Frequently Asked Questions (FAQs) about the new RSC/ODMH/OACBHA Peer Employment Project Proposal.

Many Alcohol, Drug Addiction and Mental Health (ADAMH) or Community Mental Health (CMH) Boards have been considering participation in a Peer Support Training Project that is a joint proposal from RSC, ODMH, and OACBHA. The questions here have been asked by one or more of the Boards regarding the Project proposal.

1. **Q:** If entrance into the program by trainees can be staggered over the course of a year, are Boards required to pay the full amount of match or can costs be staggered as well.
A: The match cannot be staggered. A formal commitment will need to be submitted to ODMH by June 1, 2012, with funds submitted by July 15, 2012. **Susan Pugh, RSC is looking into the possibility of earlier submission- meaning some Boards may be able to start earlier, but within one Board, match funds cannot be staggered.*

2. **Q:** A considerable amount of time will need to be provided for supervision to peers placed in internships. If a provider agency becomes an internship location for peer placement, does the provider get compensated for their administrative and/or supervision time as well as the peers who are paid in an internship?
A: The provider cannot be compensated for time spent interacting with consumers during internship time. The vocational service provider who is authorized to provide the community based work experience (the internship) is responsible for supervising the participant. The VR services being provided will include assisting consumer in acquiring or improving work skills, work behaviors, work tolerance, inter-personal skills, and work ethics. Vocational staff will be present as needed, to provide instruction, evaluate changes in behaviors, abilities, and attitudes. The expectation is that the supervisor will have short interactions with VR professional to guide work and express need/concern that is to be addressed.

3**. Q:** Who provides the VR services to the client?
A: VR services must be provided by an agency accredited Community Rehabilitation Program (CRP) by RSC accreditation standards with an active approved Fee Schedule with RSC, indicating the requested service is available

4. **Q:** How long can the client be in the paid internship? When would they need to cross over and become an employee of the agency?
A: This program allows for 27 weeks of internship. The agency could hire an intern at any time.

5. **Q:** When does the benefits consultation take place?
A: Benefits consultation will take place prior to training and internship and can occur periodically, as needed, throughout the course of the program.

6. **Q:** Could the mental health agency be a vendor through a VR program, as well as an internship.
A: Yes, as long as the agency appropriately accredited for VR services, and has an active approved RSC fee schedule.

7. **Q:** Would Boards have to agree to pay the $11.00/hour as outlined in the proposal? How is this rate determined?
A: No, Boards could pay for internships based on the going rate in their local community.

8. **Q:** Will there be a formal proposal required to participate in this program?
A: A formal proposal will not be required for participation in this program; however formal intent will need to be expressed to ODMH by June 1, 2012 utilizing an *Interest Form*.

9. **Q:** How will we assure that this project is integrated with and compatible with the use of evidence based practices, such as supported employment CCOE, wellness management and recovery, SAMI, etc?
A: Peer Support is compatible with all of the EBPs mentioned. Local systems should feel free to review the program proposal and let ODMH, OACBHA, or RSC know of any perceived conflicts with Evidence-Based Practice.

10. **Q:** What will be the sustainability plan for the training component after the ending of the grant project?
A: The program will continue to provide training and internship(s) for individuals needing extra supports and interested in becoming peer support specialists, as the demand for trained individuals will likely increase when peer support becomes a Medicaid eligible service. All groups involved are willing to provide support for this effort to continue into subsequent years, but those plans are always subject to demand, local interest and federal funding availability.

11. **Q:** What is the reality of the sustainability of the services with a reimbursement rate of $20.00 to $40.00 per 1 hour unit of service with these staff being paid $11 per hour?
A: The peer supporters in an internship may not be paid $11 per hour, depending on local decisions.

12. **Q:** Will the local boards in Ohio be expected/able to pay for these services for clients who do not have Medicaid or will there be service packages based on the individual's payer source?
A: This program is to prepare people to work as peer supporters regardless of payer source. It is expected that Peer Support will become Medicaid billable during SFY13. How a Board handles paying for a Medicaid billable service for someone who doesn't have Medicaid is a local decision. In order to receive RSC funding for services, a consumer must meet RSC eligibility criteria.

13. **Q:** Given the current state of lack of coordination in the correctional facilities and referrals from the social workers in that system, will the process of training and deployment of peer specialists include doing training with the social workers of that system to get buy-in to the philosophy and cooperation in the service delivery model?
A: Training for supervisors and coworkers of Peer Support Specialists is currently in development. Roll out of this training will be announced at a later time. Training will be provided for social workers and community agencies participating in this program on the effectiveness and role of peer support and how the team may be benefitted by adding a peer support specialist. In addition, the participation of the peers in their internships should facilitate the partner agencies understanding of the role of peer support specialists.

14. **Q:** Can we get a copy of the training materials to see what is included, since we will have to choose which training track works best for the project?
A: ODMH can provide a copy of the general training materials upon request. To request materials, please contact Doug Bailey, Doug.Bailey@mh.ohio.gov.

15. **Q:** Will there be a steering committee or advisory council structure that includes all the stakeholders to build the collaboration to make it somewhat easier for these Peer Specialists to interface with the different systems of care?
A: The planning committee for this project currently consists of representatives from ODMH, RSC, and OACBHA. An advisory council is not planned at this time.

16. **Q:** Will the levels of accommodation given to the trainees have in place a reasonableness standard to assure that the participant can do the level of work needed for the position? Since these will be highly stressful jobs with the need to interface with various systems of care, will those certified be expected to know the processes and have the soft negotiation skills needed to be successful in getting the client's needs met or will the certification be done solely on the test scores?
A: Certification is based on test scores and completion of training. Learning the process and the negotiation skills can be part of the internship experience. Reasonable accommodations will be made for trainees in this program, as for all consumers on RSC's caseload. Job coaching and work adjustment coordinators will assist the trainees in mastering skills during the internships. Once consumers are hired, some may benefit from long term supports

17. **Q:** It appears that the project is to be managed by RSC vocational counselors. Currently, the process with these traditional counselors is much slower than we have had with the VRP3 project. Since the peer specialist will have to be eligible based on order of selection criteria (that takes several months to determine), how will this project be able to hit the outcomes in the timeline provided? We are concerned about the level of cultural change that may be needed for success with this project.
A: The project will be managed by the planning committee mentioned in Question # 16. RSC Counselors (including VRP3 Coordinators) will make referrals to the program. Persons entering the program will need to be eligible for RSC services and meet MSD criteria. RSC is committed to the timely processing of referrals and applications. This continues to be an area of emphasis for RSC.

18. **Q:** Will RSC use their current certified rehab providers to place these peer specialists into the second prong process of the training model?
A: Current CRPs would be the option for managing the community based work adjustment services (the internship). The placement site location could be any of the locations specifically mentioned in the project proposal (RSC Offices, MH Boards, COSs, or CMH Centers). Boards can identify partners to host the internships in accordance with the program proposal. CRP's will be hired to support the individuals in these internships in terms of job coaching.

19. **Q:** Will the training be geared to train the specialists for a specific population (Vets, ex-cons, mental health, SAMI, etc.) or will they all be trained as generalists and be expected to navigate these various systems of care successfully?
A: The classroom portion of the training covers Peer Support in a more general sense, although the trainees will benefit from the experiences of their instructors. Specific Training for special populations is dependent on how the Board chooses to set up the internship program locally. The three different internship experiences will be available to the consumer, and they will gain the skills needed to navigate several systems.

20. **Q:** In the materials, it states that any existing mental health services will continue for all trainees during the training and for as long as “appropriate” for the individual trainee. Since the definition in the project is the one the State uses, this is an issue for as we have a local definition of SMD and if the person does not meet the definition, he/she cannot receive services funded by the Board. If this project involves consumers who are not in Board-funded services, would we be required to make sure they have all needed services, even if the Board does not currently cover those services?
A: The statement is "existing mental health services will continue"...if the Board is not currently funding services, there is no expectation that services will be Board-funded.

21. **Q:** Can we get technical assistance in the area of hiring consumers to work at an agency where they also receive their services? This involves HR policies/procedures, training for the peer support workers as well as the agency staff, and assistance in how to handle difficult situations that might arise.
A: Yes. Technical Assistance will be provided on an as needed basis from ODMH, OACBHA, and RSC to help local systems develop appropriate HR policies. RSC did research on this and has some experience in this area based upon the recent Consumer Support Advocate initiative.

22. **Q:** Some interested consumers have already participated in the week long training by Consumer Empowerment Coalition. Does that mean the training would not have to be repeated and the cost for those individuals would be reduced to the Board?
A: OEC training completed within the last year will not need to be repeated. There will be a grandfathering process that takes place for those already operating as Certified Peer Support Specialists. Also, if a person is already a certified Peer Supporter, they might not be an appropriate referral for this program. If individuals have completed the classroom training, but could benefit from internship experience, participation in the program will remain an option.