

 Office of Mental Health <hr/> Official Policy Manual	Date issued 11/06/2024	Page 1 of 7	Section # PC-1500
	Section: Patient Care		
	Directive: Peer Advocacy		
	Policy Owner: Director, Office of Advocacy and Peer Support Services		

A. Policy Statement

It is the policy of the New York State Office of Mental Health (OMH) to support and encourage the development of a robust and diverse Peer Workforce. This includes supporting and encouraging relationships between State-Operated Psychiatric Facilities and independent Peer Advocacy Organizations.

In accordance with Mental Hygiene Law (MHL), OMH provides the following directive in its “Rights of Inpatients” publication; “You have a right to receive services that are suited to your needs provided in a skillful, safe and humane manner. Under state and federal law, staff people may not discriminate against you because of race, color, sex, creed, religion, age, national origin or the nature and severity of your disability.”

Mental Hygiene Law section 33.02 gives all patients sixteen years of age or older, residing within State-Operated Psychiatric Facilities the right to request a significant individual to themselves, be allowed to participate in the development of an individual treatment plan and a discharge plan. Such individual(s) may include any relative, close friend, or individual otherwise concerned with the patient’s welfare. The significant person may not be an employee of the State-Operated Psychiatric Facility. In addition, OMH extended these rights to allow a significant individual to participate in the admission process. Under MHL § 33.02(b), the 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 the limitation and the specific timeframe the limitation is in effect.

The use of Peer Advocacy Organizations is one avenue that patients sixteen years of age or older, residing within State-Operated Psychiatric Facilities, may wish to pursue in selecting an advocate to participate in the above processes or “other activities” as defined in this policy. Effective and well-trained Peer Advocacy organizations not only assist patients in understanding their rights but can significantly enhance the treatment process. Therefore, this policy directive establishes the standards and procedures for State-Operated Psychiatric Facilities regarding the development of relationships with Peer Advocacy Organizations, the respective roles and responsibilities, and the training requirements.

B. Relevant Statutes and Standards

MHL § 7.07, Office of Mental Health; Scope of Responsibilities

MHL § 29.13, Treatment Plans

MHL § 29.15(f), Discharge and Conditional Release of Patients to the Community

MHL § 33.02, Notice of Rights of Individuals with Mental Disabilities
MHL § 33.16, Access to Clinical Records
PC 520 Inpatient Programs Patient Care-Patient Treatment

C. Definitions

1. Peer Advocate means a current or former recipient of mental health services who is in recovery from a mental health condition, diagnosis, or major life disruption and who has completed approved advocacy training as described in Section D.2) of this policy. A Peer Advocate represents the interests and desires of a current patient who requests assistance.
2. Major Life Disruption means an event or series of events that leads to interruption in one's health, home, purpose, and/or community.
3. Youth Peer Advocate (YPA) means an individual who provides youth peer advocacy services to young people (primarily between ages 14 and 21) who are experiencing social, medical, emotional, developmental, substance use, or behavioral challenges in their home, school, placement, or community. The training requirements for YPAs are described in section D.3) of this policy.
4. Youth Peer Advocacy Services means providing training and support necessary to ensure the active participation and engagement of young people in the treatment planning process and in the development and reinforcement of skills. The services are to empower young people to find their voice, acquire new skills, and learn how to plan and partner effectively with their parents/caregivers and service providers. These services also promote constructive advocacy at all levels, modeling and mentoring young people in those same skills.
5. Peer Advocacy Services means assisting the patient to participate in the admission, assessment, treatment, and discharge processes; working with patients and staff to provide reasonable and timely resolution of individual problems affecting patients; identify and seek resolution to systemic problems; and identifying and assisting patients in accessing resources such as self-help groups.
6. Peer Advocacy Organization means an organization which provides the services of Peer Advocates to mental health service recipients. The organization is run by current or former service recipients and is independent of the facilities or programs in which it offers Peer Advocacy Services.
7. Other Activities means Bridger programs, facilitating groups related to community integration, and other topics related to community living, weekly ward meetings, assisting individuals to participate in Regional Advisory Committee meetings, or any other negotiated services with the facility.

D. Body of Directive

This policy directive consists of three components:

1. Roles and Responsibilities
2. Training Requirements for Peer Advocates Working with Adult Populations
3. Training Requirements for Peer Advocates Working with Youth Populations

1) Roles and Responsibilities

(a) Facility Directors

Facility Directors, or their designated representative, should proactively develop formal agreements with one or more independent Peer Advocacy Organization(s). If a Peer Advocacy Organization interested in providing services, the Facility Director must notify the Commissioner and the Chief Advocacy Officer (CAO) of the Office of Advocacy and Peer Support Services (OAPPS). Such notification shall:

- (i) Be in writing and submitted to the Commissioner and the CAO for approval within 30 days of formal contact with the Peer Advocacy Organization(s).
- (ii) Include the name and an analysis of the qualifications of the Peer Advocacy Organization(s).
- (iii) Indicate whether the Facility Director does or does not wish to proceed with the development of a formal relationship with the Peer Advocacy Organization(s), including the reasons for such decisions; and
- (iv) Delineate the steps and time frames for the establishment of a formal working relationship, if such a decision has been made.

(b) Peer Advocacy Organizations

Peer Advocacy Organizations which have an agreement with a State-Operated Psychiatric Facility to provide services to its patients must, at a minimum, have an assigned Peer Advocate to:

- (i) assist the patient to participate in the admission, assessment, treatment, and discharge processes;
- (ii) work with patients and staff to provide reasonable and timely resolution of individual problems affecting patients;
- (iii) identify and seek resolution to systemic problems; and
- (iv) identify and assist patients in accessing necessary resources such as self-help

groups.

Peer Advocacy Organizations must ensure minimum training requirements are met by each Peer Advocate. Review section D.2) for training requirements.

(c) State-Operated Psychiatric Facilities

A State-Operated Psychiatric Facility working with a Peer Advocacy organization must have a formal written agreement.

Each facility must:

- (i) Designate a staff liaison to facilitate the interaction of Peer Advocates or Peer Advocacy Organizations and facility staff.
 - a. The staff liaison must ensure that the Peer Advocate(s) is assigned an OMH email address and Statewide Learning Management System (SLMS) access to at a minimum, privacy and confidentiality, anti-discrimination, and protection and rights-based training.
- (ii) 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.
- (iii) 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, Peer Advocacy Organization, and the Office of Advocacy and Peer Support Services for review.
- (iv) Ensure that Peer Advocacy staff are allowed to participate in a patient's review of their clinical record. When a patient reviews their medical record under MHL § 33.16, they may also request, in writing, that a Peer Advocate be present. Any refusal of a review of records, and the reasons for refusal, must be submitted in writing to the Facility Director, OAPPS, and the Peer Advocacy Organization.
- (v) Provide a private space for a patient and Peer Advocacy staff to meet.
- (vi) Post the telephone numbers of the Peer Advocacy Organization and allow the organization to distribute literature to patients describing its services.

The facility may deny a Peer Advocate access to a patient if the patient or facility unit requests. The Peer Advocacy Organization should be notified of the denial, and reasons for the denial in writing.

- (i) The Peer Advocacy Organization can request a review of denial by the Facility Director if:

- a. A physician denies access to a patient for clinical reasons.
- b. Access is denied because of a failure to meet the obligations of the formal agreement. Minutes of such meeting shall be kept, and a copy forwarded to the Commissioner and CAO of the OAPSS.

- (ii) If access is denied based upon a patient's request, the Peer Advocacy Organization cannot request a review of the decision.

(d) Peer Advocate and Youth Peer Advocate

Peer advocates serve as patient representatives at the request of individual patients. The assistance of the advocate is determined by the patient. Peer Advocates can assist the patient to participate in the admission, assessment, treatment, and discharge processes; 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.

These peers are in a unique position to draw on their personal experience to engage and inspire hope.

(i) *Admission Process*

A patient may request a Peer Advocate be present to observe the admission process. A Peer Advocate may explain the process and procedures to a patient and ask 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.

(ii) *Treatment and Discharge Planning Process*

A patient may request a Peer Advocate attend the patient's treatment or discharge planning meeting. The Peer Advocate may clarify issues for the patient and ask questions to appropriate staff regarding patient specific concerns.

(iii) *Patient Contact*

Peer advocates may visit patients at any time during the contracted hours at the facility. Any requests to visit during the non-contracted 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.

(iv) *Confidentiality*

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

2) Training Requirements for Peer Advocates working with Adult Populations

Each Peer Advocacy Organization must ensure that its representatives are well trained and effective in the provision of advocacy services. Each Peer Advocacy Organization must ensure that the Peer Advocates have, at a minimum, received formal training through the Academy of Peer Services (APS), or a qualified Peer Workforce Training program in the following areas:

- The Historical Roots of Peer Support Services
- Human and Patient Rights in New York
- The Importance of Advocacy
- Essential Communication Skills (Active Listening and Reflective Responding)
- The Rehabilitation Act and Americans with Disabilities Act (ADA)
- Olmstead: The Continued Mandate for Deinstitutionalization
- The Goal is Recovery
- Introduction to Person-Centered Principles
- Action Planning for Prevention and Recovery
- Creating Person-Centered Service Plans
- Documentation for Peer Support Services
- Peer Delivered Service Models
- Trauma-Informed Peer Support
- Harm Reduction

Justice Involved is recommended if a Peer Advocate is working with the Forensic Population.

3) Training Requirements for Peer Advocate working with Youth Populations

Each Peer Advocacy Organization providing youth peer advocate services must ensure that its representatives are well trained and effective in the provision of advocacy services. Each Peer Advocacy Organization must ensure that the Youth Peer Advocates (YPA) have, at a minimum, received formal training through the Community Technical Assistance Center (CTAC), or a qualified Peer Workforce Training program in the following areas:

- Introduction to the Youth Peer Advocate Role
- Developing Self-Efficacy Skills
- Cultural Competence
- Professional Expectations
- Small Group Facilitation
- Navigating the System
- Documenting Your Work
- Introduction to Level 2
- Service Systems Parts 1&2
- Education into Career
- Understanding Marginalized Populations

If completion of the full YPA credential is incomplete, online courses at APS may be substituted that cover the following topics:

- Creating safe spaces
- Partnership-building skills
- Professional expectations and code of ethics
- Self-care and opportunities for support and collaboration