



W·I·S·E

WORKFORCE INTEGRATION SUPPORT AND EDUCATION

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EMPLOYER TOOLKIT

IMPLEMENTING ESSENTIAL ORGANIZATIONAL CHANGES
TO SUCCESSFULLY INTEGRATE PEERS



WELLNESS • RECOVERY • RESILIENCE



W·I·S·E is a program of Cal Voices (Formerly NorCal MHA) funded by the California Mental Health Services Act (Prop 63) and administered by the Office of Statewide Health Planning and Development (OSHPD).

SAMHSA has provided recommendations on exactly how to accomplish the integration of peer support workers into traditional behavioral health settings. Most notably, the integration and inclusion of peer staff should be accomplished thoughtfully and systematically, to ensure all actors within the existing workplace are aware of these changes and the goals served by the incorporation of peers. When the agency's vision for transformation is not adequately communicated and sufficient buy-in is not generated before peers come aboard, organizations will likely expend valuable time and precious resources addressing the problems that will inevitably result from the lack of thoughtful prior planning.

The culture of the entire organization is impacted when peers are hired. Change is hard and takes time and consistent effort to accomplish. There will always be individuals who are more comfortable with the status quo. But change is a necessary component of growth and systems improvement. Introducing peers into an organization is often challenging. To successfully integrate peers, it is important to follow some guidelines:

1. The process should be done slowly and methodically while working with staff to introduce the change.
2. Agencies should hire more than one peer in a program.
3. Peers should make living wages.
4. Peers should report directly to a high-level administrative staff member, allowing problems to be addressed quickly so that the peer, and incorporation of peers, can be successful.

Planning for organizational transformation must address all aspects of the current system to identify potential barriers and anticipate objections. System-wide planning ensures the agency is truly committed to the onboarding of peers and making necessary changes so peers are welcomed and supported as vital contributors. For example, policy, workforce development practices, peer staff training and education, data collection, outcomes and performance management, and communication methods should all be evaluated prior to implemented changes.



LAYING THE FOUNDATION

- Engage community members using peers and providers to provide information and education.
- Involve stakeholders by maintaining an open dialogue throughout the transformation process.
- Establish the mission, vision and values of the system.
- Establish and infuse recovery-oriented values by developing outcomes directly related to recovery.
- Raise awareness about recovery-oriented systems by publishing and sharing information.
- Bring in experts to provide education, training, and ongoing support and technical assistance related to the transformation process.
- Change policies and administrative structures to reflect the inclusion of peers and adoption of recovery-oriented services.
- Identify and implement recovery, treatment, and recovery-oriented evidence-based practices.

POLICY

- Modify policies to foster the inclusion of peers in the workforce.
- Review and modify policies that pose barriers to employment, education, and housing for people who have mental health conditions and/or criminal justice histories.
- Adopt recovery-oriented mission, vision, and values within key government agencies and organizations involved in the system.
- Adapt existing policies and practices to have recovery-oriented language.
- Develop policies and practices that promote recovery principles and modify policies and practices that inhibit recovery.
- Create policies that shift services and supports from an acute care delivery model to a model that fosters quality of life and wellness.

WORKFORCE DEVELOPMENT

- Incorporate peers as equal and essential workforce participants in all aspects of system development.
- Develop the workforce by raising awareness about the role of peer support workers and recovery-oriented services.
- Develop strategic plans with areas of responsibility assigned to increase accountability for actions and outcomes.
- Develop a performance improvement framework with providers and peers to improve their knowledge of and competencies in delivering recovery-oriented services.
- Foster team building and collaborative opportunities.
- Clearly define staff roles and responsibilities.
- Create and nurture learning environments.
- Build resiliency and promote health and wellness of staff to prevent burnout.



PEER LEADERSHIP

- Clearly define peer roles, drawing on existing evidence-based practices related to peer support services.
- Develop evaluation tools and other methods of providing coaching and helpful feedback to peer staff.
- Provide ongoing training and education to peers to foster leadership skills.
- Fund and develop peer-run programs to educate and train peer providers.
- Establish opportunities for peers to take meaningful leadership roles and achieve career advancement.
- Retrain and educate the workforce to understand and respect the role of peer providers.
- Establish pay scales which acknowledge the value of lived experience in the workforce.
- Create campaigns to educate and reverse workplace stigma around peers with lived experience.

RESEARCH AND OUTCOMES

- Create a mechanism for peers and people in recovery to define outcomes and train people to understand them.
- Ensure data collected captures desired recovery outcomes.
- Increase the accessibility of data by using creative ways to share the information (e.g., fact sheets, intranets, podcasts).
- Establish new data systems which are integrative to create concurrent monitoring and data collection.
- Increase funding for research into recovery-oriented practices and peer-provided services.



CORE COMPETENCIES FOR AGENCIES THAT EMPLOY PEER SUPPORT WORKERS

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes that over the past decade, behavioral health systems across the United States have begun to move toward more recovery-oriented approaches to help people with mental health and substance use conditions recover and gain access to important community roles. It is insufficient to offer recovery-oriented services within a traditional service system. Instead, it is necessary to change the service system structure to bring about a truly recovery-oriented service system.

The core competencies all organizations must possess to ensure the success of peer-provided services include:

1. A recovery-oriented work culture that values the unique contributions of peers;
2. Dedicated and influential workplace leaders committed to peer-provided services;
3. Supportive managers and supervisors willing to coach peer staff;
4. High-quality ongoing training and individual mentoring for peers;
5. Adequate oversight, evaluation, and feedback for peer positions;
6. Clearly-defined peer roles and genuine opportunities for career advancement;
7. Collaborative working relationships amongst all staff, peer and non-peer;
8. Workplace infrastructure that supports continuity and growth of peer programs;
9. Regular opportunities for peer employees to interact with one another;
10. Flexible workplace policies and procedures; and
11. An open learning environment.

These core competencies are explained in greater detail in this toolkit.



COMPETENCY 1:

A Recovery-Oriented Work Culture that Values Peers

Breaking it Down: What is it?

Work culture is the values and practices shared by employees of an organization, program, or team. These include shared attitudes, beliefs, behaviors, and identities. It's "the way we do things around here." Work culture drives employee engagement, productivity, and performance. It is influenced by leadership, managers, procedures, and people.

California mental health programs receiving MHSA funds are required to provide recovery-oriented services. Recovery orientation is more than just a slogan or the latest buzzword. It is a governing philosophy that drives everything a program says and does. It is observable in the program's actions, goals, values, attitudes, and outcomes. There are three criteria programs must possess to meet the definition of "recovery-oriented":

- **Person-Centered** (not illness-centered)
- **Client-Driven** (not professionally-driven)
- **Strengths-Based** (not deficits-based)

Organizations with successful peer programs possess a work culture that is deeply rooted in recovery-oriented principles. These agencies appreciate the unique contributions of peers and recognize the multiple benefits of peer support. They infuse recovery concepts not only in the services they provide, but also throughout their organizational policies, processes, and procedures, supervision styles, and agency mission, vision, and values.

Recovery Oriented Work Culture:

- Services focus on reducing disability, and improving quality of life (not just eliminating symptoms)
- Encourages individuality
- Focuses on strengths
- Promotes accurate and positive portrayals of psychiatric disability, while fighting discrimination

Highlights

Recovery Orientation

- Person-Centered
- Client-Driven
- Strengths-Based

Work Culture

- Shared attitudes, beliefs, and behaviors of employees of an organization
- Influenced by leadership, managers, procedures, and people

Recovery-Oriented Work Culture

- Encourages individuality
- Promotes accurate and positive portrayals of psychiatric disability
- Uses language of hope and possibility
- Offers a variety of options for treatment, rehabilitation, and support
- Helps people develop valued social roles, interests, and hobbies
- Effectively engages stakeholders
- Encourages user participation in advocacy activities

Try this

Assess Your Organizations Competencies and Work Culture

- Is leadership informed about the history of the consumer movement and new developments?



- Uses a language of hope and possibility
- Offers a variety of options for treatment, rehabilitation, and support
- Helps people develop valued social roles, interests, and hobbies
- Actively involves service users, family members, and other natural supports in the development and implementation of programs and services
- Encourages user participation in advocacy activities
- Builds buy-in and facilitates connections amongst groups representing various interests
- Do all of your employees – from leadership to clerical – understand and embrace basic recovery concepts?
- Are key recovery principles integrated into your program’s services?
- Does everyone in your agency treat clients with dignity, respect their autonomy, and empower them to make their own choices?
- Do you offer a wide variety of services, including those that are non-clinical and strengths-based?
- Are you collecting and measuring recovery-based outcomes?

The Bigger Picture: Why it Matters

Recovery is not just about treating illness; it is about helping individuals improve their whole lives. This is a departure from the Medical Model, which has been the predominant paradigm of mental health services since the dawn of psychology. The MHSAs were intended to upend “business as usual” in the public mental health system and encourage providers to do “whatever it takes” to help individuals attain and maintain recovery. Programs that are not truly recovery-oriented (i.e., those that are not actively *practicing* the Recovery Model) are unlikely to achieve success in their peer support programs. Peers will remain marginalized and co-opted by clinical staff, with little opportunity for professional growth and development. This leads to frustration, disengagement, poor performance, greater rates of disability, and higher turnover.

Included Tools and Handouts

- How Recovery Oriented is Your Workplace? (p. 29)
- Recovery Infographic (p. 30)
- SAMHSA’s Working Definition of Recovery (p. 31)

RESOURCES: RECOVERY-ORIENTED WORK CULTURE

A Recovery Culture Progress Report

<https://rickpdx.files.wordpress.com/2013/12/87arecoverycultureprogressreport.pdf>

Creating and Maintaining a Culture of Recovery at the Organizational Level

<https://www.thenationalcouncil.org/wp-content/uploads/2016/05/Creating-and-Maintaining-a-Culture-of-Recovery-at-the-Organizational-Level.pdf>

MHA Village – Dr. Mark’s Writings

<http://mhavillage.squarespace.com/writings/>

SAMHSA’s Working Definition of Recovery: 10 Guiding Principles of Recovery

<https://store.samhsa.gov/product/SAMHSA-s-Working-Definition-of-Recovery/PEP12-RECDEF>



COMPETENCY 2:

Dedicated and Influential Leaders

Breaking it Down: What is it?

The most successful organizations within California’s mental health system are led by influential people who are dedicated and committed to peer-provided services. Dedicated individuals are characterized by their integrity and unwavering devotion to an ideal, cause or goal, while influential leaders are compelling forces that actively affect the actions, behavior and opinions of others. Leaders who are truly dedicated, influential and committed to peer-provided services:

- Establish the mission, vision and values of the system.
- Identify and implement recovery, treatment, and recovery-oriented evidence-based practices.
- Change policies and administrative structures to reflect the inclusion of peers and adoption of recovery-oriented services.
- Bring in experts to provide education, training, and ongoing support and technical assistance related to the transformation process.
- Involve stakeholders by maintaining an open dialogue throughout the transformation process.
- Establish and infuse recovery-oriented values by developing outcomes directly related to recovery.
- Raise awareness about recovery-oriented systems by publishing and sharing information.
- Engage community members using peers and providers to provide information and education.

Such leaders have a realistic grasp on their power and responsibility to serve, and strive to ensure that everyone on the team has access to the tools they need to get the job done right.

The Bigger Picture: Why it Matters

Successful peer programs rely on more than just the competence of its peer support workers. Leaders are

Highlights

Dedicated Leaders

- Have integrity
- Are devoted to an ideal, cause or goal

Influential Leaders

- Affect others’ actions, behaviors and opinion

Dedicated and Influential Leaders

- Take full responsibility
- Have difficult conversations
- Have a “Hands On” philosophy
- Don’t be hypercritical or micro-manage
- Commit time and resources
- Hold people accountable
- Communicate expectations clearly and early on
- Outline clear/reasonable plans and timetables to achieve goals
- Help employees understand:
 - What they need to do
 - How their work contributes to the organization
 - Whether there are impending changes

Try This

Assess Your Program’s Leadership

- What types of leadership are most effective for your peer programs?
- Are program leaders actively seeking peer perspectives?



responsible for laying the foundation for peer-support integration, so leadership directly determines how well a peer program can be run. Optimal performance management and supervision strategies are necessary in ensuring the alignment of peer core competencies, best practices, organizational vision and values.

Truly dedicated and influential leaders are able to increase employee morale, resiliency and trust while decreasing employee frustration and conflict by actively engaging with the organization and its team. Without quality leadership, issues of workplace burnout, disengagement, and performance problems will arise and hinder program functioning, work productivity and integration of peer-provided services in California's Public Mental Health System.

- Do your leaders have a clear vision to strengthen and sustain peer employment?
- Does leadership consistently promote peer employment/inclusion?
- Does upper management value the contribution of peers?
- Are there designated peer positions that participate in management team meetings, program planning, quality improvement, system transformation, etc.?

Included Tools and Handouts

- Analyzing Leadership Challenges: Root Cause Analysis (p. 37)

RESOURCES: DEDICATED AND INFLUENTIAL LEADERSHIP

Advocating and Planning for a Behavioral Health Peer Support Program

http://peersforprogress.org/wp-content/uploads/2014/03/20140313_advocating_and_planning_for_a_behavioral_health_peer_support_program.pdf

Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Services

<http://www.samhsa.gov/sites/default/files/expert-panel-03212012.pdf>

Harvard Business Review – Leadership

<https://hbr.org/topic/leadership>

Innovative Ways to Utilize Consumer/Peer-Run Organizations in SOAR

<https://soarworks.prainc.com/article/utilize-peer-organizations>

Peer Support Toolkit

http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf

Pillars of Peer Support: Transforming Mental Health Systems of Care through Peer Support Services

<http://www.pillarsofpeersupport.org/final%20%20PillarsofPeerSupportService%20Report.pdf>

Working Well: Leading a Mentally Healthy Business

<http://psychiatry.org/File%20Library/PWMH/working-well-toolkit.pdf>



COMPETENCY 3:

Supportive Managers/Supervisors Willing to Coach

Breaking it Down: What is it?

Managers and supervisors of successful peer programs are supportive and willing to coach peer staff.

Supportive managers provide empathy, encouragement, help hold their peer staff “up,” and often assist them in achieving a specific personal or professional goal by providing training and guidance. This may include (1) focusing on a peer support worker’s here- and now-needs and accomplishments, (2) close observation, and (3) impartial and non-judgmental feedback on job performance. Supervision is one form of support, but support goes beyond just that. It can take a variety of forms – physical, professional, emotional, intellectual, and financial.

The term coaching typically refers to helping others improve, develop, learn new skills, find success, achieve aims and manage change and challenges. Supportive managers and supervisors willing to coach seek to understand their peer staff’s psychological and mental health concerns, and respond appropriately as needed.

Supportive managers do not treat their peers disrespectfully and are not regularly critical. They do not engage in contradictory behaviors by creating a stressful situation (e.g., setting high workloads, setting tight deadlines) and then attempt to provide emotional support. They also avoid poor problem-solving and ineffective performance monitoring (e.g. overly frequent monitoring, lack of understanding of employee’s capacities, providing non-constructive negative feedback and spending too long checking on progress (e.g. long team meetings, lack of interest in employees’ ideas or work).

The Bigger Picture: Why it Matters

Employers may provide a foundation of support, but employees keep it running. When everyone feels a responsibility, and when supervisors take personal responsibility by leading by

Highlights

Being Supportive

- Providing empathy, encouragement, assistance
- Can include physical, professional, emotional, intellectual, financial support

Coaching

- Supporting someone in achieving a specific goal by providing training and guidance
- Methods
 - Focusing on here- and now-needs and accomplishments
 - Close observation
 - Impartial and non-judgmental feedback on performance

Try this

Assess Your Program’s Support and Coaching Systems

- Do your supervisors provide enough support during times of need?
- Are your managers familiar with the concept of coaching and how to coach effectively?
- Consider providing extra support to peers when they:
 - Are new
 - On special occasions
 - When they undergo difficulties or changes in their lives



example, taking initiative, and building a support network, a recovery-oriented work culture thrives. Proper support and coaching keeps peers focused and determined over time and through difficulties, helping them do their jobs more quickly, effectively, and comfortably.

When peer support workers perceive a lack of support from their organization, it can lead to increased absenteeism, withdrawal behaviors, conflict, strain, turnover, loss of productivity, increased costs, and a greater risk of accidents, incidents and injuries.

The more peer support workers feel they have psychological support, the greater their job attachment, job commitment, job satisfaction, job involvement, positive work moods, desire to remain with the organization, organizational citizenship behaviors, and job performance.

- When the organization experiences difficulties and changes

Included Tools and Handouts

- Agency Policies and Practices that Address the 13 Psychosocial Risk Factors at Work (p. 39)

RESOURCES: SUPPORTIVE MANAGERS WILLING TO SUPPORT

Accommodations Ideas for Mental Health Impairments

<https://askjan.org/media/psyc.htm>

Guarding Minds @ Work

<https://www.guardingmindsatwork.ca//>

Improving Psychological Health & Safety in the Workplace: Critical analysis and pragmatic options

<http://psychhealthandsafety.org/wp-content/uploads/2017/06/improving-psychological-health-and-safety-in-the-workplace.pdf>

JAN Workplace Accommodation Toolkit: Building Your Inclusive Workplace

<http://prod.askjan.org/toolkit/>

Pillars of Peer Support Services Summit Six: Peer Specialist Supervision

<http://www.pillarsofpeersupport.org/POPS2014.pdf>

Promoting Recovery-Oriented Mental Health Services through a Peer Specialist Employer Learning Community

<https://participatorymedicine.org/journal/evidence/case-studies/2011/05/09/promoting-recovery-oriented-mental-health-services-through-a-peer-specialist-employer-learning-community/>

Psychological Health and Safety: A Guide for Employers

<http://psychhealthandsafety.org/wp-content/uploads/2017/06/employers-action-guide.pdf>



COMPETENCY 4:

High Quality Ongoing Training and Mentoring for Peers

Breaking it Down: What is it?

Essential to the success of any agency that employs peer support workers is high-quality on-going training and individual mentoring of its peer staff.

High quality on-going training is continuous and accomplishes more than just the enhancement of skills, capabilities and knowledge of employees doing a particular job. It is data-driven and research-based; consists of suitable and engaging content (i.e. organizational trainings on work culture and managerial competencies for leaders; professional development trainings on technical and behavioral skills for peers) that enables targeted learners to internalize and “own” their learning; takes place in an appropriate setting and environment with minimal interruptions (e.g. one-on-one, classroom-style, online, on-the-job, hands on, etc.); often requires the creation of special trainings and educational materials; and is administered by expert and confident trainers who inspire, entertain, counsel, and even push back to make peers think.

Quality training can improve and itself be solidified by individual mentoring, a relationship-based support tool where experienced persons enhance less experienced persons’ broad skills for future personal or professional development. In addition to providing on-going personalized, compassionate, problem-solving support while consistently and frequently monitor peers’ milestones, effective mentors understand that maintaining their own physical and psychological health can influence the health of peers *and* the health of the organization as a whole. Mentors who do not demonstrate visible concern for their own physical and psychological health set a negative example for their peers.

The Bigger Picture: Why it Matters

The quality and consistency of the training an organization provides are crucial factors in the effective development of its

Highlights

High-Quality On-Going Training

- Continuous and enhances staff skills, capabilities and knowledge
- Organizational trainings on work culture and managerial competencies
- Training on technical and behavioral skills for peers
- May require special educational materials
- Administered by expert and confident trainers
- Improves mentorship relationships

Individual Meeting

- Enhances less experienced persons’ broad skills for future personal or professional development
- Can solidify trainings

Try This

Assess Your Program’s Training and Mentoring Capabilities

- Design and develop your trainings after asking several key questions:
 - What are the expected results?
 - What behaviors are needed to achieve those results?
 - What knowledge, skills, and attitudes are needed



peers' skills, knowledge and attitudes. High-quality training enhances peers' technical and behavioral skills and leads to increased professional development and output. In our multi-media lives, peers require more from trainers than just speaking skills. No longer can a trainer rest solely on his or her technical know-how to engage and affect learners. An organization's training process molds the thinking of team members, who will become more efficient and productive if they are trained well. Well-trained peers have higher morale, require less supervision, work more efficiently and become more eligible for promotion.

Individual mentorship can help meet many of peers' workplace needs, which include appreciation, belonging, flexibility, purpose, recognition, respect and support. When peers' workplace needs are met, their job engagement and productivity soar.

to affect the desired behaviors?

- Are enough questions being asked before learning objectives are solidified?
- Are your peers' workplace needs met by the work they do?

Included Tools and Handouts

- WISE Professional Development Training Menu (p. 41)

RESOURCES: HIGH QUALITY TRAINING AND MENTORING

Core Competencies for Peer Workers in behavioral Health Services - SAMHSA

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

Peer Specialist Training and Certification Programs: A National Overview 2016

<http://sites.utexas.edu/mental-health-institute/files/2017/01/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview-2016-Update-1.5.17.pdf>

Riverside Peer Employment Training (RI International)

<https://riinternational.com/our-services/california/riverside-home/riverside-peer-employment-training/>

San Diego Peer Training and Employment

<https://riinternational.com/our-services/california/san-diego-home/san-diego-peer-training-employment/>

Wellness Recovery Action Plan

<http://www.nrepp.samhsa.gov/ProgramProfile.aspx?id=1231#hide4>

Whole Health Action Management Training

<https://www.integration.samhsa.gov/health-wellness/wham/wham-training>

WISE University

<http://wiseup.work/wise-u>



COMPETENCY 5:

Oversight, Evaluation, and Feedback for Peer Positions

Breaking it Down: What is it?

In order to ensure ongoing success of peer-provided services, there must be adequate oversight, evaluation, and feedback for peer positions. Oversight consists of regulatory supervision and watchful management of an operation or process, while evaluation is an assessment, or the formulation of a judgment about the amount, number, or value of something. Feedback consists of information about reactions to a product and/or a person's performance of a task, and is used as a basis for improvement. Successful agencies use all three of these tools to conduct research and discover outcomes of their peer-based programs. To guide the use of these valuable tools, these agencies:

- Create a mechanism for peers and people in recovery to define outcomes and train people to understand them;
- Ensure data collected captures desired recovery outcomes;
- Increase the accessibility of data by using creative ways to share the information (e.g., fact sheets, intranets, podcasts);
- Establish new data systems which are integrative to create concurrent monitoring and data collection;
- Conduct frequent (weekly, biweekly, or monthly) check-ins with peers and non-peer staff to determine how things are going, explore potential issues, and prevent future problems;
- Increase funding for research into recovery-oriented practices and peer-provided services.

The Bigger Picture: Why it Matters

While the MHSAs' requirement to hire consumers and family members is clear, it is notably silent on exactly how PMHS employers should accomplish this mandate. There is no guidance or oversight from any statewide authority specifically related to the integration of peers, and no official

Highlights

Oversight

- Watchful management of an operation or process

Peer Evaluation

- Incorporate core principles and values of peer support
- Assess peers' skill levels in the 12 core competencies
- Include organizational vision and values

Feedback

- Reinforce expectations
- Clarify and prevent misunderstandings
- Uncover unique strengths and motivators

Adequate Oversight, Evaluation and Feedback

- Delineates how to collect and measure program outcomes
- Increases employee engagement, morale, pride, and willingness to make extra effort when required
- Decreases cynicism

Try This

Assess Your Program's Oversight, Evaluation and Feedback Practices

- Peer Supervision
- Performance expectations
- Performance Evaluation



entity is evaluating or monitoring whether and how well peers have been integrated into the PMHS workforce.

Incentives, pressures, clear guidelines, and easy access to free help are needed to ensure peers are successfully integrated. Currently, PMHS employers can access on-call support and technical assistance to help them thoughtfully plan for the inclusion of peers or guide them through the correction of past mistakes.

Furthermore, an agency that properly measures and shares program outcomes via data obtained from proper oversight, evaluation and feedback can better uphold and benefit from peer-support work as an evidence-based practice.

- Policies to address performance issues
- Data security protocols
- Documentation and record-keeping requirements

Included Tools and Handouts

- Recommended Peer Onboarding Procedures (p. 43)
- Creating a Collaborative Workplan – Checklist (p. 46)
- Collaborative Workplan (p. 47)
- Sample Peer Employee Performance Evaluation (p. 51)

RESOURCES: OVERSIGHT, EVALUATION, AND FEEDBACK

Consumer Operated Services: Evaluating Your Program

<https://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/EvaluatingYourProgram-COSP.pdf>

Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Assess and Enhance Your Services

<http://www.cmhsrp.uic.edu/download/CulturalCompetencyTool.pdf>

Peer Support Specialist Supervisor – Position Description

[http://www.denalifs.org/documents/employment/Peer Support Specialist Supervisor.pdf](http://www.denalifs.org/documents/employment/Peer%20Support%20Specialist%20Supervisor.pdf)

Pillars of Peer Support Services – Summit 6: Peer Specialist Supervision

<http://www.pillarsofpeersupport.org/POPS2014.pdf>

TAY Peer And Family Support Services Program Evaluation Toolkit

[http://archive.mhsoac.ca.gov/Meetings/docs/Meetings/2016/April/TAY PSS FSS/TAY 042916 PPT.pdf](http://archive.mhsoac.ca.gov/Meetings/docs/Meetings/2016/April/TAY_PSS_FSS/TAY_042916_PPT.pdf)

Toolkit for Evaluating Peer Respite

<https://www.power2u.org/downloads/Peer-Respite-Toolkit.pdf>



COMPETENCY 6:

Clearly-Defined Roles and Opportunities to Advance

Breaking it Down: What is it?

Organizations that offer the most stable and resilient peer programs have clearly-defined peer roles and offer genuine opportunities for career advancement.

Where there are clearly-defined peer roles, the functions of a peer support worker are easily and accurately perceived and interpreted, with no room for doubt. Before designing peer roles and writing job descriptions, effective employers ensure that they thoroughly understand the peer role themselves. Peer roles include facilitating support groups, peer counseling, advocacy, personal plan creation, health education/navigation, cultural brokerage, service referrals, systems navigation, benefits/healthcare acquisition and crisis intervention. Competent employers also understand that while lived experience of recovery is necessary in the peer role, it is not sufficient in sustaining a peer position or ensuring success, and thus incorporate recognized core competencies and best practices into peer job descriptions. Peers are trained and encouraged to:

- Understand the principles of peer support and key recovery concepts.
- Model recovery at all times.
- Maintain appropriate interpersonal boundaries.
- Educate others about their roles.
- Review their job descriptions.

Workplaces with genuine opportunities for career advancement are those that present authentic, sincere chances for employment, promotion, development, and improvement. In effectual peer support work environments, peers receive real encouragement and support in the development of their job skills and are exposed to a range of internal and external opportunities to develop their competencies and prepare for possible future positions.

Highlights

Clearly-Defined Roles

- Role easily and accurately perceived and interpreted
 - Non-peer staff have an understanding of the peer role
-

The Peer Role

- Lived experience of recovery is necessary
 - Core competencies and best practices
 - Prioritizing client's interests
 - Non-clinical and non-judgmental
 - Maintain ethics and boundaries
 - Sharing recovery stories
 - Advocate
 - Model recovery and inspire hope
 - Educate others
 - Personal and professional growth
-

Examples of Advancement Opportunities

- Peer Program Lead/Coordinator
- Peer Program Supervisor/Manager
- Patients' Rights Advocate
- Client Advocate/Liaison
- Cultural Competency Team
- Quality Improvement Team
- WET Team
- MSHA Coordinator



The Bigger Picture: Why it Matters

Role confusion is one of the most common challenges in the successful integration of peer-provided services in mental health organizations. Confusion about the peer role in general, cooptation, and mishandling of transitions (e.g. from recipient to provider of services, client to coworker and acquaintance to mentor) may exist in organizations that have not yet hired peers or have a flawed rollout of peer positions. Peers who do not understand or are not challenged by their work often grow bored, take a hit to their wellbeing, and experience a drop in performance. When peers’ job duties are clearly defined and relevant to peer roles, organizations can avoid or overcome role confusion

Peer development opportunities increase goal commitment, organization commitment, job satisfaction, and the sentiment that the organization truly cares.

Try this

Assess Your Program’s Peer Roles and Opportunities

- What program(s) will peers work in?
- Who will supervise peers?
- What duties will peers perform?
- What potential barriers to integration exist?
- What long-term growth and development exists for peer programs?
- Does your agency offer advancement for peers?

Included Tools and Handouts

- Sample Job Announcement/Description (p. 61)
- SAMHSA’s Core Competencies for Peer Workers in Behavioral Health Settings (p. 64)

Lived Experience Requirements

Population Served	Lived Experience Required
Adult Mental Health Clients/Consumers (18+)	“Must have personal lived experience of recovery from a mental health challenge.”
Family Members of Adult Consumers (18+)	“Must have personal lived experience as a close family member or caretaker providing direct support to an adult with a mental health challenge.”
Parents/Caregivers of Children & Youth (≤ 17)	“Must have personal lived experience as a parent or primary caregiver providing direct support to a child or youth with an emotional, mental, or behavioral health challenge.”
Transition Age Youth (16-24)	“Must be between the ages of 18-(24) and have personal lived experience of resiliency or recovery from a mental health challenge.”



RESOURCES: DEFINED ROLES AND OPPORTUNITY TO ADVANCE

Best practices for communicating role expectations

<https://cdn.halogensoftware.com/uploads/learn/whitepapers-and-ebooks/best-practices-for-role-clarity-in-organizations/role-clarity-ebook.pdf>

Core Competencies for Peer Workers in Behavioral Health Services

https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf

Development of Peer Specialist Roles: A Literature Scoping Exercise

<http://lx.iriss.org.uk/sites/default/files/resources/Mental%20Health%20Delivery%20Plan%20Development%20of%20Peer%20Specialist%20Roles%20A%20Literature%20Scoping%20Exercise.pdf>

Emerging Practices in Employment of Persons in Recovery in the Mental Health Workforce

<http://www.tandfonline.com/doi/full/10.1080/15487768.2010.501294>

Ethical Guidelines for the Delivery of Peer-based Recovery Support Services

https://www.naadac.org/assets/1959/whitew2007_the_pro-act_ethics_workgroup.pdf

How to Create Meaningful Roles for Peer Providers in Integrated Healthcare. Definitions, Roles, and Competencies

http://www.casra.org/docs/peer_provider_toolkit.pdf

National Practice Guidelines for Peer Supports

<https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>

National Survey of Compensation Among Peer Support Specialists

https://www.leaders4health.org/images/uploads/files/PSS_Compensation_Report.pdf

Peer Involvement and Leadership in Early Intervention in Psychosis Services: From Planning to Peer Support and Evaluation

https://www.nasmhpd.org/sites/default/files/Peer-Involvement-Guidance_Manual_Final.pdf

Peer Specialists in Mental Health Services: Workplace Integration and Outcomes

<http://sites.utexas.edu/mental-health-institute/files/2016/09/Peer-Specialist-Integration-7-25-16.pdf>

Peer Support Services: Behavioral Health Peer Navigator

<http://www.williamwhitepapers.com/pr/SAMHSA%20BH%20Peer%20Navigator%20Definition%202011.pdf>

What do peer support workers do? A job description

<https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-12-205>



COMPETENCY 7:

Peer and Non-Peer Staff Collaboration

Breaking it Down: What is it?

Healthy organizations with peer-provided services cultivate collaborative working relationships amongst all peer and non-peer staff. Collaboration exists when multiple people communicate and work together to achieve the same goal, and is present in peer programs where

- Peers are incorporated as equal and essential workforce participants in all aspects of system development.
- The workforce is developed and aware of the role of peer support workers and recovery-oriented services.
- Strategic plans with areas of responsibility increase accountability for actions and outcomes.
- A performance improvement framework with providers and peers improves knowledge of and competencies in delivering recovery-oriented services.
- Team building and collaborative opportunities are fostered.
- Staff roles and responsibilities are clearly-defined.
- Learning environments are created and nurtured.
- The resiliency, health and wellness of staff prevent burnout.
- Conflicts are framed as opportunities for understanding and learning.
- Fallibility is acknowledged and contribution is invited (“I may miss something and would appreciate any feedback you may have”).
- Curiosity is modeled and many questions are asked.

Absent in collaborative work environments are various types of threatening behavior, abuse, physical attacks, harassment and bullying.

The Bigger Picture: Why it Matters

There is a saying that “people don’t quit companies, they quit

Highlights

Collaborative Working Relationships

- Relationship of equals
- Clearly defined roles

Peer and Non-Peer Staff

- Are equal and essential
- Are responsible and accountable
- Make up a team
- Need clearly-defined roles
- Learn together
- Strive to remain resilient, healthy and well
- Aim to understand and learn from conflict
- Acknowledge fallibility and invite contribution
- Model curiosity and ask questions

Try this

Assess Your Program’s Collaborative Relationships

- Do non-peer staff understand the value of peer-provided services?
- Do all employees feel like they fit in?
- Are employees respectful and considerate in their interaction with one another, as well as with customers/clients/members, vendors and the public?
- Does workplace communication move toward practical



people,” that rings true for many groups and individuals.

According to a survey run by Mental Health America National, two of the top five factors attributed to employee satisfaction are based on positive relationships with co-workers & immediate supervisors, and three of the top five common challenges for peers in the workplace involve stigma, isolation, and stressful working conditions.

When peers and non-peer staff collaborate, there is an exchange of social support that enhances coping capacities (i.e. work demands are perceived to be more manageable), reduces severity of stress, and acts as a buffer between work demands and psychological and physical health and wellbeing. Collaboration in the workplace has positive effects on health, well-being, job satisfaction, perceptions of fairness, attitudes, morale, and teamwork. It also leads to a greater interest in personal development, engagement in problem resolution, enhanced staff relationships, reduction in sick leave, and reduction in turnover.

resolutions rather than just highlighting and reinforcing work issues?

- Does your workplace proactively prevent and address workplace threats, attacks, and other relationship-based issues?

Work with Existing Staff

- Explain the peer role [SEP]
- Explain the employer competencies [SEP]
- Share your vision for the role and program [SEP]
- Gather input and generate buy in [SEP]
- Address and dispel common myths related to peers in the workplace [SEP]

RESOURCES: PEER AND NON-PEER STAFF COLLABORATION

Interprofessional Mentoring Guide

<http://www.albertahealthservices.ca/assets/info/res/if-res-wre-ip-mentoring-guide.pdf>

Mental Health Consumer Providers: A Guide for Clinical Staff

http://www.rand.org/content/dam/rand/pubs/technical_reports/2008/RAND_TR584.pdf

Positive Partnerships How Consumers and Non-Consumers Can Work Together As Service Providers

http://www.casra.org/docs/positive_partnerships.pdf



COMPETENCY 8:

Infrastructure that Supports Growth of Peer Programs

Breaking it Down: What is it?

In a well-run mental health organization, workplace infrastructure supports the continuity and growth of its peer programs.

Peer programs survive and thrive when the following are built into an agency's organizational structure:

- Clearly defined peer roles that draw on existing evidence-based practices related to peer support services;
- Evaluation tools and other methods of providing coaching and helpful feedback to peer staff;
- Ongoing training and education that foster peers' leadership skills;
- Funding for and development of peer-run programs to educate and train peer providers;
- Opportunities for peers to take meaningful leadership roles and achieve career advancement;
- Training and education that helps the workforce understand and respect the role of peer providers;
- Established pay scales that acknowledge the value of lived experience in the workforce;
- Campaigns to educate and reverse workplace stigma around peers with lived experience; and
- Appropriate, fair and timely acknowledgement and appreciation of peers' efforts (e.g. financial compensation, celebrations, recognition of years served, milestones reached).

Underlying all these components is the importance of safety in the workplace. A physically and psychologically safe and healthy workplace is one that promotes workers' physical and mental well-being and does not harm employee physical or mental health through negligent, reckless or intentional ways.

Highlights

Workplace Infrastructure

- Organizational structure needed for the operation of an agency or program
 - Personnel/risk management understands the purpose and value of peer support
-

Continuity

- Unbroken, consistent existence over a period of time
-

Growth

- Development from a lower or simpler form to a higher or more complex form
 - Evolution
 - Expansion
-

Examples of Peer Programs

- Drop-in centers or spaces
- Peer support groups
- Skills-development programs
- Camps or retreats
- Self-help groups
- Peer educator training programs
- Mobile crisis/support teams
- Call centers



Managers in these workplaces take appropriate action to protect the physical and mental safety of their employees.

The Bigger Picture: Why it Matters

Peer programs need healthy environments in order to flourish. If a workplace does not promote engagement, continuity and growth throughout its infrastructure, it may see marked psychological and medical consequences, greater employee turnover, counterproductive behavior and withdrawal behaviors that could lead to a collapse, eradication or discontinuation of its programs. In addition, if employees and others perceive a workplace's conditions as unsafe, ambiguous, inconsistent and/or unpredictable, these perceptions can undermine stakeholder, consumer, and public confidence in the organization and reduce funding opportunities needed to sustain and grow programs.

RESOURCES: INFRASTRUCTURE THAT PROMOTES GROWTH OF PEER PROGRAMS

Creation of the Pillars of Peer Support Services: Transforming Mental Health Systems of Care
http://www.psychosocial.com/IJPR_16/Creation_of_the_Pillars_Grant.html

DIMENSIONS: Peer Support Program Toolkit
<https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf>

Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services
https://www.mentalhealthamerica.net/sites/default/files/Peer_Services_Toolkit%204-2015.pdf

Perspectives on the Evolution and Future of Peer Recovery Support Services
<http://www.williamwhitepapers.com/pr/CSAT%20Perspectices%20on%20Peer%20Recovery%20Support%20Services%202013.pdf>

Pillars of Peer Support: Expanding the Role of Peer Support Services in the Mental Health Systems of Care and Recovery
<http://www.pillarsofpeersupport.org/POPS2010-2.pdf>

The Peer Provider Workforce in Behavioral Health: A Landscape Analysis
http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf



COMPETENCY 9:

Regular Opportunities for Peers to Interact

Breaking it Down: What is it?

Effective and healthy mental health agencies ensure there are regular opportunities for peer employees to interact with one another. Regular opportunities are those that are recurring and happen often, usually in predictable and/or equal intervals. Interactions take place when peers come together, communicate, act reciprocally, and have an effect on each other.

Regular interactions may consist of daily check-ins, weekly meetings, monthly conference calls and webinars, or annual team-building events that present opportunities for peer employees to engage with one another.

The Bigger Picture: Why it Matters

When peer employees do not have frequent contact with each other, isolation, cooptation and dilution of the peer role (i.e. “professionalization” of the peer role that happens when peer employees adopt values, attributes, and styles associated with clinical providers; peers drifting toward traditional, medical practices and becoming “mini-clinicians”) tend to occur. When peers are brought into the “legal, ethical and clinical cultural framework” of treatment organizations, they experience acculturation and, through that process, surrender the very attributes that recommended their participation in behavioral health systems of care to begin with.

In one survey, 77% of peer staff working in treatment organizations reported that they provide treatment services at a much higher rate than those working in peer organizations. 85% of peer staff working in treatment organizations reported receiving training intended to increase their knowledge of the treatment methods used in the organizations in which they work, while only 50% of peer staff working in peer organizations reported the same. This suggests that peer staff working in treatment organizations may be perceived as “helpers,” and of

Highlights

Regular Opportunities to Interact

- Recur and happen often
- Happen in predictable and/or equal intervals
- Facilitated by peer staff

Interactions between Peer Employees

- Coming together
- Communicating
- Troubleshooting/problem solving
- Acting reciprocally
- Share knowledge and experience
- Have an effect on each other
- Network of mentors

Try this

Assess Your Program’s Opportunities for Peer Employee Interactions

To address isolation, ask:

- Is there enough support for the peer role?
- Do peers find support from peers in their team or department or in other programs and agencies?
- Are peers encouraged to participate and asked to share their opinions?
- Do peers participate in group activities and community events?



secondary status to treatment professionals, rather than providers of a separate set of services. This is reinforced by the fact that peer staff working in treatment organizations are much more likely to work part-time than their counterparts working in peer organizations.

When peer employees are given the opportunity regularly interact with other peer employees within their team or department and/or other programs and agencies, they are more likely to maintain a strong peer identity, reduce isolation, and build a sense of belonging, which has a direct impact on their commitment to tasks, sense of role clarity, and collaborative effectiveness. They will also retain motivation to continue to telling their story, use recovery language rather than clinical language, advocate for client and family member interests, and refrain from using their position with clients and family members to push clinical agenda.

- Do peers have mentoring and/or networking opportunities?

To address cooptation, ask:

- Are there 2+ peers per program?
- Have peers developed a strong peer identity?
- Is there reinforcement and support for the peer role?
- Are peers supervised by peers to emphasize the non-professional nature of the services they provide?
- Does a career ladder exist for peers?
- Are clinical or treatment staff educated on the peer role?

RESOURCES: REGULAR OPPORTUNITIES FOR PEERS TO INTERACT

DBSA Peer Leadership Center: Professional profiles and discussion boards to support peer-to-peer mentoring and collaboration

<https://www.peerleadershipcenter.org/plc/Networking.asp>

International Association of Peer Supporters

<https://inaops.org>

Peers for Progress: Peer Support Around the World

<http://peersforprogress.org/get-connected/global-network-of-peer-support/>

WISE Peer Staff Professional Development Group

<https://www.facebook.com/groups/WISEPeerProfessionals/>



COMPETENCY 10:

Flexible Workplace Policies and Procedures

Breaking it Down: What is it?

California's effective mental health programs have flexible workplace policies and procedures in place. The flexibility helps attract talent, retain valued employees, raise morale and job satisfaction, improve productivity, and reduce stress or burnout.

Policies are clear, simple statements of how an agency intends to conduct its business, services or actions. They provide a set of guiding principles to help with decision making.

Procedures are more specific and outline the methods employed to express policies in the day-to-day operations of the agency. Together, policies and procedures are designed to influence and determine all major decisions and actions, and all activities within the agency are to take place within the boundaries set by them.

Flexible workplace policies and procedures are those that are able to be changed easily according to a given situation, and can bend easily without breaking meaning or purpose.

Mental health programs demonstrate flexible policies and procedures when they:

- Modify policies to foster the inclusion of peers.
- Review and modify policies that pose barriers to employment, education, and housing for people who have mental health conditions and/or criminal justice histories.
- Adopt recovery-oriented mission, vision, and values within key government agencies and organizations.
- Adapt existing policies and practices to have recovery-oriented language.
- Develop policies and practices that promote recovery principles and modify policies and practices that inhibit recovery.

Highlights

Policies

- A set of guiding principles to help with decision making

Procedures

- Methods used to express policies in the day-to-day operations of an agency

Flexible Policies and Procedures

- Can be easily changed according to a given situation
- Can bend easily without undermining an agency's purpose
- Can lead to opportunities for professional development and career advancement

Examples of Flexible Workplace Practices

- Variable start and finish times and days worked
- Ability to work from home
- Ability to work part-time
- Discretionary leave
- Ability to arrange work to regulate tasks to meet work demands.

Try this

Assess Your Program's Flexibility

- How does your agency regard change?
- Does your agency make all the internal changes necessary to integrate peers as quickly as possible?



- Recognize and accommodate for all employees' need for balance between work demands, family and personal life.

The Bigger Picture: Why it Matters

When employers recognize that peer-provided services are effective and work-life balance is important, they realize the need for greater workplace flexibility. Peers working in California's public mental health system are often marginally employed, relegated to stagnant entry-level positions, and struggle to make a living wage. Existing approaches do little to address systemic impediments to peer job placement and career advancement. Flexibility allows an agency to explore more opportunities, become more responsive to change, signal that diversity is valued in the workplace, successfully integrate and engage peers, and effectively evolve its peer programs.

- Do workplace changes benefit both the agency and employee(s) and result in superior outcomes?
- Is the consumer/family member voice incorporated into policy, planning, and decision making?
- Does the agency understand workplace laws and legal requirements related to peer employment?
- Does the agency's hiring process prevent the hiring of qualified peer staff?

RESOURCES: FLEXIBLE WORKPLACE POLICIES AND PROCEDURES

2014 National Study of Employers

<http://familiesandwork.org/downloads/2014NationalStudyOfEmployers.pdf>

Helping Employees Successfully Return to Work Following Depression, Anxiety or a Related Health Problem: Guidelines for Organisations

<https://www.biomedcentral.com/content/supplementary/1471-244X-12-135-S1.pdf>

How We Rewrote Our Company's Mental Health Policy

<https://hbr.org/2016/07/how-we-rewrote-our-companys-mental-health-policy>

JAN Workplace Accommodation Toolkit: Building Your Inclusive Workplace

<http://prod.askjan.org/toolkit/>

Workplace Flexibility: Information and Options for Small Businesses

https://www.dol.gov/wb/WorkplaceFlexibility_508_FINAL.pdf

Workplaces That Thrive: A Resource for Creating Mental Health-Friendly Work Environments

<https://taadas.s3.amazonaws.com/files/1c729801e92f42f3e7496c8d999d6c44-Workplaces%20That%20Thrive%20A%20Resource%20For%20Creating%20Mental%20Health-Friendly%20Work%20Environments.pdf>

WWT Consumer and Family Member Employees Recruitment and Retention Checklist & Guidelines

https://www.cibhs.org/sites/main/files/file-attachments/wwt_overview_consumer_and_family_member_employees_checklist_and_guidelines.pdf

WWT Consumer and Family Member Employment Development Assessment Tool

https://www.cibhs.org/sites/main/files/file-attachments/assessment_final.pdf



COMPETENCY 11:

An Open Learning Environment

Breaking it Down: What is it?

The most competent agencies in California's public mental health system foster open learning environments.

Open learning environments are "rooted in learner-centered design principles and highlight activities and contexts that 'support the individual's efforts to understand what he or she determines to be important' (Hannafin et al. 1994, p. 48)." Open learning involves, but is not limited to: classroom teaching methods, approaches to interactive learning, formats in work-related education and training, the cultures and ecologies of learning communities, and the development and use of open educational resources. While there is no agreed-upon, comprehensive definition of open learning, the central focus is commonly placed on the "needs of the learner as perceived by the learner." Open learning environments emphasize student- or self-directed learning but provide guidance and support strategies to assist student to productively engage open-ended problems. Case studies illustrate open learning as an innovation within and across academic disciplines, professions, social sectors, and national boundaries, as well as in business and industry, higher education institutions, and collaborative initiatives between institutions.

Agencies with open learning environments present open-ended activities and invite new people, materials, ideas, and values to flow into their workplace environments.

The Bigger Picture: Why it Matters

A climate of openness, characterized by exploration, risk-taking and tolerance, elevates an individual as a worker and as a person, and opens opportunities for an agency to continuously transform for the better. Employees learn and grow when they

Highlights

Open Learning Environments

- Learner-centered
- Individuals choose what's important
- May incorporate
 - Classroom teaching
 - Interactive learning
 - Work-related education and training
 - Various cultures and ecologies
 - Community
 - Open educational resources
- Needs of the learner are determined by the learner
- Student-directed
- Can foster psychological protection for employees

Try this

Assess Your Program's Learning Environment

- Are trainings and other learning opportunities in your workplace formalized and taken seriously?
- Are you aware of the different learning styles of your employees?
- Can current learning opportunities in your workplace be enhanced and/or broadened?
- Are employees who successfully learn new skills



feel their beliefs are free to change as they expand their understanding and perspective.

When a workplace openly provides a range of diverse internal and external opportunities for employees to develop their competencies, and prepares them for possible future positions, there is a higher level of engagement and growth at all levels within an agency. Researchers at Simon Fraser University have found that when employees receive ongoing encouragement and support in the development of interpersonal, emotional and job skills, it has a positive effect on the organization's health, the health of individual employees, and organizational costs, including the way work is carried out and the context in which work occurs.

In addition, an open learning environment can foster psychological protection, which allows employee to feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job, or their career.

and abilities recognized? Does this encourage others to follow suit?

- Shared learning enables agencies to increase their staff quicker and solve problems more efficiently. Do individuals in your agency work together, or learn individually?

RESOURCES: AN OPEN LEARNING ENVIRONMENT

Bridging the Gap: Building a Learning Environment in the Workplace

<http://www.educause.edu/ir/library/pdf/ELI3031.pdf>

Cultivating the Learning Culture in the Workplace

<https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=15&ved=0ahUKEwj11cyckcvWAhVliVQKHR5nDoM4ChAWCD8wBA&url=http%3A%2F%2Fwww.nact.org.uk%2Fgetfile%2F3246%2F&usq=AFQjCNFONd2-x0rVymxExCYWR1-iZuq6Uw>

Developing a Learning Culture in Nonprofit Organizations

https://us.sagepub.com/sites/default/files/upm-binaries/29978_Chapter3.pdf

Is Yours a Learning Organization?

<https://hbr.org/2008/03/is-yours-a-learning-organization>

Strategies for Cultivating an Organizational Learning Culture

https://www.urban.org/sites/default/files/publication/86191/strategies_for_cultivating_an_organizational_learning_culture.pdf

Supporting Workplace Learning: A background paper for IES Research Network Members

<http://www.employment-studies.co.uk/system/files/resources/files/mp22.pdf>



Tools and Handouts

Integrating Peer Services into the Public Mental Health System

HOW RECOVERY-ORIENTED IS YOUR WORKPLACE?

<i>The mental health system I work in and people I work with ...</i>	Strongly Agree	Agree	Neutral/ Not Sure	Disagree	Strongly Disagree
Provide services that focus on reducing clients' disability and improving quality of life for clients and their supporters					
Encourage the individuality of staff and clients					
Promote accurate and positive portrayals of psychiatric disability, while actively fighting discrimination					
Focus on individual strengths and people's unique contributions					
Use language of hope and possibility					
Offer a variety of options for treatment, rehabilitation, and support					
Help people develop valued social roles, interests, and hobbies					
Effectively engage stakeholders in treatment and services					
Actively involve service users, family members, and other natural supports in the development and implementation of programs and services					
Encourage stakeholder participation and advocacy activities					
Build buy-in and facilitate connections amongst groups representing various interests					



RECOVERY

Is defined as a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

4 MAJOR DIMENSIONS



1 in 4
ADULTS
experience a mental illness in any given year - Benjamin G. Druss

50%
of **ADULTS**
will experience a mental illness in their lifetime. - PsychCentral



2 million children, adults and seniors in California are affected by a potentially disabling mental illness every year. - MHSA

LANGUAGE

Language has the power to stigmatize and demean or respect and uplift. Some people who receive mental health or substance abuse services use the term "consumer" to refer to themselves and others, while others prefer to be called "survivors". Some people now prefer the term "peer", while others simply prefer to be referred to as a "person" or a "person who receives services".

Words that stigmatize, demean and pathologize and invite discrimination:

Words that uplift us; that recognize and respect our share humanity and strength:

Manipulation

Survival Mode; Overwhelmed and Trying to Get Needs Met

Low Functioning

Coping

Case, Patient, Client, Consumer

Person Receiving Services; Person

Decompensating

Becoming Ill; Things Are Breaking Down

Non-Compliant (or Compliant)

Independent, Autonomous, Taking Personal Responsibility

Frequent Flyer

Trying to Get It Right, Giving Lots of Opportunities to Help

Unmotivated

Not Ready; Not Hopeful

"A _____." (Fill in the blank with any diagnosis)

"A person who has been given the diagnosis of _____"

Depressed

Sad

Symptomatic

Experience Big Feelings; Intense Feelings

Grandiose

Thinking Big, Expressing Hopes and Dreams; Ambitious

Cutter

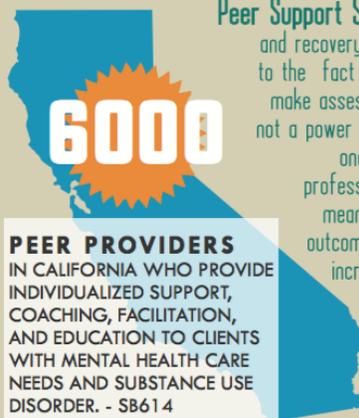
Expressing Pain Through Self-Harm

PEER SUPPORT

WHAT IS A PEER? A peer is a peer when he/she self-identifies as a peer and is willing to share his/her lived experiences with others. - SAMHSA

WHAT IS PEER SUPPORT? The process of giving and receiving encouragement and assistance to achieve long-term recovery. Peers offer emotional support, share knowledge, teach skills, provide practical assistance, and connect people with resources, opportunities, communities of support, and other people. - SAMHSA

The federal **Centers for Medicare and Medicaid Services (CMS)** recognizes peer support services as an evidence-based model of care and notes it is an important component in a state's delivery of effective mental health and substance use disorder treatment. - SB614



Peer Support Services are described as being non-clinical and recovery-focused (White, 2006). "Non-Clinical" refers to the fact that peers do not offer professional services, make assessments, or dispense expert opinions. There is not a power differential in the relationship—or, if there is one, it is diminished compared to the customary professional-client relationship. "Recovery-focused" means that peer support services target recovery outcomes such as improved health and wellness, an increased success and satisfaction in a range of community settings such as work, home, and school, instead of merely focusing on symptom reduction. Peers/coaches are strengths-based and focus on the relationship that they have with the person striving to achieve recovery (Mead, 2003; White, 2006).



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**SAMHSA's WORKING DEFINITION OF
RECOVERY: 10 GUIDING PRINCIPLES OF
RECOVERY**

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U.S. Department of Health and Human Services



SAMHSA's WORKING DEFINITION OF RECOVERY: 10 GUIDING PRINCIPLES OF RECOVERY



BACKGROUND

Recovery has been identified as a primary goal for behavioral health care. In August 2010, leaders in the behavioral health field, consisting of people in recovery from mental health and substance use problems and SAMHSA, met to explore the development of a common, unified working definition of recovery. Prior to this, SAMHSA had separate definitions for recovery from mental disorders and substance use disorders. These different definitions, along with other government agency definitions, complicate the discussion as we work to expand health insurance coverage for treatment and recovery support services.

Building on these efforts and in consultation with many stakeholders, SAMHSA has developed a working definition and set of principles for recovery. A standard, unified working definition will help advance recovery opportunities for all Americans, and help to clarify these concepts for peers, families, funders, providers, and others.

DEFINITION

Working definition of recovery from mental disorders and/or substance use disorders

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery:

Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home

A stable and safe place to live

Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Community

Relationships and social networks that provide support, friendship, love, and hope



10 GUIDING PRINCIPLES OF RECOVERY

Hope	Relational
Person-Driven	Culture
Many Pathways	Addresses Trauma
Holistic	Strengths/Responsibility
Peer Support	Respect

Recovery emerges from hope

The belief that recovery is real provides the essential and motivating message of a better future—that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

Recovery is person-driven

Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

Recovery occurs via many pathways

Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds—including trauma experience—that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.



Recovery is holistic

Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment, transportation, education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, and community participation. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies

Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

Recovery is supported through relationship and social networks

An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

Recovery is culturally-based and influenced

Culture and cultural background in all of its diverse representations—including values, traditions, and beliefs— are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

Recovery is supported by addressing trauma

The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues.

Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.



Recovery involves individual, family, and community strengths and responsibility

Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

Recovery is based on respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

Drawing on research, practice, and personal experience of recovering individuals, within the context of health reform, SAMHSA will lead efforts to advance the understanding of recovery and ensure that vital recovery supports and services are available and accessible to all who need and want them.

Please see SAMHSA's Recovery Support Initiative (<http://www.samhsa.gov/recovery>) for more information on recovery.



ANALYZING LEADERSHIP CHALLENGES

Current Situation:

CAUSES

	Causes	Why	Details	Proposed Action/Intervention
Environment				
People				
Policies				
Processes & Procedures				



AGENCY POLICIES AND PRACTICES THAT ADDRESS THE 13 PSYCHOSOCIAL RISK FACTORS AT WORK

The 13 organizational factors below have been identified by researchers at Simon Fraser University and are shown to have the greatest impact on organizational health, the health of individual employees, and organizational costs, including the way work is carried out and the context in which work occurs.

PSYCHOLOGICAL SUPPORT

Coworkers and supervisors are supportive of employees' psychological and mental health concerns, and respond appropriately as needed.

POSITIVE ORGANIZATIONAL CULTURE

People in the workplace demonstrate trust, honesty and fairness, and my organization values the mental and physical health of all employees.

CLEAR LEADERSHIP & EXPECTATIONS

The workplace leaders are effective; they communicate expectations clearly and help employees know what they need to do, how their work contributes to the organization, and whether there are impending changes.

CIVILITY & RESPECT

Employees are respectful and considerate in their interactions with one another, as well as with customers/clients/members and the public.

GOOD PSYCHOLOGICAL JOB FIT

Employees possess the technical skills and knowledge necessary for their particular positions as well as the psychological skills and emotional intelligence (self-awareness, impulse control, persistence, self-motivation, empathy and social deftness) to do their jobs.

GROWTH & DEVELOPMENT

Employees receive ongoing encouragement and support in the development of their interpersonal, emotional and job skills. The workplace provides a range of internal and external opportunities for employees to develop their competencies and prepares them for possible future positions.

RECOGNITION & REWARD

The workplace offers appropriate acknowledgement and appreciation of employees' efforts in a fair and timely manner. Employees are fairly compensated for their work and employee or team celebrations are frequently held to recognize years served and/or milestones reached.



INVOLVEMENT & INFLUENCE

Employees are included in discussions about how their work is done and how important decisions are made. They are given opportunities for involvement related to their specific job, the activities of their team or department, or issues involving the organization as a whole.

WORKLOAD MANAGEMENT

The tasks and responsibilities given to employees can be accomplished successfully within the time available. Employees have enough work to remain productive but not so much that they are constantly overwhelmed. Employees have the resources (time, equipment, support) to do their work well.

EMPLOYEE ENGAGEMENT

Employees enjoy and feel connected to their work and are motivated to do their job well. Employees can relate to, and are committed to, the overall success and mission of the agency.

WORK-LIFE BALANCE

The organization recognizes the need for balance between the demands of work, family, and personal life. The workplace offers sufficient flexibility to minimize work-life conflict and allow employees to accomplish the non-work tasks necessary in their daily lives.

PSYCHOLOGICAL PROTECTION

Employees feel able to put themselves on the line, ask questions, seek feedback, report mistakes and problems, or propose a new idea without fearing negative consequences to themselves, their job, or their career. The workplace actively promotes emotional well-being among employees while taking all reasonable steps to minimize threats to employee mental health.

PHYSICAL SAFETY

The workplace has adequate policies, procedures, and trainings regarding workplace safety, and responds swiftly and appropriately to incidents or situations identified as risks, and demonstrates concern for employees' physical safety.





PROFESSIONAL DEVELOPMENT TRAINING MENU

Schedule a training for your organization:
wise@calvoices.org

WISE Core Curriculum	Total Instruction Time	Attendance Min/Max	Target Audience	Value*
Recovery 101	4 hours	Min 10 / Max 30	Open to All Staff (managers/staff not trained together)	\$4,000
Peer Support 101	4 hours	Min 10 / Max 30	Open to All Staff (managers/staff not trained together)	\$4,000

Peer Support/Staff Trainings				
Advocacy 101	4 hours	Min 10 / Max 30	MH Peers	\$4,000
Compliance Essentials: HIPAA Basics + Sexual Harassment/ Bullying Prevention	2 hours	Min 10 / Max 30	MH Peers and Line Staff	\$2,500
Ethics, Boundaries, and Confidentiality	4 hours	Min 10 / Max 30	MH Peers	\$4,000
Group Facilitation 101	4 hours	Min 10 / Max 30	MH Peers	\$4,000
Managing Up	6.5 hours	Min 10 / Max 30	MH Peers and Line Staff	\$5,000
Peer Support 101 Plus	6.5 hours	Min 10 / Max 30	MH Peers	\$5,000
Recovery 101 Plus	6.5 hours	Min 10 / Max 30	MH Peers	\$5,000
Recovery Planning 101	6.5 hours	Min 10 / Max 30	MH Peers	\$5,000
Self Care & Stress Management	4 hours	Min 10 / Max 30	MH Peers and Line Staff	\$4,000
Sharing Your Story Skillfully	4 hours	Min 10 / Max 30	MH Peers	\$4,000
Supporting Success	4 hours	Min 10 / Max 30	MH Peers and Line Staff	\$4,000
Surviving and Thriving	4 hours	Min 10 / Max 30	MH Peers and Line Staff	\$4,000

Employer-Specific Trainings				
LGBTQ Awareness	4.5 hours	Min 25 / Max 50	Open to All Staff	\$4,000
LGBTQ Awareness Plus	6.5 hours	Min 25 / Max 50	Open to All Staff	\$5,000
Making Connections	6 hours	Min 10 / Max 25	Organizational Leadership, Managers, Clinicians, and MH Professionals	\$5,000
Mindful Workforce Series	12 hours (2 days)	Min 10 / Max 25	Organizational Leadership, Managers, Clinicians, and MH Professionals	\$10,000
Working in Recovery Series: Hiring, Managing, and Retaining the Peer Workforce	18 hours (3 days)	Min 10 / Max 25	Organizational Leadership, Managers, Clinicians, and Contract Monitors	\$14,000

Wellness Recovery Action Plan (WRAP®)				
WRAP®, Seminar I	16 hours (2 full days)	Min 8 / Max 18	Open to All Staff	\$10,000
WRAP®, Seminar II	40 hours (5 full days)	Min 8 / Max 18	Open to All Staff	\$18,000

* Depending on your location and agency, you may qualify for a discounted or a no-cost training. Training costs quoted above are for the full cost of training including instructor(s) travel.



Advocacy 101
This course is an overview of the California laws relevant to advocacy within the public mental health system. The purpose of this course is to deepen your understanding of advocacy tools, processes and models, and help you to understand how to utilize advocacy.
Compliance Essentials: HIPAA Basics + Sexual Harassment/Bullying Prevention
This brief workshop teaches employees and volunteers the fundamental HIPAA requirements, sexual harassment prevention, and workplace bullying prevention through videos and interactive dialogue.
Ethics, Boundaries, and Confidentiality
This interactive workshop covers peer support ethics: conflicts of interest, setting and maintaining appropriate personal boundaries, client confidentiality, and navigating ethical dilemmas.
Group Facilitation 101
Designed for those with little to no facilitator experience interested in developing a new support group or taking over an existing group. Students will be taught group facilitation basics, given an opportunity to practice, and receive feedback.
LGBTQ Awareness
A fun and highly interactive training that takes a closer look at fundamental LGBTQ cultural competence. The purpose of this training is to give a better understanding, address myths and stereotypes in a safe and comfortable learning environment.
LGBTQ Awareness Plus
Includes the basic LGBTQ Awareness training, plus an additional module designed to meet the needs of the attendees. Topics include: workplace inclusiveness for LGBTQ clients & employees; working with parents of LGBTQ youth; addressing disparities in the PMHS; the needs of LGBTQ older adults; and the needs of LGBTQ youth.
Making Connections
A detailed overview of the Recovery Model and core competencies of the Mental Health Services Act (MHSA) and how to make connections between the common Medical Model of care and the Recovery Model.
Managing Up
This effective communication training course will help you master communication effectiveness, manage stress and handle fast-changing workplace conditions. You'll develop skills to communicate your work-related needs with supervisors.
Mindful Workforce Series
Understanding the psychosocial factors in the workplace and their impact on employee morale, well-being, and retention.
Peer Support 101 (and Peer Support 101 Plus)
Core competencies for peer workers, and solutions to common workplace challenges in the peer support role. Peer Support 101 Plus includes two additional modules just for peers covering cultural competency and sharing your story with clients and coworkers.
Recovery 101 (and Recovery 101 Plus)
Key mental health recovery concepts and how to support clients/consumers in achieving and maintaining personal wellness. Recovery 101 Plus includes additional activities just for peers to help illustrate the concepts learned in a peer support context.
Recovery Planning 101
Attendees will learn important recovery planning concepts including the essential characteristics of recovery-oriented services, the stages of recovery, and practical tools and resources to help clients create their own recovery plans.
Self-Care and Stress Management
Participants will have an opportunity to learn about and discuss self-care and stress-management strategies that may assist them in maintaining their wellness while at work.
Sharing Your Story Skillfully
Sharing your personal story of recovery is one of the most powerful tools for peers. The following workshop shares some methods for thoughtfully harnessing the power of your story most effectively to inspire, connect, and give hope.
Supporting Success
This workshop focuses on proven methods of how to build a supportive work environment for your co-workers and yourself.
Surviving and Thriving
A workshop focused on the professional "You". This interactive workshop will enable participants to behave professionally on the job, communicate more effectively, function as part of a team, and understand policies and procedures.
Working in Recovery Series: Hiring, Managing, and Retaining the Peer Workforce
Using the principles of Nonviolent Communication, this course teaches managers to address performance issues proactively and effectively, improve performance, and enhance communication between managers and the peers they oversee.
WRAP®, Seminar I: Developing a Wellness Recovery Action Plan®
Participants in this highly interactive 2-day course will develop their own personal Wellness Recovery Action Plan. This course also lays a broad foundation for building a peer workforce. Successful completion of Seminar I fulfills the prerequisites Seminar II.
WRAP®, Seminar II: Facilitator Training
This course is 5 intensive days of workshops that prepares participants to facilitate WRAP® classes and equips them with the skills and materials to facilitate classes in their community and organization. Prerequisite: prior completion of WRAP® Seminar I.



RECOMMENDED PEER ONBOARDING PROCEDURES (not all may apply to volunteers)

PRE-SELECTION

- Review core competencies for peers working in behavioral health settings (<http://mhanca.org/wp-content/uploads/Core-Competencies-of-Peer-Support-Workers-1.pdf>)
- Review core competencies for agencies employing peers (<http://mhanca.org/wp-content/uploads/Core-Competencies-of-Peer-Employers.pdf>)
- Determine when and how peers will be utilized (CommonGround is one effective way to use peers in clinical settings <https://www.patdeegan.com/commonground>)
- Determine duties and activities peer will perform; create job description (if hiring peer employees)
- Prepare existing agency staff (information, WISE trainings, discussions, etc.)
- Identify onboarding and orientation process
- Develop and disseminate job/volunteer announcement and employment/volunteer applications
- Review applications and select interview candidates
- Convene a hiring panel and conduct interviews; select a candidate
- Check references and extend offer contingent upon outcome of background check
- Conduct background check and ensure applicant passes
 - Megan's law website (<http://www.meganslaw.ca.gov/disclaimer.aspx?lang=ENGLISH>)
 - Live Scan (<https://oag.ca.gov/fingerprints/locations>)
 - DMV history (if peer will be driving)

POST-SELECTION

- Confirm start date
- Review peer job description or volunteer activities; plan how responsibilities will be delegated, reporting structure, and communications procedures
- Notify team of hiring decision and start date; determine staff participation in onboarding process
- Make logistical preparations for onboarding
 - Schedule
 - Workspace
 - Computer access/email account
 - Telephone access
 - Building access (keys, badges, access codes, etc.) and parking
- Gather resources and materials relevant to position and prepare an orientation binder



POST-HIRE: FIRST 30 DAYS – ONBOARDING & ORIENTATION

- DAY ONE:** Provide orientation binder and onboarding materials; complete necessary paperwork
 - Peer job description
 - Employee handbook and other agency policies/volunteer code of ethics
 - Direct deposit form
 - W-4 form
 - I-9 form (W-9 for volunteers)
 - Cultural competence statement
 - Sexual harassment brochure (<http://www.dfeh.ca.gov/res/docs/publications/DFEH-185.pdf>)
 - Payroll, timesheet, and holiday calendar
 - Staff roster/org chart (updated w/new hire info)
 - Benefits paperwork
 - Employee emergency contact form

- DAY ONE:** Conduct agency-specific orientation, covering:
 - Organization’s history, mission, vision, and values
 - Current services and programs and how peer role fits into existing structure
 - How things are done (important policies and procedures)
 - Who peer works with, reports to, how information is shared, how performance is evaluated
 - Data security protocols
 - Documentation and record-keeping requirements

- DAY ONE:** Copy the following documents and keep on file with other necessary paperwork:
 - Driver license/government-issued ID
 - Social Security card/authorization to work info
 - Auto insurance policy (if driving)
 - DMV report

- WEEK ONE:** Send peer to WISE Peer Orientation Program, which includes the following topics:
 - HIPAA Basics
 - MHSA Principles
 - Recovery 101
 - Group Facilitation 101
 - Peer Support 101
 - Ethics, Boundaries, and Confidentiality for Peer Support Workers
 - Advocating for Consumer/Family Member Services
 - Sexual Harassment/Workplace Bullying
 - Navigating Systems of Care
 - Local Services, Resources, and Supports



POST-HIRE: FIRST 90 DAYS AND BEYOND

- Conduct frequent (weekly, biweekly, or monthly) check-ins with peer to determine how things are going, explore potential issues, and prevent future problems. Questions for peer may include:
 - What do you like about the position and this agency?
 - What's going well?
 - What could be going better?
 - Do you have enough, too much, or too little to do?
 - What, if anything, do you not understand about your position or our agency?
 - Who do you talk to when you have questions about work? Do you feel comfortable asking?
 - Are we clearly communicating our expectations to you?
 - How are you getting along with your coworkers/non-peer staff?
 - How do you see yourself developing in this role?
 - What are your professional goals and how can we help you accomplish them?
- Conduct occasional check-ins with non-peer staff to determine how things are going, explore potential issues, and prevent future problems. Questions for non-peer staff may include:
 - Do you understand the peer role? What questions do you still have?
 - What's going well?
 - What could be going better?
 - How are you getting along with peer(s)?
- Enroll peer in additional trainings:
 - WISE U Peer Training Academy
 - WRAP Seminar I (intro to WRAP/prerequisite for Seminar II)
 - WRAP Seminar II (WRAP facilitator training)
- Ensure peer has frequent contact with other peers to prevent cooptation and dilution of peer role
- Refer peer to WISE for individual mentoring, one-on-one job coaching, and professional development opportunities



CREATING A COLLABORATIVE WORK PLAN

DEVELOPMENT PLAN: THE BASICS	YES	NO
Employee is making satisfactory overall progress in his/her position.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands his/her role within the organization.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands his/her job description and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands how to perform his/her tasks and job duties.	<input type="checkbox"/>	<input type="checkbox"/>
Employee has access to the necessary information, resources, materials, and equipment to adequately perform his/her job duties.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands the expectations and standards of performance applicable to his/her position.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands how work is assigned and duties are delegated.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands how information is shared and how to have his/her questions answered.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands how people work together on his/her team, who to rely upon, and who is relying upon him/her.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands how his/her work is monitored and evaluated.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands the timeframes and deadlines applicable to his/her position and is given adequate time to complete tasks and assignments.	<input type="checkbox"/>	<input type="checkbox"/>
Employee knows who to turn to for guidance and support.	<input type="checkbox"/>	<input type="checkbox"/>
Employee knows how to address problems if they arise.	<input type="checkbox"/>	<input type="checkbox"/>
Employee understands the organization's purpose, mission, and values.	<input type="checkbox"/>	<input type="checkbox"/>



COLLABORATIVE WORK PLAN

Employee _____ **Manager** _____

Plan Start Date _____

Plan End Date _____

I. Overview

The purpose of this Collaborative Work Plan is to address both your current work performance and adherence to organizational rules and policies, and to jointly identify areas in which you may need additional support.

To this end, we will collaborate in examining each of the following:

- Identifying performance issues
- Clarifying [AGENCY]'s expectations
- Exploring your workplace needs and areas in which support is necessary
- Exploring your own contribution to your success at work
- Exploring prevention of future issues
- Scheduling of subsequent meetings to monitor progress and offer additional support
- Setting duration of plan period and conditions for expiration

II. Background Information [CUSTOMIZE AS APPROPRIATE]

[NAME], you were hired by [AGENCY] on or around [DATE], as a [POSITION]. In this role, you are required to [PRIMARY DUTIES]. In addition, you are expected to model recovery and provide guidance and mentorship to the clients we serve. Over the past [LENGTH OF TIME], you have demonstrated personal growth, organizational achievement, and have shown tremendous value in your role. You have been loyal to clients' interests and to our program's vision and goals. You are sincerely committed to [AGENCY]'s mission, hold team members in high regard, and care deeply for the clients we serve. You regularly go over and above your duties to better serve clients and in helping them to meet their recovery goals. You have demonstrated a passion for ongoing learning and personal development. We appreciate your talents and abilities and are fortunate to count you as an employee of our organization. [FEEL FREE TO TAILOR THIS PARAGRAPH AND TO LIST OTHER SPECIFIC ACHIEVEMENTS/TALENTS HERE.]

Recently, [DESCRIBE WHAT YOU HAVE NOTICED – OBSERVABLE BEHAVIORS, JUST THE FACTS. BE VERY OBJECTIVE AND NON-JUDGMENTAL IN DESCRIBING THE PERFORMANCE OR BEHAVIORAL PROBLEMS].



III. Identification of Performance Issues

[EMPLOYEE], what is going on for you? What do we need to know?

IV. Your Needs (pp. 13-15)

[EMPLOYEE], what do you personally need to be successful at work?

Practical Needs

Process Needs

Person Needs



And what else? (In particular, what are the barriers to your success? What do you need to feel more empowered? What do you need to build better relationships with your coworkers?)

V. Your Contribution (pp. 16-17)

[EMPLOYEE], what will you personally do to contribute to your own success at work?

VI. Prevention of Future Issues (pp. 17-18)

Immediate Steps

[DESCRIBE IMMEDIATE CHANGES THAT MUST TAKE PLACE NOW – WHAT YOU ARE IMPOSING. THEN ALLOW ROOM FOR THE EMPLOYEE TO MAKE HIS/HER OWN IMMEDIATE COMMITMENTS. LIST ALL FOLLOW UP/ACTION ITEMS FOR BOTH YOU AND THE EMPLOYEE HERE.]

[EMPLOYEE], how will we know if this Plan is working?

[EMPLOYEE], what will we do if either of us realizes we neglected to include something in this Plan?

[EMPLOYEE], exactly how would you like us to communicate to you if we notice a change in your behavior or performance that needs to be addressed? What words would you prefer us to use, and how would you like us to initiate the conversation with you?

VII. Subsequent Meetings

[EMPLOYEE], we will meet once every [TIME PERIOD] for [NUMBER] minutes to discuss this Plan, other barriers to your success, and any new issues that may arise.

Day: _____

Time: _____

VIII. Plan Expiration

This Plan is scheduled to expire on [EXPIRATION DATE]. Nevertheless, we may extend this Plan if you experience new challenges or require additional support beyond [EXPIRATION DATE].



SAMPLE PEER EMPLOYEE PERFORMANE EVALUATION

PEER CORE COMPETENCIES: CATEGORIES I - VI

INSTRUCTIONS

For each competency listed below, select the rating that best matches your evaluation of the \ employee's current level of skill or performance.

DEFINITIONS

Client(s): As used in this evaluation, "client(s)" refers to the specific individuals or target population the peer employee works with. Depending on the program, "client(s)" may be synonymous with consumer, family member, parent, caregiver, youth, or older adult.

Advanced: Employee performance is excellent and completely satisfactory. Employee consistently meets and may frequently exceed performance standards, and often influences others to improve their performance. Employee requires little guidance to perform job duties related to this competency at a high level.

Proficient: Employee performance is good, and still has some room for growth. Employee may require occasional guidance for performance to be completely satisfactory, but is generally capable of performing job duties related to this competency with little intervention or assistance.

Developing: Employee shows potential, but does not yet meet performance targets. Employee may be new to the job or task and still learning. Employee requires frequent guidance, instruction, and/or direction in performing job duties related to this competency. *Note: comments are required when you select this skill level.*

[RARE] Not Enough Information: Select this option **only if:** (1) the competency is unquestionably relevant to the employee's position; and (2) you have very little or no information/data to assess the employee's skill level in this area. Do not select this option as a substitute for "Developing" merely because the employee is new or still learning the duties of their position. If you have enough information to assess the employee's current skill level, you must select either "Advanced," "Proficient," or "Developing." *Note: comments are required when you select this skill level.*

[RARE] Not Applicable: Avoid selecting this option if possible. The competencies are written to be very general, and should be interpreted broadly enough to apply to any peer position. This option is appropriate **only if** the competency is completely unrelated to the employee's position.

Category I: Engages Clients in Collaborative and Caring Relationships

This category of competencies emphasizes peer workers' ability to initiate and develop ongoing relationships with program clients. These competencies include interpersonal skills, knowledge about wellness, resilience, and recovery from behavioral health conditions and attitudes consistent with a recovery orientation.



	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Initiates contact with clients					
Listens to clients with careful attention to the content and emotion being communicated					
Reaches out to engage clients across the whole continuum of the recovery or services delivery process					
Demonstrates genuine acceptance and respect					
Demonstrates understanding of clients' experiences and feelings					

Comments (required if you selected Developing or Not Enough Information)

Category II: Provides Support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions and/or their family members and supporters may want.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Validates clients' experiences and feelings					
Encourages the exploration and pursuit of community roles					
Conveys hope to clients about their own recovery and/or self-care					
Celebrates clients' efforts and accomplishments					
Provides concrete assistance to help clients accomplish tasks and goals					



Comments (required if you selected Developing or Not Enough Information)

Category III: Shares Lived Experiences of Recovery, Wellness, Self-Care

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with a behavioral health condition. Family peer support workers likewise share their personal experiences of self-care and supporting a family member who is living with a behavioral health condition.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Relates their own recovery or self-care stories, and with permission, the stories of others to inspire hope					
Discusses ongoing personal efforts to enhance health, wellness, and recovery or self-care					
Recognizes when to share experiences and when to listen					
Describes personal recovery or self-care practices and helps clients discover recovery and self-care practices that work for them					

Comments (required if you selected Developing or Not Enough Information)

Category IV: Personalizes Peer Support

These competencies help peer workers to tailor or individualize the support services provided to and with a client. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery and individual self-care.



	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs					
Appreciates and respects the cultural and spiritual beliefs and practices of clients and their families					
Recognizes and responds to the complexities and uniqueness of each client's process of recovery or self-care					
Tailors services and support to meet the preferences and unique needs of client and their families					

Comments (required if you selected Developing or Not Enough Information)

Category V: Supports Recovery, Wellness, Self-Care Planning

These competencies enable peer workers to support clients to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Assists and supports clients to set goals and to dream of future possibilities					
Proposes strategies to help clients accomplish tasks or goals					
Supports clients to use decision-making strategies when choosing services and supports					
Helps clients to function as a member of their treatment, recovery support, or multidisciplinary team					
Researches and identifies credible information and options from various resources					



Comments (required if you selected Developing or Not Enough Information)

Category VI: Links to Resources, Services, and Supports

These competencies assist peer workers to help clients acquire the resources, services, and supports they need to enhance their personal wellness and/or recovery. Peer workers apply these competencies to assist clients to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as online resources.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Develops and maintains up-to-date information and knowledge about community resources and services					
Assists clients to investigate, select, and use needed and desired resources and services					
Helps clients find and use resources, services, and supports					
Accompanies clients to community activities and appointments when requested					
Participates in community activities with clients when requested					

Comments (required if you selected Developing or Not Enough Information)

Category VII: Provides Information About Skills Related to Health, Wellness, Resilience, and Recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance wellness and recovery for consumers, family members, and others served. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery, as well as their supporters and family members, and that the recovery process often involves learning and growth.



	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Educates clients about health, wellness, recovery, self-care, and recovery supports					
Participates with clients in discovery or co-learning to enhance wellness, recovery, and/or self-care experiences					
Coaches clients about how to access treatment and services and navigate systems of care					
Coaches clients in desired skills and strategies					
Educates family members and other supportive individuals about recovery, recovery supports, and/or self-care strategies					
Uses approaches that match the preferences and needs of clients					

Comments (required if you selected Developing or Not Enough Information)

Category VIII: Helps Clients Manage Crisis

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to clients and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and wellbeing of themselves and clients.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Recognizes signs of distress and threats to safety among clients and in their environments					
Provides reassurance to clients in distress					



Strives to create safe spaces when meeting with clients					
Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of clients					
Assists clients in developing advance directives and other crisis prevention tools (e.g., WRAP)					

Comments (required if you selected Developing or Not Enough Information)

Category IX: Values Communication

These competencies provide guidance on how peer workers interact verbally and in writing with clients, colleagues, and others. Peers should utilize language and processes to communicate and reflect the value of respect.*

***Per SAMHSA, recovery is based on respect.**

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one’s self are particularly important.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with clients, coworkers, community members, and others					
Uses active listening skills					
Clarifies their understanding of information when in doubt of the meaning					
Conveys their point of view when working with colleagues					



Documents information as required by program policies and procedures					
Follows laws and rules concerning confidentiality and respects others' privacy rights					

Comments (required if you selected Developing or Not Enough Information)

Category X: Supports Collaboration and Teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Works together with colleagues to enhance the provision of services and supports					
Assertively engages providers from mental health services, addiction services, and physical medicine to meet clients' needs					
Coordinates efforts with health care and other providers to enhance clients' health and wellness					
Coordinates efforts with clients' family members and other natural supports					
Partners with community members and organizations to strengthen opportunities for clients					
Strives to resolve conflicts in relationships between clients and people in their support networks					



Comments (required if you selected Developing or Not Enough Information)

Category XI: Promotes Leadership and Advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of clients.

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure clients' rights are respected					
Advocates for the needs and desires of clients in treatment or multidisciplinary team meetings, community services, living situations, and with family members/supporters					
Uses knowledge of legal resources and advocacy strategies to build an advocacy plan (for self or client)					
Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families					
Educates colleagues about the process of recovery, self-care, and the use of support services					
Actively participates in efforts to improve the organization, program, and status of peer support workers					
Maintains a positive reputation in client and professional communities					

Comments (required if you selected Developing or Not Enough Information)

Category XII: Promotes Growth and Development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers’

	Advanced	Proficient	Developing	Not Enough Information	Not Applicable
Recognizes the limits of their knowledge and seeks assistance from others when needed					
Uses supervision (coaching, mentoring, personal reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with supervisor/manager					
Reflects and examines own personal motivations, judgments, and feelings that may be activated by peer work, recognizing signs of distress, and knowing when to seek support					
Seeks opportunities to increase professional knowledge and peer support skills					

Comments (required if you selected Developing or Not Enough Information)



**JOB ANNOUNCEMENT: PEER PARTNER SPECIALIST
[CITY], CALIFORNIA
DEADLINE TO APPLY: [DATE]**

Cal Voices (Formerly Mental Health America of Northern California or NorCal MHA) is a 501(c)(3) public benefit organization dedicated to improving the lives of residents in the diverse communities of Northern California through advocacy, education, research, and culturally relevant peer support services. In all its programs, Cal Voices works with individuals and families with mental health challenges to promote wellness and recovery, prevention, and improved access to services and supports.

Cal Voices has an immediate opening for a full-time ([#] hours per week) Peer Partner Specialist. This position is employed by Cal Voices, but is co-located within the offices of Sacramento County's Behavioral Health Services. Under the supervision of Cal Voices Consumer Advocate Liaison, the Peer Partner Specialist provides culturally competent recovery and support services for public mental health clients. This position is eligible for employee health benefits and paid time off. **Applicants must have personal lived experience as a current or former client receiving mental health services, preferably through the public mental health system in any California county, and must speak Spanish fluently.**

MINIMUM QUALIFICATIONS

Applicants who do not possess these minimum qualifications will not be interviewed:

- Current or previous experience as a client receiving mental health services
- The ability to speak Spanish fluently
- The ability to consistently work [#] hours per week during standard business hours
- Reliable personal transportation readily accessible throughout the workday
- A valid class "C" California driver license
- An auto insurance policy meeting the minimum legal standards in California
- The ability to pass a California DOJ criminal background screening
- The ability to work evenings and weekends, on occasion, as program needs dictate
- Any combination of education, training, and experience necessary to perform the Job Duties for this position, and to acquire the Knowledge and Abilities described herein

Please carefully review the application instructions listed at the end of this job announcement. Applicants who do not follow these instructions will not be considered for this position.

JOB DUTIES

Core Services

- Provides individual peer support, information and referrals, mentoring, and advocacy skills to clients receiving services from Sacramento County's Behavioral Health Department
- Meets with clients and their family members or support persons while client is at the Mental Health Treatment Center (MHTC) or at Adult Psychiatric Support Services (APSS)
- Assesses the unique challenges faced by each client; assists clients in successfully completing their recovery programs
- Provides mentoring and/or coaching to clients by helping clients set recovery goals, develops individual Wellness and Recovery Action Plans ("WRAP"), solves problems directly related to recovery, and provides encouragement, motivation and support to clients seeking to establish or strengthen their recovery



- Facilitates clients' access to benefits, entitlements, and resources including SSI and/or Medi-Cal services, safe housing, job readiness training and/or job placement services, and community-based supports to assist clients with meeting individual recovery needs
- Helps clients navigate the formal mental health treatment system and identify and articulate what they need from services and providers; teaches clients to advocate for their own needs, such as access to care and appropriate discharge planning
- Assists clients in building or maintaining personal support networks; helps clients in developing social skills needed to maintain positive interpersonal relationships
- Encourages clients to identify and engage in meaningful leisure activities, social activities, and/or hobbies that support their recovery goals and reflect their unique cultural identities
- Provides recovery-oriented group activities and/or educational groups for clients to share personal stories and engage in collective problem-solving with peers and expand personal skill sets
- Ensures confidentiality is maintained at all times in accordance with Federal, State, County, and agency standards

Advocacy, Outreach, and Engagement

- Works with Sacramento County Behavioral Health staff to carry out varied and important duties within the areas of peer support and self-help services through advocacy, outreach, and engagement
- Uses personal experience to establish credibility, maximize client voice and choice in services, and gives their perspective in the operation and development of program services
- Elevates the role of clients and makes recommendations regarding mental health policy and practices
- Provides outreach services to unserved and underserved individuals and families
- Plans and provides feedback related to support groups, workshops, conferences and other coordinated efforts to improve mental health services
- Reviews existing and proposed client programs/services and participates in the development of new programs and resources

Other Responsibilities

- Documents client contacts, maintains client files, monitors client progress, records information, generates reports
- Conducts client satisfaction surveys
- Performs data collection activities and time studies
- Conducts meetings, support groups, trainings, and workshops
- Organizes, coordinates, and participates in public presentations and other public outreach activities
- Attends meetings with provider agencies and county mental health staff
- Performs all other duties as assigned

KNOWLEDGE AND ABILITIES

The ideal candidate will possess KNOWLEDGE of:

- The basic needs and problems of adult mental health clients, including those from underserved and ethnic communities
- The complex public and/or private agency services available for individuals' mental health needs, including community resources and culture-specific supports
- Mental health recovery concepts, including self-help and peer support principles
- Key elements, values, and goals of the Mental Health Services Act (Prop. 63)
- Current legislation, laws, and issues impacting mental health services in California



Successful candidates will have the ABILITY to:

- Build coalitions among groups with differing needs and objectives
- Work cooperatively and effectively with individuals from different educational, economic, cultural, and racial backgrounds
- Engage in teamwork and work in a collaborative setting
- Effectively advocate for the interests and needs of others
- Demonstrate equality in relationships with clients and the capacity for self-awareness
- Use language that is non-judgmental and non-clinical
- Display professionalism in appearance, language, and conduct
- Demonstrate culturally-sensitive and appropriate interaction
- Apply self-help and support principles and techniques to problems and issues
- Speak in public, facilitate meetings, and make group presentations
- Maintain a strong work ethic; remain dependable, flexible, and able to adapt to daily changes and challenges
- Provide a consistent source of encouragement and hope to clients
- Model effective coping techniques and communication skills

PHYSICAL REQUIREMENTS

This position requires employees to:

- Consistently work 37.5 hours each week
- Frequently drive to/from various locations within Sacramento County
- Perform moderate typing and engage in daily computer use
- Sit for the majority of the day
- Write notes or otherwise record important information
- Speak in public
- Sometimes work in the evenings or on weekends to attend appointments, events, meetings, and/or trainings
- Occasionally travel to conferences/trainings held in distant locations

COMPENSATION AND BENEFITS

Employment at Cal Voices is strictly at-will. This is a full-time 37.5-hour per week position. Pay ranges from \$XX.00 - \$XX.00 per hour, depending on experience. This position is eligible for employee benefits, including: up to X weeks of annual paid time off; paid employee medical, dental, and vision insurance; and access to a 403(b) retirement plan. **Desired start date is [DATE].**

APPLICATION INSTRUCTIONS: PLEASE READ CAREFULLY

To apply for this position, submit your resume with a separate cover letter. Your cover letter MUST: (1) explain why you are interested in this position; (2) demonstrate how you meet the minimum qualifications for this position; and (3) discuss your relevant experience and ability to perform the job duties of this position.

THE DEADLINE TO APPLY IS [DATE]. MUST START BY [DATE].

EMAIL OR FAX YOUR RESUME AND COVER LETTER TO:

EMAIL: [EMAIL ADDRESS]

FACSIMILE: [FAX NUMBER], ATTN: [SCREENER/HIRING MANAGER]





BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

OVERVIEW

In 2015, SAMHSA led an effort to identify the critical knowledge, skills, and abilities (leading to Core Competencies) needed by anyone who provides peer support services to people with or in recovery from a mental health or substance use condition. SAMHSA—via its Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project—convened diverse stakeholders from the mental health consumer and substance use disorder recovery movements to achieve this goal. SAMHSA in conjunction with subject matter experts conducted research to identify Core Competencies for peer workers in behavioral health. SAMHSA later posted the draft competencies developed with these stakeholders online for comment. This additional input helped refine the Core Competencies and this document represents the final product of that process.

As our understanding of peer support grows and the contexts in which peer recovery support services are provided evolve, the Core Competencies must evolve over time. Therefore, updates to these competencies may occur periodically in the future.

Core Competencies are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by other roles known as peer specialists, recovery coaches, parent support providers or youth specialists. These are not a complete set of competencies for every context in which peer workers provide services and support. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future. For example, it may be helpful to identify additional competencies beyond those identified here that may be required to provide peer support services in specific settings such as clinical, school, or correctional settings. Similarly, there may be a need to identify additional Core Competencies needed to provide peer support services to specific groups, such as families, veterans, people in medication-assisted recovery from an SUD, senior citizens, or members of specific ethnic, racial, or gender-orientation groups.

BACKGROUND

What is a peer worker?

The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” Peer support has been described as “a system of giving and receiving help” based on key principles that include “shared responsibility, and mutual agreement of what is helpful.” Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.

As mentioned previously, the development of additional Core Competencies may be needed to guide the provision of peer support services to specific groups who also share common experiences such as family members. The shared experience of being in recovery from a mental or substance use disorder or being a family member of a person with a behavioral health condition is the foundation on which the peer recovery support relationship is built in the behavioral health arena.

What is recovery?

SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use disorder recovery communities:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.³

Throughout the competencies, the term “recovery” refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According to the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include “professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.” SAMHSA has identified four major dimensions that support a life in recovery:

1. **Health**—Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one’s physical and emotional wellbeing;
2. **Home**—A stable and safe place to live;
3. **Purpose**—Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; and, increased ability to lead a self-directed life; and meaningful engagement in society; and
4. **Community**—Relationships and social networks that provide support, friendship, love, and hope

Peer workers help people in all of these domains.

What are Core Competencies?



Core Competencies are the capacity to easily perform a role or function. They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job. This will be the first integrated guidance on competencies for peer workers with mental health and substance use lived experience.

Why do we need to identify Core Competencies for peer workers?

Peer workers and peer recovery support services have become increasingly central to people's efforts to live with or recover from mental health and substance use disorders. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use disorder recovery communities have recognized the need for Core Competencies and both communities actively participated in the development of these peer recovery support worker competencies.

Potential Uses of Core Competencies

Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise peer workers' job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.

Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

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 individual served and to respond to specific needs the individuals 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 strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

1. Initiates contact with peers
2. Listens to peers with careful attention to the content and emotion being communicated
3. Reaches out to engage peers across the whole continuum of the recovery process
4. Demonstrates genuine acceptance and respect
5. Demonstrates understanding of peers' experiences and feelings

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery



3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them

Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested



Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports
2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5. Assists peers in developing advance directives and other crisis prevention tools

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports



2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
3. Coordinates efforts with health care providers to enhance the health and wellness of peers
4. Coordinates efforts with peers' family members and other natural supports
5. Partners with community members and organizations to strengthen opportunities for peers
6. Strives to resolve conflicts in relationships with peers and others in their support network

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
5. Educates colleagues about the process of recovery and the use of recovery support services
6. Actively participates in efforts to improve the organization
7. Maintains a positive reputation in peer/professional communities

Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. Recognizes the limits of their knowledge and seeks assistance from others when needed
2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
4. Seeks opportunities to increase knowledge and skills of peer support



ADDITIONAL RESOURCES

Evidence Base for Peer Support Services

A systematic review and meta-analysis of randomized controlled trials of peer support for people with severe mental illness

<https://bmcp psychiatry.biomedcentral.com/articles/10.1186/1471-244X-14-39>

Addition of Peer Support Workers to Improve Patient Outcomes & Reduce Costs

http://www.ibhpartners.org/wp-content/uploads/2015/12/Peer-business-case.pdf?utm_source=rss&utm_medium=rss

Economic Analysis in Peer Support: Breadth of Approaches and Implications for Peer Support Programs

<http://peersforprogress.org/wp-content/uploads/2015/04/150417-economic-analysis-in-peer-support.pdf>

Global Evidence for Peer Support: Humanizing Health Care

<http://www.mentalhealthamerica.net/sites/default/files/140911-global-evidence-for-peer-support-humanizing-health-care.pdf>

Letter from Medicaid acknowledging that peer support is a best practice

http://cosb.countyofsb.org/uploadedFiles/admhs_new/resources/Systems_Change/Peer_Action_Team/CMS-8-15-07.pdf

Making the Case for Peer Support

https://www.mentalhealthcommission.ca/sites/default/files/2016-07/MHCC_Making_the_Case_for_Peer_Support_2016_Eng.pdf

Peer Certification: What Are We Waiting For?

<http://www.dhcs.ca.gov/services/MH/Documents/CMHPCPeerCertPaper.pdf>

Peer-Delivered Wellness Recovery Services: From Evidence to Widespread Implementation

http://www.mentalhealthamerica.net/sites/default/files/Cook_peer_delivered_services_article.pdf

Peer Support: Get The Facts

<http://www.mentalhealthamerica.net/conditions/peer-support-get-facts>

Peer Support in Behavioral Health: The Evidence is In!

<http://www.mentalhealthamerica.net/sites/default/files/Evidence%20for%20Peer%20Support.pdf>

Peer Support in mental Health Care: Is it good value for money?

http://eprints.lse.ac.uk/60793/1/Trachtenberg_etal_Report-Peer-support-in-mental-health-care-is-it-good-value-for-money_2013.pdf

The Evidence: Consumer-Operated Services

<http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/TheEvidence-COSP.pdf>



Integrated Systems

Call to Action: Integrating Peer Support in Prevention and Health Care Under the Affordable Care Act
<https://www.sbm.org/UserFiles/file/CALLTOACTION-communityhealthworkerstatement.pdf>

Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide
http://www.casra.org/docs/peer_provider_toolkit.pdf

Peer Models and Usage in California Behavioral health and Primary Care Settings
http://www.ibhpartners.org/wp-content/uploads/2015/12/PeerModelsBriefRevFINAL.pdf?utm_source=rss&utm_medium=rss

Peer Integration

Integration of Peer Specialists Working in Mental Health Service Settings
<http://sites.utexas.edu/mental-health-institute/files/2017/01/Kuhn-et-al-2015.pdf>

Key Considerations for Integrating Peer Support Staff in Behavioral health organizations
https://www.resourcesforintegratedcare.com/sites/default/files/Integrating_Peer_Support_Staff_in_Behavioral_Health_Organizations.pdf

Peer Specialists in Mental Health Services: Workplace Integration and Outcomes
<http://sites.utexas.edu/mental-health-institute/files/2016/09/Peer-Specialist-Integration-7-25-16.pdf>

The Peer Provider Workforce in Behavioral Health: A Landscape Analysis
http://healthworkforce.ucsf.edu/sites/healthworkforce.ucsf.edu/files/Report-Peer_Provider_Workforce_in_Behavioral_Health-A_Landscape_Analysis.pdf

Population Specific

(Military and Veterans) Best Practices Identified for Peer Support Programs
http://www.dcoe.mil/files/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf

(TAY) Effectively Employing Young Adult Peer Providers: A Toolkit
https://www.umassmed.edu/globalassets/transitionsrtc/publications/effectivelyemployingyoungadultpeerproviders_a_toolkit.pdf

(Formerly Incarcerated) Employing Your Mission: Building Cultural Competence In Reentry Service Agencies Through the Hiring of Individuals Who Are Formerly Incarcerated and or/in Recovery
http://johnjaypri.org/wp-content/uploads/2016/04/Employing_Your_Mission.pdf

Psychological Health and Safety

Mental Health - Psychosocial Risk Factors in the Workplace
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_risk.html

Workplace Development Tips: A Resource Kit for the Alcohol and Other Drugs Field
http://nceta.flinders.edu.au/files/5812/4710/5736/Workplace_Support.pdf

Workplace Health and Well-being - Comprehensive Workplace Health and Safety Program
http://www.ccohs.ca/oshanswers/psychosocial/mentalhealth_work.html





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OSHPD Office of Statewide Health Planning and Development

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