

Revised Exhibit AO Peer Services

Peer Specialists (as defined in s. 397.311(30), F.S.) and Recovery Management practices (as described in Exhibit BH, Recovery Management Practices) have become an integral part of recovery services. The state of Florida has committed to delivering behavioral health services in a recovery-oriented and peer involved approach. A Peer Specialist is a person who uses their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency [SAMHSA.gov]. A Peer Support Specialist may go by different names (e.g. life coach, recovery coach, recovery support specialist, peer-bridger, etc.) nevertheless they perform similar duties. The primary activities of peer specialists are to provide support and advocacy, role model recovery, and facilitate positive change, while working alongside the treatment team if applicable. Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, transparent, and person driven [National Practice Guidelines for Peer Supporters – International Association of Peer Supporters].

The requirements in this exhibit applies to all Network Providers providing peer support services funded by this contract.

I. NETWORK PROVIDER RESPONSIBILITIES

1. Peer Specialist Certifications: Peer Specialists who provide recovery support services, as defined in Florida Statute 397.417(3) and Florida Administrative Code Rule 65E-14, must seek certification as peer specialists if they have been in recovery from a substance use disorder or mental illness for at least two years, or if they are a family member or caregiver of a person with a substance use disorder or mental illness. The Florida Department of Children and Families requires that peer specialists who provide recovery support services be certified, but individuals who are not certified may provide recovery support services as peer specialists for up to one year if they are working towards certification and are supervised by a qualified professional or by a certified peer specialist who has at least two years of full-time experience as a peer specialist at a licensed behavioral health organization.
2. Employee Orientation for Peers: The Network Provider must provide standardized training on Recovery Management best practices in employee orientation and refresher trainings, as required by Exhibit BH, Recovery Management Practices.
3. Assessment Tools: Peers who are employed at a SOR funded Recovery Community Organizations (RCO's) must use the Recovery Capital Scale available at <https://www.myflfamilies.com/document/4476> in the recovery planning process. The ME may require the Network Provider to report aggregate scores derived from the collection of Recovery Capital Scale tool. This information may be used to determine baseline data for the development of future performance measures. Peers who are employed at subcontracted Network Service

Providers who employ peers with direct recovery-support services are required to: Use the Recovery Capital training as a foundation to inform the recovery planning process available at: <https://www.myflfamilies.com/document/4566>

4. Attain Client Consent: Initiate peer support services after voluntary consent when there is reason to believe such services will help the individuals served recovery, build resilience, or assist the individual to live successfully in their community with greater purpose.
5. Educate Peer Staff Regarding Community Resources: Peer Specialist can greatly assist individuals if the specialist is familiar with appropriate community resources that can advance the individual's recovery. Peers should be well integrated into the community to assist individuals served with the development of natural supports, community activities and employment.
6. Peer Specialist Education, Trainings, Seminars, and Committees: Peer Specialists must be allowed time for attending trainings and seminars that advance the practice of peer support and further their professional development. They should also be allowed and encouraged to join committee meetings where their lived experience can be valued.
7. Peer Supervisor Trainings: Peer Supervisor's shall receive standardized peer supervision training for peer supervisors.
8. Document Peer Services Provided: Peer services must be documented in each client's clinical file, for example, development of wellness plans, WRAP Plans, the goals of the individual served, progress notes, linkages, etc. These plans should be updated regularly in consultation with the client to review progress and evidenced by proper documentation in the client file.
9. Maintain and Update Internal Policies and Procedures for Peer Services: These should include best practices and standards for delivering peer support services and supervision. Each Network Provider must solicit the input and opinions of Peer Specialists they have on staff when drafting or updating Internal Policies and Procedures. The Network Provider also must institute a process for Peer Specialists to provide perspective and input on all Policies and Procedures at any time; this process may include an online form for the Peer Specialist to complete.
10. Weekly Supervision: Weekly supervision meetings are required so case issues are addressed quickly, and also to make sure that the peer specialists are receiving supportive oversight for their own well-being.
11. Recovery Oriented: The peer must provide Recovery-Oriented care recognizing that each person must be the agent of and the central participant in their own recovery journey. All services and supports need to be organized to support the developmental stages of this process. Services should instill hope, be person- and family-centered, offer choice, elicit, and honor each person's potential for growth, build on a person's and family's strengths and interests, and attend to the overall

quality of life, including health and wellness. These values can be the foundation for all services regardless of the service type.

12. **Reporting Requirements:** No later than the 10th of each month, the Network Provider must submit to the Managing Entity, the Monthly Peer Tracker below:

A. Monthly Peer Support Employment Report -This report must be signed by the Peer Supervisor, which must include the following information:

- a. Number of Peers funded by the ME with Network Provider,
- b. Number of vacancies for Peer Specialists jobs,
- c. Position Title(s) and Program Name for current vacancies
- d. Duration of current Peer Specialist vacancies,
- e. Name of the Peer Specialist
- f. Certification Status
- g. Role/Title
- h. Status (full-time vs. part-time)
- i. Program Name
- j. Number of persons served by each Peer Specialist,
- k. Maximum recommended caseload for the Peer, and
- l. Hours of Peer Supervision

B. Monthly Peer Support Services Report – This report should be completed by the Peer Specialist and signed by the Peer Supervisor.

- a. Peer-to-Peer Contact
- b. Groups
- c. Treatment Team Staffing's
- d. Outside Agency Staffing's
- e. Trainings
- f. Outreach
- g. Trainings taken

C. The Network Provider shall submit any ad-hoc reports requested by the ME.

D. The reports must be submitted by the dates and to the individuals specified in **Exhibit C, Required Reports.**

13. **ROSC Champion:** By 08/05/2025, the Network Provider must submit the name and contact information of at least two Integrated ROSC Champions who will attend trainings and meetings. The information must be submitted to the individuals and by the dates listed in Exhibit C, Required Reports. One of the identified Champions should be a Peer Specialist who is providing peer services, if at all possible. In the event of change in staff occur, the Network Provider must notify the ME's Contract Manager, in writing within ten (10) calendar days.

- a. Responsibilities of champion:
 - i. Attendance at scheduled ROSC meetings including ROSC Steering Committee Workgroup meetings and peer or peer supervisor meetings conducted by the ME to continue the development and implementation of a recovery-oriented system of care.
 - ii. Participation in all ROSC related activities to ensure staff and agency become knowledgeable of a Recovery-Oriented System of Care.
 - iii. Participation in all Peer related activities to ensure staff and agency become knowledgeable of the role/supervision of peer supports.

Network Provider Compliance: Failure to meet the applicable standards established in Sections I and II shall be considered non-performance pursuant to **Standard Contract, Paragraph 8. Financial Consequences for Network Provider's Failure to Perform.**

II. MANAGING ENTITY RESPONSIBILITIES

1. The ME must monitor the Network Provider's performance on all tasks identified in this Exhibit and issue corrective actions if deemed necessary.
2. The ME shall provide training and technical assistance when requested by the Network Provider.