Funding Peer Support Services in Ohio

Stakeholder Recommendations

Funded by
Substance Abuse and Mental Health Services Administration

Through a Contract with Center for Social Innovation for the Bringing Recovery Supports to Scale - Technical Assistance Collaborative Strategies “BRSS TACS” Initiative to Expand Recovery Oriented Systems of Care
Executive Summary and Recommendations

In March 2012, Ohio's state mental health and addiction services agencies, two statewide organizations representing persons in recovery, and the state Medicaid and employment agencies successfully collaborated in applying for a federally funded planning grant, “BRSS TACS,” to expand recovery supports. BRSS TACS is an acronym for Bringing Recovery Supports to Scale – Technical Assistance Collaborative Strategies, a SAMHSA (U.S. Substance Abuse & Mental Health Services Administration) initiative to provide technical assistance to states to increase access to recovery supports. Ohio’s BRSS TACS proposal focused on bringing peer services to scale by training persons in recovery from mental illness and/or addiction to use their lived experience as a tool to assist others in their recovery through employment in the mental health and addiction fields. Ohio developed and implemented a plan which included:

- Consensus building among advocacy organizations, state agencies, providers and county behavioral health authorities regarding policies and funding of peer services

- Job/Occupational Analysis to identify duties and tasks and to delineate knowledge areas and skills for peer recovery coaches by The Ohio Colleges of Medicine Government Resource Center to compare with core competencies of peer specialists

- Creation of a single course and training manual for peer services for persons in recovery from mental illness and/or addiction

- Training of trainers for this course

- Presentation for persons in recovery and professionals on how inclusion of peer specialists on Health Home teams can enhance services

- Development of a webinar for health home providers on how inclusion of peer specialists and/or peer recovery coaches in Ohio Medicaid Health Homes can improve consumer outcomes

- Travel expenses and stipends for peers to participate in sufficient numbers in stakeholder groups with state staff, providers and Boards to develop policy and implementation recommendations
To bring peer support and recovery coaching to scale in Ohio’s mental health and addiction services system, the BRSS TACS stakeholder group recommends that the Ohio Departments of Mental Health and Addiction Services and their partners:

- Continue the process to get Medicaid funding for peer support services/recovery coaching
  - Review draft state rules for Ohio’s peer support services for persons in recovery
  - State Plan Amendment submitted to and approved by the Centers for Medicare and Medicaid Services
- Review and update Ohio’s insurance laws to be consistent with the draft peer support rule
- Align recovery services to match the Substance Abuse and Mental Health Services Administration (SAMHSA) focus
- Educate stakeholders about how this investment saves dollars and improves outcomes
- Address needs of high cost/high need service recipients
- Articulate how peer recovery coaching/peer support contribute to a full continuum of care for alcohol and other drug and mental health services
- “Deem” national certifications to satisfy state certification requirements as they develop for organizations
- Create requirements for supervision to ensure consumer/client protection (ethics, supervision)
- Require “peer recovery coach” to be a person in recovery. Add to definitions for rules that address alcohol and other drug programs
- Leverage private foundation, county Alcohol, Drug and Mental Health Boards and Rehabilitation Services Commission funding for peer support training by earmarking $150,000 in state funds or Block Grant in SFY 2014 for this training. Some funding will be needed in future years to train new peer specialists and to provide some continuing education specific to peer specialists.
• Expand the existing Certified Peer Support Implementation Team to include representatives of major stakeholder groups
Why fund Peer Provided Services

Ohio organizations representing persons in recovery from addiction and/or mental illness promote peer delivered services; these organizations include the Ohio Empowerment Coalition and the Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment. Nationally, peer delivered services are promoted by the federal health agencies of SAMHSA and the Center for Medicare and Medicaid Services (CMS) for service recipients with addiction to alcohol and other drugs and/or serious mental illness who may have co-occurring conditions such as diabetes, cardiovascular disease or developmental disabilities. Emerging research promotes peer-delivered services as beneficial for engaging persons who are difficult-to-know how to engage—especially persons who are newly released from prison, homeless and/or who have had negative experiences with community mental health and addiction services. By sharing their lived experience, peer providers have a unique skill available for engaging service recipients who are difficult to engage.

- Many service recipients will trust a peer provider earlier in the treatment process and be more likely to engage in mental health or addiction services when peer support is provided.

- When engaged in treatment and recovery services, the difficult-to-know-how-to-serve population is less likely to use Medicaid dollars on emergency rooms and/or hospitals and more likely to use cost-effective recovery supports and clinical services.

Additionally, the peer specialist/peer recovery coach models recovery and self-advocacy to persons in recovery or in need of recovery. Service recipients learn how recovery works by example from the peer specialist as well as other service recipients and clinical staff. This results in more service recipients taking personal responsibility in developing and implementing a recovery plan that incorporates their family, friends and community to support their recovery. This recovery plan may work synergistically with the clinical treatment intended to reduce the symptoms of their mental illness and/or lead to abstinence and recovery for persons addicted to alcohol and other drugs. While clinical treatment is often necessary to recovery for persons with serious mental illness and/or addiction to alcohol and other drugs, it is not sufficient by itself. Persons in recovery need recovery support from their friends, family and community to achieve and sustain recovery as defined by SAMHSA which includes health, home, purpose and community. Recovery supports compliment (and do not replace) the individual service plan required for Medicaid-reimbursable clinical care.

By modeling recovery for service recipients and clinical staff, peer providers promote high expectations. Higher expectations are likely to result in increased success in
achieving recovery. Also, peer provided services promote self-advocacy among service recipients of mental health and alcohol and other drug services. Service recipients who learn to advocate for themselves are more likely to communicate with clinical and medical staff about what works to promote their recovery, and what clinical or medical services are not working for them. As a result, clinicians will be able to better match their interventions to the needs of the people they serve which can improve clinical outcomes. Ohio Department of Mental Health (ODMH) research indicates that when consumers receive the services that they believe are important, clinical outcomes improve. Peer provided services also include some evidence-based and/or promising practices such as WRAP (Wellness Recovery Action Plan) and Wellness Management and Recovery (WMR).

Peer Support – a Resource that Can Benefit Recovering Persons Whether or Not They Engage in Treatment

Peer support, including recovery coaching, is a service that needs to be available at all points along a person’s individual recovery path. Addiction and mental illness are chronic conditions that require varying types and intensities of services and supports throughout a person’s recovery experience. Peer support and recovery coaching are vital components that exist as part of a full continuum of services to promote health and wellness. Sometimes, peer support is provided as part of clinical treatment, and sometimes peer support occurs without a person engaging in treatment. Service delivery and financing models should be built upon the notion that there is “no wrong door” to recovery and that access to peer support and funding for the service should be promoted by federal, state, local and private resources.

How Peer Delivered Services Are Currently Funded in Ohio

How Recovery Coaching is Funded

Recovery coaching is funded primarily by the Access to Recovery (ATR) grant to ODADAS to provide Recovery Support Services in Cuyahoga, Lorain, Mahoning, Stark and Summit Counties. “ATR is a discretionary grant program funded by the Substance Abuse and Mental Health Services Administration/Center for Substance Abuse Treatment (SAMHSA/CSAT) which provides individuals with vouchers to purchase treatment for substance use conditions and RSS (Recovery Support Services).” ATR has three primary goals: 1) to expand consumer choice, to track and improve outcomes and to increase capacity.2 Ohio’s ATR grant funds housing, spiritual support, employment skills training, daily living skills, relapse prevention, anger management,

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transportation, GED support, substance abuse education, recovery coaching, parenting, peer mentoring, and self-help support groups.  

At this writing, Ohio has approximately 157 persons trained as recovery coaches, which includes two of ODADAS staff. While many of the persons trained as recovery coaches are persons who self-identify as being in recovery from addiction, many are not. Many of Ohio’s recovery coaches are clinical staff who may or may not self-identify as being in recovery. Additionally, SAMHSA’s promotion of recovery coaching does not limit the provision of this service to persons who self-identify as being in recovery (they don’t actually address this directly, using the general term “recovery coaching” throughout the ATR RFP (request for proposal), but do talk about recovery coaching done by peers, shared lived experience, etc.). This differs from certified peer specialists who are required to self-identify as being in recovery from mental illness and to disclose their “lived experience” for the benefit of others in recovery as a part of delivering Certified Peer Support Services.

However, the federal agency for Medicaid, CMS, states in a policy letter to State Medicaid Directors that, “Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders” which applies to services eligible for Medicaid reimbursement. This policy letter regarding peer support services also indicates CMS’s requirements for supervision and care-coordination, as well as training and credentialing as defined by the state.

Ohio Citizen Advocates for Chemical Dependency Prevention and Treatment supports limiting the provision of Recovery Coaching to persons who self-identify as being in recovery. The state substance abuse and mental health agencies which are in the process of consolidating need to make a policy decision on whether being in recovery is a requirement to provide this service before completing any service rules and state Medicaid plan amendments that apply to both certified peer specialists and recovery coaches.

How Peer Support Services Are Currently Funded in Ohio

Ohio is not one of the 29 states that have Certified Peer Support as a Medicaid-reimbursable service. However, as state funding was reduced from SFY 2009 – 2011 during the economic downturn, peer support and other non-Medicaid reimbursable recovery supports (e.g. housing, employment) were reduced, interest in Ohio Medicaid funding increased. The stakeholders in the mental health system began developing a consensus to support Medicaid reimbursable peer services which will be described in greater detail later in this paper.

Historically, Ohio’s peer support services were primarily funded through local levy funds and Ohio General Revenue Funds. Currently, Ohio has 28 community mental health agencies which are certified by ODMH to provide self-help/peer services and 38 consumer operated services which are distributed throughout the state. Consumer

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operated services (centers) means any service or activity that is planned, developed, administered, delivered and evaluated by persons, a majority of whom are receiving or have received inpatient mental health services or other mental health services of significant intensity and duration.” Most of Ohio’s consumer operated services are small non-profit organizations with 501(c) (3) status, and typically have fewer than 10 staff. Consumer operated services provide individual peer support, recovery support groups, vocational and employment support, warm lines, social and recreational groups, drop-in centers, wellness promotion and peer mentoring. Additionally consumer operated services often include several nationally recognized group programs such as WRAP (Wellness Recovery Action Plan)4, BRIDGES (Building Recovery Through Individual Dreams and Goals through Education), Psychiatric Advance Directives (PAD), as well as Ohio’s Wellness Management and Recovery5 (WMR) program. WRAP was recognized by SAMHSA as an evidence-based practice within the past year based on nationally funded research conducted in Ohio by Judith Cook, Ph.D. University of Illinois at Chicago. WMR is based on the SAMHSA evidence-base practice of Illness Management and Recovery, and is provided by community mental health agencies, as well as consumer operated services. Ohio’s consumer operated services have struggled as state mental health funding and levy dollars were cut during the state economic downturn, and have become increasingly interested in Medicaid funding.

**Board Funding of Peer Services and Recovery Coaching**

Ohio has 53 county and multi-county Boards which currently fund the majority of mental health peer support services. All urban areas have consumer operated mental health services which include mental health peer support. Many suburban and rural areas have consumer operated services as well. Consumer operated services provide peer services to persons who may or may not be engaged in treatment. Additionally, consumer operated services provide peer support to persons with co-occurring mental health and addiction disorders.

Board funding for peer support services for persons in recovery from addiction is limited. The majority of the recovery coaching in Ohio is funded through Access to Recovery, a time-limited, SAMHSA grant to five counties in northeastern Ohio for adults and youth involved with the criminal justice system who are in need of recovery coaching and other recovery supports included in a Recovery Oriented System of Care. One Board area has used UMADAOP (Urban Minority Alcoholism and Drug Abuse Outreach Program) funding. The Hamilton County Board has funded training of recovery coaches.

A good example of what can be funded by a Board was provided by Kathie Chaffee, Executive Director of the Columbiana County Mental Health and Recovery Services Board (CCMHRSB), a rural county which has been funding peer services for more than a decade. For SFY 2013 the Columbiana Board budgeted $171,915 to support peer support, which includes $86,115 from the state general revenue funds (GRF) and

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4 [http://www.ohioempowerment.org/programs.htm](http://www.ohioempowerment.org/programs.htm)

$85,800 from local levy funds. The Board purchases many peer services from the Columbiana County consumer operated organization, Shining Reflections. Shining Reflections is certified by ODMH and accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF). Services provided by Shining Reflections include vocational and recovery services, warm-line, and group based peer led or co-led recovery education including BRIDGES, WRAP and WMR. The Board also makes peer services available to persons in recovery who do not attend Shining Reflections through trained volunteers who receive stipends for travel and child care expenses. These services include WRAP, WMR, and psychiatric advance directive training. All peers who provide services, whether on staff at Shining Reflections or operating in a volunteer capacity, are required to take a 3-day Peer Support Training course, and also receive training in crisis response and confidentiality. WRAP facilitators must be WRAP certified which requires a week-long course. BRIDGES facilitators must have completed the BRIDGES teaching course, and WMR facilitators must go through the week-long WMR course. The Board convenes a Recovery Steering Committee which is responsible for overall peer led recovery planning for the system. The Board employs a full-time Recovery Assistant, whose costs are not included in the aforementioned budget figures. One of this person’s responsibilities is to chair the Recovery Steering Committee and to ensure that peer recovery opportunities provided either through Shining Reflections or through the Board led initiative are well coordinated and accessible to all with serious mental illnesses.

“Peer recovery outreach” is provided by peers, either affiliated with Shining Reflections or the Board led volunteer program, individually to service recipients referred by a treatment provider to go over recovery opportunities in the county. These peers may accompany service recipients to activities of their interest (including 12 step groups) which is intended to be time limited.

Additionally, the Board is submitting a housing mini-grant application to ODMH that will include 2 part-time “recovery coach” positions at the Counseling Center to provide up to 8 hours a week of coaching, mentoring, support for “hard-to-house” individuals who have drug/alcohol problems. The intent is to embed them within the client’s treatment team at the Counseling Center.

**Medicaid Funding of Certified Peer Support and Peer Recovery Coaching**

Ohio has a two pronged approach to Certified Peer Support as a Medicaid reimbursable service which consists of including peer specialists as (1) providers of other mental health services and (2) providers of Certified Peer Support. Ohio’s mental health and addiction system has become increasing supportive of Certified Peer Support as a Medicaid reimbursable service, and is committed to achieving this goal. Work on the Certified Peer Support rule was delayed to prioritize Ohio Health Care Homes.

**Ohio Medicaid Health Homes**

On September 17, 2012, Ohio received CMS approval for a state plan amendment to Ohio’s Medicaid plan that created “Health Homes” for persons who meet the state’s definition for adults with serious and persistent mental illness (SPMI) or serious mental health illness.
illness (SMI), and for children with serious emotional disturbances. Ohio is phasing in this service with the first five counties currently providing this service are Adams, Butler, Scioto, Lawrence and Lucas. Ohio Medicaid Health Homes will provide a comprehensive medical, mental health and drug addiction treatment, and social services coordinated by a team of health care professionals. Each team will include the Health Home Team Leader, Embedded Primary Care Clinician, Care Manager and a Qualified Health Home Specialist. Providers have the option of hiring a peer specialist for one or more of the Qualified Health Home Specialist positions on each team as well as hiring staff with other credentials. With more than 80 of Ohio’s 400 community mental health providers expressing interest and readiness to become Ohio Medicaid Health homes during 2012 - 2013, this represents an opportunity for providers to receive Medicaid-reimbursement for services provided by a peer specialist. Ohio is using some of its BRSS TACS funds to promote inclusion of peer support specialists on health home teams.

**CPST (Community Psychiatric Supportive Treatment)**

Additionally, since the 1980’s some Ohio providers have employed peer specialists to provide CPST (Community Psychiatric Supportive Treatment) which includes case management and community support services provided under Ohio’s State Medicaid Plan. While most CPST staff in Ohio have college degrees, CPST services may be provided by “trained others” without any specific training. Small amounts of CPST services are provided by Peer specialists working at community mental health centers and at one CARF accredited consumer operated service.

**ACT (Assertive Community Treatment)**

Peer specialists may also staff ACT teams intended to serve adults with high intensity service needs to treat serious mental illness which is often accompanied by co-occurring addiction to alcohol and other drugs and/or other disabling conditions such as homelessness, involvement with the criminal justice system, diabetes, and/or developmental disabilities. Ohio’s ACT Teams typically serve a population of which 50% or more have co-occurring substance use disorders. While Ohio currently has about 1,585 consumers receiving ACT services, Ohio’s ACT rule is not currently reimbursable by Medicaid. Currently, ACT is billed as its component services (e.g. CPST, pharmacological services). However, ODMH is anticipating that its State Plan Amendment will include ACT as a Medicaid reimbursable service effective April 2013. The draft ACT rule requires a certified peer specialist. Additionally, the ACT team is required to provide substance abuse services in addition to mental health services. As an ACT fidelity criterion includes 18 of the 26 criteria for Integrated Dual Diagnosis Treatment (IDDT), many providers may integrate IDDT practices into ACT services.

**Certified Peer Support (CPS)**

Ohio has developed a draft rule for certified peer support as a specific Medicaid reimbursable service for adults with serious mental illness. Shortly after developing this draft, Governor Kasich announced that state agencies for mental health and addiction would consolidate. Subsequently, staff from the consolidating state agencies
recommended that the Certified Peer Support rule apply to Peer Recovery Coaches for addiction and other drug services. Currently, there is work underway with a national consultant, Steve Harrington, Recover Resources, to develop a common curriculum for peer specialists and recovery coaches to provide training to meet CMS’s requirements for training and credentialing staff.

**Medicaid Funding of Certified Peer Specialist and Peer Recovery Coaching**

Currently, neither Certified Peer Support nor Peer Recovery Coaching is eligible for Medicaid reimbursement as an individual service in Ohio. Prior to announcing plans to consolidate state mental health and substance abuse agencies, Ohio’s state mental health agency had stated a goal of securing CMS approval in SFY 2013 for a state plan amendment to include certified peer specialist services which is more likely to be achieved in SFY 2014. ODMH Office of Health Integration had drafted a certification rule for this service and received input from stakeholders. Additionally, ODMH had designated Ohio Empowerment Coalition to certify Peer specialists which will meet CMS’s requirement to have certified staff. This work was deferred while Ohio’s staff completed the work to implement Ohio Medicaid Health Homes described in the previous paragraph. For more information, please see information provided by the Office of Health Integration at the end of this document.

**Substance Abuse Prevention and Treatment (SAPT) and Mental Health (MH) Block Grant Funding**

Ohio Department of Alcohol and Drug Addiction (ODADAS) staff have determined that it is allowable to use SAPT Block Grant funding for recovery coaching. ODMH staffs have determined that it is allowable to use MH Block Grant funding for peer support. The federal requirements (SAMHSA) restrict the funding to the population intended to be served. The SAPT Block Grant serves persons with substance abuse within the past 12 months. The MH Block Grant serves adults with serious mental illness and children with serious emotional disturbances. Both of these grants fund a wide range of other recovery supports and special projects and are not sufficient to meet the need for peer support and recovery coaching in Ohio.

**Maintenance of Effort Barrier to Consolidation of State Funding**

Each of the Block Grants has a maintenance of effort (MOE) clauses that is a barrier to consolidating state mental health and substance abuse prevention and treatment General Revenue Funds.

- The SAPT Block Grant requires that the state maintain the amount of General Revenue Funds spent on substance use disorders in the most recently completed fiscal year as compared to the average of the prior two fiscal years.

- The MH Block Grant requires that the state maintain the amount of General Revenue Funds spent on mental illnesses in the most recently completed fiscal year as compared to the average of the prior two fiscal years.
However, with SAMHSA and CMS promoting integrated health care, it is possible that these barriers will be removed. This will be especially beneficial for the many persons with co-occurring addiction and mental illness who use about 25% of the state’s resources for community mental health and addiction services.
Stakeholder Consensus for Peer Delivered Services

Consensus Building

Ohio has demonstrated that the core competencies are similar for peer recovery coaches and certified peer specialists through work by recovery coaches and peer specialists with Recover Resources and Ohio State University- Ohio Colleges of Medicine Government Resource Center and Recover Resources. Representatives of Ohio’s peer recovery coaches and peer specialists provided the information for core competencies and have developed a consensus through the BRSS TACS process. While there are some differences between recovery from mental illness and addiction to alcohol and other drugs, the recovery process can be similar. Some of the differences are in language and culture that can be bridged through a common training that will use group facilitation as a method of instruction.

Ohio Citizen Advocates and Ohio Empowerment Coalition recruited persons in recovery and organized much of the work. Without the expertise, collaboration and active participation of people in recovery, this work would not be possible. The consensus building and common training was driven by Ohio’s citizens in recovery.

Benefits of Collaboration

Ohio can maximize the resources available to persons in recovery or in need of recovery from addiction or mental illness by developing similar processes for training and credentialing peer staff. A common train-the-trainer curriculum will promote more cost-effective regional training, and make it easier to offer regional training more frequently. Additionally, persons in recovery from mental illness and persons in recovery from addiction to alcohol and other drugs can learn from each other, and be more able to address the needs of the many persons in need of dual recovery.

Funding Training

For Ohio to have peer staff to serve persons in recovery from addiction and mental illness, the stakeholder group recommends that the state fund a portion of peer support training in order to leverage private foundation, RSC and Board funding. Other states including Michigan have successfully accomplished this.

Training Recommendation #1

For the purpose of leveraging funds for the training of certified peer specialists and recovery coaches, the committee recommends that the state (ODMH/ODADAS) earmark $150,000 for training both the certified peer specialist training and the peer recovery coach training. By having state funds for training, the advocacy organizations are better positioned to secure private foundation and federal funds for training, as well as Boards funds. These funds will be matched with foundation resources in order to provide opportunities for peers to afford the cost of the training if their employer is
unable to afford the full or partial cost of training. The projected cost of the training will be $500 per person for a class of 25 trainees for a 40 hour training, done in a regional model. The training should be provided in small groups to allow trainees to practice peer support communication skills.

**Financing of Certified Peer Support/Peer Recovery Coach (CPS/PRC) Training**

- $150,000 in state sponsorship
- $150,000 in foundation support, RSC, ADAMHS Boards, other
- **$300,000 Total Training Resources requested for SFY 2014**

Each Training Class would cost $12,500 (25 trainees x $500 = $12,500)

**Training Deliverables:**
- 12 classes of 25 trainees = 300 CPS trained
- 12 classes of 25 trainees = 300 PRC trained

**Training Recommendation #2**

For the purpose of creating a more coordinated and integrated approach to the training of certified peer specialists and peer recovery coaches, the committee recommends the expansion of the existing Certified Peer Support (CPS) Implementation Team to include key stakeholders with a vested interest in a peer workforce. The conversion of the CPS Implementation Team to a statewide Peer Recovery Education Council (PREC) to include:

- Ohio Department of Mental Health (ODMH)
- Ohio Department of Alcohol and Drug and Addiction Services
- Ohio Citizen Advocates
- Ohio Empowerment Coalition (OEC)
- Ohio Council of Behavioral Health and Family Services Providers
- Ohio Association of County Behavioral Health Authorities
- Rehabilitative Services Commission
- Office of Workforce Transformation or OhioMeansJobs
- Center For Evidenced Based Practices (CCOE- Case)
- Wellness, Management & Recovery (CCOE- Columbus)
- Center for ACT Teams (CCOE-Cincinnati)
- Ohio Consumer Operated Services Association
- NAMI Ohio
- Consumers from OEC Regions #1 through #5
- Equivalent number of persons representing the Ohio addiction recovery community
- Community Support Planning Council (advisory to ODMH/ODMHAS)
- Columbus State University / Other University partners
The purpose of increased representation would be to coordinate Ohio’s peer education initiatives in order to achieve the following outcomes:
- Increase “buy-in” for peer employment opportunities among the members.
- Work collaboratively for sustainability of the training component.
- Monitor ethical issues and systemic barriers to success.
- Avoid duplication of effort among the member organizations.
- Foster more collaboration among the partner organizations.
- Increased understanding of the unique roles of each team member.
- Meet the human resource needs of the provider and consumer operated service programs.
- Find resources to reduce the cost of the training.
- Assist in the continuous quality improvement process for CPS/PRC (Certified Peer Support/Peer Recovery Coach) services.
- Find candidates with an interest in peer workforce opportunities.
- Establish research evidence for the benefits of using peers in health care.

The projected meeting schedule of this group is quarterly; ongoing committee work will be scheduled between meetings.

**Recommended Hiring Practices and Resources**

**Hiring Practice Recommendation**
While the peer support model requires the use of persons with lived experience with mental illness and addiction recovery, organizations are still obligated to follow employment law and the requirements of the Americans with Disabilities Act (ADA) in their hiring and ongoing employment practices. Individual organizations are encouraged to consult with their legal counsel on the best way to interview, hire and employ peers without creating legal liabilities for their organization. Organizations may follow the lead of community mental health providers and Ohio’s regional psychiatric hospitals. These organizations include an interview question about how the applicant plans to use their “lived experience” (recovery experience) in providing services to others. This provides an opening to applicants to how they will use their recovery experiences without violating ADA. Some resources that may be helpful include:

Faces and Voices of Recovery
http://www.facesandvoicesofrecovery.org/resources/support/index.html

Job Accommodation Network; US Department of Labor; Office of Disability Employment
http://askjan.org/erguide/

Magellan E-learning – continuing education courses for peers & clinicians
http://www.magellanhealth.com/training/
Ohio Empowerment Coalition – Certified Peer Support
http://www.ohioempowerment.org/CPS.htm

Ohio Citizen Advocates for Prevention and Treatment of Chemical Dependency
http://www.oca-ohio.org/board_and_staff_0.aspx

Pillars of Peer Support
http://www.pillarofpeersupport.org/

SAMHSA Recovery Support
http://www.samhsa.gov/recovery/

Supervising NC Certified Peer Specialists (3 contact hours) - free on-line course for clinical supervisors with examples from an addiction treatment program
http://bhrp.sowo.unc.edu/supervising-nc-certified-pss

Summary and Recommendations

Stakeholders participating in Ohio’s BRSS TACS project support the expansion of Peer Support Services for persons in recovery from addiction and/or serious mental illness through a Medicaid reimbursable service. The stakeholders included representatives of persons in recovery from mental illness and addiction to alcohol and other drugs, ADAMH/CMH/ADAS (county behavioral health) Boards, providers and four state agencies. This group made the following recommendations:

**To bring peer support and recovery coaching to scale in Ohio’s mental health and addiction services system, the BRSS TACS stakeholder group recommends that the Ohio Departments of Mental Health and Addiction Services and their partners:**

- Continue the process to get Medicaid funding for peer support services/recovery coaching
  - Review draft state rules for Ohio’s peer support services for persons in recovery
  - State Plan Amendment submitted to and approved by the Centers for Medicare and Medicaid Services
- Review and update Ohio’s insurance laws to be consistent with the draft peer support rule
- Align recovery services to match the Substance Abuse and Mental Health Services Administration (SAMHSA) focus
- Educate stakeholders about how this investment saves dollars and improves outcomes
• Address needs of high cost/high need service recipients
• Articulate how peer recovery coaching/peer support contribute to a full continuum of care for alcohol and other drug and mental health services
• “Deem” national certifications to satisfy state certification requirements as they develop for organizations
• Create requirements for supervision to ensure consumer/client protection (ethics, supervision)
• Require “peer recovery coach” to be a person in recovery. Add to definitions for rules that address alcohol and other drug programs
• Leverage private foundation, county Alcohol, Drug and Mental Health Boards and Rehabilitation Services Commission funding for peer support training by earmarking $150,000 in state funds or Block Grant in SFY 2014 for this training.
• Expand the existing Certified Peer Support Implementation Team to include representatives of major stakeholder groups
Federal/State Funding Source: Ohio Medicaid

Is Peer Support Service reimbursable by Medicaid? – No*

Is Peer Recovery Coaching reimbursable by Medicaid? No*

* The new Ohio Medicaid Health Home service includes Qualified Health Home Specialist position(s) that may be filled by peer support specialists and/or peer recovery coaches.

Is training of peer specialist staff and/or peer recovery coaching reimbursable by Medicaid? No*

Is certification of the provider organization or program required? An August 15, 2007 letter from Centers for Medicare and Medicaid Services states that peer support providers must complete training and certification as defined by the State in order to receive Medicaid reimbursement.

Who is eligible for these funds? Persons determined Medicaid eligible by a County Department of Job and Family Services using Medicaid eligibility guidelines. Some Medicaid persons, such as Qualified Medicare Beneficiaries (QMBs) without other Medicaid, Specific Low-Income Medicare Beneficiaries (SLMBs) without other Medicaid, and Family Planning benefit only are not eligible for AoD (alcohol and other drug) or MH (mental health) services.

What are the terms of coverage? Services are provided for the duration of the client’s needs as determined by the ODADAS and/or ODMH certified/licensed program, the clinical staff providing the services and the client through development and updating of an individualized treatment/service plan. Certain AoD services are limited to a cumulative 30 hours per week for adults and certain MH services are limited to annual amounts and/or subject to prior authorization.

What is currently funded with these funds?

AoD services: Ambulatory Detoxification, Assessment, Case Management, Crisis Intervention, Group Counseling, Individual Counseling, Intensive Outpatient, Laboratory Urinalysis, Medical/Somatic and Methadone Administration.

MH Services: Assessment, Community Psychiatric Support Treatment (group and individual), Crisis Intervention, Group Counseling and Therapy, Health Home Services, Individual Counseling and Therapy, Partial Hospitalization and Pharmacological Management.

Service locations: Medicaid services are available in all 50 Board areas but not all services are available in all areas (examples are Methadone Administration and staged Health Home Services implementation).
Which organization(s) makes funding decisions? State agencies determine which services are included in the Medicaid benefit package.

Issues in Using this Funding Source: Until Peer Support is included in the Medicaid benefit package as a discrete service or Medicaid financing of AoD and MH services changes from fee-for-service, Medicaid funding cannot be used to finance it. Additionally, the Center for Medicare and Medicaid (CMS) requires that staff providing Peer Support Service (which includes peer recovery coaching) is certified by the state or its designee. ODMH has designated Ohio Empowerment Coalition as the organization to provide this certification for peer specialists and has worked with this organization to develop a certification process.

Such a training and relationship will be developed for addiction-specific peer support training and service delivery. Ohio Citizen Advocates would be willing to assume this function for peer recovery coaches, as well as work with Ohio Empowerment Coalition to achieve some economies of scale.
Federal Funding Source – SAMHSA: Substance Abuse Prevention and Treatment (SAPT) Block Grant

Is Peer Support Service an allowable expense?  No

Is Peer Recovery Coaching an allowable expense?  Yes

Is training of peer specialist staff an allowable expense?  No

Is training of peer recovery coaching staff an allowable expense?  Yes

Is certification of the provider organization or program required?  Yes

Who is eligibility for these funds?  Certified alcohol and other drug treatment and prevention providers are eligible to receive SAPT Block Grant funding for substance abuse treatment and prevention activities. Persons who indicate active substance use within the previous 12 months are eligible for treatment services that receive SAPT Block Grant funds.

What are the terms of coverage?  There is no time limit on SAPT Block Grant funded services.

What is currently funded with these funds?  State-wide substance abuse prevention and treatment services are funded through the SAPT Block Grant.

Service locations:  SAPT Block Grant funds are available to all 50 Boards.

Which organization(s) makes funding decisions?  State makes decision on how funding is allocated to local Boards. Boards determine how money is spent at the local level.

Issues in Using this Funding Source:  While there are certain requirements and restrictions attached to the state’s SAPT Block Grant expenditures, Peer Recovery Coaching and recovery support services are not specifically addressed in them. Further policy discussions and decisions at the state level need to be made regarding Peer Recovery Coaching certification and any potential requirements that the state may/may not mandate to receive this funding for Peer Recovery Coaching and peer support services.
Federal Funding Source – SAMHSA: Mental Health Block Grant

Is Peer Support Service an allowable expense? Yes

Is Peer Recovery Coaching an allowable expense? No, funding is limited to mental health services.

Is training of peer specialist staff an allowable expense? Yes

Is training of peer recovery coaching staff an allowable expense? No

Is certification of the provider organization or program required? Yes

Who is eligible for these funds? Adults with SMI (adults with serious mental illness) and children with SED (serious emotional disturbances) as broadly defined by SAMHSA. Clinical services, recovery supports and prevention may also be provided to persons at risk for SMI and SED.

What are the terms of coverage? Services are provided for the duration of the need as determined by the provider certified by state mental health agency.

What is currently funded with these funds? ODMH awarded $7.5 million to ADAMH/CMH Boards for provision of treatment services (CPST, counseling, pharmacological management), recovery supports (e.g. housing, employment & peer support) and prevention. The remainder is awarded for system improvement projects for housing, advocacy, forensic, Coordinating Centers of Excellence.

Service locations: Block Grant funded services are available in all 50 Board areas. CPS is currently an optional service, so not all Boards provide Certified Peer Support Services.

Which organization(s) makes funding decisions? State agency determines what proportion of funds will be allocated to Boards, as well as what system improvement projects to fund. Boards make decisions on how funding will be used in their local communities.

Issues in using this funding source: Mental Health Block Grant is a small funding stream that has been used to fund Ohio Empowerment Coalition which provides the training and certification for Certified Peer Specialists.

While Boards may choose to use Block Grant to fund Certified Peer Support, the grant is not large enough to fund Certified Peer Support in every Board area.
Federal Funding Source – Social Services (Title XX) Block Grant – Administration for Children & Families

Is Peer Support Service an allowable expense? Yes

Is Peer Recovery Coaching an allowable expense? No, funding is limited to mental health services.

Is training of peer specialist staff an allowable expense? No

Is training of peer recovery coaching staff an allowable expense? No

Is certification of the provider organization or program required? Yes

Who is eligible for these funds? Adults with SMI (adults with serious mental illness) and children with SED (serious emotional disturbances) as broadly defined by SAMHSA. Clinical services, recovery supports and prevention may also be provided to persons at risk for SMI and SED.

What are the terms of coverage? Services are provided for the duration of the need as determined by the provider certified by state mental health agency.

What is currently funded with these funds? ODMH awarded $7 million to ADAMH/CMH Boards for provision of treatment services (CPST, counseling, pharmacological management), recovery supports (e.g. housing, employment & peer support) and prevention. The remainder is awarded for system improvement projects for housing, advocacy, forensic, Coordinating Centers of Excellence.

Service locations: Block Grant funded services are available in all 50 Board areas. CPS is currently an optional service, so not all Boards provide Certified Peer Support Services.

Which organization(s) makes funding decisions? State agency determines what proportion of funds will be allocated to Boards, as well as what system improvement projects to fund. Boards make decisions on how funding will be used in their local communities.

Issues in using this funding source: Mental Health Block Grant is a small funding stream that has been used to fund Ohio Empowerment Coalition which provides the training and certification for Certified Peer Specialists.

While Boards may choose to use Block Grant to fund Certified Peer Support, the grant is not large enough to fund Certified Peer Support in every Board area.
Federal Funding Source: Access to Recovery Grant

Is Peer Support Service an allowable expense? Yes

Is Peer Recovery Coaching an allowable expense? Yes

Is training of peer specialist staff an allowable expense? No

Is training of peer recovery coaching staff an allowable expense? Yes

Is certification of the provider organization or program required? Certificate of completion required

Who is eligible for these funds? Adults and adolescents diagnosed with a substance abuse disorder that also have criminal justice involvement.

What are the terms of coverage? Services are provided for three months

What is currently funded with these funds? ATR funds treatment: Intensive Outpatient and Outpatient services. Recovery Support services funded include: Housing, Employment Skills, Support Groups, Transportation, HIV/AIDS Education, Relapse Prevention, Spiritual Support, Peer Mentoring, Recovery Coaching and Anger Management.

Service locations: These services are funded in a five county territory that includes Summit, Cuyahoga, Stark, Mahoning, and Lorain.

Which organization(s) makes funding decisions? State agency determines what proportion of funds will be allocated to what service category based on previous years spending patterns. SAMHSA mandates the proper use of funds.

Issues in Using this Funding Source: These funds are limited to providers that are signed up as ATR providers which limit the distribution of access. The funds are tied to only the five county regions. The funds are not permanent the term end of the grant.
Funding Source: State General Revenue Funds for Alcohol and Other Drug Services

Is Peer Support Service an allowable expense?  No

Is Peer Recovery Coaching an allowable expense?  Not currently; may change with consolidation

Is training of peer specialist staff an allowable expense?  No

Is training of peer recovery coaching staff an allowable expense?  No

Is certification of the provider organization or program required?  Yes

Who is eligible for these funds?  Eligibility decisions made by individual Board

What are the terms of coverage?  Determined by individual Board.

What is currently funded with these funds?  Boards fund a wide range of recovery supports with the bulk of this funding going toward services for persons who do not have Medicaid and recovery support services which are not eligible for Medicaid reimbursement.

Service locations:  Statewide in every Board area.

Which organization(s) makes funding decisions?  The state makes decision on how funding is allocated to local Boards. Boards determine how money is spent at the local level.
Funding Source: State General Revenue Funds for Mental Health Services (allocated to Boards, Regional Psychiatric Hospitals and Central Office)

Is Peer Support Service an allowable expense? Yes, but currently not required

Is Peer Recovery Coaching an allowable expense? No*

Is training of peer specialist staff an allowable expense? Yes*

Is training of peer recovery coaching staff an allowable expense? No*

* Peer support services and peer recovery coaching expenditures will need to remain separate as long as SAMHSA Block Grants have separate Maintenance of Effort clauses for the two populations funded---MH and AoD.

Is certification of the provider organization or program required? Yes, providers are required to be certified to receive Board funds.

Who is eligible for these funds? Eligibility is determined by individual Board.

What are the terms of coverage? Determined by individual Board

What is currently funded with these funds? Boards fund a wide range of recovery supports with the bulk of this funding going toward services for persons who do not have Medicaid and recovery support which are not eligible for Medicaid reimbursement.

Service locations: ODMH Office of Licensure and Certification certifies 27 community mental health agencies that for Self Help/Peer services as well as 38 consumer operated services. ODMH Certification Rule 5122-29-16 states that “Consumer operated Services” means any service or activity that is planned, developed, administered, delivered and evaluated by persons, a majority of whom are receiving or have received inpatient mental health services or other mental health services of significant intensity and duration.”

Ohio’s state psychiatric hospitals include peer support staffs who are former patients. Additionally, ODMH Central Office has information and referral service staffed by peer specialists, as well as the Consumer Services Administrator is a certified peer specialist. ODADAS staff includes a peer recovery coach trainer.

Which organization(s) makes funding decisions? State makes decision on how funding is allocated to local Boards. Boards determine how money is spent at the local level.
Funding Source: Local Levy Funds

Is Peer Support Service an allowable expense? Yes*

Is Peer Recovery Coaching an allowable expense? Yes*

Is training of peer specialist staff an allowable expense? Yes*

Is training of peer recovery coaching staff an allowable expense? Yes*

*Yes unless prohibited by local levy language

Is certification of the provider organization or program required? No

Who is eligible for these funds? Eligibility decisions made by Boards

What are the terms of coverage? Terms of coverage determined by Boards

What is currently funded with these funds? ODMH Office of Licensure & Certification lists 27 community mental health agencies which report Self/Help Peer Support Services, as well as 38 providers of Consumer Operated Services which are typically funded by local levy funds and/or state general revenue funds. Some providers adopted the evidence-based practice of WRAP (Wellness Recovery Action Plan) which is typically provided as a class in which consumers develop their own recovery plans that ideally compliment the individual service plan. Other providers adopted the promising practice of Wellness Recovery Management (WMR) that is an adaptation of the evidence-based practice of Illness Management and Recovery.

Most of the Consumer Operated Services are provided by centers which have less than three staff, and do not have the resources to bill Medicaid. However, The Main Place in Licking & Knox Counties is CARF accredited, has an annual budget of over one million dollars, and provides Medicaid-reimbursable CPST (Community Psychiatric Supportive Treatment). Additionally, for more than a decade, Columbiana County has had a CARF accredited center providing Consumer Operated Services. Many other counties have well established centers providing Consumer Operated Services which are required to have Boards with more than 50% consumers.

Service locations: Funding is dependent upon local levy funds, and Board priorities.

Which organization(s) makes funding decisions? Boards

Issues in Using this Funding Source: Levy funding is inequitable across the state. Seventy-four counties have local tax levies that vary in amounts. Fourteen counties do not have local levies for mental health and addiction services, and 3 counties have mental health only levies. Services and recovery supports are less robust in counties without levies, and in counties that have lower tax bases. The amount of levy per person in urban counties is several times the amount of local levy in rural Appalachian counties. Most boards without levies are not able to fund peer support and recovery
coaching.
The draft rule included below will be vetted with stakeholders before filing and will be subject to opportunities for public comment consistent with the rule-making practices of the State of Ohio.

*** DRAFT Ohio Service Rule - Not for Filing – includes AOD/MH peer support***

Peer support service.

(A) Peer support service (PSS) consists of structured activities that promote recovery, self-determination, self-advocacy, well-being, and enhancement of community living skills. PSS is individualized, recovery-focused and based on a relationship that supports a person’s ability to promote their own recovery.

PSS assists in the acquisition, development, and expansion of skills needed to move forward in recovery. This is built on the unique relationship between the peer support specialist and a person seeking or sustaining recovery and other essential persons as requested by the person seeking or sustaining recovery. Peer support specialists define, model, and mentor recovery values, attitudes, beliefs, and personal actions in order to encourage well-being and resilience.

(B) PSS activities promote self-directed recovery by assisting an individual in:

(1) Exploring their possibilities of recovery.
(2) Identifying their strengths to support well-being.
(3) Emphasizing hope and well-being.
(4) Developing and working toward achievement of personal recovery goals as identified in their personal recovery plan (PRP).
(5) Promoting acceptance of personal responsibility for their recovery.
(6) Advocating for the person’s express interest in achieving their goals.

(C) PSS activities are supported through:

(1) Teaching and modeling self-advocacy skills.
(2) Assisting a person in developing a network of contacts for information and developing collaborative helping relationships with others.
(3) Assisting a person who has decided to take medications to develop strategies to support appropriate and consistent use of the medications.
(4) Facilitating self-help skills to manage side effects of medications.
(5) Developing natural supports which may include peers, family members and community.
(6) Facilitate the PRP planning process by helping the person:

*** DRAFT Ohio Service Rule – Not for Filing – includes AOD/MH peer support***

(a) Identify goals that are important to them;
(b) Develop their specific plans for achieving goals; and
(c) Develop their crisis well-being plan and how to use it.

(7) Providing encouragement that pursuing recovery is worth the effort by:

(a) Assisting a person in identifying their personal benefits of engaging in recovery;
(b) Providing positive feedback to instill confidence in the pursuit of recovery goals; and/or
(c) Encouraging them to identify, verbalize and utilize personal strength.

(8) Providing skill development in activities of daily living and interpersonal relationships.

(9) Teaching skills to effectively navigate the health care delivery system to effectively and efficiently utilize services.

(10) Coordinating and linking to other community services.

(D) PSS delivery shall consist of:

(1) Services and activities identified in the PRP.
(2) Service delivery to the person served and/or any essential other identified by the person who will assist in their recovery.

(E) Peer support specialists shall create, update and implement a personalized professional development plan. Evidence that the plan is being actively followed shall be maintained. The plan shall address, at a minimum, the following:

(1) Knowledge of the peer support purpose, intent and activities.
(2) Understanding individualized recovery.
(3) Cultural competency related to the population or populations to be served.
(4) Methods of communicating hope.
(5) Facilitating specific group peer education programs.
(6) Ethics and patient protection.

(F) Peer support specialists are people in recovery from mental illness and/or substance use disorder(s) (including pathological gambling) who are trained and recognized as a certified peer specialist in good standing by the Department or its designee(s). Peer support
specialists may have an identified specialty of mental illness and/or substance use disorders based upon their personal recovery experience and certification.
<table>
<thead>
<tr>
<th>General Funding Source</th>
<th>Specific Funding Source</th>
<th>Covered Population</th>
<th>Does it fund peer support service?</th>
<th>Level of funding peer support service?</th>
<th>Agency/program required to be certified by the state?</th>
<th>Coverage Limitations?</th>
<th>Entities making funding decision</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal</strong></td>
<td></td>
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</tr>
<tr>
<td>Medicaid</td>
<td>Adults and adolescents with AoD conditions and criminal justice involvement</td>
<td>Yes</td>
<td>High</td>
<td>No</td>
<td>Covers services for up to 3 months</td>
<td>SAMHSA and ODADAS</td>
<td></td>
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<tr>
<td>Medicaid</td>
<td>Most Ohio Medicaid eligibles</td>
<td>No</td>
<td>Not Applicable</td>
<td>N/A</td>
<td>N/A</td>
<td>CMS and Ohio</td>
<td></td>
</tr>
<tr>
<td>Medicaid</td>
<td>SPMI Health Home Enrollees</td>
<td>Indirectly</td>
<td>Not Applicable</td>
<td>N/A</td>
<td>N/A</td>
<td>CMS and Ohio</td>
<td></td>
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<tr>
<td>MH Block Grant</td>
<td>SMI adults and SED children</td>
<td>Yes</td>
<td>Low</td>
<td>Yes</td>
<td>None</td>
<td>SAMHSA and ODMH and Boards</td>
<td></td>
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<tr>
<td>SAPT Block Grant</td>
<td>Persons with active AoD conditions within the past 12 months</td>
<td>Yes</td>
<td>Low</td>
<td>Yes</td>
<td>None</td>
<td>SAMHSA and ODADAS and Boards</td>
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<tr>
<td>Title XX Block Grant</td>
<td>Low income families and individuals</td>
<td>Yes</td>
<td>Low</td>
<td>Yes</td>
<td>None</td>
<td>Boards</td>
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<tr>
<td><strong>State</strong></td>
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<tr>
<td>MH GRF</td>
<td>Persons in need of AoD treatment or prevention services</td>
<td>No</td>
<td>Not Applicable</td>
<td>Yes</td>
<td>None</td>
<td>Ohio legislature, ODADAS and Boards</td>
<td></td>
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<tr>
<td>MH GRF</td>
<td>Persons identified with mental illnesses</td>
<td>Yes</td>
<td>Low</td>
<td>Yes</td>
<td>None</td>
<td>Ohio legislature, ODMH and Boards</td>
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<tr>
<td>AoD SSR (rotary)</td>
<td>Persons in need of AoD treatment or prevention services</td>
<td>No</td>
<td>Not Applicable</td>
<td>Yes</td>
<td>None</td>
<td>ODADAS</td>
<td></td>
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<tr>
<td><strong>Local</strong></td>
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<tr>
<td>Levy</td>
<td>Dependent upon voter approved ballot language</td>
<td>Yes</td>
<td>Moderate for MH Low for AoD</td>
<td>No</td>
<td>Decided by Board</td>
<td>Boards</td>
<td></td>
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<tr>
<td><strong>Private</strong></td>
<td></td>
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While not under the purview of the public behavioral health ministerial network, state regulated agencies and private entities can access funding sources like philanthropic foundations, health foundations, other state agencies (i.e. Rehabilitation Services Commission), etc. and could provide peer support services using that funding.

Note: Maintenance of effort clauses in SAPT and MH Block Grants limit flexibility by requiring maintenance of state general revenue fund expenditures for mental health services separately from state expenditures for addiction services. SAMHSA requires SAPT Block Grant funds to be expended for alcohol and other drug treatment and prevention. Additionally, SAMHSA requires MH Block Grant funds to be expended for mental health services for adults with serious mental illness and children with serious emotional disturbances.
# Future Status of Funding Peer Support Service in Ohio

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<tr>
<td>Federal</td>
<td>Access to Recovery</td>
<td>Adults and adolescents with AoD conditions and criminal justice involvement</td>
<td>Yes</td>
<td>High</td>
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<td>Medicaid</td>
<td>Most Ohio Medicaid eligibles</td>
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<td>Low income families and individuals</td>
<td>Yes</td>
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<td>Yes</td>
<td>None</td>
<td>Administration for Children and Families</td>
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<td>AoD GRF</td>
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<td>Yes</td>
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<td>Yes</td>
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<td>MH GRF</td>
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<td>Local</td>
<td>Local Levy</td>
<td>Dependent upon voter approved ballot language</td>
<td>Yes</td>
<td>Moderate for MH</td>
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### Stakeholders

Adreana Tartt | Ohio Department of Alcohol and Drug Addiction Services
Afet Kilinc | Ohio Department of Mental Health
Alisia Clark | Ohio Department of Alcohol and Drug Addiction Services
Angela Bergefurd | Ohio Department of Mental Health
Aneesa Locke | Ohio Rehabilitation Services Commission
Becky Ryba | Ohio Citizens Advocates for Chemical Dependency Prevention & Treatment
Daniel Arnold | Ohio Department of Job and Family Services – Medicaid Office
Deborah Nixon-Hughes | Ohio Department of Mental Health
Donna Conley | Ohio Citizens Advocates for Chemical Dependency Prevention & Treatment
Douglas Day | Ohio Department of Alcohol and Drug Addiction Services
Drew Palmiter | Ohio Department of Alcohol and Drug Addiction Services
Elizabeth Heinrich | Ohio Association of County Behavioral Health Authorities
Jack Cameron | Ohio Empowerment Coalition
James Lapczynski | Ohio Department of Alcohol and Drug Addiction Services
Jerry Shadley | Community Support Services, Akron; Ohio Empowerment Coalition
Jessica Kelly | Ohio Empowerment Coalition
Jody Bell | Ohio Empowerment Coalition
John Ellis | Summit Alcohol, Drug Addiction and Mental Health Service Board
Joyce Starr | Ohio Department of Alcohol and Drug Addiction Services
Karin Carlson | Ohio Department of Alcohol and Drug Addiction Services
Kathie Chaffee | Columbiana County Mental Health and Recovery Services Board
Kent Keesey | Sterling Sober Resources Inc., Akron
Kraig Knudsen | Ohio Department of Mental Health
Larry Parsons, Jr. | The Phoenix Recovery Support Services & Sober Living Environments, Canton
Liz Gitter | Ohio Department of Mental Health
Lori Criss | The Ohio Council of Behavioral Health & Family Services Providers
Sandy Keyes | Ohio Citizens Advocates for Chemical Dependency Prevention & Treatment
Sanford Starr | Ohio Department of Alcohol and Drug Addiction Services

32
Susan Pugh  Ohio Rehabilitation Services Commission
Terry Jones  Ohio Department of Mental Health
Vince Sabino  Franklin County Alcohol Drug Addiction and Mental Health Board