

# St Luke's Penn Foundation

## Peer Support

### What is Peer Support:

- A Peer Specialist is an individual with their own mental health or co-occurring lived experience.
- They have found stability in their lives, and their role is to support participants in finding their own life of recovery.
- As individuals who have achieved and maintained their own personal recovery, they serve as constructive, positive role models who help reduce stigma and focus on empowerment.

### A Peer Specialist supports participants by:

- Sharing their personal experience of recovery
- Practicing mutuality through exploring, learning, and growing together
- Walking the journey of recovery *with* a person, rather than *doing for* a person
- Empowering participants to have a voice and recognize they are more than a diagnosis
- Embraced "Nothing about *Me* Without *Me*" with respect to participants
  - Please don't take it personally if a Peer Specialist does not attend an all-staff team meeting

### A Peer Specialist is NOT:

- A Friend
- A Taxi
- A means to get the individual to comply with treatment or medications

### Admission Criteria:

- Adult 18+
- Has a documented mental health diagnosis (SMI).
  - ID & Autism dx require Magellan approval and are not guaranteed services through our program.
- Has a moderate to severe functional impairment in one of the 5 major life domains
  - (vocational, education, independent living, wellness, social)
- Lives in the program catchment (upper Bucks & northeastern Montgomery)
- Referral signed by an LPHA
  - **LCSW, LPC, MD, DO, CRNP**

### Program Expectations:

- The individual can commit to meeting weekly for at least an hour
- The individual can identify a goal they would like support with obtaining
- The individual has the capacity to complete paperwork required by OMHSAS and Magellan
- The individual chooses to be in the program

## Catchment Areas

### **Bucks County:**

- Perkasio
- Pipersville
- Upper Black Eddy
- Dublin
- Durham
- Kitnersville
- Quakertown
- Sellersville
- Blooming Glenn
- Milford Square
- Spinnerstown
- Ottsville
- Silverdale
- Telford
- Trumbauersville

### **Montgomery County:**

- Souderton
- Franconia
- Lederach
- Morwood
- Harleysville
- Mainland
- Salford
- Telford
- Tylersport
- Woxall
- East Greenville
- Some Hatfield
- Some Lansdale

If you are working with an individual who lives outside of one of these areas, please reach out to the program manager. We can discuss what other supports the individual has at SLPF and if we can make an exception for admission or connect you with the Peer Support provider in that area.

**Peer Support is a short-term program  
The average length of engagement is 24 months**

Program Manger:

Trish Nye- [Patricia.Nye@sluhn.org](mailto:Patricia.Nye@sluhn.org)

Program Supervisor:

Matthew Deery- [Matthew.Deery@sluhn.org](mailto:Matthew.Deery@sluhn.org)

For individuals interested in self-referring or for external providers, there is a PDF referral on our webpage- <https://www.pennfoundation.org/services/mental-health/for-adults/peer-support/>

**St. Luke's Penn Foundation – Psychiatric Rehabilitation Services and Peer Support  
Recommendation for Services**

\*Programs marked with the asterisk are all psychiatric rehabilitation services; individuals cannot participate in them at the same time.\*

- **Peer Support:** Individuals receive one-on-one support in the community from a Certified Peer Specialist. Peer Specialists draw upon their own lived experience and recovery to engage with individuals to assist them in creating and pursuing their personal recovery plans in living, educational, employment, and wellness domains.
  - **Send Referrals to the attention of Trish Nye, patricia.nye@sluhn.org**
  
- **\*REACH:** Curriculum-based, two (2) year psychiatric rehabilitation program. Individuals are supported in skill building and goal achievement through both group classes and individualized support in living, educational, employment, and wellness domains. Group classes are via interactive meetings on-site; individual work may happen on-site or in the community.
  - **Send referrals to the attention of Sara Dobson; sara.dobson@sluhn.org**
  
- **\*Wellspring Clubhouse:** Individuals attend Wellspring based on their own schedule and choice, and participate in the skill building units of their choice. Individualized goal plans and connection with community resources support progress in living, educational, employment, and wellness domains. Supported and Transitional Employment, as well as Supported Education programs, are incorporated within the model. Wellspring also features an evening, weekend, and holiday social program.
  - **Send referrals to the attention of Jocelyn Giancola; jocelyn.giancola@sluhn.org**

The reverse side of this form must be signed by a licensed psychiatrist, certified registered nurse practitioner, or licensed psychologist. **If referral is from an agency other than Penn Foundation, a psychiatric evaluation completed within the last 12 months must be provided.**

Applicant Legal Name \_\_\_\_\_ Preferred First Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_  
 Birthdate \_\_\_\_\_ Identified Gender \_\_\_\_\_

Please indicate any other referrals that you made or recommended for this individual and the status of the referral \_\_\_\_\_  
 \_\_\_\_\_

**Current Treatment/Services**

<u>Treatment or Service</u>	<u>Agency</u>	<u>Primary Staff/Clinician</u>	<u>Phone# &amp; Ext.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Psychiatric Diagnoses (F-codes)**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_
- 7. \_\_\_\_\_

**Current D & A Use**

Type? \_\_\_\_\_  
 Frequency? \_\_\_\_\_  
 Current D & A Treatment \_\_\_\_\_  
 Attend 12 Step Meeting? Yes \_\_\_\_\_ No \_\_\_\_\_  
 Frequency? \_\_\_\_\_

**Complete the following** (Give brief explanation)

Presence of significant harm to self, others, property, or unusual behaviors. (When?) \_\_\_\_\_

Incidences of violence, arrest, prison terms, fire setting, fire safety issues (When?) \_\_\_\_\_

**Impact of psychiatric diagnoses on functioning (check all that apply, circle severity)**

I certify that the above named person has a ***moderate to severe functional impairment in one or more domains as a result of their psychiatric diagnoses*** and I recommend psychiatric rehabilitation services/peer support.

**Life Domains**

	none	mild	moderate	severe	Brief comment
<input type="checkbox"/> Employment	_____	_____	_____	_____	_____
<input type="checkbox"/> Education	_____	_____	_____	_____	_____
<input type="checkbox"/> Independent Living	_____	_____	_____	_____	_____
<input type="checkbox"/> Wellness Management	_____	_____	_____	_____	_____
<input type="checkbox"/> Social	_____	_____	_____	_____	_____

X \_\_\_\_\_ Date \_\_\_\_\_

**(Signature of Licensed Practitioner of the Healing Arts [LPHA] required)**

Printed name of above: \_\_\_\_\_

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

**Referral Source (Print Name)** \_\_\_\_\_ **Referral Source Signature** \_\_\_\_\_ **Ext.** \_\_\_\_\_

**\*\*\*\*Please Read Important Notice to Applicant/Informed Consent – ONLY For Wellspring Clubhouse Applicants\*\*\*\***

Clubhouse members are involved in all aspects of Clubhouse operation and functioning. They are responsible for new member procedures, admissions, tours, orientation and upkeep of member records. Clubhouse members may make initial contacts, follow-up as well as outreach calls. All members are informed of the confidential nature of Clubhouse member information. **Your signature below verifies your informed and voluntary participation and consent to these Clubhouse procedures.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_