

<b>State of New York OFFICE OF MENTAL HEALTH</b>  <hr style="width: 20%; margin: auto;"/> <b>OMH OFFICIAL POLICY MANUAL</b>	<b>Date Issued</b> 5/23/95	<b>T. L.</b> 95-03	<b>Section #</b> PC-1500
	<b>Section</b> Patient Care		
	<b>Directive</b> Peer Advocacy		

A. Policy Statement

It is the policy of the Office of Mental Health to encourage the development of relationships between State operated psychiatric facilities and independent peer advocacy organizations. Currently, Mental Hygiene Law gives all patients sixteen years of age or older, residing within State operated psychiatric facilities, the right to request that a significant individual to himself or herself, be allowed to participate in the development of an individual treatment plan and a discharge plan. Such individuals may include any relative, close friend, or individual otherwise concerned with the patient's welfare. The significant individual may not be an employee of the facility. In addition, the Office of Mental Health is extending these rights to allow a significant individual to be allowed to participate in the admission process. Any limitation of these rights may only occur upon the written order of a physician, in the patient's clinical record, which states the clinical justification for such limitation and the specific period of time such limitation shall remain in effect.

The use of peer advocacy organizations is one avenue that an adult patient may wish to pursue in selecting an advocate to participate in the above processes or other activities. Effective and well-trained peer advocacy organizations shall not only assist the patients in understanding their rights, but can significantly enhance the treatment process. Therefore, this policy directive establishes the standards and procedures for facilities regarding the development of relationships with peer advocacy organizations, the respective roles and responsibilities of the peer advocacy organization and the facility and the training requirements for peer advocacy organizations. This policy applies only to services provided to adult patients.

B. Relevant Statutes and Standards

Mental Hygiene Law, Sections 7.07, 29.13(b), 29.15(f), 33.02 and 33.16

C. Definitions

1. Peer Advocate means a current or former recipient of mental health services who has completed an approved advocacy training as described in Section D.4 of this directive. A peer advocate's role is to represent the interests and desires of a current service recipient who voluntarily requests his or her services.
2. Peer Advocacy Organization means an organization which provides the services of peer advocates to mental health service recipients. The organization is run by current and /or former service recipients, and is independent of the facilities or programs in which it offers advocacy service.

D. Body of Directive

This policy directive consists of four components:

1. Responsibilities of Facility Directors in the Development of Peer Advocacy Organization Relationships

2. Roles and Responsibilities of Peer Advocacy Organizations
3. Roles and Responsibilities of State-Operated Facilities
4. Training Requirements for Peer Advocacy Organizations
1. Responsibilities of Facility Directors in the Development of Relationships with a Peer Advocacy Organization(s)

Facility directors should, whenever possible, be proactive in the development of formal agreements with one or more independent peer advocacy organizations. If a facility director is approached by a peer advocacy organization which is interested in providing services to the patients of the facility, the facility director must notify the Commissioner or his/her designee. Such notification shall:

- a. Be in writing and submitted to the Commissioner or his/her designee for approval within 30 days of formal contact with the peer advocacy organization;
- b. Include the name of the organization and an analysis of the qualifications of the peer advocacy organization;
- c. Indicate whether the facility director does or does not wish to proceed with the development of a formal relationship with the peer advocacy organization, including the reasons for such decisions; and
- d. Delineate the steps and time frames for the establishment of a formal working relationship, if such a decision has been made.

2. Roles and Responsibilities of Peer Advocacy Organizations

Peer advocacy organizations which have an agreement with a State-operated psychiatric facility to provide services to its patients shall be expected to, at a minimum, but not limited to: assist the patient to participate in the admission, assessment and treatment process; work with patients and staff to provide reasonable and timely resolution of individual problems affecting patients; identify and seek resolution to systemic problems; and identify and assist patients in accessing necessary resources such as self-help groups. Peer advocates serve as patient representatives at the request of individual patients. The nature and extent of assistance of the advocate is determined by the patient seeking assistance.

- a. Admission Process

Upon the request of a patient, a peer advocate may be present to observe the admission process. A peer advocate may explain the process and procedures to a patient and may raise and direct questions to appropriate staff regarding the overall admission process and patient specific concerns. The peer advocate shall not interfere with the admission evaluation but shall assure that a patient's rights are protected and that admission standards are properly executed.

- b. Treatment and Discharge Planning Process

Upon the request of a patient, a peer advocate may attend that part of a treatment or discharge planning meeting which directly relates to that patient. The peer advocate may clarify issues for the patient and may raise and direct questions to appropriate staff regarding patient specific concerns.

- c. Patient Contact

Peer advocates may visit patients at anytime during the established visiting hours of the facility. Any requests to visit during the non-visiting hours must be approved by the Facility Director or designee. The Facility Director and the Peer Advocacy Organization may negotiate mutually acceptable hours for the availability of peer advocates.

d. Confidentiality

Peer advocates must abide by the confidentiality requirements regarding patients clinical records and clinical information set forth in Mental Hygiene Law Section 33.13.

3. Roles and Responsibilities of State-Operated Facilities

A State-operated psychiatric facility which enters into agreement with a peer advocacy organization is obligated to fulfill the following roles and responsibilities.

- a. The agreement must be in the form of a formal written agreement with the peer advocacy organization.
- b. Each facility shall designate a staff liaison to facilitate the interaction of peer advocates or peer advocacy organizations and facility staff.
- c. Each facility shall develop a written dispute resolution process which ensures that the peer advocacy organization and patients are allowed access to key facility staff, including the Facility Director.
- d. Each facility shall ensure that peer advocacy staff are allowed access to both residential and non-residential units of the facility. If access to any unit is temporarily limited, the reason for such limitations shall be set forth in writing and submitted to the Facility Director and peer advocacy organization for review.
- e. Each facility shall ensure that peer advocacy staff are allowed to participate in a patient's review of his or her clinical record. This requirement applies when a patient requests and is granted access to their medical record pursuant to Section 33.16 of the Mental Hygiene Law and has indicated in writing the desire to have a peer advocate present. Review of such records is subject to the specific provisions of Section 33.16. The refusal to allow the review or records and the reasons for such refusal shall be submitted in writing to the Facility Director and the peer advocacy organization.
- f. Each facility shall provide a private space for a patient and peer advocacy staff to meet.
- g. Each facility shall post the telephone numbers of the peer advocacy organization and shall allow the organization to distribute literature to patients describing its services.
- h. A peer advocacy representative(s) may, upon the request of a patient or facility unit, be denied access to a patient. The peer advocacy organization should be notified in writing and the reasons for such denial shall be stated.
  1. If a physician denies access to a patient for clinical reasons, the peer advocacy organization shall have the right to request a review of such decision with the Facility Director.
  2. If access is denied because of a failure to meet the obligations of the formal agreement, the peer advocacy organization may request a review of the decision with the Facility Director. Minutes of such meeting shall be kept and a copy forwarded to the Commissioner or his/her designee for review.

3. If access is denied based upon a patient's request, there shall be no right of review of the decision.

4. Training Requirements for Peer Advocacy Organizations

Each peer advocacy organization that applies to enter into agreement to provide services within a State-operated psychiatric facility must ensure that its representatives are well trained and effective in the provision of advocacy services. Each peer advocacy organization must ensure that its representatives have, at a minimum, received formal training and attain minimum competency in the following areas:

- a. Mental hygiene law
- b. Ethics and confidentiality
- c. Skills in negotiation
- d. Self-help skills
- e. Systems advocacy
- f. Protection and advocacy legislation
- g. Patients' rights
- h. The public mental health system and the roles of state facilities
- i. Benefits and entitlements
- j. Mental health and generic services in the community
- k. Cultural competency
- l. Sexual harassment and discrimination prevention
- m. Psychiatric medications and side effects
- n. Restraint and seclusion procedures
- o. Involvement with the Criminal Justice system and its impact on the treatment of persons with a mental illness.