare
Bureau of Equal Opportunity
Room 223, Health & Welfare Building
P.O. Box 2675
Harrisburg, PA 17105

U.S. Dept. of Health & Human Services
Office for Civil Rights
Suite 372, Public Ledger Building
150 South Independence Mall West
Philadelphia, PA 19106-9111

PA Human Relations Commission
Philadelphia Regional Office
110 N. 8th Street, Suite 501
Philadelphia, PA 19107

Mental Health Association of Southeastern Pennsylvania Discharge Bill of Rights For Peer Support Services

If I am discharged from any Mental Health Association of Southeastern Pennsylvania (MHASP) service(s), I have the right to obtain a new referral/recommendation that is completed by a practitioner of healing arts at any time should my circumstances change and I wish to return to the service(s).

If I am discharged and submit a new referral/recommendation form, my paperwork will be reviewed to determine if I am eligible for MHASP services and, if eligible, I will be added to the intake list or waiting list.

If I am discharged and no longer eligible for services, a letter will be sent within 30 days of my referral/recommendation, outlining why I will not be accepted back into the MHASP services.

If I am discharged from a service operated by MHASP for any of the reasons listed below, I may not be considered for re-admission into the service:

- If I behave in a physically threatening or sexually aggressive manner towards staff or other participants, I may be asked to leave the service for a specific period of time.
- If I am enrolled in another Certified Peer Specialist service.
- If I am found to be ineligible/inappropriate for services based on criteria set by the Department of Public Welfare (DPW).
- If I "age out"—that is, if I become too old—determined by my county of residence.



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WHAT IS WRAP?

WELLNESS RECOVERY ACTION PLAN

WRAP® is a self-management and recovery system developed by Mary Ellen Copeland with a group of other individuals who had mental health difficulties and who were struggling to incorporate a wellness "tool box" and strategies into their lives. WRAP is designed to:

- Decrease and prevent intrusive or troubling feelings and behaviors.
- Increase personal empowerment.
- Improve quality of life.
- Assist people in achieving their own life goals and dreams.

WRAP is a structured system to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, to reduce, modify or eliminate them. It also includes plans for responses from others when you cannot make decisions, take care of yourself or keep yourself safe.

Who could use WRAP:

- Anyone who wants to create positive changes in the way they feel, or increase their enjoyment in life.
- Anyone who is experiencing anything that interferes with their quality of life, such as deep sadness, arthritis, hearing voices, diabetes, or "burnout," for example.

The person who experiences symptoms is the one who develops their personal WRAP. The person may choose to have supporters and health care professionals help them create their WRAP.

The WRAP system was developed by people who had been dealing with a variety of psychiatric symptoms for many years and who were working hard to feel better and get on with their lives. Mary Ellen Copeland has shared it with people with other illnesses and they, too, believe that it can be easily adapted for use with other conditions.

What People Are Saying about WRAP:

"Recovery & WRAP have changed my life."

"It helps me feel prepared."

"I feel better more often and I'm able to improve the overall quality of my life."

"I've gone from being totally disabled to being able to live a full and rich life. I am so grateful."

"Everything has improved at our organization. People are recovering and moving forward with their lives. Our work is so much more fulfilling."

"Finally, something I can do to help myself."

"I used to spend months, even years, in the hospital. Now I have a bad afternoon or a bad day. And it's all because I use WRAP."

"WRAP for me is about personal responsibility. I can just let my 'symptoms' take over my life. Or I can take personal responsibility, use my WRAP, and do what I need to do to take care of myself and feel better."

"In the years that I have been using WRAP, everything has changed in my life. I used to spend all my time just sitting around, watching TV and smoking. Now I hardly ever watch TV, I've given up smoking, I've gone back to school and I have a real job. And I have a wonderful partner. I never thought life could be this good."

"This has changed my life completely. I used to think of myself as this 'mentally ill' person. Now I am a person who knows how to take care of myself and help myself in difficult time. If I am feeling badly or having a hard time, I take action. And there are so many simple, safe things I can do."

"The word 'crisis' has a different meaning for me now. I used to think it was a crisis when I felt really anxious and upset. I thought I needed to go into the hospital or get my medications increased. Now a crisis is when everything is so bad I need others to take over for me. And I don't have [crises] anymore, because now I know how to take care of myself."

Participant Handbook of the Mental Health Association of Southeastern Pennsylvania . . . Page 12

MHASP SERVICES

ADVOCACY is a fundamental part of the mission of the Mental Health Association of Southeastern Pennsylvania and among its greatest strengths. The principal mission of the Advocacy Division is to identify and address systems gaps and create positive systems change through direct advocacy; proactive and reactive policy initiatives; appropriately focused criticisms, grievance, and protest; and grassroots organizing. The Advocacy Division strives to be culturally and logistically sensitive, life-stage appropriate and inclusive. It works to help people gain access to services and community resources, including housing, employment, education, family inclusion, spirituality, and wellness. It endeavors to improve the justice system and to help people with behavioral health conditions lessen their justice system involvement.

The Advocacy Division includes a team of advocates who directly educate and assist individuals with service delivery complaints and grievances and navigating benefit systems, protect participant rights in inpatient and outpatient settings, make linkages to community resources, teach/guide participants to educate their peer groups and the public about mental health conditions, and assist participants to fully engage in democratic processes.

Advocacy Division activities include benefits access; Norristown State Hospital institutional advocacy; participant citizenship; Einstein/Belmont Ombudsman; older adult, youth and housing systems advocacy; and mental health and related policy and systems advocacy. Specific activities include:

- Serving on boards and task forces
- Community organizing
- Political education
- Policy and systems research and analysis
- Assistance acquiring benefits
- Grievance and appeal process
- Referrals to community resources
- Legal referral services
- Training and technical assistance
- Internal advocacy
- Protecting the rights of individuals being treated at Norristown State Hospital
- Self-advocacy and systems advocacy training
- Helping individuals with their transition from inpatient or forensic services to the community

For more information, call 267-507-3816.

INFORMATION AND REFERRAL

Eligibility Requirement: none. Responds to questions from callers seeking information about services or other behavioral health issues. Call 215-751-1800.

MHASP SERVICES (CONTINUED)

TARGETED CASE MANAGEMENT SERVICES

Targeted Case Management is the professional practice in which service recipients are partners, to the greatest extent possible, in assessing their needs; defining desired outcomes; obtaining services, treatments and supports; and preventing and managing crises. Our services work to improve the quality of life of individuals with mental health conditions who are homeless and, in Philadelphia, individuals who are currently receiving services and require assistance in coordinating these services, and individuals who are being released from prisons and jails.

ACCESS Case Management: Eligibility Requirements: Residents of Philadelphia County who are 18+ with severe mental health conditions and long-term homelessness. Intake Requirements: A referral from the Department of Behavioral Health. Call 267-507-3950.

SHARE/Forensics Targeted Case Management: Eligibility Requirements: Residents of Philadelphia County who are 18+ with severe mental health conditions. Intake Requirements: A referral from the Department of Behavioral Health. Call 267-507-3950.

Airport Outreach: Eligibility Requirements: Adults 18+ with severe mental health conditions, long-term homelessness and addiction issues. This service, located at Philadelphia International Airport, works to improve the quality of life of individuals with long-term homelessness. Call 267-507-3950.

RESIDENTIAL SERVICES

MHASP offers a range of recovery-oriented residential services, from transitional to permanent housing, in Montgomery and Philadelphia counties. Tenants are offered the opportunity to obtain skills for community living. While partnering with staff—some of whom are individuals in recovery with a behavioral health diagnosis—participants receive assistance in seeking permanent housing and obtaining employment and/or public benefits.

Halfway There: Eligibility Requirements: Residents of Montgomery County who are 18+ in need of housing. Intake Requirements: Proof of homelessness, referral by case manager. Call 267-507-3510.

Homeward Bound CRR (Community Residential Rehabilitation services): A 24-hour facility that assists adults with mental health conditions and/or a dual diagnosis of a mental health condition and substance abuse issues to live successfully in the community. Eligibility Requirements: Adults 18+ in need of housing. Referrals from the Philadelphia Department of Behavioral Health only.

Connect To Permanency: Eligibility Requirements: Residents of Delaware County who are 18+, with mental health conditions and long-term homelessness. Intake Requirements: Referral through outreach or case manager. Intake completed upon proof of homelessness. Call 267-507-3850.

HOMELESS OUTREACH

Outreach response workers in Delaware County, many of whom have experienced homelessness first-hand, build trusting relationships that enable individuals who are homeless to accept placement in appropriate settings, where they may obtain opportunities to recover their lives. The outreach teams attempt to establish a rapport that gradually leads to acceptance and openness to seeking help. Outreach teams conduct street outreach at times when people are most in need, with additional hours of service delivery during summer and winter weather emergencies.

Connect and Connect-by-Night: Call 267-507-3850.

MHASP SERVICES (CONTINUED)

REPRESENTATIVE PAYEE SERVICES

The Representative Payee (RP) Financial Services provide bill-paying and fund-distribution services to participants with mental health challenges who need support handling their finances, and help participants develop the budgeting and money management skills required for personal budget management. MHASP receives funding from Philadelphia, Montgomery, Delaware and Chester counties to provide this service.

Eligibility Requirement: Adults 18+ who receive benefits income (Social Security, Welfare, etc.) and are unable to manage finances. Intake Procedure: Proof of income and referral by case manager are required. Intake is completed upon acceptance. Call 215-751-1800.

INSTITUTE FOR RECOVERY AND COMMUNITY INTEGRATION (IRCI)

IRCI offers educational workshops, mental health recovery and community integration education groups, WRAP trainings (for an explanation of WRAP, see page 21), Certified Peer Specialist training and certification, and technical assistance. Call 267-507-3803.



MHASP SERVICES (CONTINUED)

PEER SUPPORT SERVICES

Peer support teams are freestanding peer support services open to adults who have a behavioral health or co-occurring mental health and substance abuse diagnosis. The Certified Peer Specialists on the peer support teams assist the service participants in finding their own paths; this leads to independent, fulfilling, and productive lives in the community. Peer support is usually delivered by a Certified Peer Specialist who has lived experience of a mental health condition and/or a substance abuse diagnosis and is dedicated to promoting and modeling recovery values.

Consumer Recovery Investment Funds (CRIF) Self-Directed Care is a two-year pilot program that is studying the role that self-direction plays in the recovery of individuals living with severe mental health conditions. CRIF SDC, which provides services to eligible participants in Delaware County, couples traditional Medicaid-reimbursable peer support services with an emphasis on participants' budgeting for other Medicaid-reimbursable services as well as non-traditional items or services. Call 267-507-3881.

Peer ACTION is a mobile peer-to-peer support program that partners with doctors and behavioral health staff in medical clinics in Philadelphia to provide holistic and integrated support to people in recovery. This support is open to Philadelphia residents 18 or older who receive care from partnering clinics. The Certified Peer Specialists on the Peer ACTION team help service participants find their own paths; this leads to independent, fulfilling, and productive lives in the community. For more information about referrals or eligibility, call 267-507-3480.

Peer AHEAD (Access to Housing through peer-delivered Engagement, Assistance, and Direction) consists of recovery coaches who are Certified Peer Specialists. These recovery coaches serve as positive role models for participants with behavioral health challenges and provide support to these participants as they work towards and achieve their self-determined goals. Peer support services that are administered through the Peer AHEAD program will be an accessible bridge to permanent housing for over 100 of the most vulnerable Philadelphians who are homeless by integrating two evidence-based practices: Peer Support and Critical Time Intervention (CTI). Eligibility requirement: Referrals for participants who are in safe havens are screened by the Philadelphia Department of Behavioral Health. Project H.O.M.E. makes referrals from the Hub of Hope. Peer staff members provide outreach to homeless participants.

Peer Net is a freestanding peer support program in Philadelphia and Bucks counties. Eligibility Requirements: Residents of Philadelphia or Bucks County who are 18 + and who are eligible for Medical Assistance and meet the Pennsylvania Office of Mental Health and Substance Abuse Services Adult Priority Group* diagnosis. Recommendations must be approved by a practitioner of the healing arts. Call in Philadelphia 267-507-3473; in Bucks County 267-507-3995.

Trail Guides provides culturally competent guidance to young adults, 18 to 23, with mental health challenges. The program helps them make choices that will lead to an independent, productive, and fulfilling life. Program participants demonstrate increased self-esteem, positive attitudes and healthy behaviors that reduce the use of mental health crisis services and hospitalizations and result in the use of more efficient and cost-effective mental health services and natural community supports. The program reduces participation in criminal activity, violence, and drug and alcohol use; and increases knowledge of career opportunities through participation in educational and occupational activities. Eligibility Requirement: Montgomery County residents who are 18 + ,who are eligible for Medical Assistance and who meet the Pennsylvania Office of Mental Health and Substance Abuse Services Adult Priority Group* diagnosis. Recommendations must be approved by a practitioner of the healing arts. Call 610-292-9922, Ext. 108.

*In order to be in the Adult Priority Group, a person: must meet the federal definition of serious mental illness; must be age 18+, (or age 22+ if in Special Education); must have a diagnosis of schizophrenia, major affective disorder, psychotic disorder NOS or borderline personality disorder (DSM-IV or its successor documents as designated by the American Psychiatric Association, diagnostic codes 295.xx, 296.xx, 298.9x, or 301.83); and must meet at least one of the following criteria: A. (Treatment History), B. (Functioning Level) or C. (Coexisting Condition or Circumstance). Details of the requirements under A., B., and C. are outlined in OMHSAS Bulletin OMH-04-04, available at <http://www.papeersupportcoalition.org/education/OMH-04-04.pdf>. You can also request a copy from your service provider.

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MHASP SERVICES (CONTINUED)

RECOVERY AND EDUCATION CENTERS

MHASP's Recovery and Education Centers have evolved from its drop-in centers: places where individuals coming out of hospitals or feeling isolated in the community could go to meet others like themselves and socialize, network, and help each other work toward recovery. (MHASP was the first agency in Pennsylvania to create drop-in centers, a radical idea at the time.)

MHASP's Recovery and Education Centers provide a welcoming environment for adults with mental health conditions, and offer culturally competent services and activities that promote recovery and community integration through advocacy, peer support and education. Located in Bucks, Delaware, Montgomery and Philadelphia counties, these Centers actively engage in connecting individuals to resources—such as WRAP (Wellness Recovery Action Plan)—and services in community environments. These services are driven by the participant, with an aim toward community integration and the use of existing community resources.

Eligibility Requirement: Adults 18+ with mental health conditions seeking socialization and community integration.

A New Life (Philadelphia): Call 215-243-0903.

Project SHARE (Delaware County): Call 610-532-6336.

Norristown Recovery and Education Center (Montgomery County): Call 267-507-3510.

The Well (Philadelphia): Call 267-507-3470.

Pottstown Recovery and Education Center (Montgomery County): Call 267-507-3520.

Community Support Connection, Montgomery County: Eligibility Requirements: Montgomery County residents who are 18+ with a dual diagnosis of a mental health condition and substance abuse disorder, not eligible for HealthChoices, who meet requirements but are unable to access peer support services at another location. Intake Requirements: A referral through another provider (peer specialist, social worker, therapist, etc.). Intake completed by Peer Service Support, Montgomery County, 610-292-9922 Ext. 116.

Norristown State Hospital Peer Support

Norristown State Hospital Peer Support represents MHASP in various coalitions, engages in community organizing and advocacy campaigns, engages in voter registration, and helps participants engage in self-advocacy and systems advocacy. Call 610-313-5401.



MHASP SERVICES (CONTINUED)

FAMILY AND YOUTH DIVISION

Children's Crisis Response Center Advocacy Project (CRCAP) provides on-site support, referrals and direct advocacy for Philadelphia families/caregivers of children and youth admitted to the Philadelphia Children's Crisis Response Center at Germantown Hospital. Call 215-951-8835.

Family Empowerment Satisfaction Team (FEST): The Family Empowerment Satisfaction Teams (FEST) in Delaware and Montgomery counties ask parents/caregivers of children and youth about their experience with behavioral health services, with the goal of making services more family- and youth-driven. Using the collective feedback about what worked and what can be improved, FEST advocates with counties, providers, and managed care organizations to help create services and supports that meet the needs of youth and their families. Delaware County: Call 267-507-3870; Montgomery County: Call 267-507-3495.

Family Mentor and Advocacy Network of Montgomery County: Family Mentor and Advocacy Network (*formerly PIN of Montgomery County*) offers families and youth advocacy using the advocates' own personal experiences to inspire hope and provide support to others who are facing similar challenges. It offers advocacy in family mentoring and systems advocacy, including navigating the public child systems: behavioral health, child welfare, juvenile justice and education. The Family Mentor and Advocacy Network also creates support groups of mutual interests. Call 267-507-3487 (family advocate) or 267-507-3486 (program manager).

Parenting Plus: A 10- to 12-week workshop in Philadelphia County that provides parenting skills education to parents with a mental health challenge so they can cope and interact effectively with their children in ways that promote their own recovery and dignity while also enhancing the safety and well-being of their children. The curriculum educates participants about the three major developmental stages of childhood and addresses other topics such as anger management, self-care and wellness, and parenting from a distance. Parents are also encouraged to openly discuss their mental health condition with their children and to build a comfort level that enables them to talk about their mental health issues in age-appropriate ways that contribute to understanding and trust in the parent-child relationship. Call 267-507-3872.

Parents Involved Network (PIN): PIN provides information, support, and referrals for parents/caregivers to help them become the best advocates for their children. Parent advocates who have been through the experience themselves support families whose children have behavioral health challenges. PIN also advocates locally and statewide, influencing policy issues affecting children and youth who have emotional or behavioral health challenges. Services are located in Delaware, Philadelphia and Montgomery counties. (PIN of Montgomery County is now the Family Mentor and Advocacy Network, listed above; call 267-507-3487.) Delaware County: Call 267-507-3870 (*Spanish available*). Philadelphia: Call 267-507-3860 (*Spanish and Cambodian available*).

Training and Education Center (TEC): TEC provides sensitivity and skill-building training and education services for service providers and family members of adults with mental health conditions. For family members, services currently consist of family consultation, family skill-building workshops, and educational family support groups, including one for adult daughters/sons and siblings of individuals with mental health disorders. Call 267-507-3863.

**MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA
SERVICES AND ADMINISTRATION**

Mental Health Association of Southeastern Pennsylvania
President and CEO

Advocacy Division

Chief Advocacy Officer, 267-507-3844

- ◆ Consumer Recovery Investment Funds Self-Directed Care (CRIF SDC)

Division Director, 267-507-3816

- ◆ Consumer Advocacy
- ◆ Benefit Specialist
- ◆ Information and Referral
- ◆ CPS Practicum
- ◆ Older Adults Systems Advocacy
 - ◇ Successful Aging Taskforce
- ◆ Ombudsman Program at Einstein
- ◆ Housing Systems Advocacy

National Mental Health Consumers' Self-Help Clearinghouse

Executive Director, 267-507-3844

Service Operations

Director, 267-507-3841

Bucks County Services Division

Division Director, 267-507-3995

- ◆ PeerNet – Certified Peer Specialist Program

Case Management/Homeless Services Division

Division Director, 267-507-3965

- ◆ Philadelphia Homeless Outreach Services – Hub of Hope
- ◆ Airport Outreach Services
- ◆ Case Management Services
 - ◇ ACCESS – Targeted Case Management (case management for individuals who are homeless)
 - ◇ SHARE/Forensics Targeted Case Management
 - ◇ Peer AHEAD – SAMSHA-funded peer support homeless outreach team

Delaware/Chester County Services Division

Division Director, 267-507-3898

- ◆ Connect (homeless services)
 - ◇ Connect
 - ◇ Connect-by-Night (CBN)
 - ◇ Connect-to-Permanency (CTP)
 - ◇ PATH peer outreach
- ◆ Homeward Bound (transitional residence) – Philadelphia
- ◆ Delaware County Project SHARE – Recovery and Education Center
- ◆ Chester County Compeer

Continued on following page . . .

For more information the Mental Health Association of Southeastern Pennsylvania,
please visit our website:
www.mhasp.org

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**MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA
SERVICES AND ADMINISTRATION (continued)**

Family and Youth Division

Division Director, 267-507-3836

- ◆ Children's Crisis Response Center Advocacy Project (CRC-AP)
- ◆ Family Empowerment Satisfaction Team (FEST)
 - ◇ Delaware County
 - ◇ Montgomery County
- ◆ Parenting Plus
- ◆ Family Mentor and Advocacy Network – Montgomery County
- ◆ Parents Involved Network (PIN)
 - ◇ Delaware County
 - ◇ Philadelphia County
- ◆ Training and Education Center (TEC)

Montgomery County Services Division

Division Director, 267-507-3995

- ◆ Community Support Connections – Montgomery County (peer support for people with co-occurring challenges)
- ◆ Trail Guides (peer support for young adults with mental health conditions)
- ◆ Halfway There (housing and support services)
- ◆ Montgomery County – Recovery and Education Center
- ◆ Pottstown – Recovery and Education Center

National Training and Technical Assistance Division

Division Director, 267-507-3885

- ◆ I CAN (Involved Consumer Action Network) in Pennsylvania (statewide advocacy)
- ◆ Institute for Recovery and Community Integration – National Recovery Training Center
- ◆ Recovery Transformation Initiative

Philadelphia Peer Services Division

Division Director, 267-507-3931

- ◆ Peer Resource Centers
 - ◇ A New Life – Recovery and Education Center (West Philadelphia)
 - ◇ Norristown State Hospital Peer Support Services
- ◆ The WELL – Recovery and Education Center
- ◆ PeerNet – Certified Peer Specialist Program
- ◆ Peer ACTION – peer support services for people diagnosed with a behavioral health condition in partnership with five health centers
- ◆ Warm Line

Facilities

Director, 267-507-3833

Fiscal

Chief Financial Officer, 267-507-3831

- ◆ Financial Administration
- ◆ Representative Payee Program

Human Resources

Director, 267-507-3834

- ◆ Human Resources Administration
- ◆ Training and Program Support Services

Information Technology

Director, 267-507-3922

Quality Improvement & Compliance

Director, 267-507-3947

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MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PA
CRIF Self-Directed Care Enhanced Service Program
7200 Chestnut St., Upper Darby, PA 19082
T #: (267) 507 - 3873 FAX #: (215) 525 - 9698
RELEASE OF INFORMATION

Effective FROM: _____ TO: _____

PARTICIPANT'S NAME (Print): _____ **DOB:** _____

PCP Emergency Contact Pharmacy Health Care Center Case Manager Housing Other

Specific Organization **Address**

INFORMATION THAT MAY BE RELEASED: Indicate a Y/Yes and N/No After Each Document

Mental Health/Physical Information: Presence and Progress in Service _____, Assessments _____,
Diagnoses _____, Service/Recovery Plans _____
Psychiatric Summary _____ Medication Records _____
Demographic Information _____

Drug/Alcohol Treatment Information: Presence and Progress in Service _____, Assessments _____,
Diagnoses _____, Service/Recovery Plans _____
Psychiatric Summary _____ Medication Records _____
Demographic Information _____

_____ **HIV/AIDS Information**
INITIALS _____

Other: _____

REASON: () Provide continuity of care () Adherence with Services () Specify _____
() Personal Use () Legal Purposes () Social Security/disability () Insurance/Managed Care

DATES OF SERVICE: FROM _____ **TO** _____

I understand that my records are protected under the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 that re-disclosure is prohibited, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer will be protected by the HIPAA Privacy Law.

- 1) review and understand the Notice of Privacy Practices;
- 2) this authorization is subject to revocation at any time, except to the extent that action has been taken in reliance on the authorization;
- 3) inspect and receive a copy of the material to be released;
- 4) request restrictions on how my health information is used and disclosed; and
- 5) receive a copy of this authorization and the Notice of Privacy Practices

This form has been fully explained and I certify that I understand its contents. I understand that MHASP may not condition services on obtaining this consent/authorization from me.

Participant's Signature or Oral Consent when physically unable to sign _____ Date _____
"I understand the nature of the release and freely give oral consent"

Signature of Authorized Person in lieu of Participant _____ Date _____
() Power of Attorney; () Guardianship Order

Witness Signature _____ Date _____
() Copy Accepted

Oral Consent/Witness Signature _____ Date _____
() Copy Refused

ROI Master-05.23.2012 03-09



MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PA
CRIF Self-Directed Care Enhanced Service Program
7200 Chestnut St., Upper Darby, PA 19082
T #: (267) 507 – 3873 FAX #: (215) 525 – 9698
REQUEST FOR INFORMATION

Effective FROM: _____ TO: _____

PARTICIPANT 'S NAME (Print): _____ DOB: _____

I AUTHORIZE MHASP TO REQUEST INFORMATION FROM:

PCP Emergency Contact Pharmacy Health Care Center Case Manager Housing Other

Specific Organization _____ Address _____

INFORMATION THAT MAY BE RELEASED: Indicate a Y/Yes and N/No After Each Document

Mental Health/Physical Information: Presence and Progress in Service - _____ Assessments _____
 Diagnoses _____, Service/Recovery Plans _____
 Psychiatric Summary _____ Medication Records _____
 Demographic Information _____

Drug/Alcohol Treatment Information: Presence and Progress in Service _____ Assessments _____
 Diagnoses _____, Service/Recovery Plans _____
 Psychiatric Summary _____ Medication Records _____
 Demographic Information _____

_____ **HIV/AIDS Information**

INITIALS _____

Other: _____

REASON: () Provide continuity of care () Adherence with Services () Specify _____
 () Personal Use () Legal Purposes () Social Security/disability () Insurance/Managed Care

DATES OF SERVICE: FROM _____ TO _____

I understand that my records are protected under the federal regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Parts 160 and 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. The information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and no longer will be protected by the HIPAA Privacy Law.

I have been informed of my privacy privileges:

- 1) review and understand the Notice of Privacy Practices;
- 2) this authorization is subject to revocation at any time, except to the extent that action has been taken in reliance on the authorization;
- 3) inspect and receive a copy of the material to be released;
- 4) request restrictions on how my health information is used and disclosed; and
- 5) receive a copy of this authorization and the Notice of Privacy Practices

This form has been fully explained and I certify that I understand its contents. I understand that MHASP may not condition services on obtaining this consent/authorization from me.

Participant's Signature or Oral Consent when physically unable to sign _____ Date _____
"I understand the nature of the release and freely gave oral consent"

Signature of Authorized Person in lieu of Participant _____ Date _____
 () Power of Attorney; () Guardianship Order

Witness Signature _____ Date _____ Oral Consent/Witness Signature _____ Date _____
 () Copy Accepted () Copy Refused

ROI Master-05.23.2012 03-09

MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA

MY APPROVAL TO RECEIVE SERVICES

I give my approval for MHASP staff to provide services for me in _____.

Service Name

“Every individual served will have the opportunity for growth, recovery and inclusion in their community, have access to culturally competent services and supports of their choice, and enjoy a quality of life that includes family and friends.” (adapted from Pennsylvania Recovery Workgroup)

I understand that MHASP is here to assist me in my recovery which will be a journey of healing and transformation enabling me to live a meaningful life in a community of my choice while striving to achieve my full potential. Recovery takes place as a result of changes both within the “self” as well as through the support and encouragement from “circumstances” and events. On this journey, I will assess my strengths, needs, and develop a plan for recovery.

If medication is prescribed, I understand that I am entitled to have a physician explain the medication, including potential risks associated with it. Furthermore, I understand that I have the right to refuse any recommended recovery services.

In the event of a life threatening medical and/or psychiatric emergency, I give MHASP staff approval to arrange for necessary transportation to the treatment site deemed appropriate. In providing continuity of care, health information will be shared with the transferring facility. I understand that HIV-Status information will not be transferred, unless I have authorized the release of HIV information.

I realize that written and computerized records will be kept about me and that evaluation data will be requested from me periodically to determine my progress. I understand that in coordinating services, information about me may be shared with others for purposes of obtaining payment, and carrying out other health care operations on a need to know basis. I understand that information about me will be used for healthcare operations such as quality improvements, outcome evaluations, peer review and business management. I give approval for these transactions to occur when necessary and with my knowledge, when possible. I have the right to revoke approval by signing a written revocation form which is available from staff, I am working with.

I certify that I have received the MHASP Participant Handbook. The following topics have been reviewed with me, and I understand that I have the opportunity to request further review:

1. MHASP Vision, Mission and Values
2. The **“Notice of Privacy Practices”** that includes your right to:
 - a. Review and understand the Notice of Privacy Practices
 - b. **Revoke authorization at any time** by written request, being effective the date of your signature
 - c. **Inspect, amend and receive a copy** of the material to be released, and
 - d. **Request restrictions** on how your health information is used and disclosed.
3. **Participant Rights** (Bill of Rights/Human, Civil, Special and Restrictive Rights),
4. **Nondiscrimination in Services and Limited English Proficiency Policy,**
5. **Compliant/Grievance/Appeal and Privacy Complaint process,**
6. **Explanation of Freedom of Choice/Conflict of Interest/Service Availability** Program’s planning process; **fire, safety, evacuation procedures and an emergency relocation plan** for residential locations only, and
7. **Any required fees.**

This form has been fully explained and I certify that I understand its content. I understand that MHASP may not condition services on obtaining this approval from me.

Signature of Participant Date

Assigned Staff Date

Authorized person in lieu of Participant/Date

() Power of Attorney () Guardianship Order

() Executor of the Estate

() **Copy Accepted** () **Copy Refused**

Self-Directed Care Enhanced Services

A project of the Mental Health Association of Southeastern Pennsylvania, The Delaware County Office of Behavioral Health, Magellan Health Services, Inc., and The Temple University Collaborative on Community Integration Of People with Psychiatric Disabilities.

ASSIGNMENT OF BENEFITS FORM

Name of Insured (print): _____

Social Security Number: _____

I request that payment of authorized insurance benefits, including Medicare, if I am a Medicare beneficiary, be made on my behalf to the organization listed below for any equipment or services provided to me by that organization beginning on _____ and ending on _____.
Date of Intake Date or Event

I authorize the release of any medical or other information necessary to determine these benefits or the benefits payable for related equipment or services to the organization, the Centers for Medicare and Medicaid Services, my insurance carrier or other medical entity. A copy of this authorization will be sent to the Centers for Medicare and Medicaid Services, my insurance company or other entity if requested. The original authorization will be kept on file by the organization.

It is my responsibility to notify the organization of any changes in my health care coverage. In some cases exact insurance benefits cannot be determined until the insurance company receives the claim.

ORGANIZATION:

CRIF Self-Directed Care Enhanced Service Program
1211 Chestnut St., 11th Floor,
Philadelphia, PA 19107
sdc@mhasp.org

Name of person signing below (print): _____

Relationship to Insured: _____

Signature of Insured or, if applicable, Parent/Guardian: _____

Date: _____

CRIF Self-Directed Care Enhanced Service Program
Mental Health Association of Southeastern Pennsylvania
1211 Chestnut St., 11th Floor, Philadelphia, PA 19107 sdc@mhasp.org
Office: (267) 507-3873 Cell: (215) 680-3174 Fax: (215) 525-9698

Appendix V

Planning Documentation

My Life Story

My Annual Life Story

Recovery Strategy

Goal Plan

Person-Centered Plan and Budget Form

Delaware County SDC Project Authorization Request

CRIF SDC Freedom Funds and SDC Card Policy



Participant Name: _____

Date Completed: _____ **Staff Initial:** _____

MY LIFE STORY

My name is: _____ and I have come here because: _____

My past successes:

I am proud of: _____

My main accomplishments have been: _____

I think I am really good at: _____

My ideal life would look like? _____

The supports that enhanced this accomplishment are/were: _____


I would like some support/help to: _____

My Life Story

2.15 TTI

Scanned In? _____

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	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

I. SOCIAL

A. Family & Friends

Who do you identify as the people in your family?

What is your relationship with your family now?

Do you have any children or other people who rely on you?

Names and ages:

Is there anyone you are reliant upon?

Describe any other significant relationships in your life:


Is there anything else you would like to share in relation to your family and friends situation?

Is this an area you want to work on? Yes No

My Life Story

2.15 TTI

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	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

B. Community Connections

What are your favorite things to do lately?

What are some things you wish you could do?

What gets in the way of doing these things?

Are there any activities you used to enjoy but have stopped doing?

Do you use any of the following as part of your community support network? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> School | <input type="checkbox"/> AA/NA |
| <input type="checkbox"/> Recreational Club | <input type="checkbox"/> Book Club | <input type="checkbox"/> Substance Use Treatment Center |
| <input type="checkbox"/> Recovery Education Center | <input type="checkbox"/> WRAP Groups | <input type="checkbox"/> Mental Health Treatment Center |
| <input type="checkbox"/> Other: (Describe) | | |

What skills, talents, hobbies, or other interests do you have?

What do you do in your leisure time?

What other supports are you involved with in the community?

What supports do you think would be helpful to you in your recovery?


Is there anything else you would like to share in relation to your community support situation?

Is this an area you want to work on? Yes No

My Life Story

2.15 TTI

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	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

II. Education


Where did you go to school?

School: _____
 Highest Grade Level Completed: _____
 Area of Study: _____
 Degrees or Certifications: _____

Do you need assistance with reading English Yes No If yes, probe for more information.

Do you need assistance with writing English? Yes No If yes, probe for more information.

Is this an area you would like to work on?

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

III. Vocational

A. Work / Employment

Are you currently employed? Yes No

If yes, name of employer: _____ Address: _____ Phone: _____

Have you had any work training or any other professional experience? Yes No

If yes, name and address of program: (Dates Attended) _____

Briefly describe work history (Type of jobs, duration of work, etc.) Last Date Worked: _____

Is this an area you would like to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

B. Volunteering

Are you currently volunteering in your community? Yes No (if Yes, answer next question)

Where and when? _____


Would you be interested in volunteering: Yes No (if Yes, answer next questions)

Where would you be interested in volunteering? _____

What would you do if you could do anything you wanted? (Education/Work/Volunteer)

Is there anything else you would like to share in relation to your educational or work situation?

Is this an area you want to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

IV. SELF MAINTENANCE

A. Housing

Where are you living presently?

Who lives with you?

How do you feel about your current living situation?

What has led you to your current living situation?

Is there anything else you would like to share in relation to your housing situation?

Is this an area you want to work on? Yes No

My Life Story

2.15 TTI

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Participant Name: _____

Date Completed: _____ Staff Initial: _____

B. Physical Wellness

How would you rate your overall health at this time (circle)? Excellent Good Fair Poor

Do you have a history of medical problems (surgeries, etc.):

Are you currently being treated for any medical problems? If yes, describe:

Do you think you need treatment for any current medical problems: If yes, describe:

 Yes No

Do you currently smoke cigarettes or cigars? Yes No
If yes, approximately how many per day?


Do you drink caffeinated beverages, daily? Yes No
If yes, approximately how many cups/cans a day?

Do you use any herbal preparation? Yes No If yes, type and frequency?

My Life Story

2.15 TTI

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	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

Are you interested in education on the above issues? Yes No


Medications you are currently taking:

Are there any medications you do not want to take again or currently are taking that do not really agree with you?

Is there anything else you would like to share in relation to your physical health?

Is this an area you want to work on? Yes (go to next page) No (go to next section)

Do you suffer from allergies?

	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

C. Mental Wellness

Have you received treatment for mental health issues in the past?
Describe:

What services and supports were helpful for you?

Has anyone ever hurt you (physically, emotionally, or sexually) or have you ever been a victim of a crime? Yes No
If yes, are you able to talk about what happened?

Have you ever had thoughts of or attempted to hurt yourself or others in any way? Yes No
If yes, when was the last time you felt this way and what happened?

Is there anything else you would like to share in relation to your mental health?


Is this an area you want to work on? Yes No

My Life Story

2.15 TTI

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	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

D. Substance Use History

Has substance use or abuse ever existed in your life?

Yes No

If so, number of years: _____

Last time used: _____

Choice of drug(s): _____

Has substance use or abuse impacted your life this past year?

Have you ever received treatment for your addiction(s) (inpatient and/or outpatient)?

Yes No


If yes, where and when?:

Are you currently in recovery for substance use? For how long?

What supports do you use to maintain your recovery for substance use?

Is there anything else you would like to share in terms of your substance use?

Is this an area you want to work on? Yes No

	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

E. Legal/Forensic History

Do you have a history with the Criminal Justice System?

Yes No

History of arrest:

Yes No

History of incarceration:

Yes No

Is there anything else you would like to share in relation to your legal and forensic situation?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

F. Financial

Do you handle your own finances, at this time? Yes No

If no, who handles your finances? _____

Do you have a bank account? Yes No

Do you have a savings account? Yes No

Do you receive SSI/SSDI benefits? Yes No if Yes, how much? _____

Do you receive cash assistance? Yes No if Yes, how much? _____

What successes can we celebrate over the past year?

What, if any, challenges have you faced in the past year?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

G. Religion/Spirituality

Is Religion and / or Spirituality an important part of your life? Yes No

If yes, please describe:

Do you attend services? Yes No If yes, where do you attend? _____

Do you wish you had more or less involvement?


Is there anything else you would like to share in relation to your religion/spirituality situation?

Is this an area you want to work on? Yes No

My Life Story

2.15 TTI

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	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

H. Meaningful Activities

What are some things you do on a regular basis that are important to you?

Are there things you used to do but no longer do?

Are there things you would like to try?

Is there anything else you would like to share in relation to Meaningful Activities?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

Date of Enrollment: _____

Anticipated Discharge Strategy: _____

Are you participating in any other programs/services at this time?

Do you have a WRAP? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what a WRAP is? Yes No

Do you have a Crisis Plan? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what a Crisis Plan is? Yes No

Do you have a Mental Health Advanced Directive? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what Advanced Directive are? Yes No

ENROLLMENT DATE SIGNATURES:

Participant Date

Recovery Coach Signature Date

Supervisor/MHP Signature Date

My Life Story

2.15 TTI

Scanned In? _____

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Participant Name: _____

Date Completed: _____ Staff Initial: _____

ANNUAL MY LIFE STORY

This past year:


I am proud of: _____

My main accomplishments have been: _____

The supports that enhanced these accomplishments are/were: _____

I think I am really good at: _____

I would like some support/help to: _____

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

I. SOCIAL

A. Family & Friends

Who are the most important people in your life?

Looking back over the past year, what successes can we celebrate?


What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what goal(-s) did you work on?

B) In what ways, did the goal(-s) help you move closer to you dream(-s)?

Is this an area you want to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

B. Community Connections

What are your favorite things to do?

What are some things you wish you could do?

Are there any activities you used to enjoy but have stopped doing?

Do you use any of the following as part of your community support network? (Check all that apply)

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Church | <input type="checkbox"/> School | <input type="checkbox"/> AA/NA |
| <input type="checkbox"/> Recreational Club | <input type="checkbox"/> Book Club | <input type="checkbox"/> Substance Use Treatment Center |
| <input type="checkbox"/> Recovery Education Center | <input type="checkbox"/> WRAP Groups | <input type="checkbox"/> Mental Health Treatment Center |
| <input type="checkbox"/> Other: (Describe) | | |

Looking back over the past year, what successes can we celebrate?


What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

II. Education

Have you attended school/classes this past year? Yes No

Where did you go? _____

What did you study? _____

Would you like to attend school/classes again? Yes No

What area would you like to focus on? _____

Looking back over the past year, what successes can we celebrate?


What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you would like to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

III. Vocational

A. Work / Employment

Are you currently employed? Yes No

If yes, name of employer: _____ Address: _____ Phone: _____

In the past year, have you had any work training or any other professional experience?

Yes No

If yes, name and address of program: (Dates Attended) _____

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you would like to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

B. Volunteering

Are you currently volunteering in your community? Yes No (if Yes, answer next question)

Where and when? _____

Are you interested in volunteering: Yes No (if Yes, answer next questions)


Where would you be interested in volunteering? _____

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No

	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

IV. SELF-MAINTENANCE

A. Housing

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced in the past year?


How do you feel about your current living situation?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

B. Physical Wellness

How would you rate your overall health at this time (circle)? Excellent Good Fair Poor

Do you think you need treatment for any current medical problems: If yes, describe:

 Yes No

Do you currently smoke cigarettes or cigars? Yes No

 If yes, approximately how many per day? _____

Do you drink caffeinated beverages, daily? Yes No

 If yes, approximately how many cups/cans a day? _____

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

 A) If yes, what was the goal(-s) you worked on?

 B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

C. Mental Wellness

What supports do you currently use to assist with your Mental Wellness:

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced in the past year?

Has anyone ever hurt you (physically, emotionally, or sexually) or have you ever been a victim of a crime? Yes No

If yes, are you able to talk about what happened?

Have you ever had thoughts of hurting yourself or others or attempted to hurt yourself or others in any way? Yes No

If yes, when was the last time you felt this way and what happened?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?


Is this an area you want to work on? Yes No

Annual My Life Story

2.15 TTI

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	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

D. Substance Use History

Has substance use or abuse impacted your life this past year?

Yes No

If so, last time used: _____

Choice of drug(s): _____

Are you currently in recovery for substance use? Yes No

If yes, for how long? _____

Looking back over the past year, what successes can we celebrate?


What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No

	Participant Name: _____
	Date Completed: _____ Staff Initial: _____

E. Legal/Forensic History

Have you been in the Criminal Justice System this past year?

Yes No

Have you been arrested this year?

Yes No

If yes, please explain: _____

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

F. Financial

Do you handle your own finances at this time? Yes No

If no, who handles your finances? _____

Do you have a bank account? Yes No

Do you have a savings account? Yes No

Do you receive SSI/SSDI benefits? Yes No if Yes, how much? _____

Do you receive cash assistance? Yes No if Yes, how much? _____

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

G. Religion/Spirituality

Is Religion and / or Spirituality an important part of your life? Yes No

If yes, please describe:

Do you attend services? Yes No If yes, where do you attend? _____

Looking back over the past year, what successes can we celebrate?


What, if any, challenges have you faced in the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No

	<p>Participant Name: _____</p> <p>Date Completed: _____ Staff Initial: _____</p>
---	---

H. Meaningful Activities

Looking back over the past year, what successes can we celebrate?

What, if any, challenges have you faced over the past year?

Was this an area you worked on as a goal in the past year? Yes No (if no, skip A & B)

A) If yes, what was the goal(-s) you worked on?

B) In what ways did the goal(-s) help you move closer to your dream(-s)?

Is this an area you want to work on? Yes No



Participant Name: _____

Date Completed: _____ Staff Initial: _____

Date of Enrollment: _____

Anticipated Discharge Strategy: _____

Are you participating in any other programs/services at this time?

Do you have a WRAP? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what a WRAP is? Yes No

Do you have a Crisis Plan? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what a Crisis Plan is? Yes No

Do you have a Mental Health Advance Directives? Yes No
If Yes, would you like to share with us? Yes No
If No, are you interested in learning what Advance Directives are? Yes No

ENROLLMENT DATE SIGNATURES:

Participant Date

Recovery Coach Signature Date

Supervisor/MHP Signature Date



Participant Name: _____

Date Completed: _____ Staff Initial: _____

**MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA
RECOVERY STRATEGY**

Date of Enrollment: _____

MY DREAMS

I. Social		Prioritize:
Family & Friends	<input type="checkbox"/>	
Community Connections	<input type="checkbox"/>	
II. Education		
Education	<input type="checkbox"/>	
III. Vocational		
Work / Employment	<input type="checkbox"/>	
Volunteering	<input type="checkbox"/>	

Recovery Strategy

2.15 TTI

IV. Self-Maintenance		Prioritize:
Housing <input type="checkbox"/>		
Physical Wellness <input type="checkbox"/>		
Mental Wellness <input type="checkbox"/>		
Substance Use <input type="checkbox"/>		
Legal / Forensic <input type="checkbox"/>		
Financial <input type="checkbox"/>		
Religion & Spirituality <input type="checkbox"/>		
Meaningful Activities <input type="checkbox"/>		

Participant Signature _____ Date _____
 Recovery Coach Signature _____ Date _____

Supervisor/MHP Signature _____ Date _____

Recovery Strategy

2.15 TTI

Last, First Participant Name: _____ Recovery Coach Name (Print) _____
ID Number: _____



MENTAL HEALTH ASSOCIATION OF SOUTHEASTERN PENNSYLVANIA
GOAL PLAN (Rewritten a minimum-every four months)

DATE OF ENROLLMENT _____ DATE PLAN DEVELOPED _____ DATE OF NEXT PLAN _____

I choose to work on this Life Domain with my Recovery Coach:

I. SOCIAL
 Family and Friends
 Community Connections

II. EDUCATION
 Education, Job Training

III. VOCATIONAL
 Work/Employment
 Volunteering

IV. SELF MAINTENANCE
 Housing
 Physical Wellness
 Mental Wellness
 Substance Use
 Legal or Forensic
 Financial
 Religion & Spirituality
 Meaningful Activities

MY DREAM: _____

MY GOAL: (Based on the Life Domain checked, this is a step toward my dream): _____

How does this goal contribute to my dream? _____

What are your strengths and abilities to reach these goals? _____

What Resources (people, services, supports, experience) do you have already to reach these goals? _____

What might cause you to have setbacks in these goals? _____

What service supports, community resources, or training/education might you need to reach these goals? _____

What are the costs of each resource listed. Does this fit into your budget? _____

Goal Plan

2.15 LW

1

Last, First Participant Name: _____ Recovery Coach Name (Print) _____
 ID Number: _____

ACTION STEPS	How Often? <i>How, Why</i>	Length of Time? <i>Target Date</i>	Outcome Code <i>Prior To Re-write</i>
1. My Action Steps (Things I am responsible for doing to reach my goal. I understand that there are other steps that I can take besides those listed below. These will help me reach my goal – goals together help you toward your dream.)			
2.			
3.			
4.			
5. Steps to Assist (Things my Recovery Coach will do to help me reach my goal)			
1.			
2.			
3.			
4.			
5.			

Outcome Codes: A-Achieved; AS-Achieved with Support; SI-Significant Improvement; SO-Some Improvement; NC-No Change; S-Set Back; DC-Discontinued

How will I know when I have moved closer to the dream? _____

PARTICIPANT STATEMENT: I HAVE PARTICIPATED IN THE DEVELOPMENT OF THIS PLAN Yes ___ No ___

Participant's Signature _____ Date _____
 Recovery Coach Signature _____ Date _____

Supervisor's /MHP Signature _____ Date _____
 Other Signature (Family/Friend/Optional) _____ Date _____

Goal Plan

2.15 LW

2

SELF DIRECTED CARE ENHANCED SERVICES

a project of the Mental Health Association of Southeastern Pennsylvania, The Delaware County Office of Behavioral Health, Magellan Health Services, Inc. and the Temple University Collaborative on Community Inclusion **CRIF Self Directed Care**

Consumer Recovery Investment Fund – Self Directed Care

Person Centered Plan and Budget

<p>Name:</p>	<p>Address: Phone Number: E-mail Address:</p>	<p>Date:</p>
<p>As you consider your mental health recovery, think about your life dreams and goals.</p> <p><i>Some examples are:</i> Go back to school to be able to get a job. Creating a workout routine to be able to be in better health and keep up with your children.</p>	<p>From your goal sheet: What is one of your goals to reach your dream in relation to moving your recovery forward?</p>	<p>Circle One: I. Social II. Education III. Vocational IV. Self Maintenance</p> <p>Family and friends Community Connections Education Work/Employment Volunteering Housing Physical Wellness Mental Wellness Substance Use Legal or Forensic Financial Religion & Spirituality Meaningful Activities</p>
<p>Now think about how your life will improve when you reach the above goal. We are looking to move recovery forward. What does moving forward look like to you?</p>	<p>How will your dream and goal improve your recovery or other experiences related to your mental health challenges?</p>	
<p>Make other notes or comments here about your goal or what you hope to improve and find meaningful in your life:</p>		

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Mental Health Association of Southeastern Pennsylvania
7200 Chestnut St., Upper Darby, PA 19082 slc@tmh.sed.org
Office: 267 507 3873 Cell: (215) 680-3174 Fax: (215) 525-9698

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Consumer Recovery Investment Fund – Self Directed Care

Person Centered Plan and Budget

<p>List the resources you will need and how each purchase will help you move toward your recovery based goals.</p> <p>Resources mean both traditional and non traditional services available in your community and the use of which will help you to progress in life or enjoy your current life style more.</p> <p>Example: Improve health by modifying diet and increasing exercise over a period of time. Feel more comfortable in your residence by identifying ways to improve your satisfaction with your space. Access service in and out of the mental health system to be more socially involved.</p>	<p>List the resources you need and how the purchase will help you meet your major life goal:</p>																														
<p>Now please budget for the resources you need. Please list each resource or purchase separately, along with the duration of the expense (start and end dates, or ongoing) the cost per unit or item (including tax) and the total cost of each purchase</p>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;">Resource or Purchase</th> <th style="width: 15%;">Duration of Expense (Start and End Dates)</th> <th style="width: 15%;">Cost per unit or item (including tax)</th> <th style="width: 10%;">Total Number of Units or Items</th> <th style="width: 10%;">Total Cost of Purchase</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Resource or Purchase	Duration of Expense (Start and End Dates)	Cost per unit or item (including tax)	Total Number of Units or Items	Total Cost of Purchase																										
Resource or Purchase	Duration of Expense (Start and End Dates)	Cost per unit or item (including tax)	Total Number of Units or Items	Total Cost of Purchase																											
<p>Additional Information (if necessary):</p>																															
<p>Total Ask</p>	<p>\$</p>																														
<p>Participant Signature and Date</p>	<p>Recovery Coach Signature and Date</p>																														
<p>CRIF Program Director Signature and Date</p>																															

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Delaware County Self Directed Care Project – Authorization Request

MIS#1074980000/Outcome – 555/Procedure Code A9270

Serv Type- 002 or 003/Payment Reason – 002/Prob Type -001

Date of Request:		Submitted By		Member CIS#		Magellan Use ONLY Approved? (Y or N)	
Member last:		Member First:		State:		Cost	
Street Address:		City:		Zip:		End Date	
Axis I:		Axis II:		Axis III:		Axis IV:	
Domain		Item		Begin Date		Cost	
I. SOCIAL <input type="checkbox"/> Family and Friends <input type="checkbox"/> Community Connections							
II. EDUCATION <input type="checkbox"/> Education, Job Training							
III. VOCATIONAL <input type="checkbox"/> Work/Employment <input type="checkbox"/> Volunteering							
IV. SELF MAINTENANCE <input type="checkbox"/> Housing <input type="checkbox"/> Physical Wellness <input type="checkbox"/> Mental Wellness <input type="checkbox"/> Substance Use <input type="checkbox"/> Legal or Forensic <input type="checkbox"/> Financial <input type="checkbox"/> Religion & Spirituality <input type="checkbox"/> Meaningful Activities							

CRIF Self-Directed Care Enhanced Services

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CRIF SDC Freedom Funds & SDC Card Policy

Thank you for agreeing to be a part of the Consumer Recovery Investment Funds Self-Directed Care Program! We ask all participants to show their commitment to the program by reading the following information. Once you have read and understand the information below, please indicate you have done so by initialing in the blanks and signing in the space provided at the bottom of the form:

_____ I agree to be a part of the Self-Directed Care pilot project and understand that it can end without notice.

_____ I understand that by signing this document, I have agreed to acknowledge the strengths and frustrations of being in recovery from a mental health challenge.

_____ I agree to lead the process in managing my mental health and reaching my life goals.

_____ I understand that I need to complete an annual Life Story form and Recovery Strategy in order to identify the parts of my life that I want to work on through peer support.

_____ I understand that I am required to meet with my Recovery Coach at least once a month in order to help me move forward toward my hopes, dreams, and goals.

_____ I understand that I will document collaboratively with my Recovery Coach at each visit using Credible / Electronic Health Records or on paper.

_____ I understand that the amount of Freedom Funds available to me is determined by my monthly budget and my utilization of services.

_____ I understand that I can only request Freedom Funds up to the amount that I have available to me and not exceeding \$1,000.00 / month.

_____ I understand that my requests for Freedom Funds must fit into my goal plan and demonstrate the ways in which the request will help me move forward in my life.

_____ I understand that Freedom Funds are not emergency funds and that Freedom Funds requests cannot be expedited.

_____ I understand that Freedom Funds are approved or rejected by a care manager at Magellan and that my Recovery Coach cannot approve funds or change a decision made by Magellan.

_____ I understand that it is my responsibility to keep track of the funds requested and the amount that I have spent. My recovery coach can provide support in helping me set up a system to track what I spend.

_____ I understand that I should ask my recovery coach if I have questions about the amount that is available or whether Freedom Funds have been loaded onto my SDC card.

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_____ I agree to use Freedom Funds only for purchases that have been approved and understand that making unauthorized purchases will result in the confiscation of my card and supervision for any purchases I intend to make for a minimum of 30 days.

_____ I understand that the following activities / purchases may not be participated in / purchased using Freedom Funds: any illegal activity or fines relating to such, gambling, pornography, illegal drugs or prescription drugs that have not been prescribed to me, alcohol, tobacco, prostitution, firearms or weapons.

_____ I understand that loss or theft of Freedom Funds / SDC Card must be immediately reported to your Recovery Coach or to the Program Manager. If a replacement SDC Card is necessary, I understand that the cost will be deducted from my SDC budget.

_____ I understand that receipts must be submitted for all purchases made using Freedom Funds.

_____ I understand that Freedom Funds are not an entitlement and the reason I have access to them is because I am taking part in a unique project in Delaware County, PA aimed at establishing that persons with mental health challenges could, with Peer-Support, work to create a Recovery Plan that makes sense to them. Further, I understand that this plan includes all in-plan services as well as other goods and / or services I have identified will help me toward my goals in Recovery.

Signature of Participant & Date: _____

Signature of Recovery Coach & Date: _____

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Appendix VI

Ongoing Support Documentation

Progress Note

Six-Month Evaluation

Discharge

Self-Directed Care Enhanced Services

A project of the Mental Health Association of Southeastern Pennsylvania, The Delaware County Office of Behavioral Health, Magellan Health Services, Inc., and The Temple University Collaborative on Community Integration Of People with Psychiatric Disabilities.

PROGRESS NOTE

Participant: _____ **Recovery Coach:** _____

Date: _____ **Time In / Out:** _____

Type of Contact: _____ **Location:** _____

- | | |
|--|---|
| <input type="checkbox"/> Face-to Face (IC) | <input type="checkbox"/> Office: _____ |
| <input type="checkbox"/> Telephone (TC) | <input type="checkbox"/> Home: _____ |
| <input type="checkbox"/> Group (GC) | <input type="checkbox"/> Community: _____ |
| <input type="checkbox"/> E-mail (EC) | <input type="checkbox"/> Hospital: _____ |

Total Time: _____ **Units:** _____

Activity (-ies): _____

Goal (s) from Goal Sheets that today's activity (-ies) is / are intended to address:

Participant Action Steps for Above Goal (s) – May include new steps not in Goal Sheets:

1. _____
2. _____
3. _____
4. _____

Assessment of Progress Toward Goal:

From 1 – 10, what is your confidence level for the goal of _____
What do you need to do to make this level higher? _____

Plan for next activity or action step – What are your weekly Action Steps?

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PROGRESS NOTE

Recovery Coach’s Summary – Notes & Next Steps:

Participant’s Thoughts:

What level of participation did the participant have in planning for the next activity?

WRAP – Wellness Recovery Action Plan:

Recovery Coach’s Signature: _____ **Date:** _____

Participant’s Signature: _____ **Date:** _____

Last, First Participant Name: _____ Recovery Coach Name (Print) _____
ID Number: _____

Progress made toward goal(s) and supports of achieved goal(s): _____

If goal was not completed successfully, what obstacles prevented success and how can we address these in the future:

I will be able to do the following when discharged from Services: _____

Areas that continue to need Peer Support: _____

CRISIS PLAN:

I have a Crisis Plan: Yes No (If NO) I am interested in creating a Crisis Plan Yes No; My Plan needs to be Update: Yes No
I have used my Crisis Plan: Yes No Crisis Plan was effective: Yes No

WRAP PLAN:

I HAVE A WRAP Yes No (If NO) I am interested in creating a WRAP Yes No I am interested in attending group Yes No
I have used my WRAP: Yes No My WRAP was effective: Yes No

SERVICE UTILIZATION:

Number of Mental Health Crisis Contacts in the past four months? _____ (CRC, Mobile Emergency Team, Etc.)
Number of Days inpatient (Psychiatric) in the past four months? _____ Number of Days in Detox in the Past four months? _____
Number of Days in Residential Rehab in the Past four months? _____ (Inpatient Substance Abuse Treatment)

CONTINUED STAY:

- (Check Appropriate Criteria: (For continued stay participant will meet criteria 1, 2, and 3.)
- 1. The person continued to experience a moderate to severe functional impairment that interferes with or limits performance, with indications that peer support services are an appropriate means of addressing those needs. In the event that earlier efforts have not been successful in achieving the intended objective, the recovery plan will indicate service modifications to address these issues.
 - 2. There is a reasonable expectation that the withdrawal of services may result in loss of rehabilitation gains and goals attained by the participant.
 - 3. Participant agrees to continue participant in peer support services.
 - 4. A change in program or level of service is indicated and a transition plan is in place reflecting proposed change.
 - 5. Continued Stay Not Required, See Discharge Information.

Participant's Signature _____ Date _____ Recovery Coach's Signature _____ Date _____

Supervisor/MHP Signature _____ Date _____ Other Signature (Family/Friend/Optional) _____ Date _____

Goal Plan 2.15 LW 1

Self-Directed Care Enhanced Services

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DISCHARGE SUMMARY

Participant Name: _____ BSU#: _____

DOB: _____ Admit Date: _____ Discharge Date: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Reason for Admission: _____

DIAGNOSIS:

AXIS I:

MH Diagnosis: _____

DSM-IV Code: _____

D&A Diagnosis: _____

DSM-IV Code: _____

AXIS II: _____

DSM-IV Code: _____

AXIS III: _____

AXIS IV: _____

AXIS V: _____

DISCHARGE CRITERIA

Check Appropriate Criteria: (For discharge both 1&2 must be met or individually 3 or 4 must be met)

____ 1. Participant has successfully achieved goals outlined in the goal/recovery plan and there is a reasonable expectation that the withdrawal of services will not result in loss of gains or goal attained

____ 2. The participant is not expected to receive additional benefit from the service

____ 3. The participant agrees to discontinue service and criteria for re-entry into the program has been reviewed.

____ 4. Participant is no longer eligible for service due to any of the following criteria:

____ Participant no longer resides in Delaware County

____ CRIF program has expired

____ Participant behaves in a physically threatening or sexually aggressive manner towards staff

____ No longer eligible for Medical Assistance (MA)

____ Participant has canceled, not shown, or missed three consecutive appointments/scheduled meetings and/or they have displayed lack in interest in continuing service (must be approved by MHP)

____ Found to be ineligible/inappropriate for services based on criteria set by the Department of Public Welfare (DPW)

____ Other (Must be explained in detail below and approved by MHP)

Explanation of Discharge/Closure: (Explanation of how determination was made above):

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Summary of Participation and Progress (Progress should support criteria checked above): _____

After Care Plan or Recommended Referral: _____

Consumer’s Behavior/Attitude Upon Discharge: _____

SERVICE UTILIZATION

Number of Mental Health Crisis Contacts in Past 3 Months: _____ (CRC, Mobile Emergency Team, etc.)

Number of Days Inpatient (psychiatric) in Past 3 Months: _____

Number of Days in Detox in Past 3 Months: _____

Number of Days in Residential Rehab in Past 3 Months: _____ (Inpatient Substance Abuse Treatment)

_____ (Participant Signature)	_____ (Date)	_____ (Recovery Coach Signature)	_____ (Date)
_____ (CRIF or ECPS Program Manager/MHP)	_____ (Date)	_____ (Other Support Signature)	_____ (Date)
_____ (Other Support Signature)	_____ (Date)	_____ (Other Support Signature)	_____ (Date)

Discharge Follow-up:

Date: _____ Person/Agency Contacted: _____ Phone: _____

Outcome: _____

Recovery Coach Signature Date

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