

Peer Supports						
Policy #	Policy Recommendations	Current State	Barriers	Required Change/ Recommended Action	Due Date	Status
2.a.3.	MDHHS should <u>expand and promote the role(s) of recovery coaches and other peers across service delivery systems</u> to improve consumer engagement and retention in services.	The group noted that many CMHs have currently hired recovery coaches and other peers and that the CMH system is currently working on developing a new certification manual. The group also noted that work is being done to expand the use of peer supports for individuals with developmental disabilities, adolescents, and individuals who are participating in drug courts.	Funding to develop and sustain peer positions Limitations of best practice for some service types CMS approval of service expansion Agencies supporting peers to attend trainings for funding reasons related to productivity requirements	1) Evaluate and communicate current efforts to expand use of recovery coaches, peer supports and community health workers. <b>Progress:</b> Completed with addition of Peer Recovery Coaches as a Medicaid provider.  2) Review current practice guidelines and determine needed improvements in practice guidelines to support the best use of peers in the treatment continuum.  3) Develop and implement an action plan to address identified areas for improvement (including specific tasks, assigned responsibility and timeline for completion). - The addition of community health workers, as a covered Medicaid service though MSA is identified as the priority improvement needed. A workgroup has been formed and a plan is in process for implementation. This requires negotiated changes to the MHP contracts.	Complete	In Process
	<b>Moved from Substance Use Section</b>	Peer services are defined in the Medicaid Provider Manual for Specialty BH Services. Optional covered service in current specialty PIHP contracts for mental health, substance use services and for parents of Medicaid-eligible children. (MDHHS SMDL #07-011, 8.15.2007 and Clarifying Guidance 5.1.2013)			3.30.2018	
8.1	MDHHS should develop <u>policy to support the use of all categories of peers across all systems of care.</u>	MDHHS has established new ratios for MHPs for Community Health Workers (CHWs).			FY2020	
8.3	MDHHS and its contracted entities should continue to <u>develop and implement current evidence-based practices for best use of peers.</u>	The peer workforce includes recovery coaches, peer specialists, peer mentors, youth peers, and parent support partners, and MDHHS has expanded this workforce through the offering of regular training based upon referrals of CMHSPs and provider agencies. Policies that support employment of the peer workforce can be found in the Medicaid Provider Manual )http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf). Behavioral Health and Intellectual and Developmental Disability Supports and Services section 17.3.G. Effective January 1st, 2018, MDHHS promulgated a policy regarding training and certification for Peer Recovery Coaches. BHDDA offers continuing education for peer specialists and recovery coaches in best, promising and evidence based practices.				
8.4	<b>Moved to Workforce Training, Quality &amp; Retention</b>					
8.5	<b>Moved to Workforce Training, Quality &amp; Retention</b>					
8.2	MDHHS should <u>increase the frequency of training certification</u> to expand availability of trained peers and create a recertification process to ensure ongoing competency development.	MDHHS currently provides peer supports training and certification.  MSA would not normally be the provider of training and certification.  MDHHS has current contract PIHP language P.7.3.1.1 for Reciprocity Standards, which seems permissive of Peer training and certification reciprocity.		1) MDHHS will evaluate capacity, determine gaps in service and needed process changes to increase efficiency and reciprocity or peer certification and training.  <b>Progress:</b> Peer requirements for the continuum of services are identified in the Medicaid Provider <annual. When individuals meet requirements in each of the areas they can be certified in multiple peer areas. Reciprocity of Certified Peer Recovery Coaches includes acceptance of MCBAP, CCAR and Genesee approved training for state certification. Capacity of the use of peer services is completed by data reports from encounter coding and information is shared with PIHP/CMHSP liaisons for local review of capacity and service provision.	Complete 1.5.2018	Ongoing
8.6	MDHHS should collaborate with contracted entities to develop a <u>framework for multiple certifications and reciprocity</u> of certification.					
8.7	MDHHS should collaborate with contracted entities to develop <u>provisional certification</u> to allow billing for peer services during the six-month startup period prior to training.				Complete	

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8.8	MDHHS should collaborate with contracted entities to <u>expand funding for peer- run organizations</u> to reflect the general expansion in the use of peers throughout the state.	MDHHS offers the opportunity for agencies to apply for Mental Health Block Grant funds to expand peer run services. Several areas in the state have received funding in developing peer wellness coaches. In addition, non-competitive block grant funds have consistently been provided to consumer run drop in centers for health and wellness initiatives. MDHHS also received an award from SAMHSA through the National Association for State Mental Health Program Directors (NASMHPD) for self-determination/self-directed care. The project was driven and centered on Certified Peer Support Specialists as Independent Support Brokers. Bay-Arenac Behavioral Health continues to sustain the project with strong outcomes and expansion. Encounter data reports are used to review peer services and technical assistance is provided to CMHSPs/agencies with peer liaison staff.	Funding Limitations of best practice for some service types	1) MDHHS has provided the 298 Facilitation Workgroup Report to the Legislature and will provide support, as requested, to expand funding for peer services.	Ongoing	In Process
				2) MDHHS will evaluate the scope of current peer services (including peer-run services) and identify any gaps in service.	Ongoing	
				3) MDHHS will determine the status of recovery coaches as a billable Medicaid services.	Ongoing	
				4) If indicated, MDHHS will develop a plan for improvement to address gaps in peer services (including specific tasks, assigned responsibility and timeframe for completion).	Ongoing	
8.9	MDHHS should develop a confidential <u>statewide registry to track workforce and support the connection of peers to consumers seeking peer supports.</u>	NA		MDHHS has substantial concerns about whether the development of a registry that includes information on individual peers would violate the privacy of these individuals and run afoul of confidentiality requirements.	NA	Not Planned