

SERVICE MATRIX FOR COMMUNITY SUPPORT SPECIALISTS*, FAMILY SUPPORT PROVIDERS, YOUTH PEER SPECIALISTS, & CERTIFIED PEER SPECIALISTS

“The most powerful words anyone can hear on their mental health journey are ‘me too’” – Unknown, noted in Family Support Provider presentation 11/2023

	Clinical	Non-Clinical		
Position	Community Support Specialist* (CSS)	Family Support Provider (FSP)	Youth Peer Specialist (YPS)	Certified Peer Specialist (CPS)
Eligible Staff	One of the following: Qualified mental health professional; Qualified addiction professional; Bachelor’s degree in a human services field from a college or university included in the U.S. Department of Education’s database of accredited schools at http://ope.ed.gov/accreditation ; Any four-year degree or combination of higher education and qualifying experience; Four years of qualifying experience; or Associate of Applied Science in Behavioral Health Support degree as designated by the department. Supervision is provided by an LMHP or QMHP (with LMHP available for clinical consultation), as defined in the workforce memo sent out by DBH on 1/18/24.	A family member with lived/living experience caring for a child or youth who had or currently has a mental health or substance use disorder; has a high school diploma or equivalent; and has completed training as required by department policy, and for Medicaid billable treatment programs, supervision is provided by an LMHP, QAP, or Community Support Supervisor, as defined in the workforce memo sent out by DBH on 1/18/24.	An adult (best practice is age 18 to 30) with lived/living experience of a mental health and/or substance use disorder; has a high school diploma or equivalent; has completed training as required by department policy; and for Medicaid billable treatment programs, supervision is provided by an LMHP, QAP, or Community Support Supervisor, as defined in the workforce memo sent out by DBH on 1/18/24. Required to follow requirements for Certified Peer Specialists. YPS’s that also serve youth aged 13-17 years and 9 months must also complete YPS training.	An adult with lived/living experience of a mental health and/or substance use disorder; has a high school diploma or equivalent and has completed training as required by department policy; and for Medicaid billable treatment programs, supervision is provided by an LMHP, QAP, or Community Support Supervisor, as defined in the workforce memo sent out by DBH on 1/18/24. Young (under 30) CPS’s that serve young adults (18-25) are recommended to complete YPS training as well.
Population Served	Identified client eligible for CPR or CSTAR program.	Caregiver of a youth (up to age 25) who is an identified client	Identified client age 13-25	Identified client age 18+

**Some agencies may refer to this position as Integrated Health Specialist (IHS) or Integrated Health Coach (IHC)*

This document was created through funding from Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), grant number H79SM081978, project Missouri Transition Age Youth-Local Engagement and Recovery (MO TAY-LER).

Key Role	Uses professional training to provide clinical support through 8 key service functions: Develops recovery goals and identifies needs, strengths, skills, resources, and supports and teaches individuals how to use them to support recovery; identifies barriers to recovery, and assists individuals in the development and implementation of plans to overcome them Helps individuals restore skills and resources negatively impacted by their behavioral health disorder Supports and assists individuals in a crisis to access needed treatment services to resolve the crisis Continues recovery planning and discharge planning with individuals who are hospitalized for a medical or behavioral health condition Assists in identifying risk factors related to relapse in mental illness and/or substance use disorders, developing strategies to promote recovery	Uses lived experience to provide non-clinical support to “peers” (families of children with behavioral health conditions) through these core competencies: Core Competencies for Peer Workers in Behavioral Health Services (samhsa.gov) Engages in collaborative and caring relationships Provides mutual support Shares lived experience of recovery to inspire hope Personalizes peer support to underscore that there are multiple pathways to recovery Supports recovery planning so peers can take charge or and make changes in their lives Links to resources, services, and supports to enhance recovery Coaches, models, or provides information about skills that enhance recovery Helps manage crises	Uses lived experience to provide non-clinical support to “peers” (youth/young adults age 13-25) through these core competencies: Core Competencies for Peer Workers in Behavioral Health Services (samhsa.gov) Engages in collaborative and caring relationships Provides mutual support Shares lived experience of recovery to inspire hope Personalizes peer support to underscore that there are multiple pathways to recovery Supports recovery planning so peers can take charge or and make changes in their lives Links to resources, services, and supports to enhance recovery Coaches, models, or provides information about skills that enhance recovery Helps manage crises	Uses lived experience to provide non-clinical support to “peers” (adults age 18+) through these core competencies: Core Competencies for Peer Workers in Behavioral Health Services (samhsa.gov) Engages in collaborative and caring relationships Provides mutual support Shares lived experience of recovery to inspire hope Personalizes peer support to underscore that there are multiple pathways to recovery Supports recovery planning so peers can take charge or and make changes in their lives Links to resources, services, and supports to enhance recovery Coaches, models, or provides information about skills that enhance recovery Helps manage crises
----------	--	--	--	--

**Some agencies may refer to this position as Integrated Health Specialist (IHS) or Integrated Health Coach (IHC)*

This document was created through funding from Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), grant number H79SM081978, project Missouri Transition Age Youth-Local Engagement and Recovery (MO TAY-LER).

	Promotes the development of positive support systems by providing information to family members/natural supports, as appropriate, regarding mental illness, emotional disorders, and/or substance use disorders and ways they can be of support to their family member's recovery. Develops lifestyle changes needed to cope with the side effects of psychotropic medications and/or to promote recovery/resiliency from the disabilities, negative symptoms, and/or functional deficits associated with a mental illness, emotional disorder, and/or substance use disorder Advises individuals on maintaining a healthy lifestyle	Values communication that reflects the value of respect Supports collaboration and teamwork with colleagues Promotes leadership and advocacy to advance a recovery-oriented mission of services <i>Maintains specialized focus on the family culture and uniqueness of the family</i>	Values communication that reflects the value of respect Supports collaboration and teamwork with colleagues Promotes leadership and advocacy to advance a recovery-oriented mission of services <i>Maintains specialized focus on youth culture and unique needs of youth and young adults.</i>	Values communication that reflects the value of respect Supports collaboration and teamwork with colleagues Promotes leadership and advocacy to advance a recovery-oriented mission of services
--	---	--	--	--

**Some agencies may refer to this position as Integrated Health Specialist (IHS) or Integrated Health Coach (IHC)*

This document was created through funding from Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), grant number H79SM081978, project Missouri Transition Age Youth-Local Engagement and Recovery (MO TAY-LER).

Key Differences: not always WHAT they do that is different but HOW they do it		
	• Clinical support: creates holistic, individualized, person-centered treatment plan, provides crisis intervention and make referrals when necessary; coordinates care with other team members • Maintains boundaries for clinicians (typically does not share personal experiences but focuses just on the client's needs)	• Recovery support: uses lived experiences of recovery, sharing and supporting the use of recovery tools, modeling successful recovery goals, and connecting to others with similar lived experience to develop a network for information and support • Highly relatable for the parent/caregiver • Mutuality- often called “peerness” - between peer specialist and person using services to promote connection and inspire hope • Strategic sharing of own lived experiences • Instills hope by representing personal successful recovery
Key Similarities		
	• Integral member of treatment team • Applies person-centered approach • Empowers client (and/or family members/caregivers) to advocate for their needs and wants • Addresses barriers for client to get the services/supports they need and want	

Key Resources:

[2022 Peer Specialist Trainings – Missouri Credentialing Board \(missouricb.com\)](https://missouricb.com/2022-peer-specialist-trainings)

[MCB Peer Supervision – Missouri Credentialing Board \(missouricb.com\)](https://missouricb.com/mcb-peer-supervision)

[Missouri Department of Mental Health Memo on Workforce Consolidation and Reorganization of Behavioral Health Professionals](#)

**Some agencies may refer to this position as Integrated Health Specialist (IHS) or Integrated Health Coach (IHC)*

This document was created through funding from Federal Health and Human Services Department (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA), grant number H79SM081978, project Missouri Transition Age Youth-Local Engagement and Recovery (MO TAY-LER).