

STRENGTHENING PEER SUPPORT DOCUMENTATION PRACTICES

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PRESENTERS



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Participants are in listen mode only



Please submit questions via the Chat function



Live closed captioning is available –you can find the link in the Chat.



The webinar slides and recording will be posted to the PeerTAC webpage –please see the link in the Chat.

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Tell Us About You!



Clinic Leader



Non- Peer Provider



Peer Support Specialist Advocate



Supervisor



Other

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Welcome & Introductions

Name
Agency
Role

Introduce yourself in the Chat



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



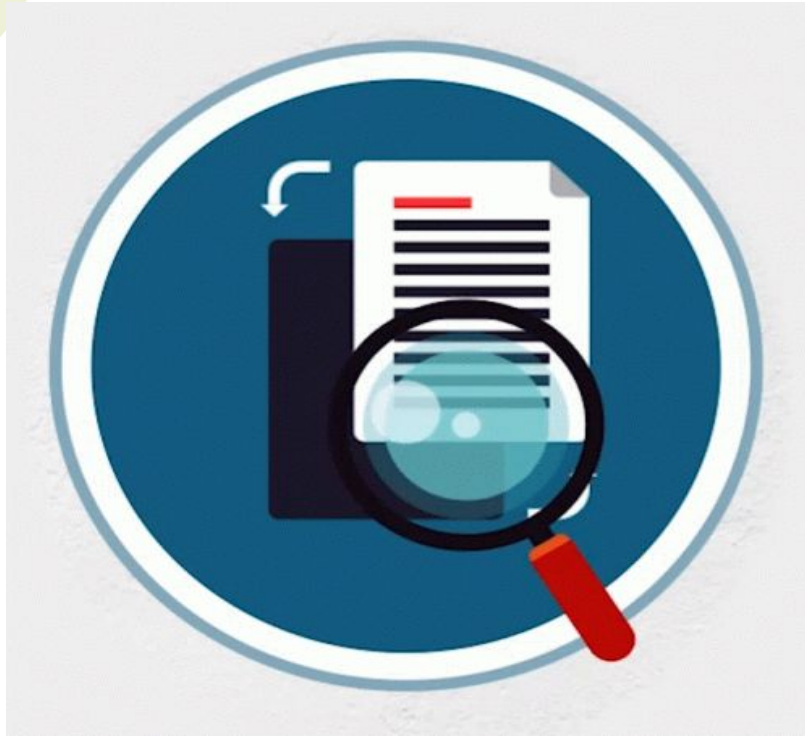
Strengthening Documentation Practices

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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?

- *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*

Who does it?

- *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.*

When is it done

- *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.*

Where is it done

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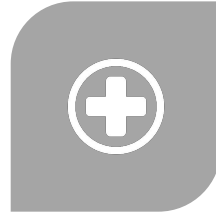
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Adapted from Documentation of care, treatment, and services in Behavioral Health Care Joint Commission (2018) Resources Oak Brook, Illinois 60523 <http://www.jcrinc.com>

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



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

“If you didn’t document it it didn’t happen”

General Behavioral Health Documentation Requirements in Medicaid Billable Programs

- Meet the state's Medicaid program rules
- Reflect **Medical Necessity** and justify treatment and clinical rationale
- Reflect active treatment
- Be complete, concise, and accurate
- Be legible, signed, and dated
- Be maintained and available for review
- Be coded correctly for billing purposes

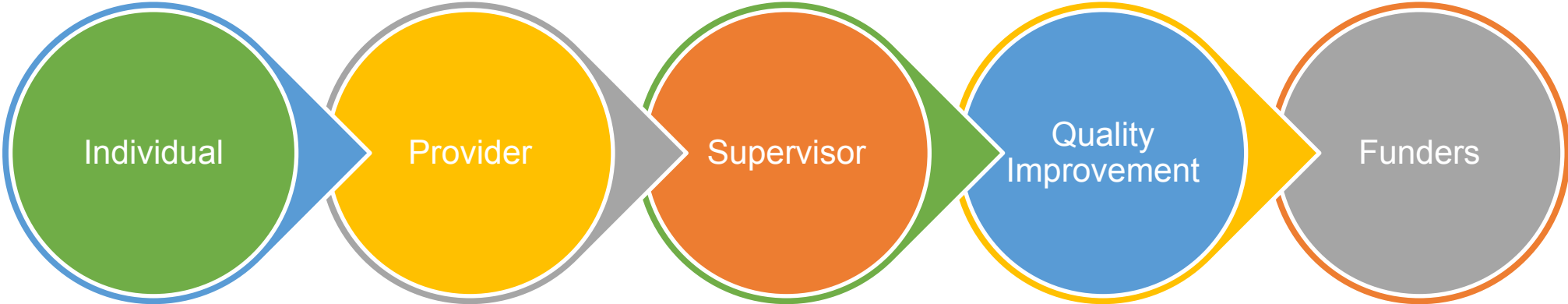
<https://www.cms.gov/medicare-medicaid-coordination/fraud-prevention/medicaid-integrity-education/downloads/docmatters-behavioralhealth-factsheet.pdf>

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Who is Involved in the Documentation Process?



Fundamentals of Quality Documentation



Documenting Medical Necessity



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



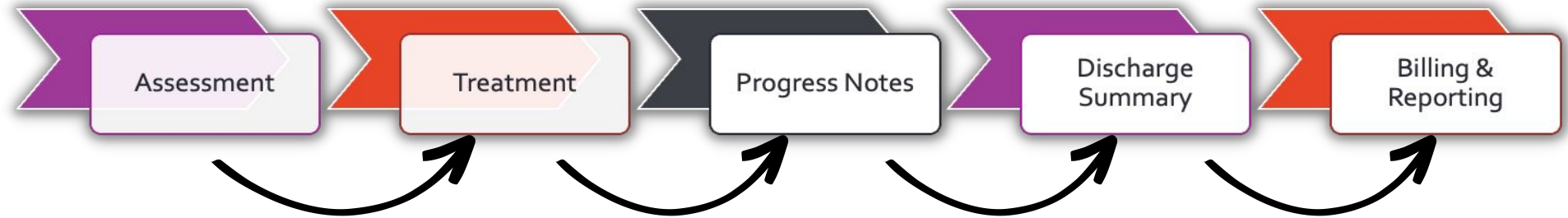
The details within the progress notes support medical necessity.

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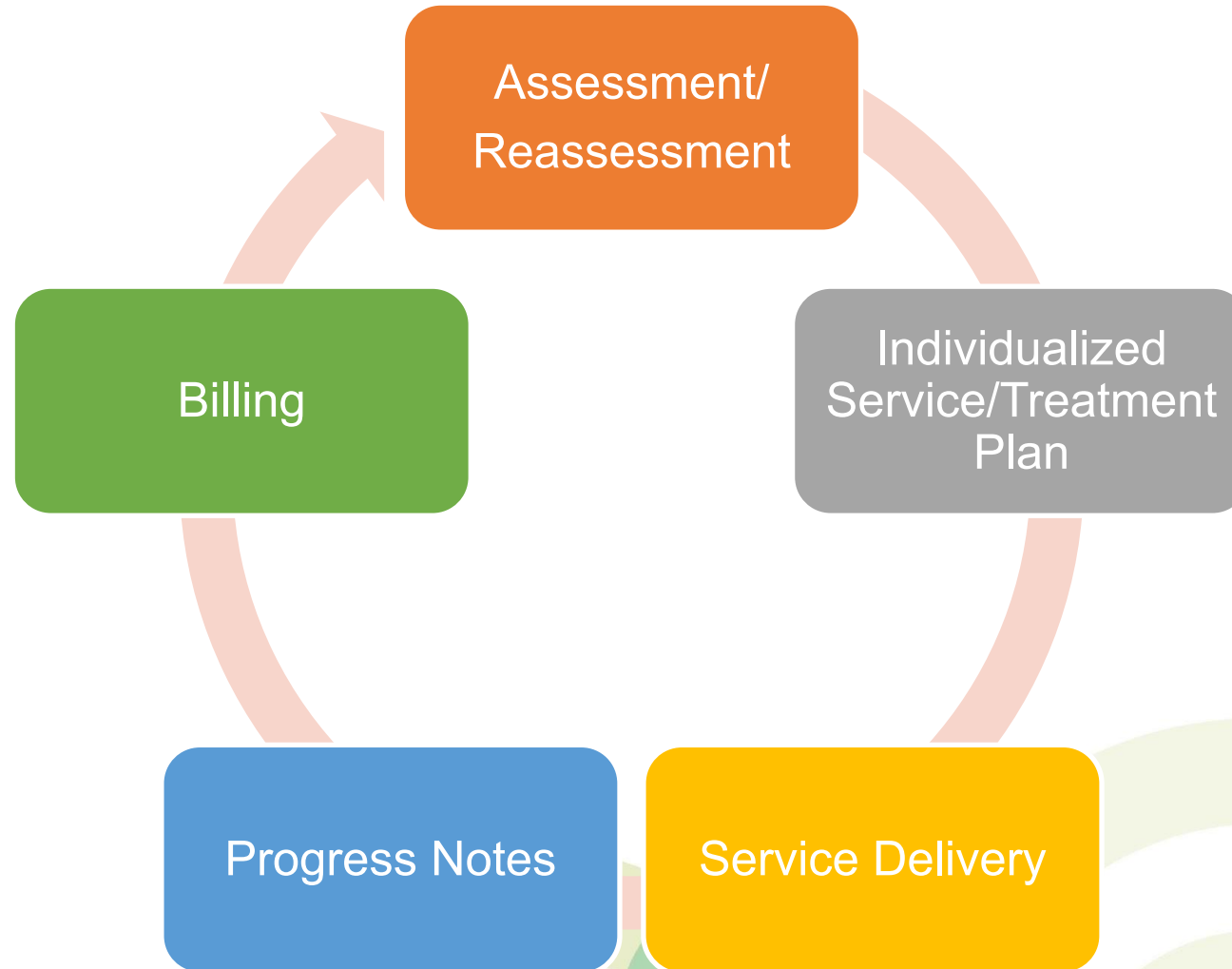
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The Golden Thread



Each piece of documentation flows logically from one document to the other so that an external reviewer can clearly see the connection between the need for the services as assessed, recommended service/treatment interventions as identified on the Individualized service/treatment plan and activities that are tracked in progress notes and subsequently billed.

Maintaining The Golden Thread



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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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Assessment

- Arlene shared that she feels hopeless, empty, and anxious most days, saying “I wake up feeling sad”.
- After seeking services, she was assessed to be struggling with Depression and Generalized Anxiety Disorder as diagnosed by a licensed professional.
- During this assessment, it was also recommended that Arlene be offered Peer Support Services as this service is critical in supporting individual informed decision making around treatment options.
- Arlene indicated a desire to work with an Adult Peer Specialist

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Service/Treatment Plan

A Service/Treatment Plan was developed collaboratively with Arlene and the Treatment Team, which included the Adult Peer Specialist. The following goals and objectives were developed

Goal 1: Improve ability to manage anxiety, depression and cope with related stress.

Objective(s):

- a) Over the next month Arlene will explore and identify, on a daily basis, her top five anxiety-provoking situations to assist with becoming more aware of the stressors associated with symptoms of anxiety.
- b) Over the next month Arlene will identify 2-3 sources of support she can seek out on a consistent basis when feeling isolated and hopeless.
- c) Over the next three months, Arlene will learn three new ways of coping with routine stressors to reduce symptoms of anxiety and depression and will practice 1-2 strategies daily.

Methods/Intervention(s):

- a) Over the next month, **clinician** will meet with Arlene individually, each week for 60 min to assist her in exploring and naming stressors to her increased anxiety. Clinician will use psychoeducation, motivational interviewing, and CBT strategies to help Arlene identify stressors.
- b) Over the next month, **clinician** will meet with Arlene individually, each week for 60 min to assist Arlene in exploring and identifying supports to utilize when she is feeling anxious and/or depressed. Clinician will use motivational interviewing and psychoeducation to assist Arlene in identifying sources of support.
- c) Over the next three months the **adult peer specialist will** meet with Arlene individually, each week for 30-60 minutes to explore what wellness would look like for her and begin to take steps to cope with feelings of depression and anxiety. Adult peer specialist will use strengths-based approaches to discuss dimensions of wellness with Arlene.

Service/Treatment Plan

Goal 2: Secure full-time employment

Objective (s):

- a) Over the next three months, Arlene will explore and identify 2-3 career/jobs of interests to support long term employment.
- b) Within the next six months, Arlene will enroll in a workforce development program and attend regularly to increase her employment skills.
- c) Within the next six months, Arlene will be able to successfully manage symptoms of anxiety and depression well enough to enable her to regularly attend, actively participate in, and complete the workforce development program.

Methods/Intervention (s):

- a) Over the next three months, **the adult peer specialist** will meet with Arlene individually, each week for 30- 60 minutes to share with Arlene a number of tools she can use that will help her explore her strengths, interests, and skills to identify job/career interest.
- b) Over the next six months, **the adult peer specialist** will meet with Arlene individually, each week for 30-60 minutes to introduce Arlene to various workforce development programs that she may choose to participate in to support long term employment.
- c) Over the next six months, **the adult peer specialist** will meet with Arlene individually, each week for 30-60 min to role play, practice, and develop strategies to avoid missing classes to assist Arlene in the successful completion of the work development program.

Progress Notes

New York Certified Peer Specialist met with Arlene at her home for a scheduled visit. New York Certified Peer Specialist listened to Arlene's concerns around a recent recommendation from her clinician to consider medications to help her feel less anxious and depressed. Arlene feels unprepared and is not comfortable making a decision about medication right now. New York Certified Peer Specialist shared personal experience of deciding whether to take medications to help in recovery, and noted that each person's experiences with medication is different. New York Certified Peer Specialists showed Arlene how to research medications and their side effects at reputable sites on the internet., Next time, the New York Certified Peer Specialist and Arlene will role play how Arlene could ask her doctor questions about side effects and benefits of taking medication, and its potential impact on Arlene's life.

Arlene said that not having employment is increasing her anxiety. She feels that she will not be able to support herself without a job. New York Certified Peer Specialists listened to Arlene's hopes and desires about work. New York Certified Peer Specialist also discussed financial entitlements for which Arlene may be eligible at this time in her life. Information related to type of assistance, application process, and timeline were reviewed. Arlene was also provided with phone numbers to several local community agencies that would be able to provide her with additional information. New York Certified Peer Specialist encouraged Arlene to use her support systems when feeling anxious and sad.

Arlene was very engaged during our time together. Arlene said she will plan to speak with her clinician and doctor regarding her concerns about taking medication for symptom reduction. Additionally, Arlene shared that she continues to struggle with using coping skills consistently and still feels anxious. New York Certified Peer Specialist and Arlene discussed calling one community service agency together to obtain additional information on applying for financial assistance, which would help relieve some of her anxiety and help her move toward her future goal of employment. New York Certified Peer Specialist and Arlene summarized the key points discussed, and completed the progress note

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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

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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Failure to Maintain the Golden Thread

A young adult who received services for a mental health condition during a significant time in their childhood, is now seeking financial entitlements for which they believe they are eligible given their mental health history. As a part of the eligibility process, this individual must obtain supporting documentation of a mental health concern that originated in childhood. Subsequently, the young adult requested their records be released from the treating agency to the requesting agency. Unfortunately, the documentation did not reflect the onset and severity of the individual's condition, impairments and/or their effect on the young adult's functional capacity. This issue delayed the ability for this individual to receive necessary benefits.

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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

Contains information that is helpful for planning and referral purposes

Meaningful
&
Relevant

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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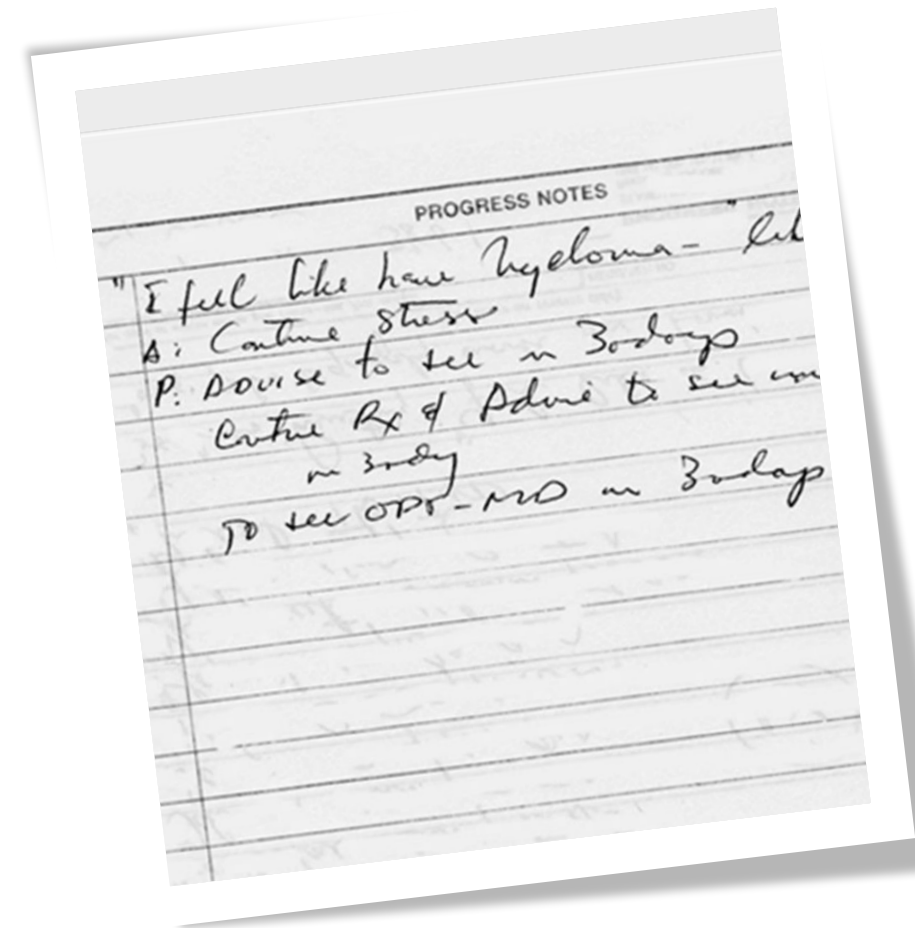


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Charting Essentials

- 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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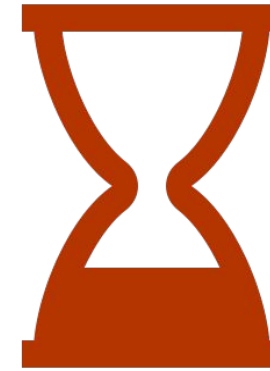


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Charting Essentials



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.

Think About



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?

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.

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

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Important information in a note

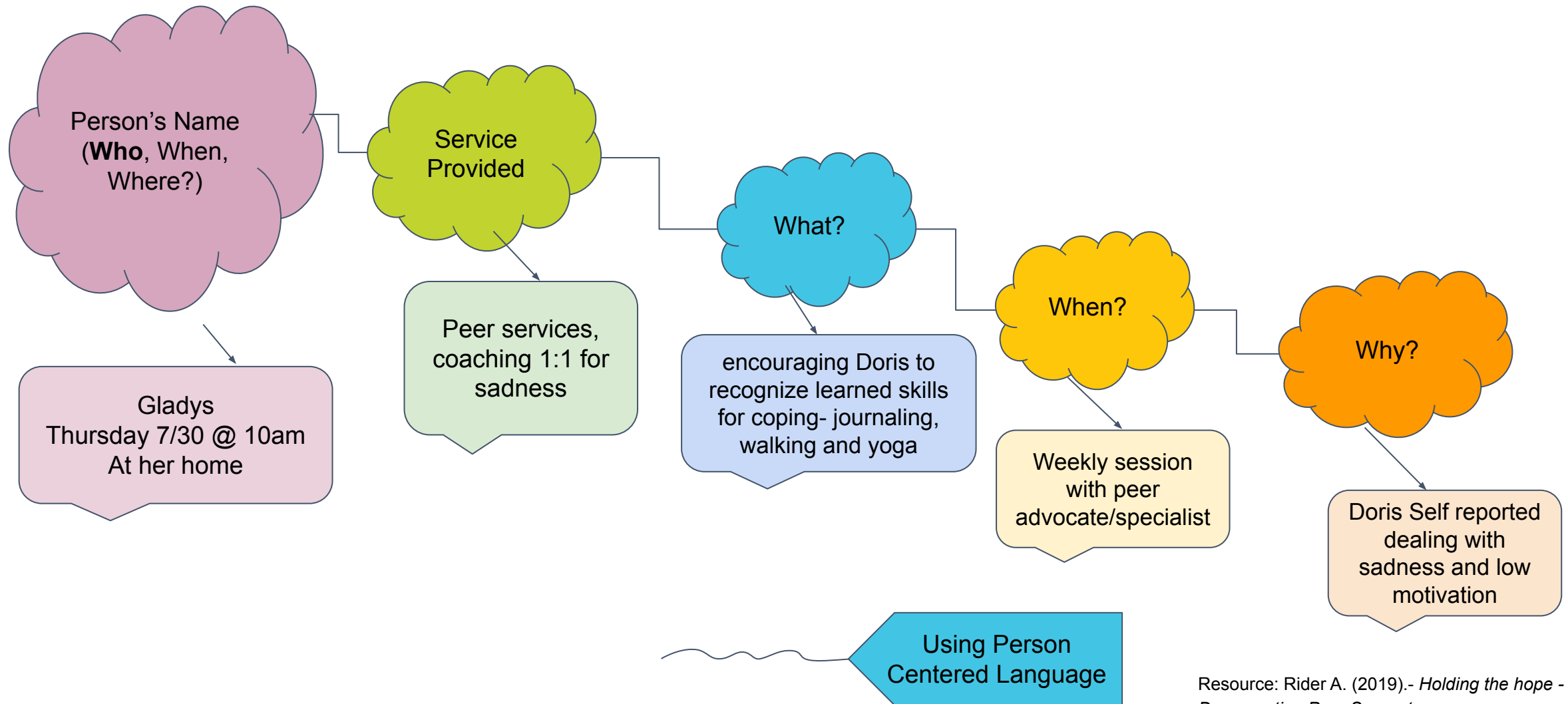
- Who: participant, any family members present, any service providers present
- What: any intervention, activity or discussion that took place
- Where: location
- When: time and duration of session
- Why: The reasons behind providing the particular service or intervention, how it is related to the participant's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

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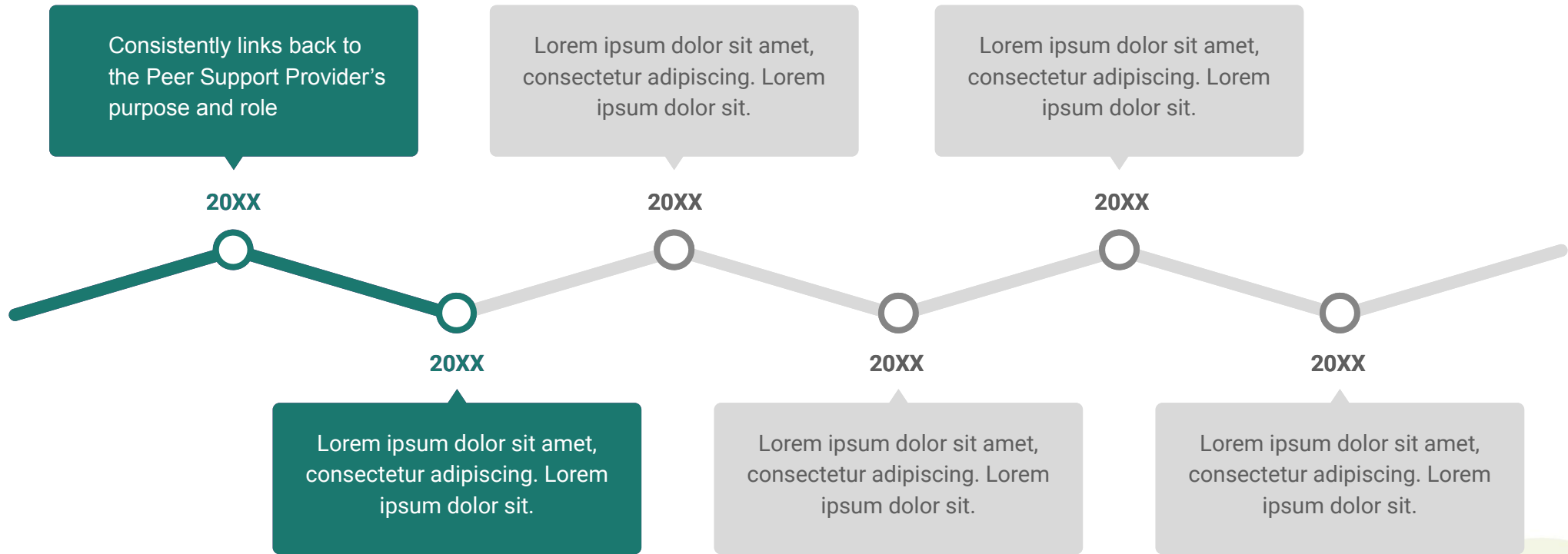
Sample Workflow for Peer Documentation



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

Sample Peer note:

Gladys met with Maria (Peer) in a weekly meetup at Gladys' home. I encouraged Gladys to recognize and use some of her learned skills for dealing with her sadness and low motivation. Some skills Doris mentioned she has are; journaling, walking and yoga. Doris shared this information during the last weekly meeting with me (Peer). Next week's meeting will continue supporting and empowering Doris to be able to manage her symptoms in healthy ways to feel better.



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Supporting Peer Support Service Delivery in Documentation

Content of Peer Support Providers Progress Notes

1

2

C

- Define life goals & objectives the person participant needs to achieve to be a valued community member
- 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 in 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!

*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

CLINICAL NOTES

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

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Concrete example from resources

sentence starters

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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.**

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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 Drew from reading this note? (select all that apply)

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

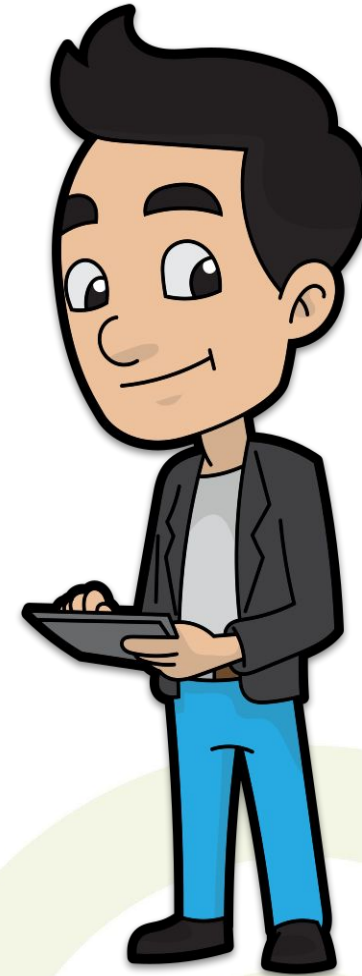
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Meet Barry

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)

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- e) Capable

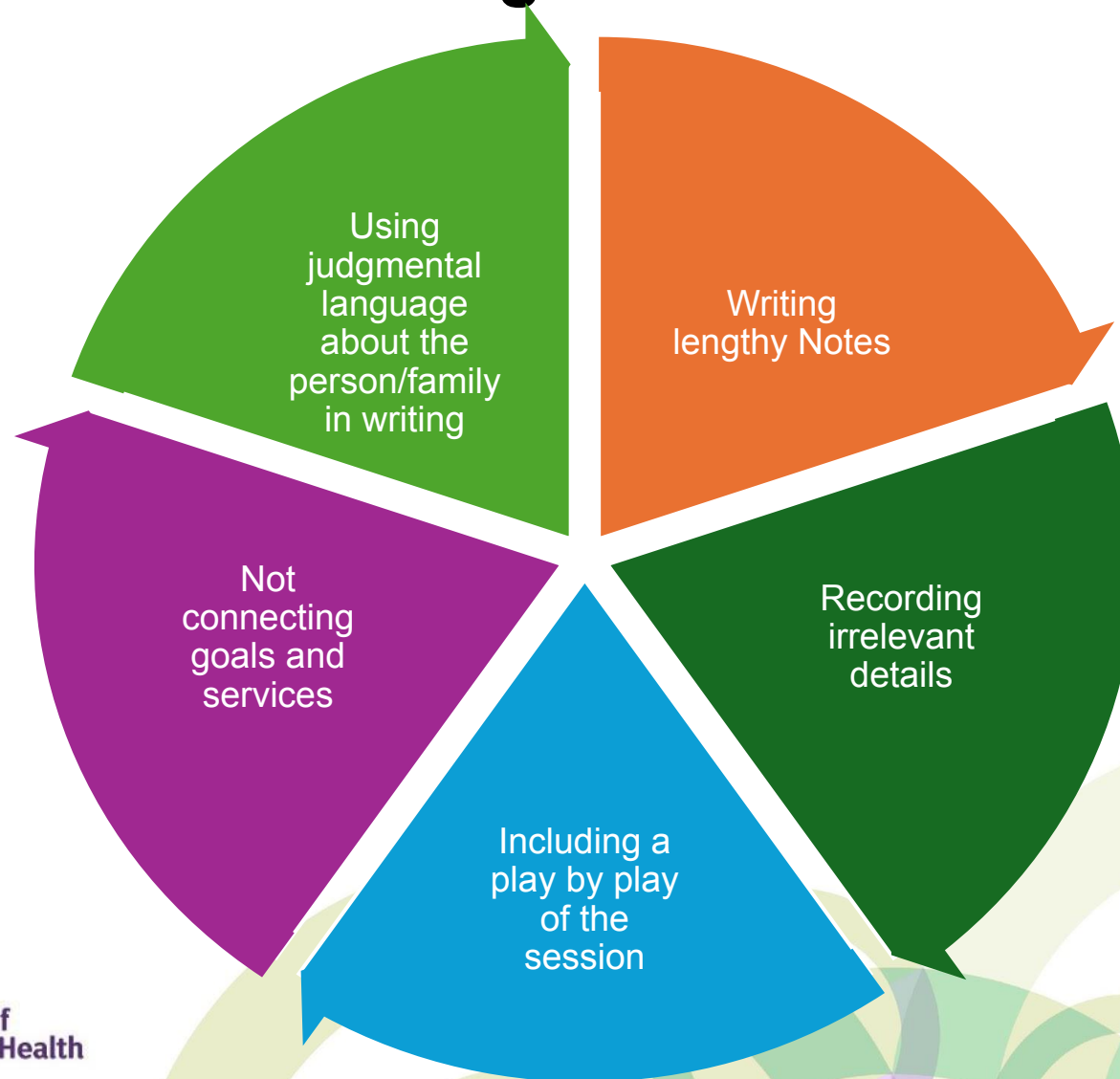
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Common Progress Note Errors

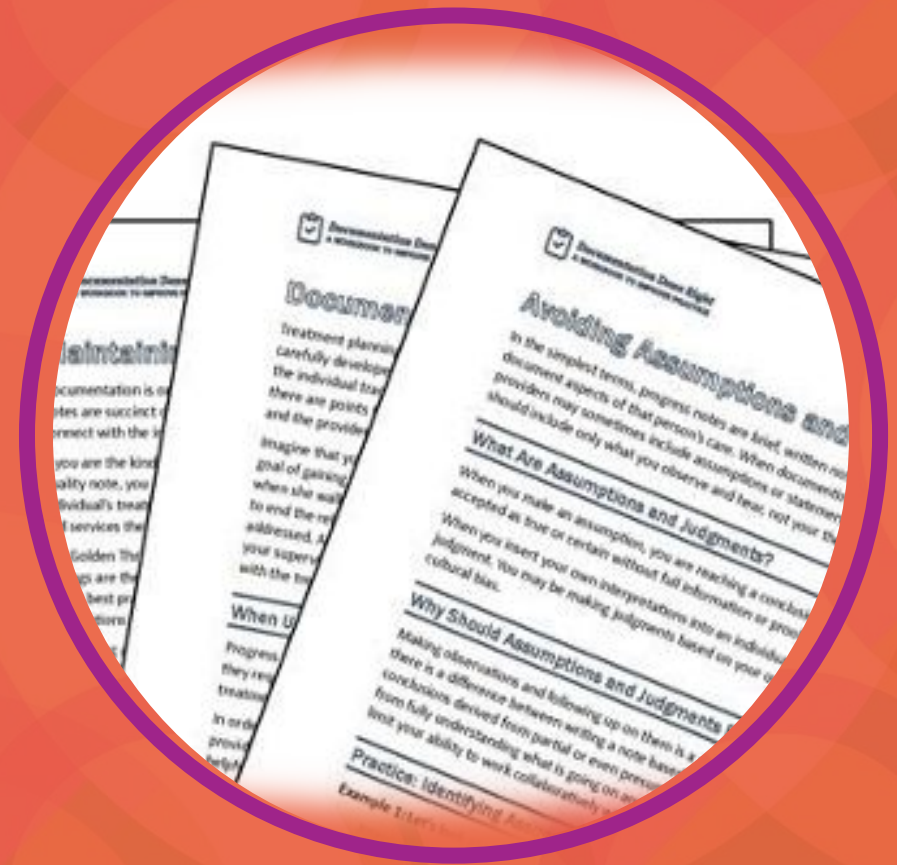


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Strengthening Documentation Practices



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 your 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





REFERENCES

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