SUPERVISION SUMMIT

WHAT IT TAKES: SUPERVISING PEER SUPPORT SPECIALISTS/ADVOCATES

March 15, 2024

PeerTAC
PEER SUPPORT SERVICES
TECHNICAL ASSISTANCE CENTER

March 15, 2024

STRENGTHENING PEER SUPPORT DOCUMENTATION PRACTICES

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PRESENTERS

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OBJECTIVES

You will be able to:

- Identify why documentation is important in mental health service delivery.
- Gain a better understanding of the connection between the assessment, service/treatment plan, and progress notes.
- Detail what information should be included in quality Medicaid billable progress notes.
- Identify strategies to support effective documentation practices.

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AGENDA

Fundamentals of Quality Documentation

Charting Essentials

Peer Support Documentation

Strengthening Documentation Practices

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THE RECORD

- It is impossible to predict if or when records might be requested to be inspected by interested parties

- At anytime a record must be ready for inspection

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- The agency is responsible for the actual health record, while the individual and family contribute to its content
- Generally, this task is considered part of the service provision and is included in administrative costs

EXPECTATIONS FOR DOCUMENTING SERVICES

- As a Behavioral Health Professional, you are required to maintain high quality documentation related to the services you are contracted to, and subsequently provide
- Knowing what and how to document is the key to being efficient in this task

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The Record

What is it?	Who does it?	When is it done	Where is it done
• *Refers to the records of care, treatment, or services provided to an individual and/or family by behavioral health service agencies.* • *Contains demographic information* • *Describes care, treatment, or services provided*	• *Behavioral health care professionals (i.e. Care Managers, Drug and Alcohol Counselors, Mental Health Counselors, Social Workers, Physicians, Clinicians, and Peer Providers)* • *External providers when specialty testing or examinations are required* • *Individuals served when completing forms and questionnaires and collaboratively working with providers to collaborative detail their challenges and progress.*	• *Beginning, end, and throughout the care, treatment, or services experience.* • *Documented on a regular basis, as needed, and quickly as possible to avoid delays in care, treatment, or services.*	• *In Behavioral Health Care organizations (any setting where behavioral health care is provided)* • *Documented when services are provided in person, virtually, at home, and in the community.*

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Adapted from Documentation of care, treatment, and services in Behavioral Health Care Joint Commission (2018) Resources Oak Brook, Illinois 60523http://www.jcrinc.com

Why Documentation Matters

SERVES AS A MEMORY AID

IMPROVES COORDINATION OF CARE

TRACK PROGRESS & GOALS

INFORMS QUALITY IMPROVEMENT PROCESS

ALLOWS FOR REIMBURSEMENT

SERVES AS AN OFFICIAL RECORD

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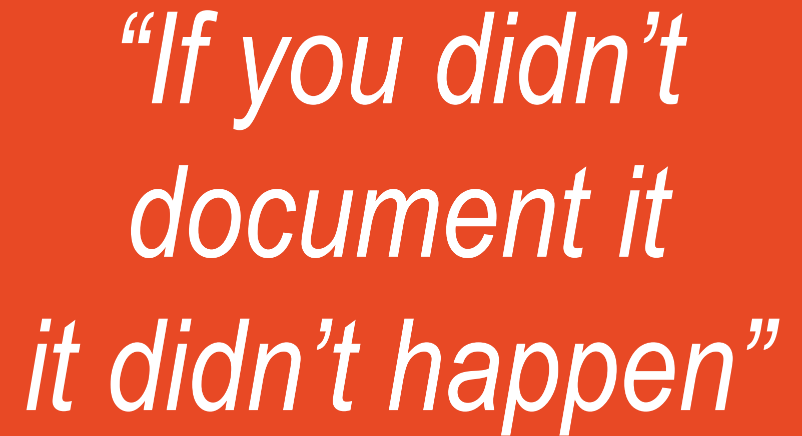
WHEN PROVIDERS FAIL TO DOCUMENT APPROPRIATELY

- Deprives the individual and/or family of the critical information needed to substantiate service provision
- Impacts fiscal sustainability if you cannot prove that services were provided
- Leaves the provider and employer at risk of accusations around quality of services that can't be defended



Fundamentals of Quality Documentation

Documenting Medical Necessity

The assessment will include the provider’s determination of medical necessity and recommendation for services

The details within the progress notes support medical necessity.

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The Golden Thread

Each piece of documentation flows logically from one document to the other so that the reviewer can see the connection between the presenting problems, concerns identified in the assessment, service/treatment interventions, progress, and services billed

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Maintaining The Golden Thread

01

Assessment

Identifies challenges and behaviors to be addressed in the service plan

02

Service Plan

Structures services to accomplish identified goals and objectives utilizing specific interventions.

03

Progress Notes

Substantiates work done toward meeting goals and objectives identified in the service plan utilizing specific interventions.

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Maintaining The Golden Thread

01

Assessment

Aminah is struggling to manage her fears and worries. She has been diagnosed with Generalized Anxiety Disorder.

02

Service Plan

Aminah will find ways to improve her ability to cope and manage her anxiety

03

Progress Notes

Aminah continues to struggle with her anxiety but has made some progress in connecting with supports when feeling overwhelmed.

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Maintaining The Golden Thread

Assessment

- Foundation for goal-setting and service planning.
- Is always an ongoing process, changing as you learn more about the individual and/or family.
- Inclusive of identifying and contacting any family and other collaterals who may have useful information to provide.

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Maintaining The Golden Thread

Service Plan

- Includes a general outline of the services identified.
- Allows for space to measure outcomes as the individual and/or family progresses through treatment.
- Is fluid to allow for midcourse corrections.

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Maintaining The Golden Thread

Progress Notes

- Record of the services provided by a professional.
- Demonstrates that the interventions delivered connect back to established goals.
- Identifies the individual’s progress

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Maintaining The Golden Thread

Some common ways in which documentation falls short in maintaining the Golden Thread are:

- Progress notes do not link to goals and objectives in the service plan
- Progress notes address a variety of issues, none that have been identified as a need in the assessment or service plan
- Specifics of interventions used in sessions are not described clearly or not within scope of role
- Goals and objectives are not individualized, or are not connected to assessment findings
- Service goals, objectives, and interventions are not updated when new issues emerge, objectives are achieved, or the individual/family is not progressing

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Charting Essentials

Characteristics of Quality Documentation

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Charting Essentials

- Include just the facts
  - Firsthand (direct) knowledge of observable actions & behaviors (be concrete, describe what is being observed)
- Conclusions written in the record should include verified facts that led to the conclusion.
- If a previous entry is found to be incorrect, amend the entry adding an explanatory note for correcting the information.

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Charting Essentials

- Ensure the record is complete
  - Clear, concise, record of services provided
  - Chronological record of care -past to present
- Supporting documentation should be identified by source (information provided by another health care professional or provider)
  - When referring to a report or document, identify date, location, and author (i.e.: As indicated in the 9/2013 Psychosocial Report completed by Lisa Smith, Clinician, That Agency Albany, NY.)
- Should be inclusive of signatures and credentials

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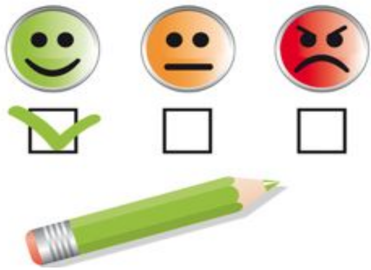
Charting Essentials

Meaningful
&
Relevant



Contains information that is helpful for planning and referral purposes

Easily interpreted over time even after significant time has elapsed

Identifies information in relation to critical incidents such as harm to self and others, significant safety concerns, mandated reporting requirements, etc.

Should only contain information relative to the individual, youth, and/or family receiving services- Do not use names of other clients/individuals in the record (may use initials or similar method of preserving other people's identities)

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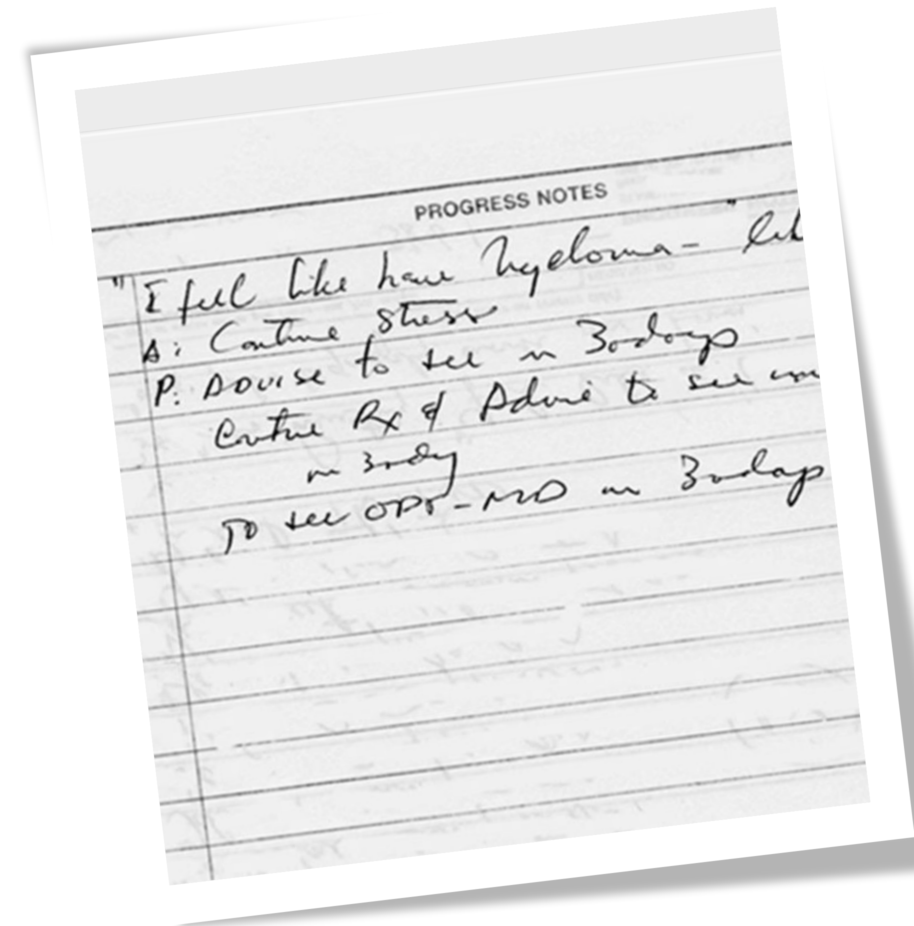
Charting Essentials

- Information should be
  - Legible
  - Retrievable
- Abbreviations should be avoided (other than those universally and/or approved in organizational policy)
- Initials or signatures should not obscure notes
- Should have proper spelling, grammar, and sentence structure

Proofread, Proofread, Proofread!



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Charting Essentials

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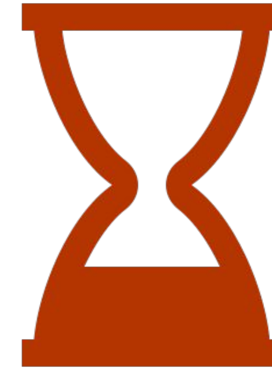
Notes should be written/entered the same day service was provided. In the event a situation prevents the timely recording of services, the note should be completed as soon as possible.



It is good practice to not allow extensive periods of time to transpire between when the contact occurred and when you "write" the note.

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Think About

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How *accurate* is the record if the required documentation is not completed as close to the event as possible?

How *available* is the record if the information in the record is not current and up to date?

How *reflective* is the record if the required documentation is not completed with the participant's input?

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Peer Support Documentation

Maintaining How Does The Golden Thread Apply to Peer Documentation

- Also sometimes described as the “Goal-den Thread.” Required by Medicaid.
- Connects the individual’s recovery goals to every service offered by your agency
- Auditors will look for you to connect the goal to each service; make it easy for them to find
- The “Goal-den Thread” concept is the same as the concept of narrative thread in writing a story

Resource: Adapted from Rider A. (2019).- *Holding the hope - Documenting Peer Support*

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Supporting Peer Support Service Delivery in Documentation

Peer Support Core Principles

Recovery-oriented: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

Person-centered: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the people served and to respond to specific needs the people has identified to the peer worker.

Voluntary: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

Relationship-focused: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

Trauma-informed: Peer recovery support utilizes a strength-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

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Core Competencies for Peer Works
https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

Supporting Peer Support Service Delivery in Documentation

Peer Documentation should demonstrate:

- A focus on recovery and resiliency
- Activities that support core principles of peer support (empowerment, hope, voice and choice, person/family centered, culturally and linguistically responsive, and community based)
- Support that is based on shared lived experience and mutuality
- Collaboration with other service providers, including safety planning and care coordination tasks
- Identification of and connection with formal and informal supports

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Core Competencies for Peer Works https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

Supporting Peer Support Service Delivery in Documentation

- Use human experience language – avoid clinical language
- Use the person's words, terms, preferred name and pronouns, culturally specific terminology
- Use peer support core value language and terms related to service description
- Use strengths-based and person first language

Core Competencies for Peer Works https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers

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The Progress Note

Demographic Information	***Who***- *Who was present and participated in the session?* ***Where-*** *Where did the session take place? (i.e.. home, community, virtual)* ***When***- *When did the meeting occur? (include day, time, and duration of session)*
Goals & Objectives Addressed	What service was provided to address the individual's needs/concerns? *Review/discuss goals in progress, status of tasks, successes, challenges, and any immediate safety needs.*
Interventions Provided	What strategies were utilized to support the individual/family in meeting identified goals? What were the worker/provider actions? What was the individual's response to the intervention?
Plan of Action	*What are the next steps? Record any actions to be taken based on the discussion.*
Next Meeting	When will you meet with the family next?

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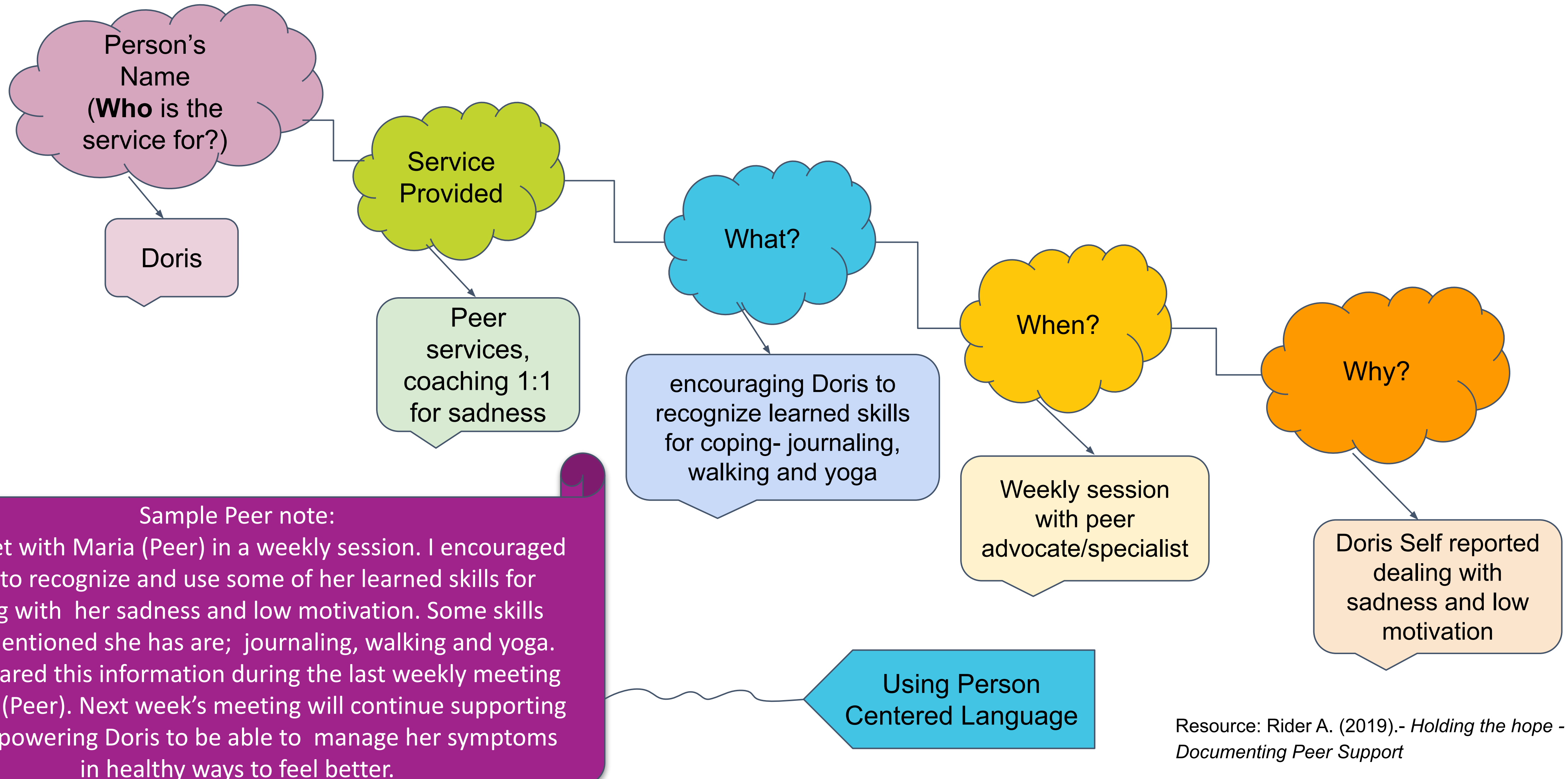
Sample Workflow for Peer Documentation



Resource: Rider A. (2019).- *Holding the hope - Documenting Peer Support*

Important information in a note

- Who: participant, any family members present, any service providers present
- What: any intervention, activity or discussion that took place
- Where: location
- When: time and duration of session
- Why: The reasons behind providing the particular service or intervention, how it is related to the participant's goals and what were the benefits and impact incurred

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Supporting Peer Support Service Delivery in Documentation

Content of Peer Support Providers Progress Notes

1. Consistently links back to the Peer Support Provider's purpose and role
2. Connects to the individual's stated goals
   - *Define life goals & objectives the person needs to achieve to be a valued community participant*
   - *Define desired changes in terms of specific, observable behaviors*
3. Captures strategic sharing of lived experience
4. Details steps in navigating various systems to assist the individual/ family is accessing supports

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Supporting Peer Support Service Delivery in Documentation

Content of Peer Support Providers Progress Notes

5
Reflects support in decision making, problem solving, advocacy, skill development, and community connections

6
Identifies strengths, capabilities, interests, preferences, needs, hopes and dreams, and priorities

Use quotes whenever possible so the documentation clearly reflects their input

7
Address willingness and motivation to invest in recovery

Don't forget to include those that care about them - recovery happens in a social context.

8
Charts each person's recovery journey and can provide an opportunity to reflect on successes, accomplishments, and lessons learned.

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Peer Support Vs. Clinical Notes

PEER SUPPORT NOTES

*Uses language of ordinary human experience

•Focuses on recovery and resiliency

•Includes the person’s strengths

•Uses the person’s goals for recovery

•Are all about the person!

CLINICAL NOTES

*Uses clinical language; ie: diagnoses, symptoms, medications

•Focuses on symptom management

•Identifies challenges to be addressed

•Explores root causes of current challenges

•Provides recommendations for services

Resource: Adapted from Ann Rider, MSW - whole human consulting presentation

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Meet Drew

Drew is an **addict** that began abusing drugs and alcohol around 12 years old. Drew was **manipulative** and a real **"party animal."** The **addict** hit "rock bottom" and even cut their wrists. The **"cutter"** was **out of control** and placed in **rehab** at age 13. Drew's mother was unfit and so the **addict** emancipated themselves at age 14 from her and **abused the system.**

Hyams, K, Prater, N., Rohovit, J., Meyer-Kalos, P.S. (2018). Person-centered language. Clinical Tip No. 8 (April, 2018):Center for Practice Transformation, University of Minnesota.

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Poll

What impression do you have of Drew from reading this note? (select all that apply)

a) Dysfunctional
b) Bright/intelligent
c) Out of control
d) Troubled
e) Capable

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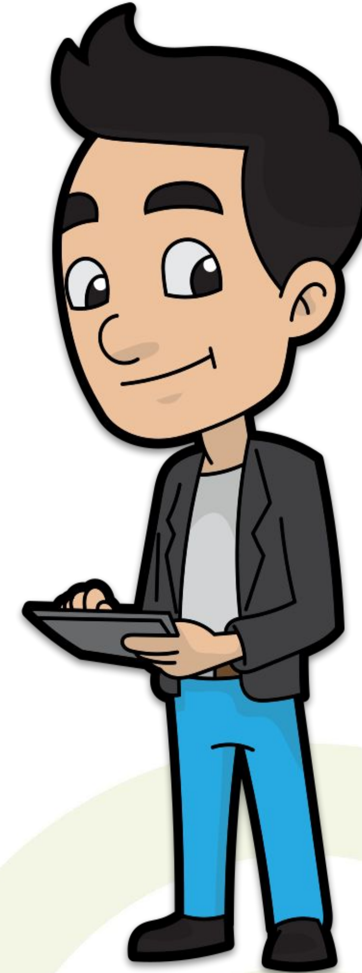
Meet Barry

Barry is a **person** that has a substance use disorder. Barry is a **resourceful** and **talented** actor that began their career at 11 months old. Their mother took them to many parties and Barry was exposed to substances at a young age. After a couple of years, Barry couldn't **successfully cope** with their substance use disorder and needed treatment, which they received. Barry's mother was experiencing **barriers to successful parenting.** Barry decided to emancipate themselves at age 14, as that decision seemed to be **self-advocating for their best choice for recovery.**



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Hyams, K, Prater, N., Rohovit, J., Meyer-Kalos, P.S. (2018). Person-centered language. Clinical Tip No. 8 (April, 2018):Center for Practice Transformation, University of Minnesota.

Poll

What impression do you have of Barry from reading this note? (select all that apply)

a) Dysfunctional
b) Bright/intelligent
c) Out of control
d) Troubled
e) Capable

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Common Progress Note Errors

Writing lengthy Notes

Recording irrelevant details

Including a play by play of the session

Not connecting goals and services

Using judgmental language about the person/family in writing

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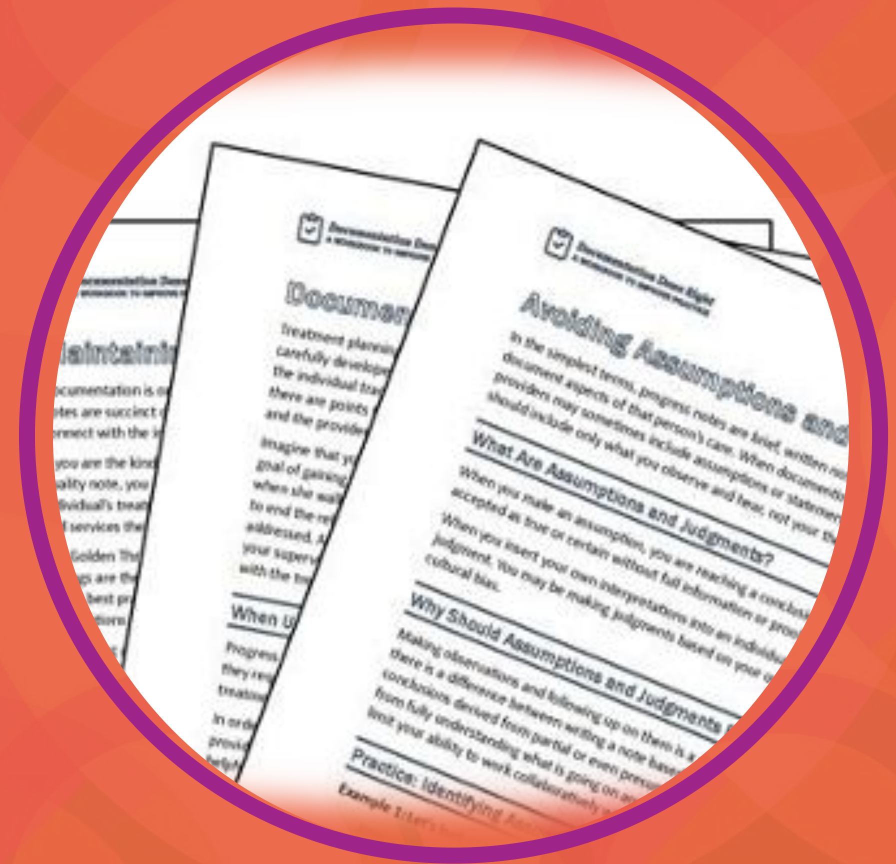
Strengthening Documentation Practices



Strengthening Documentation Practices

When onboarding staff, dedicate time to reviewing documentation requirements.

- Do they know what is expected of them?
- Have they been properly trained? If not, what is the plan to get them trained?
- Have you determined a case review schedule with the supervisee?

Remain Consistent in your review, and review for the following:

- An identified diagnosis, generally correlating with the reason for referral
- A clear reason for the initiation of services (what is the presenting problem)
- Functional needs due to the individual’s diagnosis
- Relevant goals and objectives (relevant to the diagnosis)
- Interventions that are in one’s scope

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Strengthening Documentation Practices

When reviewing supervisee's documentation, take brief notes about any questions that come up as you read.

- Was there something important that was never followed up on?
- Have there been any patterns that emerge over time?
- Don't forget to highlight things that are well-written so you can also give positive feedback!

Utilize supervision time to write notes together

- This allows you to teach them how to summarize and highlight what are the important points while leaving out the extraneous details.
- Allow supervisees to make needed corrections

Stagger the skills you would like them to achieve

- Don't work on everything all at once
- Once they get a handle on one skill, move to the next

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Strengthening Documentation Practices

Create a peer-to-peer support systems

- Are there others who know the requirements and can provide guidance to other staff?

Create an action plan for catching up on notes. Keep them accountable to it.

- This is HUGE! As soon as even 1-2 notes are missing, take note and make a plan to check in. As the supervisor, it’s your job to follow up and make sure this doesn’t become a bigger problem. Be supportive but also create a firm deadline and provide the needed time to meet that deadline.

Role Model by keeping records of your supervision with supervisee’s.

- Document discussion, tasks, professional development goals, achievements
- Detail any concerns and areas for growth

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Things to Remember About Your Documentation

01

The individual or family has a right to see their record at any time, so it is important to state the facts and be accurate to avoid embarrassment for the individual/family, you, and you agency/employer.

02

The progress notes should read like the "story" of an individual's time in your program, detailing the steps of your intervention and the individual's and/or family's response.

03

There is always the chance that your records could be subpoenaed by the court and therefore should be concise, and up to date.

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Questions and Answers

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Resources

- Documentation Done Right Workbook Series - Tip Sheets on Peer/Family Support Services Progress Notes Documentation Done Right

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THANK YOU

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The Peer Support Services Technical Assistance Center (PeerTAC) is a partnership between the Rutgers University Academy of Peer Services and the NYU McSilver Institute MCTAC/CTAC with funding from the New York State Office of Mental Health (NYSOMH)

Learn more at peertac.org

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