

DEPARTMENT OF BEHAVIORAL HEALTH & DEVELOPMENTAL DISABILITIES

Division of Addictive Diseases



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AD Peer Support Services- Group Service Definition

This service provides structured activities (in an agency or community-based setting) which promote recovery, self-advocacy, relationship enhancement, self awareness and values, and self-directed care.

Individuals served are introduced to the reality that there are many different pathways to recovery and each individual determines his or her own way. Supports are recovery-oriented. This occurs when individuals share the goal of long-term recovery. Individuals served are encouraged to initiate and lead group activities and each participant identifies his/her own individual goals for recovery.

Required Components

1. AD Peer Support services may operate as a program within a CORE provider, an Intensive Outpatient Provider (IOP) specialty provider, a Ready For Work (RFW) provider or an established peer program.
2. AD Peer Support Services must be operated for no less than 3 days a week, no less than 12 hours/week, no less than 4 hours per day, typically during day, evening and weekend hours.
3. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the activities that are conducted or services offered within the AD Peer Support program, and about the schedule of those activities and services, as well as other operational issues.
2. AD Peer Support should operate as an integral part of the agency's scope of services.
3. When needed and in collaboration with a participant, the Program Leader may call multidisciplinary team meetings regarding that individual's needs and desires, and a Certified Peer Specialist Addictive Diseases (CPS-AD) providing services for and with an individual must be allowed to participate in multidisciplinary team meetings.

AD Peer Support Services- Individual Service Definition

This service provides interventions (in an agency or community-based setting) which promote recovery, self-advocacy, relationship enhancement, self awareness and values, and self-directed care. Individuals served are introduced to the reality that there are many different pathways to recovery and each individual determines his or her own way. Supports are recovery-oriented and occur when individuals share the goal of long-term recovery. Each participant identifies his/her own individual goals for recovery.

Required Components

1. AD Peer Supports are provided in 1:1 CPS-AD to person-served ratio.
2. If an agency is providing AD Peer Supports-Individual, it shall also operate an AD Peer Supports group model program, meeting all of the expectations of AD Peer Support Group as set forth in this manual.
3. This service will operate within one of the following administrative structures: as a CORE provider, an Intensive Outpatient Provider (IOP) specialty provider, a Ready For Work (RFW) provider or an established peer program.
4. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about person-centered interactions offered by the CPS-AD.
5. AD Peer Support should operate as an integral part of the agency's scope of services.
6. When needed and in collaboration with a participant, the Program Leader may call multidisciplinary team meetings regarding that individual's needs and desires, and a Certified Peer Specialist Addictive Diseases (CPS-AD) providing services for and with an individual must be allowed to participate in multidisciplinary team meetings.

Staffing Requirements

Items 1-6 apply to both CPS-AD Group and Individual

1. The individual leading and managing the day-to-day operations of the program must be a CPS-AD.
2. AD Peer Support shall be supervised by an independently licensed practitioner or one of the following addiction credentials; CAC II, GCADC II/III, or MAC.
3. CPS-AD Program Leader is dedicated to the service at least 20 hours per week.
4. The Program Leader and other CPS-ADs AD Peer Support Recovery program may be shared with other programs as long as the Program Leader is present at least 50% of the hours the Peer Recovery program is in operation, and as long as the Program leader and the CPS-AD are available as required for supervision and clinical operations, and as long as they are not counted in consumer to staff ratios for 2 different programs operating at the same time.
5. Services must be provided and/or activities led by staff who are CPS-ADs or other consumers under the supervision of a CPS-AD. A specific activity may be led by someone who is a consumer but is an invited guest.
6. All CPS-ADs providing this support must have an understanding of recovery principles as defined by the Substance Abuse Mental Health Services Administration and the Recovery Bill of Rights published by Faces and Voices of Recovery, Inc. and must possess the skills and abilities to assist other consumers in their own recovery processes.

Staffing- cont.

CPS-AD Group ratio

The maximum face-to-face ratio cannot be more than 15 consumers to 1 CPS-AD direct service/program staff, based on the average daily attendance in the past three (3) months of consumers in the program.

CPS-AD Individual ratio

The maximum caseload ratio for CPS-AD cannot be more than 30 consumers to 1 CPS-AD direct service/program staff, based on the average daily attendance in the past three (3) months of consumers in the program.



- DBHDD website www.dbhdd.georgia.gov
- Georgia Crisis & Access Line
800/715-4225 or visit www.mygcal.com
- Division of Addictive Disease main phone number 404-657-2331