



PEER SUPPORT PROGRAM

PEER SUPPORT PROGRAM MISSION

Consistent with the Twin Valley Behavioral HealthCare (TVBH) Recovery philosophy, Mission, Vision and Values, the Peer Support Program offers patients the opportunity to seek peer advice and/or input on services. These peer support services are provided by TVBH contract employees who are experienced in recovery management.

PRIMARY FOCUS

The Peer Support Program is responsible for coordinating the overall patient satisfaction survey process with the hospital administration and providing recovery based peer support, educational services, SAMI Groups and discharge/community resource information for our inpatient and outpatient population.

SERVICES PROVIDED

(All services provided by Peer Support Specialists are considered voluntary and patients are free to decline the involvement of peer support at any time).

- A. Provide the patient satisfaction survey to patients and assist patients in the completion of the survey at time of discharge.
- B. Complete data entry of all surveys.
- C. Maintain contact with treatment team members, patients and/or via the discharge matrix in order to identify those patients who are nearing discharge readiness.
- D. Support patients on an individual basis regarding their recovery management plan and as referred by treatment teams.

- E. Attend hospital committees as assigned (Behavior Therapy, Cultural Competence, Council, Coercion Free, Ethics, Research and Education) and assist with patient recovery related projects as assigned.
- F. Complete the “Speak Up Program-what seclusion and restraint means to me” form with each patient after the patient experiences a seclusion and/or restraint episode.
- G. Assist patient education staff in the delivery of health information on subjects such as the importance of hand washing and influenza inoculations.
- H. Assist patients in re-integration into the community through education and hands-on training about community resources.
- I. Co-facilitate Recovery Groups with licensed clinical staff or facilitate Dual Recovery Anonymous (DRA).
- J. On admission, provide each patient with information on their rights.

STAFFING PLAN

There are 7 (seven) Peer Support Specialists who each are on contract and work about 20 hours per week, and one Peer Support Specialist for SAMI services that is on contract for 10 hours per week. Peer Support Specialists work under the supervision of the Clients Rights Advocate, the Acute Care Program Administrator, the SAMI Services Coordinator and the Community Support Network’s Clinical Director. Staffing is based on the number of referrals to the Specialist to provide recovery based individual contacts. Monitoring of staff competency is assured through supervisory meetings, collaboration with clinical staff; documentation of duties performed and chart documentation.

ORIENTATION, EDUCATION AND TRAINING

General orientation is provided to all specialists upon hire to TVBH. Following successful completion of orientation, they sign an acknowledgement form showing they reviewed hospital guidelines, policies, mission, safety procedures, etc. General orientation includes training in the areas of Patient Rights, Ethics and Values, Environment of Care, Infection Control, Safety Guidelines, Incident Reporting, Patient Abuse and Neglect, and HIPAA. Once the new contract employee completes the general orientation, he/she meets with the supervisor for specific training re: patient satisfaction surveys, recovery and rights advocate duties; and recovery oriented services to peers on the units. Peer Support Specialists are to receive in-service training and on-going education offered by TVBH.

STAFF SAFETY

In order to prevent assaults from patients during movement, groups or educational sessions, Specialists are trained on and adhere to information found in the Clinical Guidelines for Supervision of Patients, Safety Guidelines for Injury Free Management of Patients in Pre-Crisis and Crisis Situations, and the Forensic Movement Directive (M-23). Specialists are trained to not engage in intrusive personal interactions, to be respectful towards others, and to consult with staff before taking patients out on movement; they are trained about psychiatric codes; they work with clinical staff that can assist with any crisis situation. Additionally, Specialists meet with the supervisor regularly and discuss specific patients and issues associated with those patients that may lead to a possibly unsafe situation.