Meaningful Roles for Peer Providers in Integrated Healthcare

A Guide

November 2014

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Acknowledgments

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This toolkit was developed through the collaborative efforts of the Advisory Board and CASRA Team. Principle authors of the toolkit are Debra Brasher and Lucinda Dei Rossi of Inspired at Work. Layout and design are by Tempra Board & Associates.

CASRA

CASRA is a statewide organization of private, not-for-profit, public benefit corporations that serve clients of the California public mental health system. Member agencies provide a variety of services that are designed to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues. Such services include: advocacy and service coordination; transitional and permanent housing; crisis and transitional residential treatment; outreach and engagement services; integrated mental health and drug and alcohol treatment; and services designed to support education and employment goals. CASRA is dedicated to improving services and social conditions for people with psychiatric disabilities by promoting their wellness, recovery and rights.

IBHP

Launched in 2006, the Integrated Behavioral Health Project (IBHP) is an initiative to accelerate the integration of behavioral and medical health in California. To that end, we have awarded grants to community clinics and clinic consortia; established learning communities; sponsored web-based training; established a mentoring program; developed program and systems policy; conducted process and outcome research; and advocated for collaboration between the mental health, primary care and substance abuse systems for better client care. Our ultimate goal is to enhance access to behavioral treatment services, improve treatment outcomes for underserved populations and reduce the stigma associated with seeking such services. Our current work is under the auspices of the Tides Center and the California Mental Health Service Authority (see below). **www.IBHP.org**

CalMHSA

The California Mental Health Services Authority (CalMHSA) is an Independent Administrative and Fiscal Governments Agency focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels, using revenues generated by Proposition 63. One of the many programs under CalMHSA's purview is the Stigma and Discrimination Reduction Initiative, which uses a full range of prevention and early intervention strategies across the lifespan and across diverse backgrounds to confront the fundamental causes of stigmatizing attitudes and discriminatory and prejudicial actions. **http://calmhsa.org**

TIDES

Tides partners with philanthropists, foundations, activists and organizations to promote economic justice, robust democratic processes, and the opportunity to live in a healthy and sustainable environment where human rights are preserved and protected. **www.tides.org**

CHAPTER ONE
Background

This toolkit is an expansion of work done by the Integrated Behavioral Health Project (IBHP), funded through the California Mental Health Services Authority (CalMHSA) to produce a comprehensive guide entitled: **Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration Toolkit, 2nd Edition, 2013.** The Partners in Health Toolkit provides foundational information and resources concerning the how-to's of interagency collaboration, or integrated care, to improve health and wellness outcomes. This extensive document makes the case for why we need to consider the whole person when providing healthcare services and how this attention to mind, body and spirit helps individuals with behavioral health challenges more effectively utilize self-management skills, reduce the use of emergency services, increase activation of needed lifestyle changes and over time, increase longevity.

The purpose of this toolkit is to provide information, helpful tips and examples of how integrated care settings can best hire, train, integrate and retain Health-Trained Peer Support Specialists onto multi-disciplinary teams for the benefit of individuals who have co-occurring and behavioral health and healthcare issues.

In preparation for this toolkit, CalMHSA, and the Integrated Behavioral Health Project researched and developed an Integrated Care Issue Brief entitled **Peer Models and Use in Behavioral Health and Primary Care Settings.** This Brief provides a succinct history of the peer movement, an orientation to the values and roles of peer providers and current challenges in expanding the use of Peer Support in integrated healthcare settings. Key points are identified

Key Points from the Peer Models and Use in Behavioral Health and Primary Care Settings Issue Brief

- The use of peers in integrated settings is a key strategy to reducing both personal and institutional stigma. A discussion of California's strategy to reduce stigma and discrimination can be found the following article: **California's Historic Effort to Reduce the Stigma of Mental Illness: The Mental Health Services Act.**
- When used in the workplace, peers improve the understanding of mental illness among providers and other employees of service agencies by sharing the recovery perspective and raising awareness of the consumer culture.
- Developing positive relationships between peers and their co-workers is considered among the most effective ways to reduce stigma.
- The Mental Health Services Act (MSHA) has identified consumer/family member employment as key to system transformation.
- Lack of reimbursement, lack of understanding about the value of peer contributions in the workforce and a lack of formal training create barriers to more agencies making use of peer services.
- Standardization and certification would lend credibility to the peer role.
- More jobs must be made available when peer providers complete training programs.

CHAPTER TWO

Transformation of Care

Over the past decade, evidence based behavioral health services have moved from a focus on disease and pathology to an orientation towards achieving recovery and building resiliency. While recovery, personally defined by the individual, has become the goal of services and treatment, the thinking on recovery is undergoing a re-evaluation to include dimensions which have been either been ignored or largely overlooked. This has been especially true of culture.

> Culture is foundational to all human experience–especially for the understanding of illness and the promotion of wellness. Why? Because culture provides THE context for all human activity. (Pedersen, 1997).[2]

In recent years, the movement has been to use the more inclusive, overarching term "wellness" to define the goal of behavioral health treatment. Wellness is no longer defined as simply the absence of disease, but a state of health that integrates mind, body and spirit. Wellness is also defined as a "conscious, deliberate process whereby a person is aware of and makes choices for a more satisfying lifestyle.[3]" It is both a state of being and a way of being – a dynamic flow of choices, actions and the quality of life that results from them.

Traditionally, individuals with behavior health challenges have received care in siloed systems where interaction between mental health, addiction services and primary health care is limited at best. Based upon a number of studies, there is growing acknowledgement and awareness that individuals with behavioral health challenges are at greater risk for developing co-morbid serious and life threatening health conditions than the general population. Culture is a set of variables that affect all health care issues – including co-morbidity and all its components. Although there are a number of social, cultural and biological determinates that lead to co-morbidity and poorer health care outcomes, siloed systems of care have been identified as a major obstacle that must be overcome. Integrated or collaborative care settings are emerging as a solution to separated systems of care. In addition, many of these care settings are utilizing peer support as an important tool in assisting individuals with behavioral health challenges to access and utilize the services provided by integrated care settings.

> "At its core, integrated care is not a policy, a set of services or a delivery system. It is a place of cultural confluence–a space wherein physical health and behavioral health (mental health and substance abuse) meet and blend so that persons in recovery can grow and thrive!"
>
> Peter McKimmin, Ph.D.

Fact Sheet

Understanding Co-Morbidity in Persons with Behavioral Healthcare Challenges

Increased Modifiable Risk Factors and Reasons Why

Smoking

- 75% of individuals with either addictions or mental illness smoke cigarettes as compared with 23% of the general population.[4]
- Smoking may relieve psychiatric symptoms.
- Low socioeconomic status and social networks reinforce smoking.
- Studies indicate that it is more challenging for these individuals to quit smoking.[5]

Drug and Alcohol Use

- People with schizophrenia or bipolar disorder are 12 and 20 times more likely to be treated for alcohol abuse.
- They are 35 and 42 times more likely to be dependent on illegal drugs, respectively.[6]
- Individuals may use alcohol and drugs to ameliorate negative psychiatric symptoms, to achieve a desired emotional state or to cope with stressors.[7]

Physical Activity

- People diagnosed with schizophrenia, bipolar disorder or major depression report less physical activity compared with those without mental disorders.[8]
- As symptoms of these disorders may include withdrawal and apathy and social isolation, it is not a mystery as to why these individuals report decreased physical activity.

Nutrition

- People with a diagnosis of serious behavioral health conditions also tend to eat foods that are high in fat and calories while avoiding fruits and vegetables.[9]
- Causative factors may include poverty, which creates limited access to healthy food options and the inability to afford healthier choices, which contributes to high rates of obesity and diabetes.[10]

Socio-economic Factors

- Low socioeconomic status reduces available resources, such as social support.
- Social support directly influences mental health status and indirectly affects health status by buffering the effects of stress.
- Individuals diagnosed with schizophrenia and bipolar disorder with low social supports report poorer outcomes of these illnesses.
- Low levels of social support are also negatively linked to medical conditions.
- Low social support raises the risk of developing coronary heart disease (CHD) or experiencing adverse outcomes associated with CHD by 1.5 to 2 times.[11]

Impact of Symptoms

- The symptoms of serious mental health conditions including lack of motivation, fearfulness and distrust may reduce the individuals' ability to initiate and follow through with medical treatment.[12]

Psychotropic Meds and Metabolic Syndrome

- Many psychotropic medications, particularly antipsychotic medications, can cause weight gain, obesity and Type 2 diabetes.[13]
- Second generation antipsychotic medications are more highly associated with weight gain, diabetes, dyslipidemia, insulin resistance and the metabolic syndrome.[14]
- Mood stabilizers such as valporic acid and lithium are associated with weight gain. The concern may be heightened especially when these agents are used in combination with second generation antipsychotics.[x15]

Poly-Pharmacy

- Poly-pharmacy is considered another risk factor for poor health outcomes in individuals diagnosed with a serious mental health condition.
- Individuals on multiple medications may have a difficult time with medication adherence.
- Poly-pharmacy has been identified as a risk factor for sudden death.[16]

Access

- The separation of medical and behavioral health care systems creates barriers to access when individuals with co-morbid conditions are required to receive care from multiple uncoordinated locations.
- People living in rural communities may experience greater lack of access due to a limited number or no health care providers.
- Access is also affected by the reality that safety net health care services are stretched to capacity.[17]

Stigma

- The stigma associated with a diagnosis of a mental health condition is pervasive throughout society and affects medical providers as well as the general population.
- The fear of stigma and discrimination from medical providers may serve as a deterrent for those people managing a mental health challenge from accessing services for health care concerns.
- "People in recovery report stigma and discrimination from health care providers.[18]"
- People with a psychiatric diagnosis tend to receive less care for their illnesses when they do access a health care provider than does the general population.
- Individuals with a diagnosis of schizophrenia receive less care for their osteoporosis than those who do not have this diagnosis.[19]
- Although individuals diagnosed with schizophrenia have greater incidence of cardiovascular disease they are less likely to receive treatment that restores vascular functioning.[20]

- People diagnosed with schizophrenia are generally less likely to receive the standard level of care for diabetes than the general population with diabetes.[21]
- Provider attitudes may further affect access to health care. This barrier has been described by Lawrence and Kisely as the "way that some practitioners regard people with SMI as being difficult or disruptive, attributing abnormal behavior as an individual characteristic rather than one of the symptoms of an illness.[22]"
- Health care providers may, "regard physical complaints as psychosomatic symptoms.[23]"

> There is increasing evidence that disparities in healthcare provision contribute to poor physical health outcomes. These inequalities have been attributed to a combination of factors including systemic issues, such as the separation of mental health services from other medical services, healthcare provider issues including the pervasive stigma associated with mental illness, and consequences of mental illness and side effects of its treatment.
>
> Lawrence and Kisely, 2007

The Movement Towards a Wellness Orientation in Behavioral Healthcare

Defining Terms

A Culturally Informed Definition of Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.[24] Recovery occurs in four primary dimensions: Health, Home, Purpose, and Community.

- Persons in recovery develop new meaning, purpose, and identity as they grow beyond the catastrophic effects of mental illness.
- Persons in recovery grow beyond the damaging effects of alcohol and drug misuse.
- Persons in recovery move from a management view of illness (physical, mental, and substance misuse) to a holistic, wellness-centered view, and
- Persons in recovery grow beyond the effects of stigma, and related cultural barriers such as classism, racism, sexism and homophobia.

Wellness

Wellness is a conscious, deliberate process whereby a person is aware of and makes choices for a more satisfying lifestyle.[25]

Resiliency

Resiliency is the inner capacity that when nurtured, facilitated and supported by others, empowers children, youth and families to successfully meet life's challenges with a sense of self-determination, mastery and hope.

Holistic Services

- Attend to all dimensions of the person and see them as inter-related, interdependent and of equal importance.
- Require that the practitioner assess these dimensions and then provide services to support personal goals in prioritized areas of concern.
- Offer a wide menu of options for developing healthy lifestyles and making long-term beneficial choices.
- Provide education, skills and support geared towards building effective self-management skills.

Holistic Services for People with Behavioral Health Challenges

Integration of mind, body and spirit is recognized as a best practice for all persons. For people with co-occurring behavioral health and primary healthcare conditions, a holistic approach to developing and maintaining wellness is especially important.

> "When you look at people holistically and start valuing their mind-body resiliency, I think there is a level of excitement and better outcomes."
>
> Larry Fricks

SAMHSA's **10 X 10 Campaign** is a "national wellness plan to improve life expectancy by 10 years in 10 years for people with mental illness.[26]" Eight dimensions of wellness were articulated by Swarbrick, 2006[27] (see diagram below) and are the foundation of this effort to integrate care across all aspects of an individual's life.

Adapted from Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29,(4) 311- 314.

Program Example

Emerging Peer-Designed Recovery Planning

SHARE! Rapid Recovery is a self-help guide that helps each person design and access recovery tools for whatever issues they would like to work on. SHARE! Rapid Recovery uses SAMHSA's Eight Dimensions of Wellness with a checklist of recovery goals that are generally regarded as healthy by those with recovery in these areas. People use the checklists to identify things they want to work on. SHARE! staff then links them to the self-help support groups and other tools to help each person realize their personal recovery goals. SHARE! Rapid Recovery tracks people's growth as they continue to update their answers when they have changed behaviors. Most interestingly, when one behavior changes, other behaviors change as well. Thus, SHARE! Rapid Recovery gives gifts of recovery because the one change made consciously, makes other parts of someone's recovery fall into place. The changes in the SHARE! Rapid Recovery checklists shows all the growth as recovery blossoms.

SHARE! Rapid Recovery is currently being further refined by clients and staff of SHARE! Stay tuned for its publication for general use. For further information, please contact:

Ruth Hollman, Executive Director
SHARE! The Self-Help and Recovery Exchange
www.shareselfhelp.org

> "People who are lonely and depressed are three to 10 times more likely to get sick and die prematurely than those who have a strong sense of love and community. I don't know any other single factor that affects our health - for better and for worse - to such a strong degree."
>
> Dean Ornish, MD

CHAPTER THREE

Spotlight on Research-Supported Models

"The Bridge" Peer Health Navigator Intervention

Pacific Clinics and USC School of Social Work

This Peer Support program is a comprehensive health care engagement and self-management intervention. Program interventions seek to:

1. Connect consumers to mental health, primary care, substance abuse and specialty health services.
2. Engage those that have been unable to successfully engage a consistent primary health care provider or who have given up trying to access and use an outpatient primary care physician.
3. Train and empower people with a diagnosis of a serious mental health challenge to be assertive self-managers of their health care so that their interactions with care providers can be more effective.

This program is based upon an adaptation of the Behavioral Model of Health Service Use for Vulnerable Populations, which assumes that individuals have predisposing and enabling factors that affect health care utilization and effectiveness. The Health Navigator approach addresses the unique factors that have a suppressing effect on health care access and utilization for those with serious mental illness that includes system bifurcation, stigma and severe psychiatric symptoms. The program utilizes an in vivo approach that assists individuals to develop skills in real world health care settings to overcome barriers to accessing and utilizing health care services. The interventions include:

1. Assessment and planning
2. Coordinated Linkages
3. Consumer Education
4. Cognitive Behavioral Strategies

The program is phased so that the Peer Navigator models positive health behaviors, coaches the individual to perform positive health behaviors and then fades so that the individual can take on a self-management role in their healthcare needs. During the fading process the Navigator provides support on an as needed basis.

A full-time Health Navigator can manage a caseload of 12-15 individuals at any one time. They can generally work with 30-40 individuals annually, allowing for new intakes as others begin to self-manage with less support. A part-time Health Navigator working 15 hours per week can manage a caseload of 15 individuals annually.

Spotlight on Research-Supported Models

Whole Health Action Management - WHAM

Whole Health Action Management (WHAM), created and funded by the SAMHSA-HRSA Center for Integrated Health Solutions, is a manualized peer support program designed to assist those with serious mental health challenges to self-manage chronic physical health conditions, mental illnesses and addictions. Participants receive eight weeks of group peer support, with individual peer support between each group session, designed to educate individuals on the 10 Whole Health and Resiliency Factors as well as the Relaxation Response developed by the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital.

The WHAM intervention activates whole health self-management to maintain new health behavior using trained Peer Leaders who assist the group and individuals by using the following strategies:

1. Use of their personal story
2. Person-Centered Planning
3. Structured educational sessions that seek information from each group member
4. Group and one-on-one Peer Support

The curriculum includes modules on ten Whole Health Resiliency Factors:

Stress management	Support network
Healthy eating	Optimism based on positive expectations
Physical activity	Cognitive skills to avoid negative thinking
Restful sleep	Spiritual beliefs and practices
Service to others	A sense of meaning and purpose

Through group and individual sessions, participants use the following tools to assist them to become activated and better self-manage.

1. A Person-Centered Goal
2. The IMPACT goal setting criteria
3. A Weekly Action Plan
4. A Daily and Weekly Personal Log

Key Essentials to Whole Health Self-Management with WHAM

- Learn how to elicit the Relaxation Response to manage stress
- Learn how to combat negative self-talk that can undermine activation of self-management.
- Learn about shared decision-making: “the collaboration of a medical professional and recipient of whole health services to determine the treatment and self-management actions for maximizing whole health.”

WHAM is also now available in Spanish. Contact Daisy Wheeler daisyw@thenationalcouncil.org for more information.

Spotlight on Research-Supported Models

HARP: The Health and Recovery Peer Program

This program is based on Stanford's Chronic Disease Self-Management Program and has been adapted to meet the needs of individuals with serious mental health conditions. This program consists of six 2.5 hours of classroom based group sessions and is delivered by mental health peer leaders. The manual has been adapted for mental health consumers and includes the following topics:

Overview of Self-Management
Exercise and Physical Activity
Pain and Fatigue Management
Health Eating on a Limited Budget
Medication Management
Finding and working with a Regular Doctor

Sessions are designed to increase self-efficacy and used the following techniques:

1. Pairing group members to work together toward accomplishing action plans and goals to increase motivation and engagement.
2. Providing a self-management record to track disease specific self-management, medications, upcoming appointments, dietary intake and physical activity.
3. Modeling of appropriate behaviors and responses by Peer Coaches.
4. Ensuring participation from each group member by Peer Educators to increase modeling and motivation for each participant in the group.
5. Developing short-term action plans for choosing areas related to health behavior change. This process includes:
   a. Identifying a problem that is of particular concern,
   b. Listing ideas for solving the problem
   c. Developing a specific plan with short-term goals for improvement.
6. Providing participants with the book, Living a Healthy Life with Chronic Conditions by Kate Lorig.

CHAPTER FOUR

Spotlight on California's Transformative Programs

Throughout California, there are several integrated care projects underway that utilize peer support. Many of these programs have been funded under Innovation Grants through the Mental Health Services Act as well as SAMHSA. These programs are all in various stages of development, implementation and data gathering. The table below provides information on county MHSA Innovation Plans for fiscal years 2008-2009 and 2009-2010.

Legend: PC = Primary Care MH = Mental Health SA = Substance Use Services HH = Health Home
BH = Behavioral Health SMI = Serious Mental Illness

County	Program Name	Program Description
Contra Costa	Promoting Wellness, Recovery and Self-Management through Peers	This program tests whether utilizing peer service providers as health educators and system navigators in primary care mental health integration leads to improved health outcomes and enhanced mental health recovery and resiliency. Peer Wellness Coaches placed on PC-MH care service integration teams in county-run MH clinics and Wellness and Recovery Centers serve as trained wellness, recovery and chronic disease (including SMI) self-management coaches. Provides a warm hand-off.
Los Angeles	Integrated Clinic Model	This program combines primary healthcare, mental health and substance use services in a system that includes directly operated and contracted entities (four PC or MH community clinic sites). Extends scope of clinic-based MH care to include support and treatment for individuals with SMI (within the borders of a PC site), expands staff role of peers. Tests if, with stabilization supports, clients can change their HH to physical health site. Peers assists with critical enabling services, including comprehensive care coordination (medical and social support services), and care management. Provides a warm hand-off.

"Working with consumers in health navigation gives them a sense of hope, the knowledge and skills to improve their well-being and the courage to carry it out."

Yolanda Correa, Case Manager and Health Navigator, Pacific Clinics, Monrovia, CA site

County	Program Name	Program Description
Los Angeles	Integrated Mobile Health Team Model	This program deploys a mobile, enhanced, integrated and multi-disciplinary team, which includes PC, MH, SA care, to serve individuals with SMI and their families who are homeless, in a shelter, or recently in permanent supportive housing. The program will test the value of a single point of management and supervision for the multi-disciplinary mobile team. Uses a client- centered, housing first approach. Uses harm reduction strategies across all modalities of MH, PH, SA. Provides access through multiple points of entry. Provides outreach and on-going services as well as additional services (transportation, follow-up). Uses a project-based service voucher. Utilizes braiding of funding streams. Includes peer mentoring, coaching and support.
Los Angeles	Community Designed Integrated Service Management Model	This model seeks to bridge divide between ethnic communities and formal care and non-traditional (community-defined healers) providers by giving communities opportunity to direct how MH, PH, and SA services (and other needed care) are integrated. Uses a multi-disciplinary, holistic team approach. ISM teams will integrate formal and informal provider and community-based resources through community-specific, peer-designed 1) outreach and education, 2) enhanced engagement practices, 3) enhanced linkage and advocacy, 4) facilitation of inter-provider communication. Creates distinct models of care defined by each of five communities. Offers point of entry through various sites (schools, places of worship, clinics, community agencies).
Madera	Integrated Peer Support and Clinical Services in a Rural County Mental Health System	This program is a co- location of behavioral health peer/ family member staff and clinical staff at a newly proposed clinic with the Madera rural health clinic (RHC). The peer and clinical staff work together to meet the needs of clients/family members in an integrated MH and PH setting.
Orange	Integrated Community Services	This program provides two approaches to integrating PH, MH and SA treatments: 1) MH care at PC community clinics use trained consumer MH workers, supervised by licensed MH staff. The program provides psych consult to PC providers about prescribing. 2) Consumers are trained to coordinate and monitor PH care of BH clients at BH sites. Medical care coordinator is supervised by RNs.

County	Program Name	Program Description
San Mateo	Total Wellness	This program is delivering integrated PC/BH care services at behavioral care clinics utilizing trained consumers and family members as Health and Wellness Coaches partnering with other team members to help participants manage their health conditions. Uses same MH/SA entry point for SMI participants into PC. Builds upon and supports the practices of Nurse Practitioners currently located in BHRS clinics. Health and Wellness Coaches play a key role in care management by partnering with other team members (Nurse Care Managers, Nurse Practitioners) to assist clients with communication, advocacy, health education and other support.
Sonoma	Three-Pronged Integrated Community Health Model	This program adapts and blends two existing models: 1) PC and BH integration and 2) peer-based community health education (promotores model). Increases the capacity of FQHCs to deliver MH services to adults living with SMI who are homeless and/or who have co-occurring disorders by strengthening the connection of MH consumers to other consumers and to MH staff. Expands the roles of people with lived experience in the design and delivery of integrated BH and PH care. Utilizes a client-centered, holistic approach that incorporates community health education strategies as a core component of PC and BH service provision. Provides health education services at clinic site and off-site locations (shelters, group homes). Health education curriculum is tailored to addressing the unmanaged health conditions of persons living with SMI.

The following section highlights programs that represent different models being implemented throughout the state, including a Federally Qualified Health Center, a peer-operated agency and a county behavioral healthcare system.

Total Wellness, San Mateo County

A County Behavioral Health Program with On-Site Primary Care Providers and Peer Wellness Coaches

BACKGROUND

San Mateo County Behavioral Health and Recovery Services implemented Total Wellness in 2010. This program, an integration of primary care and behavioral health services, is designed to improve health outcomes of behavioral health clients who also have chronic physical health conditions. Specific health outcomes targeted by Total Wellness include diabetes, cholesterol, high blood pressure, smoking and obesity. The team works closely with primary care, including joint staff meetings and clinical huddles.

STAFFING

The multi-disciplinary team includes a Program Director, a Psychiatric Nurse Practitioner, 2.5 FTE Psychiatric Nurse, 2 FTE Primary Care Provider, 1.5 FTE Health Educator and 8 Peer Wellness Coaches. The Peer Wellness Coaches are employed at a variety of levels:

- 4 part-time hourly staff contracted through two non-profit consumer run organizations, Voices of Recovery (VOR), and Heart and Soul
- 2 15-hour part-time hourly staff contracted through Vocational Rehabilitation Services (transitional employment)
- 1 FTE county contracted position, no benefits
- 1 FTE civil service position with benefits

A unique component of Total Wellness is that additional peer wellness coach positions are sub-contracted through Voices of Recovery (VOR), a non-profit agency dedicated to providing peer education, wellness and advocacy services for all individuals seeking long-term recovery from co-occurring mental health and substance use issues, and their family members. VOR coaches assist in helping individuals connect from primary care to behavioral health services, provide a warm welcome, meet with clients individually for coaching as well as encouraging them to try out the Wellness Recovery Action Plan groups held at various times and locations throughout San Mateo County.

SERVICES RENDERED

The peer wellness coaches provide a wide range of services to the program's clients, including peer-led health and wellness groups (such as smoking cessation, weight management, cooking with ease class, WRAP on Wellness, walking and indoor physical activity groups) as well as one-on-one coaching support. Peer wellness coaches receive on-the-job training and certification in key areas of health and wellness promotion, such as **smoking cessation**, **weight management** and the Peers also receive training on Motivational interviewing (i.e. Brief Action Planning or BAP) techniques from certified BAP trainers through **The Centre for Collaboration**, **Motivation and Innovation**. Motivational interviewing techniques can be used when working on health-

related change issues and are important strategies to utilize in working with individuals who are in the pre-contemplative or contemplative stage of change. All peer coaches also receive ongoing, regular individual supervision meeting and a monthly group consultation meeting from the program director. They also work closely with the multidisciplinary team, especially the nurse care managers, in coordinating day-to-day client care activities.

The individualized support that the peer wellness coaches provide in their one-on-one coaching has greatly benefited many Total Wellness clients in making positive behavioral changes. The fact that all the peer coaches have a shared behavioral health history similar to that of the clients allows for stronger rapport building, and effective engagement and intervention with the clients. Peer wellness coaches embody principles of cultural competency, recognition of personal strengths and wishes, and the real possibility of recovery.

FUNDING

Clients seen in the Total Wellness Program are open to behavioral health services as well as physical health services. As such, when the peer wellness coach provides an individual or group service to a client, claims for Medi-Cal reimbursement for these services are often possible.

Manzanita Services, Mendocino County

A Peer-Operated Community-Based Agency Providing Linkage and Health Education

Manzanita Services is a peer-run drop-in center in Mendocino County, operating in two sites: Ukiah and Willits. They have recently added Care Management to the array of services offered for peers. Included in these services are:

- Outreach to vulnerable groups in the community
- Transportation to primary care appointments
- Provision of the Stanford Healthy Living Course at each location (based on the Stanford Chronic Disease Self-Management Program)

The drop-in centers serve a wide range of clients, from participants in Full Service Partnerships to people who hear about the services in the community and stop by to check it out. The Care Management Team is contracted to connect fourteen clients per week to primary care services with the goal of achieving a reduction in the risk factors experienced by persons who have behavioral health challenges such as tobacco use, obesity and high blood pressure.

Manzanita has developed strong partnerships with Public Health and reached out to instructors who are teaching smoking cessation, nutrition and diabetes prevention, and successfully bringing those services in-house. This enables greater access to these important health education services.

As a peer-run organization, Manzanita Services is at the forefront in behavioral health as well as the wider community in educating people about what peers and peer-operated services can do. Examples of efforts to reduce stigma and increase positive collaboration include:

- Providing guest lectures at community college courses in Human Services
- Being an internship site for the Sonoma State Navigator Program, impacting the development of that Certificate Program to better serve the needs of people who have mental health challenges
- Providing panel presentations for staff at collaborating agencies
- Being trained to provide Mental Health First Aid in the community
- Participating in system re-design processes to ensure that all staff in behavioral health have a good understanding of recovery and the work of peers at Manzanita Services

Manzanita Services also provides career ladder opportunities and best practices in staff retention. Peers serve in a variety of capacities: interns, volunteers, part-time hourly employees, part-time regular employees with pro-rated benefits and full-time benefited staff. Staff are encouraged to continue growing and move into positions with increasing responsibilities. Several strategies are in place to enhance employee wellness on the job:

- One-on-one support
- Staff meeting support and consultation
- An additional 10 wellness days per year
- Investment in ongoing staff education

Manzanita Services is in the process of establishing the Diane Zucker Memorial Fund, named after a former Board Member, to provide a resource for staff and client education, including education for future employment goals.

Staff are trained through the Sonoma State Navigator Program. In addition one staff has received training to provide the Stanford Health Living Course.

Gardner Center

A Federally Qualified Health Center Providing Peer Partner Services

The Gardner Family Health Network, located in San Jose, California, provides primary care and behavioral health services to meet the diverse needs of the community. Gardner has its roots in the provision of services to farm workers in 1967, when they started a small clinic in collaboration with Stanford Medical School.

> Gardner is dedicated to improving the health status of the communities we serve, especially the disenfranchised, disadvantaged and most vulnerable members. Our mission is to provide high quality, comprehensive health care, including prevention and education, early intervention, treatment and advocacy services which are affordable, respectful, culturally, linguistically and age appropriate.
>
> Gardner Family Health Center website: **www.gardnerfamilyhealth.org/about.html**

Gardner Center utilizes peers in providing much needed services on the team and has worked diligently to assure that these new team members are well-integrated onto the team. Two strategies for helping with integration are:

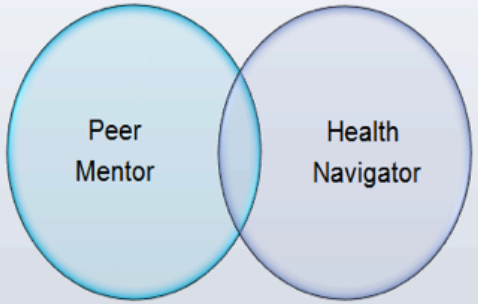
- A well-designed poster that provides a quick visual overview, communicating the importance of peers, their roles and also encouraging others to adopt this practice presented on the next page and
- A useful practice guide entitled **Integrated Behavioral Health Practice Guidelines** located in this toolkit, which serves to:
  - Educate Peer Mentors about their role and responsibilities
  - Provide clear and detailed description of job duties
  - Educate other team members about the scope of work of Peer Mentors
  - Provide information about lines of communication between personnel
  - Provide information about back-up responsibilities of other staff members
  - Provide information on documentation and tracking procedures

Bringing Community into Community Healthcare: How Peer Partners Help Patients Achieve Health and Wellness in Integrated Behavioral Health Programs

Susanna Farina, Ph.D., Nancy Fernandez, M.A., Indira Fonseca, Shirani Pathak, M.A., Mayra Perez, M.A., Daryn Reicherter, M.D., Margaret Villarreal

Gardner Family Health Network, San Jose, CA

Introduction: Peer Partner Defined



- Peer Mentors (in Specialty Mental Health) have historically been consumers who help support clients by encouraging positive change and adherence to goals.
- Health Navigators (in Primary Care) have historically been healthcare workers who help patients navigate the healthcare system and improve patient access.
- Gardner Family Health Network's IBH program utilizes Peer Partners, who are unlicensed paraprofessionals with life experience, to fill both of these roles.

Peer Partner Roles

Gardner Family Health Network's Peer Partners provide support for patients in some of the following ways:

- Assist in PHQ-9 screening to help identify patients who could benefit from IBH service.
- Provide peer support for patients and encourage positive change throughout treatment.
- Provide patients with personalized care.
- Help patients navigate healthcare system to improve better access.
- Provide patients with continual case management support.
- Encourage patient adherence to treatment plan.
- Help break through cultural barriers and reduce stigma.
- Act as advocates to promote communication between patient and providers.
- Participate in weekly caseload review to assist with treatment recommendations.

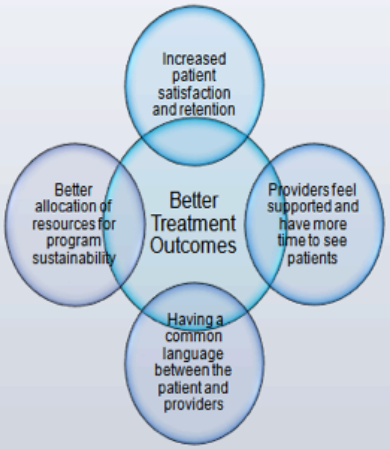
Peer Partner Tasks

The following are some of the daily tasks that Peer Partners are responsible for in order to provide quality patient care:

- Engage patients into treatment by conducting Warm Hand Offs in person and over the phone.
- Follow up with patients to monitor progress between visits and re-engage patients into treatment when visits are missed.
- Provide behavioral activation and medication monitoring over the phone at regular intervals as a stand alone treatment for those patients who cannot or choose not to participate in face-to-face counseling.
- Provide support for diabetes management group including reminder calls, monitoring patient progress, and documentation of group participation in patient's Electronic Health Record.
- Conduct regular maintenance calls for up to 6 months to assist patient in preventing relapse following end of treatment.
- Provide patient with community resources throughout engagement, treatment, and maintenance.
- Maintain updated patient registry to track patient outcomes and make sure that patients don't fall through the cracks.
- Document all services in patient Electronic Health Record for all providers to access, in order to ensure coordination of services.

Gardner Family Health Network

Outcomes: Peer Partner Benefits



Bringing Peer Partners to Your Program: First Steps

In order to successfully adapt the Peer Partner role into your IBH program, here are some guidelines to consider:

- Financial pre-requisites: an IBH program must be able to sustain the costs of hiring the Peer Partners, as the tasks that the peer partner performs are essentially non-reimbursable.
- Develop a job description for the Peer Partner position: it is important to tailor the role of the Peer Partner to meet your programmatic and patient needs (i.e., staffing, scheduling, scope of work, etc.)
- Hiring the right candidates. Peer partners must have:
  - -Personal lived experience in order to display empathy and compassion for the patient;
  - -Solid organizational skills to be able to keep track of patient registry and patient contacts that occur on regular schedule intervals;
  - -Basic computer skills to be able to navigate electronic health record system, as documentation is a primary responsibility of the peer partner.

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CHAPTER FIVE

Definitions, Roles, and Competencies

The Heart of the Matter

> The Peer workforce, above all others, can assist others to become activated in their own self-management in order to achieve whole health recovery.
>
> Larry Fricks

A health-trained Peer Support Specialist can be described as a natural ally and someone who has walked "in the same shoes" as the individual seeking help. Peer Supporters are uniquely qualified to provide the kind of hope and support necessary to assist others to make lifestyle changes that will support better health care outcomes. Health-trained Peer Support Specialists have the shared experience of stigma and discrimination, the impact of behavioral health challenges on all life domains, and how these issues affect healthcare access and engagement. This makes the peer workforce uniquely qualified to assist others to become activated to self-manage modifiable risk factors, seek out appropriate medical care and advocate for themselves to reduce the devastating effects of co-morbidity and early loss of life.

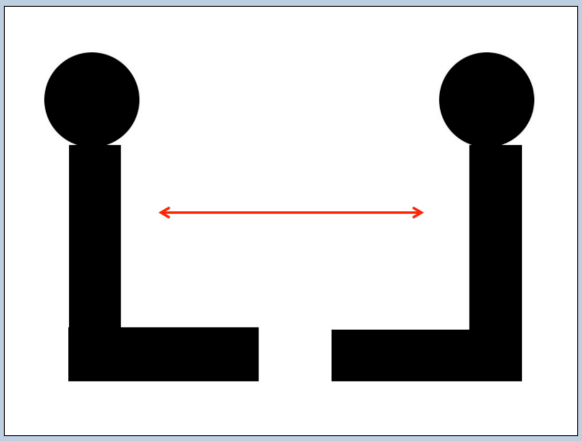
Health-trained Peer Support Specialists are especially suited to serve those individuals who have behavioral health challenges as well as complicated health co-morbidities as they:

- Offer hope through their own life example
- Share strategies and skills for activation and self-management of health conditions
- Convey a deep respect and empathy for the impact of the effects of a serious mental health challenge on all aspects of life
- Use their personal story in a conscious and deliberate way in the service of helping another

What is Peer Support?

- A relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination
- Therapeutic interactions between people who have a shared lived experience
- Empathic understanding another's situation through the shared experience of emotional and psychological pain
- A relationship without the constraints of the traditional expert/patient or expert/family member role.
- A service that helps people with behavioral health challenges to lead a longer more satisfying life by:
    - promoting recovery, wellness, and healthy lifestyles,
    - reducing identifiable behavioral health and physical health risks, and
    - increasing the healthy behaviors that are likely to prevent disease onset.[28, 29]

"Integrated care" and best practices for hiring peer specialists needs to be placed in the larger context of culture. Culture provides THE context for all human activity (Pedersen, 1997).



- Adopt a "culturally informed" approach.
- Worldview plays a pivotal role when the values, beliefs, perceptions and language of these cultures meet – or don't. When Worldviews meet, the inherent differences in value and belief systems may result in culture clash rather than cultural congruence.
- In all systems, the dominant worldview is grounded in Western culture, empirical science and is highly individualistic in nature (Kim, Triandis, Kagitcibsa, Choi, Yoon, 1994). This has profound implications for a vast number of US citizens who view decision-making about health care from a more collectivist perspective, involving family or community.
- To manage these situations, additional training and supervision is needed to equip all service providers in integrated care: administrators, clinical and counseling staff, clerical and administrative staff.

Four Core Functions of Peer Support in Integrated Care

Assistance in daily management: Peer supporters use their own experiences with diet, physical activity and medicine adherence in helping people figure out how to manage diabetes in their daily lives. They can also help in identifying key resources, such as where to buy healthy foods or pleasant and convenient locations for exercise.

Social and emotional support: Through empathetic listening and encouragement, peer supporters are an integral part of helping patients to cope with social or emotional barriers and to stay motivated to reach their goals.

Linkages to clinical care and community resources: Peer supporters can help bridge the gap between the patients and health professionals and encourage individuals to seek out clinical and community resources when it is appropriate.

Ongoing support, extended over time: Peer supporters successfully keep patients engaged by providing proactive, flexible, and continual long-term follow-up.[30]

Why Peer Support?

Peer support has been shown to effectively assist people with behavioral health challenges.

- Participants in drop-in centers experienced an increased quality of life as well as enhanced social support and problem solving (Mowbray and Tan, 1993).
- Mental health self-help groups have been shown to decrease symptoms, increase coping skills, and increase life satisfaction (Davidson et al., 1999; Chamberlin et al., 1996, Humphreys, 1997; Raiff, 1984).
- Peer specialists have been proven successful in engaging people who have serious mental illness into treatment (Sells et al., 2006; Solomon, 2004).
- One-to-one peer support with people who have co-occurring disorders of mental illness and substance use was found to result in fewer hospitalizations, improved social functioning, reduced substance use and improved quality of life among participants (Klein, Cnaan, and Whitecraft, 1998).
- Peer support plays a part in reducing the overall need for mental health services over time. (Chinman et al, 2001; Klein, Cnaan, and Whitecraft, 1998; Simpson and House, 2002).[31]

> "Peer Health Navigation is helping our consumers achieve confidence in their ability to manage their own health care. The skills learned: organization, scheduling, communication, and self advocacy can be transferred to any area of their lives."
>
> Lou Mallory, Lead Health Navigator, Pacific Clinics

Pilot studies of peer support in whole health services for people who have serious mental health challenge have shown:

The Health and Recovery Peer Program (HARP)

- Significantly higher activation
- Increased utilization of a primary care provider
- Increased health related quality of life
- Increased physical activity
- Positive improvements in medication adherence[32]

The Bridge Peer Health Navigator Intervention

- Reduction in health problems by 30%
- Significant reduction in overall bodily pain
- Fewer medications were prescribed to the treatment group while the untreated group were prescribed more medications over baseline
- Significant decrease in emergency use with a shift to using outpatient primary care services[33]

Peer Support Whole Health and Resiliency (PSWHR)

- Significant progress towards achieving wellness goals reported by participants
- Peer specialists were helpful in assisting participants to attain their whole health goals[34]

Total Wellness

- Improved health
- Improved overall functioning
- Experienced less severe psychological distress
- Decrease in emergency room psychiatric visits
- Increased use of primary care
- Weight loss
- Improved diet
- Reduction in smoking
- Promising findings include:
  - Lower blood pressure
  - Lower A1C levels
  - Improved cholesterol level
  - Feeling more socially connected[35]

> When you take care of something that you've been afraid to do, such as seeing a primary care doctor - that really boosts your self-esteem.
>
> Catherine Clay, Peer Advocate Volunteer with the Women's Community Reintegration Services and Education Center, Community Coalition, Los Angeles

The Role of Peer Providers in Integrated Settings: the Heart of Effective Services

Health-trained Peer Support Specialists perform many different tasks within integrated healthcare settings. However and perhaps most importantly, they provide the much needed role model of a life beyond any behavioral health diagnosis or physical health condition. They provide the true emotional connection that enables individuals to engage in the level of services appropriate for their circumstances and take the necessary actions to improve their health and wellness.

The National Association of State Mental Health Program Directors has developed The **State Roadmap to Peer Support Whole Health and Resiliency,** which provides system level information for programs that want to develop integrated care models that include peer support. The document provides an easy-to-use, step-by-step guide for administrators and managers interested in starting this initiative.

Examples of Common Roles for Peer Support Specialists in Integrated Healthcare Settings

Peer Whole Health Coach or Wellness Coach

- A person who has lived experience of behavioral health challenges and a health condition who
- Assists people with behavioral health issues to identify and pursue a change they would like to make in an area of wellness.
- Assists in the development of a health goal in an individualized, person-centered service plan
- Provides support to achieve that goal individually and in groups.[36]

Promtora

- Is an individual who shares cultural and linguistic qualities with the Hispanic community
- Serves as a cultural bridge between community-based organizations and their respective communities
- Focuses on increasing enrollment in health insurance programs
- Focuses on increasing access to preventative care services
- Helps to establish a usual source of care
- Improves self-efficacy[37]

Peer Health Navigator - Adapted from the ACA definition of Health Navigator

- A person who has lived experience of behavioral health challenges and a health condition who
- Provides information and education about health care options

- Provides outreach and engagement
- Conducts referral and linkage activities
- May include a warm hand-off to primary health care services.
- May assist the client to advocate for themselves in order to get their needs met from their primary care provider.

Peer Health Educator

- A person who has lived experience of behavioral health challenges and a health condition who provides health education and wellness classes and groups including smoking cessation, weight loss, movement groups, heart health, walking groups.

> The individualized support that the peer wellness coaches provide in their one-on-one coaching has greatly benefited many Total Wellness clients in making positive behavioral changes. The fact that all the peer coaches have a shared behavioral health history similar to that of the clients allows for stronger rapport building, and effective engagement and intervention with the clients. Peer wellness coaches embody principles of cultural competency, recognition of personal strengths and wishes, and the real possibility of recovery.
>
> Shirley Chu, LCSW, Total Wellness, San Mateo

The Peer Role in Engagement and Activation for Self-Management

Without activation of positive health habits and lifestyle changes, there are no positive health outcomes. This is where peer support can offer much needed assistance in achieving health-related goals.

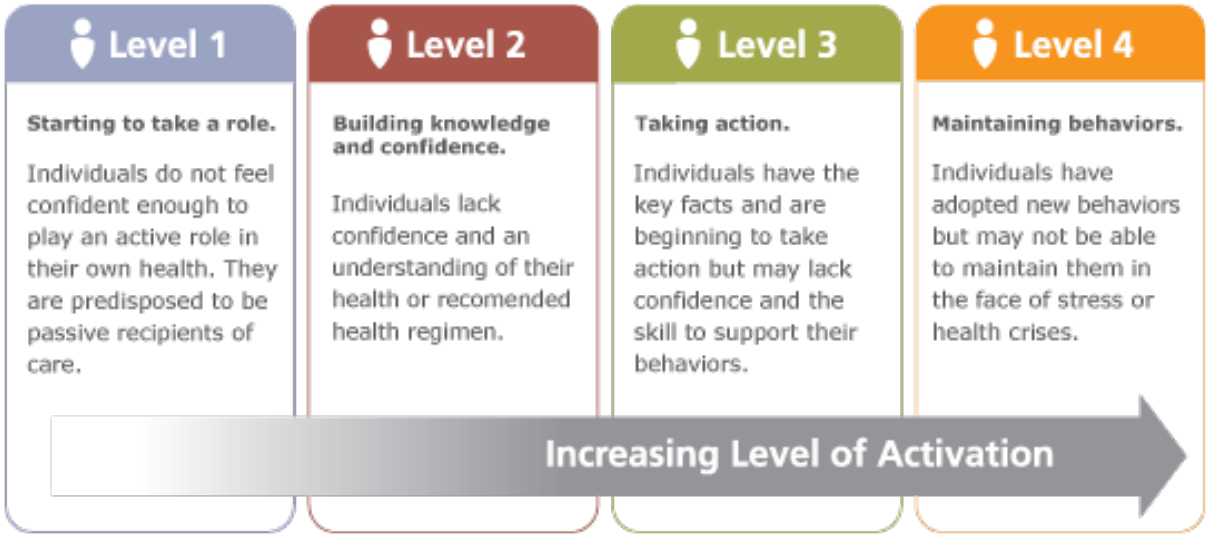
> Engagement is the process of creating a relationship - a partnership with a peer provider in order to take the first steps in dealing with any health-related issue.

Effective self-management is based on two fundamental activities: engagement of the client and activation of the health-promoting changes that will result in long-term positive health outcomes. During the engagement phase, the emphasis is on culture-centered, strengths-focused and motivational-enhancing strategies, designed to build the individual's interest in self-care and self-management. Peer Support services

seek to enhance activation in part due to the fact that low levels of activation, as measured by the Patient Activation Measurement (PAM), results in significantly greater health care costs[38] (Hibbard et al, 2013).

Activation begins when the individual is ready to take concrete steps to build health and wellness routines into his/her life.

The Patient Activation Measurement (PAM)



Self-management is taking charge of what might otherwise be an overwhelming or disempowering life situation, such as dealing with the impact of a serious behavioral health or physical health diagnosis.

A Culturally-Informed Approach Requires:

- A more collaborative approach for cultural groups who are more collectivistic in nature.
- Understanding of different decision-making processes among cultural groups.
- The inclusion of families as well as the community in mediating their support to persons seeking wellness/recovery or building resiliency.

Health-trained Peer Support Specialists are able to provide the basic information necessary for development of self-management skills and have the added benefit of lived experience and relatedness. Besides increasing the use of primary care services by persons with serious behavioral health challenges, peers who worked under the supervision of a nurse care manager also helped to increase preventative care visits and showed to improve health outcomes over business as usual.[39]

How Peer Providers Can Assist in Increasing Self-Management

- Give Information
- Teach Disease Specific Skills to Empower
- Negotiate Health Behavior Change Collaboratively with Consumers
- Provide Training in Problem-solving Skills
- Assist with the Emotional Impact of Having a Chronic Illness
- Provide Regular and Sustained Follow-up
- Encourage Active Participation in Managing Illness

California Healthcare Foundation[40]

Research evidence on self-management assisted by a caring individual such as a peer shows:

- Improved health
- Increased feelings of empowerment
- More satisfaction with healthcare services
- Significant cost savings

Program Example – Activation and Engagement

Using a stage-wise approach to engagement, San Mateo County offers two different peer-led Smoking Cessation groups:

- Action Stage groups for individuals who are ready to set a quit date and
- Pre-contemplative or contemplative groups for those in the earlier stage of change.
- Modifications to the smoking cessation groups were made in order to increase information accessibility and retention, such as:
  - Regular use of a carbon monoxide monitor
  - Having a behavioral health client shares his/her own successful quitting experience
  - Displaying information through posters and using other visual aids.

Total Wellness, San Mateo County

Goal Setting: A Critical Skill for Self-Management

Using a specific goal-setting method helps client's to self-manage their health and behavioral health conditions. Whole Health Action Management (WHAM), a peer-to-peer intervention, uses the IMPACT criteria to assist participants in developing meaningful goals and activities towards health and wellness.

I – Does it IMPROVE the quality of my health and resiliency?
M – Is it MEASURABLE in terms of my supporter knowing if I have accomplished it?
P – Is it POSITIVELY STATED as something new I want in my life?
A – Is it ACHIEVABLE for me in my present situation and with my current abilities?
C – Does it CALL FORTH actions that I can take on a regular basis to begin to create healthy habits?
T – Is it TIME-LIMITED in terms of when I will begin and when I plan to accomplish it?

An example of goal-setting using the IMPACT model is included in SAMHSA-HRSA's Whole Health Action Management (WHAM) for Peer Support in Integrated Care Settings. An example of **Goal Setting and Follow-up Plans from the WHAM Participant's Manual** is provided with this link.

The Need for Peer Support and the Four Quadrant Clinical Integration Model

The Four Quadrant Clinical Integration Model, developed by Barbara Mauer[41] provides a framework for how to conceptualize the broad population groups being served and serves as a guideline for assigning treatment responsibility between specialty mental health services and primary care providers. In addition, Daniels has identified a framework for conceptualizing the impact of stigma and trauma that results from a behavioral health or primary care diagnosis and how it relates to the type of peer-provided services needed.[42] Viewed together, the chart below outlines the type of peer services needed per quadrant and allows for flexibility depending on the needs of the client being served.

The Four Quadrant Model	Need for "Peerness" in Self-Care Advocacy	Type of Peer Provided Services
Quadrant I: Low Behavioral and Low Physical Complexity/Risk A population most likely to exhibit depression and anxiety, though it may include some with more severe mental disorders. If selected by the consumer, this population can be served in primary care with behavioral health staff on site.	**Low stigma and low trauma of diagnosis** Chronic physical condition such as asthma, diabetes, hypertension WITH mild or transient behavioral health. Need for peer support: Low to moderate	Navigation Promotora Services Health Educator
Quadrant II: High Behavioral Health, Low Physical Health Complexity/Risk Most individuals with severe mental illness, children/youth with serious emotional disturbance or those with co-occurring disorders. This population would likely be served in a specialty behavioral health system that coordinates with the primary care provider, or in more advanced integrated systems that provide primary care services within the behavioral health setting.	**High Stigma and Low Trauma of Diagnosis** Depression and anxiety and substance use disorders, co-morbid mental and physical conditions. Need for peer support: High	Promotora Services Health Educator Support Groups Whole Health Coaching

The Four Quadrant Model	Need for "Peerness" in Self-Care Advocacy	Type of Peer Provided Services
Quadrant III: Low Behavioral, High Physical Health Complexity/Risk Large percentage of patients with chronic medical illnesses (e.g., diabetes, cardiovascular conditions) that are at risk of or have evidence of behavioral disorders (e.g., mild to moderate depression, anxiety), some of which may be related to their primary medical conditions. This population can be served in the primary care/medical specialty system with behavioral staff on site in primary or medical specialty care, coordinating with all medical care providers including disease care managers. Access to behavioral specialists with expertise in treating persons with co-morbid chronic medical illnesses is advisable.	**High Trauma and Low Stigma of Diagnosis** Life-threatening or life-altering physical illness (serious physical illness, cancer) Need for peer support: High	Navigation Health Educator Support Groups
Quadrant IV: High Behavioral, High Physical Health Complexity/Risk Those with severe mental illness or emotional disturbance co-occurring with one or more complex medical condition, such as diabetes or cardiovascular problems. This population can be served in both the specialty behavioral health and primary care/medical specialty systems. In addition to the behavioral case manager, there may be a disease manager working in coordination.	**High Stigma and High Trauma of Diagnosis** SMI diagnosis (bipolar, psychotic disorders, addictions, co-morbid mental and chronic physical conditions (life-threatening or life-altering conditions) Need for Peer Support: High	Whole Health Coaching

Peer Support Specialist Competencies and Skills

There are a number of competencies and skill sets required for health-trained peer providers.

Swarbrick: Peer Wellness Coaches[43]

WELLNESS COACHING COMPETENCIES AND SKILLS

Support Wellness

- Define Wellness
- Identify the 8 Wellness Dimensions
- Ask About Physical Wellness (e.g., Physical
- Activity, Nutrition, Smoking)
- Explore Substituting Healthy for
- Unhealthy Behaviors
- Offer Support for Healthy Behaviors
- Develop Quit Smoking Plan
- Use of Health Support Plan
- Use of Health Care Journal
- Address Fear of Doctors, Appointments, Procedures, etc.

Wellness Planning

- Explore Personal Values
- Setting an Overall Wellness Goal
- Identifying Critical Skills
- Developing Objectives & Interventions
- Designing Methods of Evaluating Progress

Motivational Interviewing

- Decision Balance (Pros and Cons List)
- Ask Change Talk Questions

Empowerment & Advocacy

- Planning to Meet with Other Health Care Providers
- Identifying Questions to Ask Provider

Communication Techniques

- Active Listening
- Preparing to Attend
- Physically Attending
- Responding to Content
- Responding to Feeling
- Responding to Meaning
- Using Facilitative Questions
- Identifying Blocks to Listening
- Refocusing

Coaching

- Help the person to clarify the need for change or improvement
- Determine if there is a clear goal
- Brainstorm actions to be taken
- Determine the action
- Set an accountability step
- Set a time frame

Personal Narrative & Disclosure

- Share a Personal Wellness Narrative

Georgia: Peer Whole Health Coach

Georgia has also created a list of Peer Whole Health Coach competencies, included in the the overarching categories of core competencies are:

- Communication skills
- Knowledge of and competence in Peer Support Whole Health and Wellness Services
- Knowledge and competence related to health and wellness resources in the community
- The ability to actively participate as a member of a health-care team

The Bridge: Health Navigator Roles at Critical Challenge Points[44]

A. Health and Wellness Needs
1. Work with service coordinators and mental health providers to assess consumer need for navigation
2. Conduct health care service screening with consumers
3. Help with insurance benefits as necessary

B. Consumer Awareness
1. Conduct health and wellness assessments with consumers
2. Work with Consumers to set health and wellness goals and the means to achieve those goals
3. Provide health education tailored to consumer's goals

C. Scanning environmental resources
1. Find providers and/or health clinics
2. Develop relationships with providers and clinics
3. Find insurance and/or benefits information

D. Initial provider contact
1. Assist with making appointments (role play and in vivo)
2. Coach consumer in making appointments

E. Getting to the appointment
1. Provide appointment reminder
2. Assist with and coach regarding transportation needs

F. Waiting room experience
1. Help with provider forms
2. Model interactions with staff and other patients (role play and in vivo)
3. Coach interactions with staff and patients (in vivo)
4. Act as a stigma buffer

G. Exam room experience
1. Model interactions with medical personnel (role play and in vivo)
2. Coach interactions with medical personnel (in vivo)
3. Help consumer communicate needs.
4. Act as a stigma buffer

H. Treatment plan and follow-up
1. Assist with treatment compliance, treatment plan, follow-up or specialty care and prescriptions

Gardner Center Federally Qualified Health Center (FQHC)

Gardner Family Health Network in San Jose, California, has pro-actively brought on peers to better serve the growing population of individuals with multiple health and behavioral health issues. Below is a description of required competencies.

Peer Partner Competencies in Gardner Family Health Network FQHC

- Assisting with screening to help identify patients who could benefit from IBH services
- Providing peer support for patients and encouraging positive change throughout treatment
- Providing patients with personalized care
- Helping patients to navigate healthcare system to improve access
- Providing patients with continual case management support
- Encouraging patient adherence to the treatment plan
- Helping break through cultural barriers and reduce stigma
- Acting as advocates to promote communication between patient and providers
- Participating in caseload reviews to assist with treatment recommendations

Four Core Skill Areas in Health Navigation

- Engaging and connecting with consumers.
- Linking consumers to health care.
- Making a collaborative plan for the consumer's health care based on the consumer's goals.
- Modeling and coaching including communication and coping skills and advocacy.

Pacific Clinics, The Bridge Health Navigator Program

Creating Job Descriptions

It is perhaps the single most important issue to address: that each peer position has a comprehensive and accurate job description. Without this clarity regarding job duties, peers experience a great deal of job frustration, both through under-utilization of their gifts and talents as well as being overwhelmed with job duties far beyond the scope of their position.[45]

> Provide Clear Job and Service Descriptions that define specific duties that allow peers to use their recovery experience to help others recover and engage in self-help.
>
> **Pillars of Peer Support Services 2009 Report**

Clearly articulated job duties will help both the Health-trained Peer Support Specialist as well as the rest of his/her team-mates. Job responsibilities vary according to the site and the needs of the clientele. It is helpful to look at the job tasks and responsibilities of a Peer Whole Health Coach to see the broad range of possibilities. Swarbrick provides a concise list of key responsibilities and tasks:

Key Responsibilities and Tasks of Peer Whole Health Coaches[46]

- Assist peers in choosing, obtaining and keeping wellness and healthy lifestyle related goals.
- Help a peer work through the process of identifying health and wellness related goals.
- Ask facilitative questions to help peers gain insight into their own personal situations.
- Empower peers to find solutions for health problems and concerns they are facing.
- Help peers to find their own solutions by asking questions that give them insight into their wellness status.
- Assist in identifying steps to take to achieve a health and wellness related goal.
- Assist peers in strengthening their readiness to actively pursue health wellness.
- Use a variety of methods, tailored to the individual, to move through the process of setting and reaching health and wellness related goals.
- Provide structure and support to promote personal progress and accountability.
- Compile and share wellness and healthy lifestyle resources for peers and other staff or supporters.
- Selectively use self disclosure to inspire and support.

Peer Wellness Coaches Job Tasks, Total Wellness, San Mateo County

- Smoking Cessation Group
- Weight Management Group
- Cooking with Ease Class
- WRAP on Wellness
- Walking & Indoor Physical Activity Group
- One-on-One Coaching Support
- Warm Hand-Off from Primary Care to Behavioral Health Services

Peer Partner Job Tasks in Gardner Family Network FQHC

- Engaging patients into treatment by conducting Warm Hand-Offs in person and over the phone
- Following up with patients to monitor progress between visits and re-engaging patients into treatment when visits are missed
- Providing behavioral activation and medication monitoring over the phone at regular intervals as a stand-alone treatment for those patients who cannot or choose not to participate in face-to-face counseling
- Providing support for diabetes management groups including reminder calls, monitoring patient progress and documentation of group participation in patient's electronic record
- Conducting regular maintenance calls for up to six months to assist patient in preventing relapse following the end of treatment
- Providing patient with community resources throughout engagement, treatment and maintenance
- Maintaining updated patient registry to track patient outcomes and make sure that patients do not fall through the cracks
- Documenting all services in patient electronic health record for all providers to access, in order to ensure seamless coordination of care

> "The job requirement is not just being or having been a parent, it is that ability to articulate and model lessons learned from those experiences."
>
> Magellan Health Services, 2011, Best Personnel Practices in Parent Support Provider Programs

Peer Care Manager, Manzanita Services, Peer-Operated Agency, Mendocino County

- Outreach to Vulnerable Groups in the Community
- Transportation to Primary Care Appointments
- Provision of the Stanford Healthy Living Course at each location(based on the Stanford Chronic Disease Self-Management Program)

Sample Job Descriptions

Total Wellness Peer Support Assistant/Wellness Coach

Job Title: Total Wellness Peer Support Assistant/Wellness Coach (contract position)
Part time: 15 hours per week
Job Location: San Mateo & Redwood City

The Total Wellness Program aims to improve health outcomes for behavioral health clients. The program, which is a healthcare integration endeavor between San Mateo County Behavioral Health & Recovery Services and San Mateo Medical Center, currently seeks a Peer Support Assistant/Wellness Coach to assist with:

- Co-facilitating wellness activities and groups, including group set-up, clean-up, preparation and documentation. Groups include, but are not limited to: weight management, tobacco cessation, WRAP, walking/stretching group, nutrition group and diabetes class.
- One-on-one peer coaching for health and wellness, such as: encouraging adherence to treatment plans as prescribed by client's primary care team, exercise goals, weight management goals, tobacco cessation goals, disease management goals, etc.
- Program reassessment interviews, including data entry into multiple databases.
- Outreach and promotion activities including, but not limited to, presentations at health/mental health fairs.
- Assisting with grant-specific data collection and documentation.
- Transporting clients to medical and Total Wellness appointments.
- Reminder calls for groups and appointments
- Preparing Total Wellness flyers for mailing and distribution.
- Assisting with general administrative needs of the program.
- Other related duties as assigned.

The ideal candidate will possess the following:

- Lived experience with behavioral health and with/without physical health issues.
- The ability to work and communicate effectively with a multidisciplinary team, as well as engage with behavioral health adult clients.
- An outgoing and engaging personality.
- Proficient computer skills to use several independent database systems, as well as Microsoft Excel and Word, and email.
- Organizational and time management skills to manage and complete multiple tasks simultaneously.

Qualifications: Candidates must be reliable. Candidates must have their own transportation or the ability to travel to various parts of the county.

Supervision: This position would report to the Total Wellness Unit Chief and/or her designee.

Pacific Clinics Peer Health Navigator Job Description

Job Title: Peer Health Navigator
Classification/Grade: Non-Exempt/Grade 4
UltiPro Job Code: PEEHNAV
Site/Program: Portals Wellness Center
Reports To: Program Director/Team Leader
Approved Date: February 27, 2013
Revised Date: May 3, 2013

POSITION SUMMARY:
Under the general supervision of a Director or Team Leader, a Peer Health Navigator is an individual who has experienced with the health and mental health system and who has been trained to provide support and/or self-help services to clients with their health care and wellness needs as needed, requested or directed.

ESSENTIAL DUTIES AND RESPONSIBILITIES:

- Assists recovery model team to conduct initial assessment with each participating consumer to assess his/her health and wellness status and experience with the healthcare system.
- Acts as a coach to work with the consumer to assist with achieving and maintaining identified goals through behavioral strategies such as shaping, reinforcement, modeling and fading. Other defined strategies such as role playing and problem-solving may be used.
- Advocates for the appropriate communication and receipt of services requested and required on behalf of the consumer within the medical system with the medical provider and administration at primary care clinics and pharmacies.
- Facilitates consumer's healthcare including assisting with scheduling and/or attending medical appointments ensuring accurate and timely communication with medical personnel regarding diagnostic and health maintenance tests and procedures, creating follow-up care plans to facilitate medical and medication adherence and collaboration with the consumers' mental health provider.
- Under direct supervision, provides supportive assistance to, and the modeling of self-advocacy with the client to help him/her research and access needed and desired community resources.
- Works cooperatively with others to assure the smooth and seamless delivery of comprehensive services to members.
- Under direct supervision, completes documentation and other paperwork in a timely and accurate manner, and in accordance with defined standards and funding source requirements.
- Tracks the progress of consumers including conducting follow-along assessments.

- Maintains caseload files, progress notes and date for up to 25 consumers.
- Provides health and mental health education.
- Reports to work on time and maintains reliable and regular attendance.
- Models Pacific clinics' approach, mission and core values in all communication and correspondence.
- Communicates effectively in a culturally competent and diverse consumer population and promotes favorable interaction with managers, co-workers and others.
- Performs other duties as assigned.

QUALIFICATIONS/SKILLS: To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

ORGANIZATIONAL RELATIONSHIPS/INTERACTION: Initiate and maintain professional interactions and communication with Clinic's employees and/or others.

EDUCATION and/or EXPERIENCE/POSITION REQUIREMENTS:

- High school diploma or GED preferred but is not required.
- Lived experience with mental illness or the mental health system preferred.
- Must possess a valid California driver's license and maintain an insurable driving record under the Clinics' liability policy OR demonstrated ability to use public transportation
- Must know or quickly acquire basic computer/word processing skills.
- Flexible work schedule to include occasional evenings, weekends and holidays.
- Must know or quickly acquire extensive knowledge of local community and medical resources.

PHYSICAL DEMANDS: While performing the duties of this job the employee is frequently required to stand or sit. The employee is required to use hands to produce records and/or documentation in manual or electronic format. The employee must regularly lift and/or move up to 5 pounds and occasionally move or lift up to 10 pounds.

The physical demands described here are representative of those that must be met by an Employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

WORK ENVIRONMENT: The work environment characteristics described here are representative of those an employee encounters while performing the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is occasionally exposed to moving mechanical parts and outside weather conditions. The noise level in the work environment is usually moderate. Community outreach and local business travel is also required.

SITE SPECIFICS: A review of this description has excluded the marginal functions of the position that are incidental to job performance of the fundamental job duties. All duties and requirements are essential job functions.

This job description in no way states or implies that these are the only duties to be performed by this employee. The employee will be required to follow any other instructions and to perform any other duties requested by his or her Manager and/or Supervisor.

This document does not create an employment contract, implied or otherwise, other than an "at-will" employment relationship.

I hereby acknowledge that I have read and understand the content of this job description. I understand that the job description may be revised from time to time in the future by the Clinics in its discretion. I understand and agree that nothing in this job description should be construed as a contract of employment, and that employment with the Clinics is "at-will". This means that the terms and conditions of my employment may be changed with or without cause and with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation benefits, duties and location of work. My status as an "at will" employee cannot be changed except through written agreement by the President/CEO of Pacific Clinics.

_____ _____

Employee Name (PLEASE PRINT) Date

_____

Employee Signature

_____

Supervisor Name (PLEASE PRINT) Date

_____

Supervisor Signature

Manzanita Services Inc.

PEER SPECIALIST (I and II)

THE AGENCY:
Manzanita Services Inc., headed by the Executive Director and overseen by a community representative Board of Directors, provides wellness and recovery supports and services that are founded upon an evidence-based practice of peer support for those with mental health difficulties.

Manzanita Services Inc. exemplifies that recovery is possible through our composition and activities. We celebrate the employment individuals and family members with personal experience of mental health challenges and, in doing so, are uniquely poised to provide collaborative and person-centered peer support services within a countywide social services system of care for adults and older adults who have mental health and substance abuse challenges.

ACCOUNTABILTY:
Incumbents in the job class perform the full scope of assignments in the Peer Specialist series and report to either a program supervisor or director; team with mental health professionals in the provision of consumer support; directly support consumers and families/caregivers in the utilization of appropriate community resources; and provide a unique peer perspective in the development, implementation and evaluation of agency services and team. Employees are evaluated on an annual basis to support professional accountability, recognition and growth.

DISTINGUISHING CHARACTERISTICS:

Under direction, provides information, support, assistance and advocacy for participants (consumers) and caregivers/family members of consumers of mental health services; provides feedback and perspective to agency leadership relative to the impact and effectiveness of the services provided; and does other work as required.

The Peer Specialist 1 provides a full range of information, training, assistance, empowerment, advocacy, service effectiveness assessment and related services in order to assist the consumer and family/caregiver in coping with immediate situations and who may directly or indirectly receive behavioral health services. This includes developing and coordinating activities, programs and resources which directly support individuals with mental health challenges and family/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to consumers, families/caregivers and the community; and acting in a liaison role between consumers, families/caregivers and community service providers.

The Peer Specialist 2 provides the same services, requiring similar skills, knowledge and abilities; however, those in the Peer Specialist 2 position are expected to complete assignments with minimal supervision, and are given increased responsibility and latitude of judgment to complete assignments.

Peer Specialist 1 and Peer Specialist 2 differ from Peer Care Management positions in that the latter provides MediCal billable services such as rehabilitation (including peer counseling), care management and in certain circumstances, assessment plan development and diagnosis. In contrast, the Peer Specialist 1 provides information and assistance based on the unique perspective of having personal experience facing mental health challenges personally and/or as a family member.

Both the Peer Specialist and Peer Care Management positions differ from those in Clinical positions in that the latter, due to advanced education and experience, use independent judgment in making diagnoses, developing treatment plans, and providing a wide range and variety of mental health services including psychotherapy.

ESSENTIAL DUTIES:

- Provides peer support and self-help services to behavioral health consumers or family members/caregivers of consumers as appropriate, including coaching to develop self-advocacy, communication and empowerment skills.
- Informs, supports and empowers consumers and families/caregivers who directly or indirectly receive mental health services.
- Communicates effectively, represents and promotes the consumer and families/caregivers' perspective within the mental health system.
- Assists in the development and coordination of activities, programs, and resources which directly support consumers or family members/caregivers of consumers in achieving wellness and recovery goals. For example: Assists consumers in obtaining benefits, i.e. SSI, General Relief, MediCal/Medicare, Section 8, identification cards.
- Facilitates self-help groups for clients, family members and caregivers.
- Attends and participates in special events, conferences, workshops and trainings within the mental health system and in the community.
- Conducts outreach to consumers or family members/caregivers and the community, and acts as a liaison between consumers, family members/caregivers and community services providers.
- Supports the appropriate recognition, acceptance and understanding of social and cultural factors in the provision of mental health services.
- Develops effective working relationships with agencies and organizations to advocate for consumer and family/caregiver empowerment.
- Helps prepare and support clients and families/caregivers for participation in community and stakeholder meetings, including at a variety of formal and informal hearings.
- Focuses on and is sensitive to consumer and family/caregiver satisfaction with the services received and general satisfaction with mental health services.

- Assists and promotes consumers and those who support them in articulating their needs and in support networks and activities.
- Documents all activities as required.

KNOWLEDGE

- Public and private agency services available for consumers, families/caretakers with behavioral health needs, such as schools, social services and other systems;
- The needs and difficulties faced by ethnically diverse consumers or family members/ caregivers of consumers of behavioral health services;
- Barriers to wellness and recovery and obstacles with access to services for those utilizing behavioral health services.
- Self-help and consumer oriented treatment models; and
- Effective strategies to communicate with consumers, family/caregivers, the community, other providers and coworkers.

SKILLS & ABILITIES

- Demonstrate a working knowledge and ability to model recovery values** including hope, education, self-advocacy, personal responsibility and support;
- Communicate effectively both verbally and in writing in English;
- Understand and follow oral and written instructions;
- Write basic reports and maintain records;
- Ability to be punctual and timely in completion of tasks.
- Effectively represent and advocate for the consumer within the community and behavioral health system;
- Ability to work well on a team and with co-workers in ways that convey mutual respect;
- Demonstrated Interpersonal and group communication skills that impart respect and build rapport and trust;
- High tolerance for change and ability to demonstrate flexibility in order to meet common goals.
- Effectively communicate the workings of the behavioral health and social services systems to consumers or family members/caregivers of consumers;
- Understand the principles of the mental health system and effectively work within the system;
- Establish and maintain professional and collaborative working relationships with a wide range of community agencies, organizations and providers;
- Work harmoniously with clients and co-workers, as well as other service providers;
- Maintain confidentiality of all information;
- Demonstrate a sensitivity to clients with diverse socio-economic backgrounds;
- Computer skills in Microsoft Work, Microsoft Excel and electronic mail (email);

MINIMUM QUALIFICATIONS:
Current or previous experience as a consumer of mental health services or as a family member/ caregiver of a former or current mental health consumer or child with mental health/behavioral health challenges.

AND

Received services in mental health recovery.

AND

Experienced in facilitating and/or leading and coordinating activities and events related to mental health, substance abuse and/or primary care issues.

AND

Ability to handle physical and/or emotional stressors related to serving individuals who may demonstrate unpredictable behaviors, as well as work in an environment that requires flexibility and an ability to be a team player.

DESIRED QUALIFICATIONS:
Possession of high school diploma or General Education Degree or the equivalent.
Prior attendance in education related to wellness, recovery and/or related workshops or trainings that in mental health wellness and integrated care. (E.g. California Association of Social Rehabilitation Agencies (CASRA) or Working Well Together (WWT) training/courses).
Certification as a Peer Specialist or similar peer position.

Certification as a Wellness Recovery Action Plan (WRAP) Facilitator and/or Trainer.
Trained in CPR and First Aid.

Possession of a CA Driver's License and a clean DMV record (in order to provide transportation in agency vehicle or personal vehicle)

OTHER QUALIFICATIONS:
A demonstrated willingness and ability to model the Manzanita Services Values, as described in the document attached.

Manzanita Services Personnel Policy (Each employee is required to sign off upon hire that they have read and understood it and have a copy).

County and agency policies regarding HIPPA compliance, Mandated Reporter Training and other applicable policies (Each employee is required to acquire these trainings within 3-6 months of hire).
A valid California Class "C" Driver's License may be required.

A criminal background screening may be required.

Manzanita Services Inc. Peer Values

Hope: The ability to convey hope and optimism that recovery is possible, even when others are unable to see hope. This relates to building and sustaining co-worker and participant relationships that impart mutual respect for individuals from diverse ethnic, cultural and socio-economic backgrounds.

Personal Responsibility: Ability to demonstrate accountability for one's responsibilities at work, including towards co-workers and individuals and groups one supports. This relates to being mindful of the need to manage one's time effectively and be considerate of other's time as well.

Self-Advocacy: Ability to use self-empowerment strategies (such as setting boundaries and identifying what is needed to be successful in one's duties) and in maintaining one's wellness.

Education: A demonstrated willingness and taking action to expand one's knowledge about how to fulfill one's duties, maintain one's wellness and support others in their recovery journey.

Support: The ability to provide care and convey respect for others and model how to request support from others in one's recovery process. This includes the ability to identify ways to obtain support from others or through other means, recognizing that support of others' can assist in our own wellness goals. This includes identifying multiple ways to gain such assistance (e.g. from several people vs. one person).

Personal Boundaries: Ability to relate in mutually respectful ways, recognizing that each person has value. Because of our peer identity, we move towards heartfelt connections with individuals. We prioritize supporting participants in their wellness goals and our interactions always reflect that. What we share of ourselves is intended to be of benefit to the participant versus a means of getting our own needs met.

Confidentiality: Demonstrated ability to comply with HIPPA requirements in all care management and Recovery Center activities, as well as to maintain confidentiality with participants. We believe that a person's privacy is paramount to establishing trust and ensuring that each participant is the authority for who may speak on behalf of them. We encourage self-advocacy whenever possible to promote each person's ability to speak for themselves. We extend our respect for privacy to colleagues, recognizing that volunteers and co-workers operate as a professional team and information as such is shared in a confidential context as it relates to client care.

In the event that an individual is considered to be a harm to themselves or others, we implement a policy of immediately informing one's supervisor or the Executive Director and engaging in measures to immediately ensure safety of each person.

Manzanita Services Inc.

PEER CARE MANAGEMENT
Peer Care Manager I
Peer Care Manager 2
Peer Care Manager Team Lead

THE AGENCY:
Manzanita Services Inc., headed by the Executive Director and overseen by a community representative Board of Directors, provides wellness and recovery supports and services that are founded upon an evidence-based practice of peer support for those with mental health difficulties.

Manzanita Services Inc. exemplifies that recovery is possible through our composition and activities. We celebrate the employment individuals and family members of individuals with personal experience of mental health challenges and, in doing so, are uniquely poised to provide collaborative and person-centered peer support services within a countywide social services system of care for adults and older adults who have mental health and substance abuse challenges. Manzanita Services is an active collaborative partner in integrated care for individuals inclusive of primary care.

ACCOUNTABILTY:
Individuals in this job class perform a full scope of assignments related to Care Management and report to either a program supervisor or director; team with mental health and integrated system professionals in the provision of consumer services; directly support consumers and families/caregivers in the utilization of appropriate mental health, social service, primary care and community resources; and provide a unique peer perspective in providing services in order to create mutuality between provider and client.

DISTINGUISHING CHARACTERISTICS:
Under supervision, the Care Manager I provides a full range of information, support, assistance and advocacy for participants (consumers) and caregivers/family members of consumers of mental health services; service effectiveness assessment and related services in order to assist the consumer and family/caregiver in coping with immediate situations utilizing a strength-based and person-centered approach, including those who directly receive services in or are entering the behavioral health. Specifically, this position provides care management (case management) support and linkage and rehabilitation services and documenting those services for MediCal reimbursement. This position receives regular supervision.

The Care Manager 2 position differs from Care Manager 1 in that the Care Manager 2 position operates under less supervision and may be expected to provide client assessment and plan development services within a broad care management (case management) framework. Care Manager 1 and Care Manger 2 positions differ from the Care Management Team Lead

in that the latter position is able to conduct all aspects of assessment, diagnosis and plan development within a care management framework. The Care Management Team Lead position, due to advanced education and experience, is expected to use independent judgment in conducting assessments, developing client plans and making diagnose.
The Care Management Team Lead position differs from a licensed and/or clinical position, in that the latter provides a wide range and variety of mental health services including psychotherapy and clinical supervision for other staff.

Care Management positions have similar functions to those of Peer Specialists including developing and coordinating activities, programs and resources which directly support individuals with mental health challenges and family/caregivers in achieving wellness and recovery oriented goals; facilitating peer to peer assistance as a part of a team setting; conducting outreach to consumers, families/caregivers and the community; and acting in a liaison role between consumers, families/caregivers and community service providers. However, the peer specialist positions do not require stipulated academic and/or work experience which allow for the provision of clinically related services. Nor do the peer specialist positions carry responsibility for documentation to MediCal standards, whereas all Care Management positions do.

Essential to the delivery of care management services is the ability to do so as a Peer. This is based upon our understanding that offering peer support – in a mutual and reciprocal manner based on recovery principles - may lead to increased success towards recovery for those we support.

ESSENTIAL DUTIES:

- Care Manager 1: Provide restricted rehabilitation, care management and collateral services under the supervision of a clinician.*
- Care Manager 2: Provide rehabilitation, care management, collateral and restricted assessment and treatment plan development services under the supervision of a clinician.*
- Care Management Team Lead: Provide rehabilitation, care management, collateral, assessment and treatment plan development services.*
- Provide timely and comprehensive Care Management services to individuals assigned to caseload.
- Ensure Care Managed Client Documentation is current and complete to meet MediCal compliance.
- Provide Crisis Support and Referral utilizing established procedures, including utilizing licensed and supervisory consultation as needed.
- Provide Mutual Peer Support to foster a learning environment based upon shared responsibility and accountability within both care team relationships as well as client-care manager relationships.
- Ability to provide onsite and off-site services for participants and to facilitate linkage to resources.

- Participate in team meetings, trainings and professional development on a regular basis.
- Provide peer support and self-help services to behavioral health consumers or family members/caregivers of consumers as appropriate, including coaching to develop self-advocacy, communication and empowerment skills.
- Communicate effectively, represents and promotes the consumer and families/caregivers' perspective within the mental health system.
- Attend and participate in professional development.
- Support the appropriate recognition, acceptance and understanding of social and cultural factors in the provision of mental health services.
- Develop and maintain effective working relationships with agencies and organizations to advocate for consumer and family/caregiver empowerment and ensure consumer access to effective services.
- Focus on and is sensitive to consumer and family/caregiver satisfaction with the services received and general satisfaction with mental health services.
- Document all activities as required, demonstrating a proficiency in the English language.
- Maintains HIPPA compliance at all times.

* In accordance with Mendocino County P/P No. III A-9, revised 12/2013

SAMPLE DUTIES:

Care Management

- Schedule client appointments to ensure timely clerical intakes, and regularity of ongoing client contact and care;
- Timely completion of Intake Documentation and Progress Notes;
- Assist in/develop BPSAs and Treatment Plans (in collaboration with clinicians)*;
- Provide Client Support in a timely and person-centered manner to support participants in wellness goals utilizing peer counseling;
- Provide linkage to requested, beneficial and/or necessary services and resources;
- Collaborate with other service providers to support client goals and needs;
- Offer support to family members (as defined by participant) as needed to support participant goals;
- Coach and support participants in independent living skills.
- Culturally responsive in care management provision.

Peer-To-Peer Counseling

- Support each person ability to have a safe and positive experience;
- Provide 1:1 connections with participants utilizing a peer support mode, offering resources and referrals to assist participants in wellness goals;
- Model integration of recovery values of hope, education, personal responsibility, self-advocacy and support in daily living and interpersonal interaction;
- Support general activities of Recovery Center to promote recovery and wellness, utilizing recovery values of hope, personal responsibility, support, education and self-advocacy.
- Participation in Staff Training / Meetings

- Provide update regarding general and specific activities in Recovery Center;
- Provide mutual peer support to co-workers to support client and staff wellness and recovery;
- Participate in identifying issues and topics to enhance participant experience in Recovery Center and collaboration with the community (professional and neighborhood).

* In accordance with Mendocino County P/P No. III A-9, revised 12/2013

KNOWLEDGE (Required unless otherwise stated)

- Public and private agency services available for consumers, families/caretakers with behavioral health needs, such as mental health, primary care, housing, educational, social services and other systems;
- The needs and difficulties faced by ethnically diverse consumers or family members/ caregivers of consumers of behavioral health services;
- Barriers to wellness and recovery and obstacles with access to services for those utilizing behavioral health services.
- Self-help and consumer oriented treatment models; and
- Effective strategies to communicate with consumers, family/caregivers, the community, other providers and coworkers.
- Specific knowledge of psychiatric diagnoses, symptoms, and associated behaviors.
- General knowledge of computers helpful.
- Specific knowledge in how to utilize interpreter services for non-English speaking consumers.

SKILLS & ABILITIES (Required unless otherwise stated)

- Demonstrate a working knowledge and ability to model recovery values including hope, education, self-advocacy, personal responsibility and support;
- Communicate effectively both verbally and in writing in English;
- Ability to exercise flexibility in daily tasks;
- Ability to utilize personal wellness strategies to effectively work within a system of care that often demands this;
- Understand and follow oral and written instructions;
- Write basic reports and maintain records;
- Complete client chart documentation to MediCal billing standards;
- Ability to be punctual and timely in completion of tasks.
- Effectively represent and advocate for the consumer within the community and behavioral health system;
- Ability to work well on a team in ways that convey mutual respect;
- Demonstrated interpersonal and group communication skills that build rapport;
- High tolerance for change and ability to demonstrate flexibility;
- Effectively communicate the workings of the behavioral health and social services systems to consumers or family members/caregivers of consumers;

- Establish and maintain professional and collaborative working relationships with a wide range of community agencies, organizations and providers;
- Work harmoniously with clients and co-workers, as well as other service providers;
- Maintain confidentiality of all information;
- Demonstrate a sensitivity to clients with diverse socio-economic backgrounds;
- Computer skills in Microsoft Word, Microsoft Excel and electronic mail (email);
- Exercises independent judgment;
- Works with supervision and open to feedback;
- Strong verbal and written skills;
- Excellent work ethic.

MINIMUM QUALIFICATIONS

All Positions:

Ability to handle physical and/or emotional stressors related to serving individuals who may demonstrate unpredictable behaviors, as well as work in an environment that requires flexibility and an ability to be a team player.

Additionally:

Care Manager 1:

Current or previous experience as a consumer of mental health services or person who faces/faced serious mental health challenges or as a family member/caregiver of a mental health consumer or child with mental health/behavioral health challenges.

AND

Received services in or participates in mental health recovery practices and is experienced in facilitating and/or leading and coordinating activities and events related to mental health, substance abuse and/or primary care issues.

AND

One year of experience working or volunteering in the field of mental health, social services and/or primary care with adults or older adults with mental health challenges AND English language proficiency as demonstrated by written and oral language skills.

Care Manger 2:

Current or previous experience as a consumer of mental health services or person who faces/faced serious mental health challenges or as a family member/caregiver of a mental health consumer or child with mental health/behavioral health challenges.

AND

Received services in or participates in mental health recovery practices and is experienced in facilitating and/or leading and coordinating activities and events related to mental health, substance abuse and/or primary care issues.

AND

An individual with an Associate's Degree (AA) and six (6) years of experience in a related mental health field, or Bachelor's Degree (BA) and four (4) years of experience in a related mental health field , or Master's Degree and two (2) years of experience in a related mental health field.

Care Management Team Lead:

Current or previous experience as a consumer of mental health services or person who faces/ faced serious mental health challenges or as a family member/caregiver of a mental health consumer or child with mental health/behavioral health challenges.

AND

Received services in or participates in mental health recovery practices and is experienced in facilitating and/or leading and coordinating activities and events related to mental health, substance abuse and/or primary care issues.

AND

An individual who has a waiver of psychologist licensure issued by the Department or has registered with the corresponding state licensing authority to obtain supervised clinical hours for psychologist, marriage or family therapy or clinical social worker licensure.

DESIRED QUALIFICATIONS

- Minimum of two years of experience working with adults diagnosed with serious, chronic mental illness.
- Experience with dual diagnosis experience desirable.
- Culturally competent.
- Bilingual (Spanish/English) preferred.
- Prior attendance in education related to wellness, recovery and/or related workshops or trainings that in mental health wellness and integrated care. (e.g. California Association of Social Rehabilitation Agencies (CASRA) or Working Well Together (WWT) training/courses).
- Certification as a Peer Specialist or similar peer position.
- Certification as a Wellness Recovery Action Plan (WRAP) Facilitator and/or Trainer.

OTHER QUALIFICATIONS:

Manzanita Services Personnel Policy (Each employee is required to sign off upon hire that they have read and understood it and have a copy).

County and agency policies regarding HIPPA compliance, Mandated Reporter Training and other applicable policies (Each employee is required to acquire these trainings within 3-6 months of hire).

A valid California Class "C" Driver's License may be required and ability to provide a clean DMV record.

* Must currently have these abilities or have the ability to perform within six months.

GARDNER FAMILY HEALTH NETWORK, INC

JOB DESCRIPTION

JOB TITLE: Peer Partner **Level:** Non-Exempt

ORGANIZATIONAL UNIT: Behavioral Health Department Non-Union

BASIC FUNCTION: Under the supervision of the Behavioral Health Coordinator provides support and wellness/recovery services to peers (consumers of mental health services and their family members/caregivers) in the community. The peer partner initially receives close supervision and is expected to develop best-practice wellness and recovery skills and techniques through experience and on-the-job training and instruction.

SPECIFIC JOB RESPONSIBILITIES:

1. Informs peers regarding the wellness and recovery process, including the consumer/family, self-help and empowerment movements and self-help practices in support of mental health recovery;
2. Communicates, represents, and promotes the peer perspective within the Behavioral Health system.
3. Provides peer assistance and mentoring on a one-to-one basis.
4. Assists in a variety of support activities including peer support groups, peer recovery and family and/or psycho-educational groups.
5. Advocates for peers in the development of a strength-based wellness and recovery plan.
6. Develops effective working relationships with agencies and organizations to advocate for consumer and family/caregiver empowerment including self-help and wellness/recovery movements.
7. Assists peers in navigation of the mental health system, referral to various county agencies, community mental health organizations, accessing benefits, personal medical services, social and recreational opportunities, special events, conferences, workshops and training.
8. Develops communication and marketing materials for program activities.
9. Consults with professional staff to assist in evaluating peer needs or problems.
10. Provides appropriate documentation and paperwork as needed on peer services.
11. Attends trainings and staff meetings as required and performs related work as assigned.

REPORTS TO: Behavioral Health Coordinator **SUPERVISES:** None

MINIMUM QUALIFICATIONS:

1. Sufficient education, training and experience to demonstrate possession of the knowledge and abilities listed below. High School graduate or equivalency.
2. The knowledge and abilities are typically acquired through lived experience as a consumer (or family member/caregiver) of the services provided by a mental health services program

AND six (6) months of experience providing direct mental health peer support or peer recovery services to individuals or working with family members/caregivers of individuals with mental health issues.

3. Knowledge of: community resources available to peers; outreach and engagement methods for mental health programs; principles of mental health recovery; strength-based approach to peer support; group and individual peer support in a mental health recovery program; cultural issues and factors in service delivery; customer service; basic computer applications; available crisis intervention resources; confidentiality and ethical standards.
4. Ability to: learn outreach and advocacy methods; provide wellness, recovery, and family support; provide individual peer assistance for mental health recovery; adhere to standard clinic practices and work schedules; communicate effectively; establish effective working relationships with staff, peers, community members and others; use strength-based approach to peer support; maintain confidentiality and ethical standards; provide excellent customer service; refer peers to crisis intervention resources; recognize signs of potential referable problems.
5. Excellent communication (oral and written) skills.
6. Strong interpersonal skills.
7. Effective time management and organizational skills.

PHYSICAL SKILLS REQUIRED:

1. Light lifting of files and equipment up to 20 lbs.
2. Prolonged periods of sitting at a desk.
3. Extended time at a desktop work station.
4. Walking as needed to meet with others and/or, to/from offices.
5. Communication skills of speaking and listening to other employees/staff.
6. Ability to write in clear and concise terms.
7. Occasional kneeling or standing as needed.

It is the policy of Gardner Family Health Network to provide equal employment opportunity to all people without regard to race, color, ancestry, religious creed, national origin, disability, medical condition, gender, age, sexual orientation or marital status.

THIS JOB DESCRIPTION DOES NOT CONSTITUTE A CONTRACT FOR EMPLOYMENT

_____ _____

Approved by BH Coordinator Received by (Employee Signature)

_____ _____

Date Date

_____ _____

Approved by HR Director Date

JOB DESCRIPTION: Wellness Peer Specialist Health Coach
Colorado

Description of Duties & Responsibilities:

As a member of the Wellness team, the Wellness Peer Specialist Health Coach will mentor and provide Recovery based coaching for SMI clients at Jefferson Center to assist the client in pursuing his/her individual health and wellness journey.

- Provides individualized health coaching to clients in obtaining their health objectives.
- Teaches others about managing their mental and physical health.
- Supports clients in learning how to make good choices for themselves.
- Creates and adapts wellness objectives to overcome barriers to good mental and physical health based on needs of, and with input from, clients.
- Co-facilitates groups/classes to support improved health outcomes for SMI clients
- Works closely with Health Coach and Health Home Care Coordinator to engage clients in appropriate services and resources and assist with coordination of care.
- Promotes consumer engagement in therapy with clinicians, engagement with psychiatric appointments, compliance with the healthcare registry, involvement and engagement with wellness services and engagement with primary care.
- Completes all tracking and reporting requirements for outcomes and evaluation
- Maintains appropriate professional standards and provides appropriate follow-up for consumers.
- Provides self-help recovery services (WRAP, Pathways to Recovery) and other peer wellness services
- Coordinates with generalist Peer Specialists at the Center to expand the reach of wellness/ health focused peer specialist services.

Education, Knowledge, Skills & Experience Required:

- Bachelor's degree.
- Knowledge of recovery-based concepts.
- Personal History as Consumer of mental health services

Personal Qualities:

- Good communication skills. Good organizational skills. Personal resilience.
- Exhibits enthusiasm, respect, adaptability, flexibility, and spirit of cooperation in the work environment
- Demonstrates ways to become empowered and self-responsible.
- Demonstrates ability to work with consumers with diverse backgrounds.

Amount of Travel and any other special conditions or requirements:

Current Colorado Driver's license and DMV Background Clearance

WHAM Goal Setting

SESSION 8

Key to Success 1

- Review and Prioritization
- Setting a Person-Centered Goal
- Applying the IMPACT Criteria

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Whole Health Action Management — Peer Support Training Participant Guide

Setting and Clarifying Your Whole Health Goal

For Participants to Complete

HEALTH STRENGTHS: (Put a check mark by those that you think are your strengths)

	General Health
	My blood pressure is within the normal range.
	My blood sugar level is within the normal range.
	My cholesterol level is within the normal range.
	My body weight is within the normal range.
	I have a physical examination on a regular basis.
	I have a primary care doctor that I trust and can work with.
	I do not have a chronic illness.
	I have a chronic illness, but I have learned how to control it.
	I know what areas of my health I want to improve.
	Health and Resiliency Lifestyle
	I know what causes stress in my life.
	I know some things I could do to make my life less stressful.
	I know what foods are healthy and unhealthy.
	I know some healthy foods that I like and could add to my diet.
	I understand the value of physical exercise.
	I know some physical activities that I enjoy and could add to my life.
	I regularly get an adequate amount of sleep.
	I know some things I could do to improve the quality of my sleep.
	I know that when I help others I feel better about myself.

	I know some things I could do to help others and that I would enjoy doing.
	I have people in my life who I enjoy being around.
	I know some things that I could do to increase my support network.
	I think of myself as an optimistic person in relation to the future.
	I know some things I could do to become more optimistic about the future.
	I have some cognitive skills to help avoid negative thinking.
	I know some things that I can do to improve my cognitive skills to avoid negative thinking.
	I have spiritual beliefs and practices that sustain me during difficult times.
	I know some things that I can do to strengthen my spiritual life.
	I have a strong sense of meaning and purpose in my life.
	I know some things that I can do to increase my sense of meaning and purpose.
	I know some things I could do to improve my health and resiliency.
	I am ready to work on improving my health and resiliency.

I think my current lifestyle is healthy and resilient in the following ways:

I could use these strengths to improve my health and resiliency:

Review and Prioritization

For Participants to Complete

1A If I decide it is important to **reduce stress** in my life or practice more stress management skills to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

1B *The benefit of doing this would be:*

2A If I decide it is important to create **healthier eating** habits in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

2B *The benefit of doing this would be:*

3A If I decide it is important to engage in more **physical activity** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

3B *The benefit of doing this would be:*

4A If I decide it is important to get more **restful sleep** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

4B *The benefit of doing this would be:*

5A If I decide it is important to get more involved in **service to others** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

5B *The benefit of doing this would be:*

6A If I decide it is important to expand and strengthen my **support network** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

6B *The benefit of doing this would be:*

7A If I decide it is important to develop a more **optimistic attitude** about the future in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

7B *The benefit of doing this would be:*

8A If I decide it is important to strengthen my **cognitive skills to avoid negative thinking** in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

8B *The benefit of doing this would be:*

9A If I decide it is important to strengthen my **spiritual beliefs and practices** in order to increase my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

9B *The benefit of doing this would be:*

10A If I decide it is important to have more **meaning and purpose** in my life in order to improve my health and resiliency, I could do the following to accomplish that:
(Make sure it is something you are currently not doing, can do, and think you might enjoy)

10B *The benefit of doing this would be:*

For Participants to Complete

Review your person-centered planning priorities from pages 46–47 and use the following formula to draft your whole health and resiliency goal.

In order to (explain why I want to achieve the goal).....

_____

_____

_____

My whole health and resiliency goal is (explain what I want to achieve or what I want to be able to do).....

_____

_____

_____

By (recommend 8-week time period to coincide with WHAM group meetings).....

_____

APPLYING THE IMPACT CRITERIA

A goal is something we want and that we are willing to work for because we want the benefits. It is the potential benefits that motivate us. Therefore, the more you can get the goal statement to incorporate the potential benefits, the more IMPACT the statement will have on the person's motivation and ability to accomplish the goal.

IMPACT Criteria Questions About Goals

- **I:** Does it Improve the quality of my health and resiliency?
- **M:** Is it Measurable in terms of my supporter knowing if I have accomplished it?
- **P:** Is it Positively stated as something new I want in my life?
- **A:** Is it Achievable for me in my present situation and with my current abilities?
- **C:** Does it Call forth actions that I can take on a regular basis to begin to create healthy habits?
- **T:** Is it Time limited in terms of when I will begin and when I plan to accomplish it?

Stating My Whole Health Goal

Often the initial goal is stated in a way that the support person will not know it has been accomplished without being told that it has. Example – "I want to feel better." Or it may be stated negatively as something a person wants to stop doing, avoid, or eliminate from their life. Example – "I want to quit smoking." Or it may be stated as something a person wants immediately rather than something that requires numerous actions to accomplish. Example — "I want to exercise five days a week."

If the initial goal statement does not meet the IMPACT criteria, it is helpful to relate it to the benefits by asking the following questions — Why do you want this? What will the benefits be? How will your life be different if you accomplish this goal? If you accomplish this goal, what will you be able to do that you can't, or aren't, doing now? When these questions are asked, the new goal statement gets related to the benefits and leads to actions that the person can take to accomplish the goal.

For Participants to Complete

RE-STATE YOUR GOAL USING THE FORMULA BELOW SO IT MEETS THE IMPACT CRITERIA:

In order to (explain why I want to achieve the goal).....

.....

.....

.....

My whole health and resiliency goal is (explain what I want to achieve or what I want to be able to do).....

.....

.....

.....

By (recommend 8-week time period to coincide with WHAM group meetings).....

.....

.....

SESSION 9

Keys to Success 2 & 3

- Weekly Action Plan
- Daily/Weekly Personal Log

Weekly Action Planning and Personal Log

Learning to create a **weekly action plan** that helps a person reach his or her whole health goal is crucial to success. The actions must be healthy and such that a person can engage in them multiple times a week.

ACTION PLANS FOR GOALS THAT REQUIRE DEVELOPING A NEW BEHAVIOR, HABIT, OR LIFESTYLE

While the actions in the weekly action plan may vary from week to week, the actions need to relate to the set goal and consist of healthy behaviors that create a new discipline in one's lifestyle. Remember, the action plan needs to be something that the person wants to do and can expect to do during the next week. The action plan needs to focus on what a person is creating that is new and is helping him or her move in the desired direction, not changing or eliminating what is "wrong." Don't focus on bad habits. That gives these habits power. Remember, whatever you focus your energies on, you give power to; therefore, focus on what you want to create, not on what you want to change. The action plan needs to focus on creating good habits, not getting rid of bad ones. If a person wants to create an action plan for eliminating certain things in his or her life, that is OK, but it is best to stay focused on the positive, what the person wants, and the person's strengths. Also, it is helpful if the plan contains actions that the person is able to take multiple times during the week, in order to establish a new discipline in his or her life.

For Participants to Complete

Some of the things I could possibly do, or need to do, each week to accomplish my goal are:

1)

2)

3)

4)

5)

Using the whole health goal that you just created, you will now practice creating a weekly action plan.

This action plan needs to answer the following questions:

1. What will you do?
2. How much will you do?
3. How often will you do it?
4. When will you do it?

EXAMPLES

Stress Management:

1) What will you do?
   I will practice the Relaxation Response
2) How much will you do? **10 minutes**
3) How often will you do it? **Four days this week**
4) When will you do it? **Before I go to work**

Healthy Eating:

1) What will you do? **I will eat fruits and vegetables**
2) How much will you do?
   Three servings of fruits and/or vegetables
3) How often will you do it?
   Three different days this week
4) When will you do it? **At lunch and/or dinner**

Physical Activity:

1) What will you do? **I will walk**
2) How much will you do? **One-half mile**
3) How often will you do it? **Three times this week**
4) When will you do it? **After work and before dinner**

Restful Sleep:

1) What will you do?
   Turn off the TV and take a warm bath
2) How much will you do? **For 20 minutes**
3) How often will you do it? **Three times this week**
4) When will you do it? **At 10:00 PM**

Service to Others:

1) What will you do? **Volunteer tutoring**
2) How much will you do? **One Hour**
3) How often will you do it? **Twice this week**
4) When will you do it? **After school**

Support Network:

1) What will you do? **Attend a support group**
2) How much will you do? **For one hour**
3) How often will you do it? **Once a week**
4) When will you do it? **In the evening**

Optimism Based on Positive Expectations:

1) What will you do? **Positive affirmations**
2) How much will you do? **One affirmation repeated three times**
3) How often will you do it? **Three days a week**
4) When will you do it? **Early in the morning before I begin the day**

Cognitive Skills to Avoid Negative Thinking:

1) What will you do? **Practice catch it, check it, change it**
2) How much will you do? **10 minutes**
3) How often will you do it? **Three days this week**
4) When will you do it? **When I catch myself having negative thoughts**

Spiritual Beliefs and Practices:

1) What will you do? **Morning devotion**
2) How much will you do? **15 minutes**
3) How often will you do it? **Three days**
4) When will you do it? **Early morning**

A Sense of Meaning and Purpose:

1) What will you do? **Read an autobiography**
2) How much will you do? **30 minutes**
3) How often will you do it? **Four days**
4) When will you do it? **Before going to bed**

Once you've created an action plan, the question arises as to whether you will implement it. The Confidence Scale is used to increase the likelihood of success. Continued success — even in small doses — increases one's self-confidence and the desire to set and accomplish more goals. It works like this: you decide how confident you are about the weekly action plan, using a scale of 0-10 (0 = no confidence and 10 = total confidence). **The Confidence Scale** score should be 7 or higher. You can increase the number by lessening the actions (the "how many" and the "how much"), by identifying and removing barriers, and/or by increasing the support. For example, you may initially plan to walk 1 mile a day on 5 days during the next week, but you've selected a score of only 5 on the Confidence Scale. To increase the Confidence Scale score to 7 or above, you could choose to reduce the planned walking distance and/or the number of days you will walk. Or you can choose to ask for certain supports such as asking someone to phone you with a reminder, or to walk with you.

SAMPLE ACTION PLAN

- Week .....
- What? .....
- How much? .....
- How often? .....
- When? .....
- Confidence level? .....

A daily/weekly personal log is simply a way of keeping a record of what you actually do each week in relation to your weekly action plan. It is important early on that the peer leader, the peer, and the peer support group work out a simple and doable way of keeping a daily/weekly log to be reported each week at the support group. For your convenience there is a space provided in the Weekly Action Plan Pocket Guide to log your daily/weekly progress.

CHAPTER SIX

Leadership and Program Implementation

Executive Leadership and Support

Top-level executive management personnel must demonstrate their conviction that peer-provided services work and produce the best outcomes for clients being served. In integrated healthcare, with potentially three systems coming together, leadership from all these sectors need to be seen and heard as strong promoters of collaboration, coordination and inclusivity of diverse team members, including health-trained peers.

Leadership Action Steps

- Create interagency agreements and MOU's which form the foundation of collaboration between entities. Many examples are available in the **Partners in Health: Mental Health, Primary Care and Substance Use Interagency Collaboration Toolkit.**
- Demonstrate executive support for peer-provided services by:
  - A personal welcome to the new team members.
  - Maintaining policies and procedures that include peer staff and peer-provided services.
- Educate all staff about:
  - The importance of integrated healthcare that includes peers,
  - The significance of living out the agency/system values of self-determination, empowerment and hope, and
  - The effectiveness of services delivered by peer providers.
- Write articles in staff/agency newsletters highlighting the benefits of peer-provided services.

Leadership Support of Peer-Run Agencies

Peer-led services require additional support from system leaders and administrators. Leaders will need to actively support these programs in order to overcome existing barriers that peer-run agencies face in receiving referrals from clinical staff.

SHARE! and **Project Return,** peer- run organizations providing innovative integrated programs in Los Angeles County, have found that sustained outreach and engagement strategies are absolutely necessary to get referrals. This engagement must include educating clinically-trained professionals on the benefits of peer-led services and exploring ways in which programs can collaborate to work together in order to best address the goals of the consumer.

> "Peer Health Navigation has provided our agency with a straightforward, on-the-ground approach to ensuring our consumers receive integrated care. Our health navigators are saving lives and empowering consumers to manage their own healthcare so that they can successfully access and utilize physical health care on their own and move forward in their recovery from mental illness.[47]"
>
> Laura Pancake, Corporate Director of Pacific Clinics and Director of Health Navigation Training

Criteria for Organizational Success in the Use of Peers in Integrated Primary Care and Behavioral Healthcare Settings

Below is a checklist for behavioral health and primary care settings to use when embarking on this path towards integrated healthcare services that utilize health-trained Peer Support Specialists.

		No	Sometimes	Always
	PREPARING THE EXISTING WORKFORCE			
1	Staff receive information about the mission statement, policies and procedures that articulate the value of peers and promotion of a non-stigmatizing environment.			
2	The agency provides a full training for all staff on the benefits of hiring peers, including roles and responsibilities, potential pitfalls and how to avoid them, as well as understanding the use of a personal narrative.			
	LEADERSHIP, ADMINISTRATION AND HUMAN RESOURCE ISSUES			
3	Leadership articulates the importance of hiring peers and periodically meets with staff to reinforce this concept.			
4	There are clear, written Human Resources policies and procedures in place regarding recruitment, hiring and retention of peers and supervisors receive regular trainings on these topics.			
5	Peer positions have clear job descriptions, which are disseminated to all staff on the team.			
6	Policies and procedures that articulate a policy of inclusiveness, the value of peers and promotion of a non-stigmatizing environment are in place.			
	TRAINING AND CERTIFICATION			
7	A standardized curriculum for training peers and a specialized whole health curriculum are utilized.			
	SUPERVISION			
8	Regularly scheduled supervision of peers by a peer supervisor or a supervisor who has specific training in the supervision of peers is provided.			

		No	Sometimes	Always
9	The supervisor is conversant in the language and culture of the three systems that create care integration: primary care, substance use and mental health.			
	RETENTION STRATEGIES			
10	More than one peer is employed on integrated healthcare teams.			
11	Compensation for peers is fair and competitive.			
12	Peers are employed in full-time, benefited positions.			
13	There are multiple, multi-level career ladder tracks for peers that are well articulated.			
14	Peers provide services independently within the guidelines of the job description.			
15	Team meetings include peers, whose input is valued and recognized as important contributions to the team's efforts.			
	OUTCOMES AND EVALUATION			
16	The program is able to measure the impact of peer support on health outcomes.			
17	The program achieves cost-effective and quality of life outcomes through the use of a multi-disciplinary team that includes peers.			
	FUNDING AND SUSTAINABILITY			
18	Peer support funding is adequate and sustainable.			

Policies and Procedures to Consider

Starting with the Mission Statement of the organization, the value of peer-provided services must be articulated and then backed up by clear policies and procedures that help the agency live up to its ideal. Examples of policies to include are listed in the table below.[48] These policies and procedures should be reviewed every two-three years as a best practice.

Policy	Topic/Issue	Source
Hiring Practices	Minimum Qualifications	San Mateo County Behavioral Health and Recovery Services
	Compensation	San Mateo County Behavioral Health and Recovery Services
Operations Manual	Practice Guidelines in FQHCs • Engagement and re-engagement • Treatment: Behavioral Activation • Maintenance: Calls and Schedule • Other Services: Case Management, Consultation and Crisis Intervention • Managing Non-Billable Tasks • Scheduling Patients • Documentation	Gardner Center Practice Guidelines
Operations Policies	Confidentiality	Manzanita Services
	Personal Relationships with Clients	Modoc County
	Employee Authorization to Contact Support People	Community Connections
	Documentation and Co-signatures	San Mateo County Behavioral Health and Recovery Services
Training	Value and Benefit of Peer Providers	San Mateo County Behavioral Health and Recovery Services
	Job Qualifications and Completion of Training Program	San Mateo County Behavioral Health and Recovery Services

SMCBHRS
POLICY: San Mateo County Behavioral Health and Recovery Services

Peer Community Worker/Family Partner

Definition

A category of employment within the county behavioral health system of care, which recognizes the special contributions and perspectives of behavioral health consumers/family members and encourages the valuable role of peer-to-peer/family-to family support and case management. These staff members are typically hired as Community Workers when employed within County Civil Service.

Standards for Employment and Claiming

- Employment in the system of care, with a minimum hourly salary that is at least the entry level salary within the employing agency for the position occupied.
- Any combination of education and experience that would likely provide the required knowledge and skills is qualifying. A typical way of gaining the knowledge and skills is:
    - **Community Worker I:** Experience that has provided first-hand knowledge of the problems, needs, attitudes, and behavior patterns of people with mental health, substance use or co-occurring problems.
    - **Community Worker II:** Two years of experience in providing community services of an emergency, remedial and educational nature for people with mental health, substance use or co-occurring problems.
- Highly desirable is successful completion, prior to employment, of the Peer Counseling and/or Family Development training curriculum offered by County Behavioral Health Services through local community colleges. An equivalent program completed in another county may be considered when reviewing candidates for employment.
- DMH requirements for co-signatures on progress notes must be followed. For example, for staff with less than a bachelor's degree, notes must be co-signed until two years of volunteer or paid experience working within a mental health setting has occurred.
- Other scope of practice issues are covered in BHRS Policy 93-10 and its attachment, Scope of Practice Grid, also included in the Documentation Manual.
- In all cases, including those where DMH regulations do not require co-signatures, San Mateo County Peer Community Workers/Family Partners must be assigned a specific supervisor and all progress notes and service plans must be co-signed for the first six months of employment. Individual supervisors/agencies may impose more stringent standards at their own discretion.
- It is the responsibility of an agency contracted with BHRS to assure that services by Peer Community Workers/Family Partners that are submitted to DMH for Medi-Cal reimbursement meet all standards for quality of care and all relevant documentation requirements.
- Peer Community Workers who work as Case Managers, and who themselves have a Representative Payee, may not serve as a Case Manager for a Representative Payee client.

Gardner Family Health Network
Integrated Behavioral Health Practice Guidelines

I. ENGAGEMENT/RE-ENGAGEMENT

Engagement and re-engagement are two essential parts of any treatment regimen. Engagement is the way to obtain referrals and get a patient's buy-in to the services needed that could be of benefit for the patient.

The On-Call Phone

The on-call phone is typically the initial point of contact between Primary Care Providers (PCPs) and Integrated Behavioral Health (IBH) staff when a referral or consultation needs to be made; therefore coverage of the on-call phone is of high priority. The on-call phone should be staffed by the Peer Partner during Peer Partner's working hours.

When the Peer Partner is not present, the responsibility lies with the IBH Clinicians to staff the phone. When IBH Clinicians staff the phone, there may be occasions in which the staff member is not immediately available to take a Warm Hand Off due to being in session with another patient, in which case the Clinician informs the PCP that they will be available shortly to conduct a Warm Hand Off in person. Otherwise, the PCP may use the Next Gen EHR system to task the referral to the IBH staff list and IBH staff will later conduct a Warm Hand Off via the phone.

Warm Hand Off

The Warm Hand Off (WHO) is the primary method of referral to IBH services. Patients are identified by their PCP through use of the PHQ-9 screening tool and PCP's discretion as candidates for IBH services. The WHO is the primary responsibility of the Peer Partner, as the on-call phone is typically with the peer partner. However, any IBH staff that is available may conduct the WHO, and this task is typically prioritized over other daily tasks because it is the primary method of referral to IBH services.

During the WHO, IBH staff reviews the PHQ-9 with the patient to ensure for accuracy and to assess for risk. There are typically three possible outcomes of the WHO:

1) Scheduling an IBH Intake for a patient;
2) Arranging for Behavioral Activation over the phone with a patient; or
3) Managing risk/crisis.

There may, however, be an occasional patient who refuses any type of services and in that case, the patient's decision will be respected and this outcome will be documented in the patient's chart (see Appendix for IBH Flowchart).

When a PCP believes a patient could benefit from IBH services, he/she introduces the IBH services using the following script:

> *"It sounds like you might be feeling down/stressed right now. I work with a team that specializes in helping patients with these issues. I am making a referral to that team and someone is on the way to meet you."*

After introducing IBH services, the PCP instructs the support staff to contact the IBH On-Call Phone requesting that an IBH staff meet with the PCP to conduct a WHO.

Conducting a WHO in Person

If IBH staff is available to conduct a WHO in person, the PCP uses the following script to introduce IBH Staff:

> *"This is _____, from the Integrated Behavioral Health team. She is here to speak with you about the referral I have made."*

From that point, IBH Staff uses the following script:

> *Hi, it's nice to meet you _____. I work with Dr._____ on the Integrated Behavioral Health team. I work with patients when they are going through some difficulties, having some challenges with their mood, or just feeling down.*
>
> *Our treatment consists of a variety of services, including counseling, resources and referrals, and possibly speaking with your Dr. about medication, if you are interested, in order to improve your overall mood and wellbeing.*
>
> *We'd like to get you an appointment with one of our counselors to further discuss your treatment options.*
>
> *Can I answer any questions you have?*
>
> *Let's walk up to the front desk to make an appointment.*

Conducting a WHO via Phone

If IBH staff is not available to conduct a WHO in person, a WHO should be conducted via phone, including the PHQ-9 if not already administered by the medical staff. In the case that the PHQ-9 was administered and the PCP has already introduced IBH services and made the referral through the Next Gen EHR system, the IBH staff will only need to call the patient to offer services and schedule an IBH Intake as in the In Person WHOs.

Following the WHO, a number of items must be documented into the Next Gen EHR system, including the WHO communication note and entering patient into the i2i IBH Registry (see Documentation section for more information). IBH staff should also make sure that the medical staff entered the PHQ-9 score.

Outreach Calls

Outreach calls are utilized to inform existing patients of Gardner Family Health Network clinics with IBH programs about the services offered. All existing patients ages 60 and over will receive an outreach call in which IBH staff introduce IBH services and conduct the PHQ-2 (first two questions of PHQ-9) in order to assess if a patient is experiencing depressive symptoms. Based on a patient's response to the questions, they may be encouraged to schedule a visit with their PCP regarding their depressive symptoms. The following is a script to follow when making Outreach Calls:

Hello my name is_____. I am calling from Gardner South County Health Center to inform you about a new Integrated Behavioral Health Service that we are offering.

Do you have a couple of minutes to answer a brief questionnaire with 2 questions?
PHQ-2

Over the last 2 weeks, how often have been bothered by any of the following problems?

1 (Little interest or pleasure in doing things)
2 (Feeling down, depressed, or hopeless)

If the total score is 0-2:

A) Sounds like this isn't an issue for you at this time. We just want patients to be aware of the services we are offering. Integrated Behavioral Health consists of a variety of services, including counseling, resources and referrals, and possibly speaking with your Dr. about medication, if you are interested, in order to improve your overall mood and wellbeing. If you ever would like to hear more about the services in the future, you can always ask you health care provider. Thanks for your time!

If the total score is 3-4:

B) Sounds like you have been down and/or have lost interest in things at times. Integrated Behavioral Health consists of a variety of services, including counseling, resources and referrals, and possibly speaking with your Dr. about medication, if you are interested, in order to improve your overall mood and wellbeing. We encourage you to ask your Health Provider more about Integrated Behavioral Health Services during your next visit. If at any time these feelings increase, you can call the clinic to request to be seen sooner. Thanks for your time!

If the total score is 5-6:

C) Sounds like you have been down and/ or have lost interest in things for most days lately. When is your next visit with your doctor? I can transfer your call if you like to request to be seen sooner. Remember to ask about Integrated Behavioral Health during your next visit. Your provider knows about it. Thanks for your time!

Missed Appointments

When a patient misses an appointment, IBH staff is expected to connect with the patient to attempt to re-engage them into IBH services. Missed appointments should be managed in one of two ways: either through follow-up phone calls or letters.

1) Follow-Up Calls:

When a patient misses a scheduled IBH Intake or IBH Follow-Up appointment, the clinician sends a task in the EHR system to the Peer Partner utilizing the "Missed Appointment" template. The Peer Partner should contact the patient via phone within 24 hours to reach out to the patient, monitor the patient's symptoms, conduct a Behavioral Activation when requested by patient's IBH clinician, and offer to reschedule the patient's missed appointment. Peer Partner may also ask if there were any barriers to attending treatment, such as difficulties with transportation, and should either engage patient in problem solving around the barrier, or consult with clinician regarding the patient's stated barrier.

If there is no answer at the first call, the Peer Partner should call the patient two more times over a period of 1-2 weeks, for a total of three calls, prior to consulting with the clinician regarding sending a letter. All contacts must be documented in the patient's chart using the Communication Template.

2) Letters

When a patient has not been successfully reached by phone, a letter is sent to encourage the patient to reschedule their missed appointment and to attempt to re-engage the patient into IBH services. Typically, the peer partner will send the letter according to the template in Next Gen (see Appendix for sample letter).

The letter is to inform the patient that IBH has not been able to get in touch with them over the phone to reschedule their missed appointments. The letter states that IBH will no longer attempt to make calls but that the patient is welcome to contact their PCP or the Peer Partner at any time if they would like to resume services.

For an IBH Intake Appointment

When a patient misses two IBH Intake appointments, the Peer Partner should send a letter.

For an IBH Follow-Up Appointment

When a patient who has already begun treatment misses a total of three appointments, the Peer Partner consults with assigned IBH Clinician to develop a plan of action.

De-activating Patients from i2i Tracks Patient Registry

All patients are added into IBH's Patient Registry using i2i Tracks software upon referral into IBH services, for IBH staff to be able to track which patients are receiving what services and record important information about the patients such as treating clinician, diagnosis, antidepressant medication, etc. A patient will remain "active" in this registry for as long as he or she is receiving services. Typically, IBH patients will be deactivated from this registry when they successfully complete the maintenance phase of treatment, or when they have been connected with other services (i.e., Specialty Mental Health). Patients are also deactivated when they are unable to complete treatment for whatever reason. Any patients who were previously in the patient registry and "deactivated" may be re-activated if they suddenly decide to return to treatment or if they are re-referred at a later date for a new issue. (Please see Documentation section for more details about i2i Tracks).

II. TREATMENT

IBH offers a number of different treatment modalities ranging from Behavioral Activation conducted over the phone, to in-person therapy visits. Treatment is determined based on the outcome of the IBH Intake appointment, which is the first IBH appointment.

Behavioral Activation

Behavioral Activation (BA) is one of the treatment modalities in the IBH service package. It can either be offered when a patient who meets criteria for IBH services is not interested or not able to participate in individual counseling in order to attempt to engage them into counseling while monitoring their symptoms, or can be used in conjunction with individual counseling. BA is typically conducted over the phone, but it can also be conducted in person.

The idea behind BA is that when we feel bad, we do less, which then continues to perpetuate the cycle of feeling bad and doing less, often leading to deeper levels of depression. BA is used to alleviate depressive symptoms by emphasizing that the more we are active in doing things, even basic things, such as getting out of bed and getting dressed, the less depressed we will feel.

With BA, as with individual counseling, is typically conducted at regular intervals of every two weeks for a maximum of 3 calls. The first BA call for patients is 1 week following the WHO and every 2 weeks thereafter. BA may also be conducted in conjunction with individual therapy visits at the discretion of the IBH clinician, particularly when patients are not able to attend sessions with regular frequency.

BA is conducted within a specific format. In BA the first step is typically to check in with a patient regarding how their previous BA went. The second step is to conduct a new PHQ-9 in order to assess patient's progress in treatment. The third step is to work on a new BA with the patient.

In deciding which BA activities are most effective for the patient at a given time, it is important to be mindful of a patient's level of depression and what BA would best meet that patient's needs at the time.

For example, for a patient whose depressive symptoms are so severe that he or she is not able to get out of bed all day, going out for a walk may not be the best BA to begin with. The BA could instead be focused around getting out of bed for one hour a day. Once a patient is able to get out of bed for one hour a day, the BA can progress to other things, such as getting dressed to go out, making one's bed and brushing one's teeth, and eventually, taking a walk or socializing.

Levels of BA include first focusing on Basic Needs/Activities of Daily Living (ADLs, such as bathing, grooming, meals), then on Pleasant Activities and Social Needs/Exercise. If a patient is already meeting their basic needs and their depression is due to never having enough time for self-care, an appropriate BA would be to encourage the patient to socialize more, or to have a relaxing bath, etc.

The PHQ-9 is a tool that can also help in assessing where to start with BA. For example, if a patient's main symptom is their inability to sleep, BA can focus on sleep hygiene activities until the patient reports being able to sleep better. Likewise, a patient who suffers from little appetite can be encouraged to look through recipe books to try to find things that motivate them to eat healthy and find personal satisfaction in preparing meals.

In general, BA calls continue on regularly scheduled intervals (with a maximum of 3 calls) until the patient is feeling better or if the patient is still not feeling better; the patient is encouraged to schedule a visit with an IBH clinician. If at this point, the patient does not wish to schedule a visit, they can be given resources and encouraged to call back at any time when they feel ready to engage in services. At this point, the episode is considered closed and the patient is deactivated from the i2i Tracks registry.

Medication Monitoring and Behavioral Activation

Medication monitoring is an important aspect of IBH services, but should typically not be offered as a stand-alone treatment mode. If a patient has chosen not to participate in individual therapy and is prescribed medication, the treatment modality is for Medication Monitoring and Behavioral Activation combined.

Three days after a new antidepressant medication is prescribed by PCP, the Peer Partner should call the patient to check in to see if they were able to obtain the medication and if so, how they are doing. The peer partner should ask the patient the following questions:

1) Are you experiencing any side effects? If so, what are they?
2) How often are you taking the medication?
3) What time of day are you taking mediation?
4) What dosage of the medication are you taking?
5) Do you have any concerns or questions about the medication?

One week after the three-day check, the Peer Partner should call the patient again to follow up with the questions. This should continue for as many calls as is needed until the patient feels stable on their meds. If side effects do not subside after two weeks, the patient should be encouraged to speak to their PCP about the possibility of changing medications. Likewise, if the patient does not begin to feel better following 4-6 weeks of taking the medication as prescribed, they should be encouraged to speak to their PCP about the possibility of increasing the dose and/or changing medications.

At each phone call it is crucial to emphasize the importance of adhering to the medication as prescribed, even though initially patients may experience some negative side effects, as those often tend to decrease after the first two weeks. Peer Partners should also provide education to the patient regarding the importance of taking their medication daily and that it may take several weeks before patients see improvement in depressive/anxious symptoms. It may be helpful with some patients to show the graph of the side-effect curve vs. therapeutic-effect curve to demonstrate how side effects are short-term and therapeutic effects generally take longer to be perceived.

If a patient is participating in Individual Therapy and is taking medication, the Medication Monitoring occurs as a part of the Individual Therapy sessions. Peer Partners may support clinicians in any Medication Monitoring that needs to take place between visits as indicated by the clinician.

Please note: IBH staff are not Medical Doctors and should not provide patients with advice on how to take their medications. Patients should always be encouraged to take their medication as prescribed by their PCP. Any changes in dosage or frequency taken must be preceded by a consultation with the PCP, pharmacy staff, or IBH's Consulting Psychiatrist.

Individual Therapy

Individual therapy in IBH services is short-term and highly goal-oriented. Sessions are typically 30 minutes every other week and range from 1 to 12 visits maximum. If a patient requires longer-term services, or Specialty Mental Health services, IBH staff should work with the patient in order to connect him or her with the County Mental Health Call Center (for those with Medi-Cal or other county-funded insurance) or sliding-scale clinics in the community (for those who are uninsured).

Progress in treatment is often measured by the PHQ-9 or the GAD-7, depending on the instrument that is more applicable to patient's presenting symptoms. Typically, face-to-face sessions end when the patient has met his or her treatment goal, but patients can always return for services as needed, just as he or she would return to their Primary Care Doctor for a different or re-occurring concern.

Problem Solving Treatment

Problem Solving Treatment (PST) is an evidence-based practice recommended for use in the IBH model of treatment. It is highly structured, consisting of several worksheets, and focuses on the premise that depressive symptoms can improve if patients learn to have control over their problems. As patients continue working on their problem-solving skills and reduce their problems, their confidence and self-efficacy also increase, resulting in improvement in mood. It is also believed that learning problem-solving skills can help prevent relapse. Therefore, the goal of PST is to teach patients the skills required to effectively resolve their identified life problems.

PST is a time-limited treatment modality, typically consisting of 6-8 visits. PST includes introducing the model to the patient, assisting the patient to generate a problem list, working through PST worksheets with the patient, and weekly Behavioral Activation and Pleasant Activities Scheduling. All of the forms completed during the PST sessions are scanned into the patient's Electronic Health Record.

It is important to note that PST is not life review therapy, psychodynamic analysis, or supportive therapy/case management. PST is action-focused on immediate issues causing depression with the explicit goal of teaching patients the steps of problem solving. There are seven steps to PST:

1. Clarify and Define the Problem
2. Set a Realistic/Achievable Goal
3. Generate Multiple Solutions
4. Evaluate and Compare Solutions
5. Select a Feasible Solution
6. Implement the Solution
7. Evaluate the Outcome

Other Evidenced-Based Practices

The use of other evidenced based practices (EBP) is acceptable in the IBH treatment model as long as treatment is short-term and not psychoanalytic. Other EBPs that may be useful include Cognitive Behavioral Therapy (CBT), Motivational Interviewing, Dialectical Behavior Therapy (DBT--mostly the coping skills, not the full version of the model), Seeking Safety, Trauma-Focused CBT, and Brief Strategic Therapy, just to name a few.

Relapse Prevention Plan

The Relapse Prevention Plan (please see Appendix) is a form used at the last face-to-face therapy visit when a patient is ending the active phase of treatment. It is used to review the tools and techniques learned during treatment and for the patient to list their own warning signs of falling into a depressive episode. During the last face-to-face session, the IBH clinician coaches the patient to complete the form with what the patient believes has worked during the active phase of treatment to cope with symptoms. Patients are then encouraged to designate a time of the month to revisit their form and conduct a self-check on how they doing and if they are following their Relapse Prevention Plan. Items included on the plan are: antidepressant medications, other treatments (such as AA, Al-Anon, physical therapy, pain clinic, etc), warning signs of stress, healthy actions to keep oneself well, and contact information for IBH staff in case the patient finds him or herself experiencing a reemergence of symptoms.

Relapse Prevention Plans are scanned into the patient's Electronic Health Record in the IBH category under "Relapse Prevention Plan". Once a patient is placed on Maintenance, the IBH Clinician should change the Clinician listed in the i2i Tracks Patient Registry system to "Peer Partner," as the Peer Partners are the ones who conduct Maintenance services.

Groups

Groups are offered based on the patient's needs. They are also to be short-term and goal-oriented. Examples of groups offered include skills development groups and psycho-educational groups, such as chronic disease management classes that teach healthy behaviors to support a patient's management of their chronic illness (diabetes, arthritis, etc.). At this time, IBH is still working to identify what types of groups will be most beneficial for Gardner patients and will be developing the curricula for these groups.

Assessing Treatment and the Stepped-Care Protocol

As the IBH model is characterized by short term and concrete treatment goals, assessing individual treatment outcomes should occur about every 6-12 weeks. The standard IBH treatment goals are that patients should demonstrate a 50% reduction in PHQ-9 score, or have a score less than 4. This range varies based on the type of treatment in which a patient is participating. For example, if a patient is newly prescribed an SSRI, treatment effectiveness should be assessed at 6-8 weeks, as that is generally how long it takes for an SSRI to begin having benefits. If the patient does not seem to be improving after this time, it would be time to consult with the patient's PCP and/or the Consulting Psychiatrist regarding a medication check. If a patient is participating in other treatments, the general guideline is to assess treatment outcomes every 10-12 weeks and/or at weekly caseload review meetings.

Once treatment outcomes have been assessed, and it has been found that the patient has made little to no improvement, recommendations are made for a change in treatment. Generally, if a patient has only been participating in behavioral activation and shows little improvement,

the idea would be to step him or her up into a different level of care, for example, introducing the patient to either individual therapy, medication, or both. If a patient is already participating in individual therapy and is taking medications, it may be time to schedule them a medication check with their PCP, or refer the patient out to Specialty Mental Health services, as the patient may require more services than IBH can offer. These are guidelines for recommendations but IBH staff (including Peer Partner, Clinician, and Consulting Psychiatrist) should consult to make the best possible treatment recommendation tailored to a patient's needs.

Panel Management

Panel Management is the primary method by which IBH staff can track and measure treatment outcomes. Panel Management occurs weekly based on caseload reports from EHR and EPM systems. Cases which have not shown significant improvement in the PHQ-9 score (typically cases in which there has not been 50% reduction in PHQ-9 score) despite being in treatment for 8-10 weeks are those cases which are discussed at the caseload review. All IBH staff, including the Peer Partner, Clinicians, and Consulting Psychiatrist, attends the caseload review and offers feedback about treatment changes.

III. MAINTENANCE

In traditional mental health services, once a patient has met their treatment goal and successfully completed therapy, their case is usually closed and contacts with patient are typically terminated. IBH differs in that it offers additional follow-up phone calls for up to three months following end of sessions, in a treatment phase called Maintenance. Maintenance begins once a patient and the IBH clinician have agreed that a patient has met their treatment goals and no longer needs face-to-face visits. The principle of maintenance treatment is based on the belief that if IBH staff continues to have phone contacts at regular intervals with patient to monitor symptoms, this support will help patients to maintain their treatment goals, and in the event that a patient is not maintaining their treatment goals, the patient is able to get back into treatment before slipping into another depressive episode.

Maintenance Calls

Maintenance Calls are generally conducted by the Peer Partner. During a maintenance call the Peer Partner should ask a patient how he or she has been managing symptoms and following through with their Relapse Prevention Plan. Additionally, a PHQ-9 should be completed. If any concerns arise, the Peer Partner may schedule the patient for an IBH follow-up visit with patient's IBH clinician as a "tune-up" or "booster session" or may consult with the IBH clinician for further decision-making around the patient's treatment. Finally, the Peer Partner must document in the i2i Tracks Registry the date of the first maintenance call.

Maintenance Schedule

Maintenance is conducted on a specific schedule, with the first call two weeks after the Relapse Prevention Plan is completed. The remaining calls are conducted on the following schedule:

1) First follow-up: 2 weeks after last session
2) Second follow-up: 6 weeks after last session
3) Third follow-up: 12 weeks after last session

It is important to note that once the maintenance phase is completed, a patient has successfully completed IBH treatment. Upon completion of maintenance, the patient will be deactivated in the i2i Tracks Patient Registry system.

IV. OTHER SERVICES

IBH offers a variety of other services including case management, consultation to providers, and crisis intervention for patients who may be at risk of harm to themselves or others. These services are all non-billable, but an important part of the IBH program, as they provide critical support to both patients and providers while creating an important role for IBH in the clinic.

Case Management

Case management services are defined by the efforts of IBH staff to connect patients with information and resources in the community, such as low-cost health insurance, transportation, housing, and senior center resources. IBH staff may also assist other providers to help patients through case management services, such as calling a Psychiatrist for the PCP to make sure that the patient is still being seen or to discuss medications prescribed. Case management may be performed by Peer Partners or IBH clinicians and there is a resource binder at every IBH site for reference. The binder should be kept up-to-date and should include flyers that can be provided to patients for easy access to the resources.

Consultation

Consultation is conducted by IBH staff with other providers in the clinic when there are questions about a patient's medical issues or concerns about a patient's behavioral health needs. Consultation is primarily between providers (PCP and IBH Clinicians) but depending on the level of consultation needed, a Peer Partner may be able to engage in consultation, such as if the issue involves needs around community resources or a patient's barrier to services. Additionally, the Consulting Psychiatrist is available by phone for consultation both with PCPs and IBH staff during clinic hours and in person one day a week to consult about questions related to psychotropic medication.

Crisis Intervention

Crisis intervention is almost always performed by an IBH Clinician, as its primary function is to assess for patient risk to self or others. IBH Clinicians may conduct risk assessments, suicide assessments, or check for other 5150 criteria. Following the risk assessment, the IBH Clinician decides on a course of action (i.e., safety planning, calling 9-1-1, sending patient to County Mental Health Urgent Care, etc.) using his or her own clinical judgment and

consultation with other IBH staff, and sees that the prescribed course of action is carried out. All crisis interventions are documented in the patient's Electronic Health Record under the Communication Templates. Whenever there is a crisis, the IBH clinician who intervened must always follow up with the patient and document the outcome of the intervention, as well as ensure that all necessary steps were taken to ensure the safety of the patient.

V. MANAGING NON-BILLABLE TASKS

As the primary care setting is very fast-paced and the non-billable tasks can become overwhelming, it is essential for IBH staff to have a clear understanding of what tasks take precedence over others and to develop a system for keeping track of all the patients.

Prioritization of Tasks

Because IBH clinicians must focus on seeing patients, Peer Partners become the main staff responsible for the non-billable tasks. The following is a guideline for the preference which should be given to which tasks in order:

1) Warm hand off
2) Follow-up calls
3) Maintenance and Behavioral Activation/Med Monitoring calls
4) Case management
5) Outreach

Warm hand off: the on-call phone should always be in the possession of the Peer Partner when on duty and in the possession of an IBH clinician when the Peer Partner is not available. Since the on-call phone is the major referral source, it is critical that IBH staff be available during clinic hours to answer the phone when it rings. It should be passed around so that all IBH staff share this responsibility. The general rule is that if there is no Peer Partner on duty, the IBH clinician who does not have a patient scheduled should have the phone. In the event that all IBH clinicians have a patient scheduled at the same time, the phone should still be held and answered and triaged according to greatest need. For example, if a clinician is seeing a patient who is stable and a crisis call comes in, it may be necessary to have the clinician interrupt the session and ask the patient to wait, in order for the clinician to attend the crisis.

Follow-up calls: because these calls are to reschedule missed appointments and re-engage patients into treatment, it is important that these calls are made as soon as possible. They can be made the same day or the day after, but they should not be made as late as week after the missed appointment, as this allows for the patient to lose the momentum in their treatment and makes it more difficult for treatment to be continuous.

Behavioral Activation/Med Monitoring calls: although these calls have a regular interval schedule, due to time constraints it may be impossible for these calls to fall on the exact planned day. The only exception would be if these called were scheduled in advance for a

specific date and time. Otherwise, attention should be made as much as possible to keep the calls on a regular schedule in order to ensure continuity of care.

Case management: case management can occur at all stages during IBH services, including engagement, treatment, and maintenance. Case management needs are generally high and may easily overwhelm staff. However, because of the short-term nature of services and the population-based approach utilized, it is important for IBH staff to be careful not to let other, more time-sensitive tasks, fall to the wayside. There may be some exceptions, including the need to get a referral out on the same day, or helping someone with a taxi voucher who needs it to leave the clinic. However, for the most part, case management needs, although a very important service, can usually wait until the most urgent tasks have been completed.

Outreach: outreach calls are an effort to inform patients of IBH services so that if they are interested or identified as possible IBH patients, they can be engaged into treatment the next time they come to the clinic to see their PCP. Because these calls are not time-sensitive but need to be done on an ongoing basis, they are the last task on the prioritization list. Staff should engage in these calls, essentially, when they have caught up with all of their other duties and have time to make the calls.

Task Management

Because of the importance of keeping to the time-sensitive nature of many of the non-billable tasks, all IBH staff should develop their own task management tool. At this time, there are two methods available to all IBH staff.

One of these is the Outlook Task Manager, which can be found on the same page as the Outlook email. The positive side of this method is that reminders can be written with deadlines and they can be organized to show staff exactly what tasks need to be completed that day, week, or month. The downside is that because of confidentiality, patient health information (PHI) should not be included in these notes. Only medical record numbers (MRNs) should be used as well as factual descriptions like “maintenance call due.”

The other tool is the i2i Task Manager, which can be found when logging into the i2i Tracks application on the Next Gen page. The positive side is that confidential details can be included since other users will not see these notes. The downside is that it is somewhat cumbersome to log in and you can only display today’s tasks or ALL tasks. But both of these task management systems do their job of keeping track of tasks as long as IBH staff keeps on top of putting in their own reminders.

In order for the task managers to work for IBH staff, it is important for staff to be clear on the interval schedules for each task so that they can program the reminders in an accurate way, for the staff to check the reminders daily in order to keep up with the tasks, and finally, to update the deadlines on each task so that if a call was attempted but the patient did not answer, for the

reminder to be re-dated to a future date so that the call will be re-attempted and not forgotten. Creating a system that works will be an individual task and all staff will be able to experiment on what works best for them. The key point is to be able to know what is "on your plate" at any given time and for the system to be able to tell you quickly and easily what needs to be done first.

VI. SCHEDULING PATIENTS

Intake

Typically, IBH Intake appointments are to be scheduled within one week of the WHO. If an appointment clerk is not available to help schedule a patient's IBH Intake appointment, the person conducting the WHO may schedule the appointment in the Next Gen EPM system. (See Documentation section for detailed instructions on how to schedule appointments in EPM).

Following the WHO, there may be occasions in which the patient will express a lack of interest in, or ability to, come in for an IBH Intake appointment, despite the fact that a need was identified by the PCP. In this case, the person conducting the WHO will inform the patient that because of the PCP's concerns, IBH staff will be contacting the patient within a week to check in and conduct Behavioral Activation. Unless the patient refuses these services, the patient is added to the i2i Tracks Patient Registry at this time.

Once an IBH Intake appointment has been scheduled, the IBH staff person conducting the WHO informs the PCP of the outcome of the referral via PCP's preferred method of communication (Next Gen tasking or in person).

Follow Up

Typically, IBH Follow-Up appointments are scheduled every two weeks. The same guidelines apply for patients who are engaging only in Behavioral Activation or Behavioral Activation/Med Monitoring over the phone. In other words, a patient who only receives phone calls by the Peer Partner should be receiving them at the same interval schedule as a patient who comes in to meet with a Clinician face-to-face in the office.

When a follow-up appointment needs to be scheduled, IBH staff may either transfer the phone call to the appointment clerk, or print a patient plan stating the time frame in which patient should schedule a follow-up appointment, to present to the appointment clerk. IBH staff can also identify a date and time that works for the patient, give them an appointment card, and later have the appointment clerk enter it into the EPM.

VII. DOCUMENTATION

Next Gen EPM

The EPM (Enterprise Management) portion of Next Gen is how all of the scheduling of patients is done. Typically, the front desk staff handles the scheduling, reminder calls, and cancellation/rescheduling. However, IBH clinicians and peer partners may find it helpful to learn how to schedule patients or at least how the scheduling is done, so that they may assist patients and support front desk staff with this process. Another option is for BH staff to give the patient a pink appointment card and then later have the front desk staff enter the appointment into the EPM.

To schedule a patient the following steps must be followed:

1. Right click on a BH clinician's schedule where there is an available appointment
2. Click on New and the appointment window will come up.
3. Complete the fields for Date, Time, Event (BH Intake or BH Follow-up), Resource (Provider), Location (BH St. James or BH S.County).
4. Click on Norton button (blue square) to look up the patient name or MRN and then click ok.
5. The patient appointment should appear on the EPM calendar for that day.

There will be times when a patient calls the cancellation line to cancel an appointment and it has not been rescheduled. Or there will be times when a patient asks ahead of time to change the appointment to another day because they can no longer make it. The BH clinician is responsible for keeping track of cancelled visits otherwise the patient may not ask to be rescheduled and may fall through the cracks.

To cancel or reschedule a patient the following steps must be followed:

1. Right click on the patient appointment that is on the clinician's schedule.
2. Click on Open and the appointment window will come up.
3. Change the date at the top to reschedule or just click Cancelled below to cancel.
4. Click the Reason drop down box and select the reason for the change, and then click OK.

The change should take effect immediately on the calendar. If the appointment was cancelled, it will disappear from the clinician's schedule. If it was rescheduled, it will be removed from the original date and moved to the rescheduled date.

In order to keep track of the cancelled appointments, IBH clinicians must run an EPM report on a weekly basis and inform the Peer Partner to contact the patient for re-engagement. While missed appointments (no-shows) are easier to track, cancelled appointments can easily go unnoticed especially if the patient cancels well in advance. This is the reason for the Cancellation report.

In order to run the Cancellation report the following steps must be followed:

1. On the EPM page, click the icon Reports on the Top Menu bar.
2. Under the memorized reports, the report type should read Behavioral Health.
3. Click on the Cancelled Visit report with the correct clinic name.
4. When the window comes up, go to Filter 1 to select custom dates for report and click OK.
5. The report will be run with the cancelled visits for the chosen time period.

Clinicians can view their report and make sure that these patients are rescheduled either by the front desk staff or the Peer Partner. The main emphasis is that these patients don't fall through the cracks and are kept engaged in their treatment.

Next Gen EHR

Billable encounters: The EHR (Electronic Health Records) portion of NextGen is where the documentation of a patient's visit is made as well as the billing code submitted to billing for reimbursement of services. The billable encounters for each visit are created by the front desk staff upon patient check-in. There are two types of BH visits: IBH Intake (for initial appointments) and IBH Follow-Up (for all appointments following the Intake). The front desk staff will create the encounter so that when the clinician goes to their Inbox on their EHR schedule, the patient chart will be opened and the encounter will be highlighted and ready to be documented. Once the chart is open, the clinician will utilize one of 3 templates in order to document the services provided. For IBH Intakes, BH Home and BH Intake will be the templates selected. For IBH Follow-Ups, IBH Progress Note will be the template selected. These templates will be discussed in detail in a later section. In an FQHC setting, only a licensed clinician can bill for face-to-face direct services.

Clinical encounters: For all non-billable services, IBH utilizes the Communication Template to document services rendered in the patient's chart. These services and the documentation can be completed by IBH clinicians and peer partners. When IBH staff conducts any non-billable service (i.e., warm hand off or phone call) the staff opens the Communication Template and selects Outgoing Call. From this window, the drop down for the correct task is selected for tracking purposes. Non-billable services in this drop-down include: warm hand off, case management call, consultation, crisis intervention, follow-up call, maintenance call, and outreach call. These are non-billable services because they are either not face-to-face services with the patient present (phone calls) or in the case of the warm hand off, this is not a clinical service that can be reimbursed.

Other templates: IBH also uses some other templates, such as Missed Appointment Template, to document when a patient fails (no-shows) so that the peer partner can be tasked to follow up with the patient. Another template that IBH uses is the Documents and Letters Template, to create a letter to follow up with patients in the cases where phone contacts are not successful

and to communicate a request to a patient, such as to contact IBH to reschedule a missed visit. These templates will also be discussed in greater detail in a later section.

Tasking: Next Gen has provided clinicians and other clinic staff with a convenient way to communicate within the Next Gen system called Tasking. When a provider has the EHR open, they can select their Inbox to see their schedule for the day as well as the tasks that they have sent or received. At the bottom of the Inbox is a button for New Task. When it is clicked, the Subject and Description are entered along with a priority and due date. A patient can be selected if the message is to communicate a patient need to another provider, or it can simply be assigned to the person who is the intended recipient of the message. If not assigned to anyone, the message will be sent to oneself. If sent to more than one person, the first person who accepts it will make it disappear resulting in the other people not being able to read it. Therefore, a message must be sent separately to all recipients to avoid lost messages. Once a message is ready to send, the sender must click Add on the bottom of the task for it to be sent to the assigned recipient.

Another important note about tasking is that you cannot respond to a task the way one responds to an email (by clicking Reply). Instead, a new task must be created by clicking New Task at the bottom of the Inbox. In order to receive a task you simply double-click on a task in your Inbox and it opens up. You must click Accept to accept it and once you accept it, it is your responsibility to complete the task. After you have completed the task, click a checkmark into the box preceding the task, and click Refresh after clicking on the clipboard icon on top right-hand side of the task list. You can also use the clipboard to set your settings for if you would like to see the tasks assigned to someone else, etc.

There is another way to send a task rather than from the Inbox. When a note is written on the Communication Template, a user can click “send and close” rather than “save and close” and this will pull up the task window in which the user that is the intended recipient is selected. In this version, multiple users can be selected and will all receive the message even after the first user opens the task. The other difference with this type of task is that the note will be documented in the patient’s electronic health record, whereas if it is sent from the Inbox it is not. One difference, however, is that in this method, when a task is received, the message is not immediately visible to the recipient; rather, the patient chart must be opened in order to see the note. A final, positive, point about this method is that the recipient can easily reply to this type of task by clicking “respond and close” on the same template when opening the chart.

i2i Tracks Patient Registry System

IBH has a Patient Registry system that is used to track all patients who receive IBH services. The main reason is so that patients don’t fall through the cracks when they miss visits and so that staff can run weekly reports on their caseloads and have an idea of who they are working with, which patients are getting better, what medications they are on, and other issues related to

their treatment. The Registry works on the i2i Tracks software, which is an existing system that GFHN uses to track patient health issues such as diabetes.

Whenever a patient is referred to IBH services, the IBH staff who conducts the WHO is responsible for inputting the patient into i2i Tracks. This entails searching for the patient and then adding "IBH Tracking." Once the patient has IBH Tracking activated, they are officially an active patient in IBH services. The IBH staff who enters the patient will also enter some basic information about the patient, including date of WHO, provider who referred the patient, patient's PCP, IBH staff who conducted WHO, and clinic location, and PHQ-9 score.

If the patient is scheduled for an IBH intake, the assigned clinician will later complete the remaining information about the patient, including date of Intake, primary mental health diagnosis, physical health diagnoses, antidepressants and dosage prescribed if applicable, and chronic disease issues (i.e., chronic pain, diabetes, hypertension, obesity). When a patient is not scheduled for an IBH Intake, and instead elects for Behavioral Activation as primary mode of treatment, the Peer Partner will act as the Clinician and be the one to input the remaining information.

If a patient, following the WHO, refuses to participate in any IBH service, the patient is not entered into the Patient Registry and instead, a note is written in the patient's chart that services were refused. When a patient changes status from active treatment phase to maintenance, the IBH Clinician will transfer the case to the Peer Partner (who will conduct the maintenance calls) by changing IBH Clinician in i2i Tracks to "Peer Partner." The IBH Clinician will also change the IBH Treatment Type in i2i Tracks to "Maintenance" so that the Peer Partner will be able to run their own caseload report, broken down by treatment type (Behavioral Activation/Med Monitoring and Maintenance).

Finally, when the patient ends treatment, either by completing their treatment goal and maintenance or by failing to be engaged in treatment despite the recommended number of re-engagement follow-up calls and letters, the patient will be de-activated from IBH Tracking. The patient can be re-activated at any time, either if they become interested in services again, or should a new issue arise. The patient's previously entered information in IBH Tracking will become available again once the status is changed back to "active."

It is very important for IBH staff to keep the Patient Registry updated at all times so that accurate information can be pulled from the i2i Tracks reports. For example, with an updated registry of all IBH patients, a report can show how many active patients are open to each clinician, as well as what treatment mode they are receiving, what their diagnosis and PHQ-9 scores are, and how long they have been in treatment. Caseload reports should be run by all IBH staff on a weekly basis to ensure proper panel management.

Participant Employee Agreement

Complete this form ONLY if you are currently a program participant

As a Community Connection staff member and a participant in a Community Connection program, it is my choice whether or not my support staff communicates with my supervisor. Without my consent, communication will not occur.

___ I authorize communication between my support staff and my supervisor.

Support Staff:
_____

Supervisor:
_____

____ I do NOT authorize communication between my support staff and my supervisor.

_____
Print Name Signature

_____
Title Date

Modoc County Policy on Personal Relationships with Clients

MODOC COUNTY HEALTH SERVICES
POLICY AND PROCEDURE #65

RE: PERSONAL RELATIONSHIPS WITH CLIENTS/PATIENTS
REVISION DATE: 1 FEBRUARY 2011

The department recognizes the potential challenges arising when a personal acquaintance becomes a client or patient of this agency. However, the department also recognizes the value of peer-driven services in meeting the needs of clients, as well as in promoting a belief in recovery and inclusion.

In a small community it is always possible that individuals who come for services of the agency will already be known personally to agency staff. It is also possible that those employed by the agency may access services provided by the agency. It is especially important that any individual, when fulfilling the role as a staff person, conduct themselves in a professional manner when interacting with clients on the job, regardless of any prior or current personal relationship.

Where no prior or current personal relationship exists, staff will refrain from personal relationships with individuals who are clients of the agency. This is not meant to suggest that staff cannot provide peer-to-peer support, make home visits when appropriate, and/or engage in socialization activities with clients. It is important that, whatever client-centered activities are occurring, staff maintain appropriate staff/client boundaries. The intention is: 1) to allow clients to determine to what extent they welcome contact with employees outside of receiving services; and 2) to avoid a power differential that could result in the client receiving compromised care or feeling a lack of self-empowerment in their care.

There is absolute prohibition against staff members having sexual contact of any kind with clients of the agency, unless there was a current, ongoing relationship at the time the individual became a client. When a prior or current relationship exists, the supervisor may re-assign a client to another caregiver.

Staff is encouraged to make their supervisor aware immediately of any prior or current personal relationship with a new client in order to avoid any misunderstanding or the appearance of impropriety. Employees who provide therapeutic and/or support services who are assigned a new client with whom they have had a prior personal relationship are required to notify their supervisor immediately so the supervisor can assess the extent to which any former/current relationship may negatively impact the client's receipt of services.

Failure to abide by this Policy may result in disciplinary action, up to and including termination.

CHAPTER SEVEN

Preparing the Existing Workforce: Opening Your Heart to Reduce Stigma

Gates and Akabas[49] and Davidson, et al[50] provide a research context for practices that are effective in integrating health-trained peer providers. This is not an organizational change that fits well with a "just do it" approach. The best outcomes are achieved through thoughtful preparation, from education of existing staff to development of human resource policies and procedures.

Health-trained Peer Support Specialists are new additions to the multi-disciplinary team, especially so in primary care. Even in behavioral health, where integration of peer providers is more researched and known to be an effective strategy for improving recovery outcomes, the use of Peer Support Specialists is not as standardized or widespread as one would hope. In many cases, the stigma of mental illness remains the largest barrier to utilizing peer providers, due to the fact that many professionals in all three settings (primary care, mental health and substance use) struggle with conscious and unconscious negative attitudes towards working with peer providers as colleagues. To effectively integrate health-trained peer providers into behavioral health and primary care settings, it is necessary to create a culture of inclusion.

Creating a Culture of Inclusion

- A workforce that is aware and knowledgeable about the Worldviews of the three cultures that constitute integrated care: physical health, mental health and substance abuse
- A workforce that is aware and knowledgeable about the Worldview of recovery culture, especially as it relates to client culture
- A workforce that is aware and knowledgeable about the Worldview of peer support
- A workforce that has the skills to manage the cultural dimensions of change, especially as they relate to the inclusion of peer specialists in integrate care settings

A Staff Concerns Self-Assessment

The following staff assessment allows staff to reflect and consider their own concerns about integrating Peer Support Specialists on the team. Ask staff to take the Staff Concerns Self-Assessment below, encouraging honesty in responses. Offer a follow-up forum to discuss concerns and provide the necessary information to address them.

Staff Concerns Self-Assessment

		Not a concern	Sometimes a concern	Very much a concern
1	I wonder whether individuals with lived experience can be productive and accountable as providers.			
2	I am concerned about the issue of confidentiality of client information.			
3	I am concerned that more frequent psychiatric issues will arise when individuals with lived experience work in mental health settings.			
4	I am worried that my job may be in jeopardy.			
5	I am concerned that consumer providers will not understand the venting that we do back at the office to de-stress after a difficult day.			
6	I think that consumers have too many accommodations given to them that are not given to the rest of us.			
7	I wonder why I went to school and got a degree if now the administration thinks that an unlicensed person can do the job.			
8	I am concerned about the power and control that peers will have on how mental health services are provided.			
9	I worry that a peer colleague will be more like having another client – they will increase my workload by requiring a lot of support.			
10	I worry about peer providers maintaining appropriate professional roles with the clients that they serve.			
11	I am concerned about dual relationships and jeopardizing my hard-earned license.			
12	I am concerned that peers do not have the qualifications necessary to do the job.			
13	I worry that I do not have enough knowledge about the Worldview of other people I work with, especially their values and beliefs in relation to mental health and substance abuse.			
14	I worry that I do not have enough knowledge about the Worldview of peers, especially their values and beliefs as professionals.			

Adapted from the CASRA Organizational Readiness Assessment

Responding to Staff Concerns

Staff Concerns	Helpful Responses
Peers Will Not Maintain Appropriate Confidentiality	a. Provide the standardized confidentiality training to Peer Support Specialists and ensure that they sign an oath of confidentiality. b. Create a policy that standardizes access to charts that is on par with other direct service providers. c. Ensure that peers are present in all staff meetings where clinical information is shared in order for them to be effective in their work. d. Validate the information provided by peers during staff meetings and encourage their full participation. e. Have Peer Support Specialists sign an oath of confidentiality, as should all staff members.
Peers Are Not Qualified to Do the Job	a. Affirm that Peer Support Specialists bring a unique set of skills and abilities. b. Inform staff that while lived experience is a key qualification for the job, it is not the only qualification necessary. c. Review the core competencies required for the Peer Support Specialist position. d. Articulate appropriate levels of expectations for peers on the team. e. Provide appropriate on-the-job training. For example, if peers are expected to prepare Medi-Cal documentation, provide the training necessary to perform that job task up to par with any other practitioner who is submitting documentation for billing purposes.
Peers Will Relapse Due to Stress on the Job	a. Assure colleagues that peer providers are expected to manage their own health and wellness. b. Remind staff that Peer Support Specialists have demonstrated a strong commitment to personal wellness to effectively manage severe behavioral health challenges. c. Encourage staff to adopt some of the self-care practices that peer employees traditionally use. Peers can lead the way in helping teams to implement positive wellness practices at work. d. Use team meetings to brainstorm effective, easy-to-use health practices at work and identify ways to support each other in being well.

Staff Concerns	Helpful Responses
Peers Will Not Maintain Appropriate Boundaries	a. Remind staff that there is no hard evidence to suggest that peer providers have any more issues in this area than do other practitioners new to the field. When one considers the number of highly degreed, licensed professionals who lose their licenses over inappropriate sexual behavior with a client, it seems that boundaries should be of ongoing concern to everyone. b. Provide boundary training for all staff who work in the community and/or people's homes. c. Provide trainings in which multiple boundary scenarios are reviewed and there are opportunities to both discuss and practice how best to handle them.
My License Dictates that I Not Be in Dual Relationships with Clients	a. Remind staff that caution against having dual relationships is due to the very real need to protect clients from any exploitation or harm and that not all dual relationships pose this risk. b. Use the examples from small and rural communities that have learned how to negotiate these interactions in a professional manner. c. Provide staff training on dual relationships. Use definitions from Social Work, Marriage and Family Therapists and Certified Psychosocial Rehabilitation Practitioners.
Peers Will Be an Additional Person to Take Care of on the Job	a. Help clinicians maintain awareness of a tendency to respond to a consumer colleague from a therapist point of view. When a peer provider talks about job stress, colleagues must refrain from making the assumption that these issues are due to behavioral health issues. The status as behavioral health client is so pervasive that this type of role confusion is perhaps the most common.[51]
I Worry about Peers Maintaining Professionalism	a. Educate all providers about the differences between the cultures of the clinic (behavioral health, primary care or substance use) and peer culture. b. Educate all providers that the values of mutuality and reciprocity create a different kind of helping relationship and can clash with the more traditional values in professional settings where highly defined boundaries and more of an expert role is expected and preferred.[52] c. Inform peers, as with any other employee, that they are expected to acknowledge when they have a close relationship with a client being served and request to adjust their caseload accordingly.

Staff Concerns	Helpful Responses
I Worry about Peers Being Included in All Staff Activities and Events, in and outside of Work	a. Allow for discussion around this concern. Use the inclusion exercise found below to help staff move beyond this discomfort. b. Ensure that staff know that inclusion is absolutely necessary and all staff will need to welcome and embrace this new workforce.
Worry about Venting Regarding Frustrations with Clients	a. Provide staff training on the use of person-first language which places the person, not the disability, first. Diagnoses are medical labels and do not describe the whole person. Using them as nouns instead of adjectives serves to perpetuate a focus on pathology instead of a holistic view of each person. b. Address non-person-first language directly. For example, it is not uncommon for staff in medical model settings to use diagnostic labels as shorthand for referring to a client: "He's a schizophrenic." "She's a borderline." Use each circumstance as a teaching moment to change the culture of language in the clinic setting. c. Raise consciousness regarding stress relief through "venting". Venting often means that staff use harsh and unkind ways of describing interactions with clients with their co-workers. d. Provide alternative, healthier stress-reduction techniques.
Worry that the New Peer Workforce Will Displace Higher Credentialed Staff	a. Provide a forum to openly discuss issues regarding system change. Feelings of job insecurity and being unappreciated will undermine the integration of peer providers unless these issues can be dealt with directly. b. Provide clear examples of how the addition of peers onto the team is actually an expansion into new territory, bringing with it the opportunity and rewards of working more effectively with people that may not have been successfully served before this new team evolved. c. Provide concrete reassurance that a new member of the multidisciplinary team will not challenge or undercut the value of any other member of the team.

Regardless of differences, we strive shoulder to shoulder... Teamwork can be summed up in five short words: "We believe in each other."

Author Unknown

More on Inclusion: An Exercise

Issues also come up around whether or not Peer Support Specialists ought to be included in the social activities outside of work, such as holiday parties or work lunches. Some expressed concerns are:

- *What if I want to serve alcohol at the party I'm hosting with peer providers in attendance?*
- *What if the peer provider drinks and I don't think they should be doing that given the medications that they are on?*
- *I want to bring my partner to the party, but I don't want the peer providers to spread this information in the client community.*
- *I'm not comfortable with peer providers knowing my home address.*
- *I want to relax and get loose. I won't feel comfortable with peer providers present.*

As an exercise, go back over the previous statements and insert the word "colleague" everywhere you read the word "peer provider." This gives you your answer: peer providers ARE your colleagues. Treat them as you would any other colleague. We have situations with co-workers who are gossips, who drink too much, who shouldn't drink given the other medication they are on and who are not trustworthy. Fortunately this is usually not the case – and not the case for peer providers either.

Is the Work Setting Culturally Prepared for the Inclusion of Peers?

The current workforce must be knowledgeable about the Worldviews of each work environment and provider culture in addition to being knowledgeable about values, beliefs, perceptions, and language of the three cultural settings: mental health, primary care and substance abuse. The overall goal is that every service provider would become bi-lingual and bi-cultural in the three identified cultures. This will equip them to "speak" the languages of the medical model and recovery as defined within each culture. This creates a welcoming atmosphere, a culture of inclusion for peer providers in integrated care.

- **The Partners in Health Interagency Toolkit** has an array of pertinent information related to the cultures of integrated care. The following resources can be accessed via these links:
  - **Bridging the Cultural Gap: Differences between Mental Health and Primary Care**
  - **Operational Q & A: Questions and Answers about Primary Care Behavioral Health Services**
  - **Attitude Assessment Scale for Health Professionals**
  - **Consumer Recommendations for Integrated Care Service**
- After reviewing the information on stigma and consumer perspectives, conduct an informal assessment of your setting.
- Create an action plan, complete with a training plan which would be targeted to remedy knowledge deficits identified in the assessment. A primary goal of the action plan would be to provide a specialized training for existing staff, which focuses on the role of peers in integrated care. It would begin with the Worldview of peers, with a special emphasis on the role of lived experience and how best staff can utilize this unique aspect of peer competency.
- Peer practitioners will need to undergo a parallel process whereby they assess how ready they are to enter their new work setting. In collaboration with the supervisor, the peer provider will need to identify the cultural landscape into which they will be entering in terms of their knowledge of the Worldviews in that setting. This is the one role of culturally informed supervision, a framework for which is provided later on in the section on Supervision.

"Being a peer partner in Integrated Behavioral Health at Gardner has given me the opportunity to provide support and services to patients in need. Personally, being a peer partner has taught me a lot about awareness and the need for mental health services. As a result, I decided to change my undergraduate major from Biological Sciences to Social Work. Every day I have the opportunity to make an impact in someone's life and it is such a rewarding experience that I am looking forward to establishing a career in this field."

Peer Partner, Gardner Center, San Jose

Recovery and Resiliency Culture in the Organization

Peers who come into work settings that do not honor the values and practices of recovery and resiliency experience an immediate conflict and disconnect between what they were hoping to do and what the culture of the workgroup will allow, producing:

- Demoralization among peer staff
- Lower retention rates over the long haul

In addition to the effects of stigma in the workplace is the very important issue of whether or not the culture into which the Peer Support Specialist is going to work is itself recovery and resiliency oriented.

How do you know that your organization walks its talk? The two rating scales on the following pages look at recovery and resiliency culture from the perspective of the **Ten Fundamental Components of Recovery,** developed by SAMHSA.[53]

Assess the Recovery/Resiliency Culture of your organization. To use the scales, rate your organization's performance with regard to each of these components: "1" signifies that this component is not at all represented in your organization to "5", signifying that your organization excels at living out this fundamental component of recovery culture.

"Having Peer Partners on our Integrated Behavioral Health team has been one of the best things we have done for our program as they have been essential in engaging our patients and have kept things real as far as our team dynamic is concerned. We launched our program two years ago and so it has taken a lot of teamwork from day one to get everything up and running. Having Peer Partners at all of our team meetings has been helpful to keep the dialogue from becoming jargon-filled so that everyone can bring new ideas and solutions to the table.

Because our behavioral health clinicians are all relatively new to primary care, we sometimes forget that the peer partners are also new to mental health and, therefore, their learning curve has been even steeper than ours, but it doesn't feel like this! Our peer partners have been very dedicated to learning their roles, which are ever changing, and have contributed as much as any other team member to the growth of our program. Our grant only provided us with a part-time peer partner at each site, but we are doing everything we can within our budget to ensure that from next year forward, we will have a full-time peer partner at each site.

I could not say enough positive things about how valuable this experience has been and I would not imagine an Integrated Behavioral Health program without peer partners!"

Susanna Farina, Ph.D., Gardner Center

Recovery Culture in Your Organization Rating Scale

		1	2	3	4	5
1	**Hope:** Staff in the organization express the belief that all people can recover.					
2	**Person-Driven:** All services provided emphasize self-direction, self-determination and empowerment.					
3	**Recovery occurs via many pathways:** Each treatment plan is designed to meet the unique needs of the individual being served.					
4	**Holistic:** Services are designed to address the individual's mind, body, spirit and community needs.					
5	**Recovery is supported by peers and allies:** The organization values peer support and includes peers on the team as well as access to other peer-provided services.					
6	**Recovery is supported through relationships and social networks:** Staff foster the development of natural supports, including family, friends, spiritual communities, mentors and others who support the individual's wellness and recovery.					
7	**Culturally-informed:** Services are culture-specific, i.e. they are attuned to the cultural background of the individual and also meet the specific needs of the person.					
8	**Addressing trauma:** Services are trauma-informed.					
9	**Recovery involves individual, family, and community strengths and responsibility:** The organization acknowledges the strengths and resources that surround the individual while supporting self-responsibility.					
10	**Based on respect:** Staff in the organization demonstrate a deep respect for the courage of individual's in recovery and work to end stigma and discrimination in society.					

Resiliency Culture in Your Organization Rating Scale

		1	2	3	4	5
1	**Validation and Valuing:** Providing an environment of safety and non-judgmentalness, unconditional acceptance and appreciation for courage, efforts and persistence.					
2	**Basic Needs, Safety, Supports and Services:** Seeing that the basic needs of children and families are met, and mental health care is affordable and accessible.					
3	**Sanctuary:** Providing safe and calming people and places.					
4	**Justice (Rights, Voice, Respect and Dignity:** Fighting stigma and stereotypes, educating the community, sensitive to culture, advocating for rights and promoting the voices of those served.					
5	**Competencies (Skills, Abilities and Talents):** Belief in the unique strengths, skills and talents of all people and nurturing those gifts.					
6	**Courage, Confidence and Self-Determination:** Recognizing the great personal courage and bravery expressed by youth and families in their life journeys, supporting self-determination.					
7	**Self-Wisdom and Self-Acceptance:** Belief that youth and families are experts in their own experiences and have practical knowledge about coping and managing behavioral health challenges.					
8	**Supportive Connections:** Facilitation of positive relationships with families, friends and helpers (formal and informal).					
9	**Contribution and Participation:** Promoting active involvement and engagement in community and school activities.					
10	**Expectations and Accommodations that Maximize Success:** Promotes the idea that resiliency is available to all youth, and that success is increased with flexible and accommodating environments.					
11	**Hope and Optimism:** All children and families have the right to hope for a positive future and a self-determined fulfilled life.					
12	**Sense of Meaning and Joy:** Support for each child and family's search for happiness, meaning and joy.					

The Culture of Peer-Provided Services

Several characteristics contribute to the distinctive nature of peer-provided services and may not be understood or appreciated by the rest of the team. Peer services are by design:

- Collaborative
- Based on a relationship of mutuality – I receive as much as I give to you
- Non-hierarchical
- Empowerment and choice oriented, believing strongly in the self-determination of each individual within the context of their cultural worldview

A Conversation about the Culture of Peer Provided Services: An Exercise

Create a forum for discussion of the philosophical and value-driven components of peer-provided service delivery in order to better integrate Peer Support Specialists onto the team. Discussion questions could include:

1. How do each of us in our particular disciplines and from our cultural point of view, seek to collaborate with the client?
2. How do we balance being an "expert" in a field while acknowledging the wisdom in each person that we serve?
3. Who's in charge? How does the team make decisions? To what degree is consensus possible? What is our understanding of the decision-making process of the team?
4. When is it easy to foster choice and self-determination? When is it difficult? At what point do we understand it to be our responsibility to step in and intervene?

The richness of a discussion like this, though unlikely to solve all problems of integration, will help all team members understand each other better and foster better communication when clashes of perspective occur.

Working Well Together Draft Code of Ethics for Peer Providers in California

Purpose	Peer Support is a fundamental building block of recovery-oriented and resiliency-focused services for those managing behavioral health challenges as well as the parents, family members and care-givers that support them. Peer Support services are evidenced based practices that provide role models to inspire hope, demonstrate a life of recovery and resiliency and encourage real advocacy. This Values and Ethics document promotes a consistent message to those who are providing, receiving and supervising services from a Peer Provider. The Values and Ethics described here formalize Peer provided services and further the profession as a meaningful way to provide behavioral health services. For the purpose of this document Peer Provider refers to anyone who is providing services in the behavioral health field using his or her "lived experience" to establish mutuality and build resiliency and recovery; including Peer Support Specialists, Family Advocates and Parent Partners
Values	**Ethical Standards**
Hope	Peer Providers: Inspire hope in those they serve by living a life of recovery and/or resiliency.
Person-Driven	Peer Providers: • Support adults, young adults and older adults, within the context of their worldview, to achieve their goals based upon their needs and wants. • Focus on self-determination, as defined by the person served, and support the person's participation in his or her own recovery. • Inform others about options, provide information about choices, and then respect peers' decisions. • Encourage people to look at the options, take risks, learn from mistakes, and grow from dependence on the system toward healthy interdependence with others. • Uphold the principle of non-coercion as essential to recovery and encourage those served to make their own decisions, even when the person served is under mandated treatment. • Assist those they serve to access additional resources. • Disclose personal stories of recovery in a way that maintains the focus on and is beneficial to the person served. • Support the recovery process for the peer, allowing the person to direct his or her own process. • Shall not force any values or beliefs onto the person served. • Recognize there are many pathways to recovery that can be very different than their own journey.

Family Driven and Child-Centered	Peer Providers: • Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values and beliefs. • Respect and value the beliefs, opinions and preferences of children, youth, family members, parents and caregivers in service planning. • Promote the family members' voices and the articulation of their values in planning and evaluating behavioral health related issues. • Support other family members as peers with a common background and history. • Disclose personal stories of building resiliency in a way that focuses on and is beneficial to the child, youth, family member, parent or caregiver served. • Build supports on the strengths of the child, youth, family or caregiver. • Build partnerships with others who are involved in the care of our children, youth or adult family members. • Communicate clearly and honestly with the children, youth, family members and caregivers.
Holistic Wellness	Peer Providers: • Practice in a holistic manner that considers and addresses the whole health of those served. • Recognize the impact of co-occurring challenges (substance use, developmental and physical challenges) in the recovery/resiliency journey, and provide supports sensitive to those needs. • Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges. • Honor the right of persons served to choose alternative treatments and practices including: culturally specific traditional methods, healing arts including acupuncture and meditation, spiritual practices or secular beliefs and harm reduction practices.
Authenticity	Peer Providers: • Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult issues are addressed with those who are directly involved. Direct communication moves beyond the fear of conflict or hurting other people to the ability to work together to resolve issues with caring and compassion. • Practice healthy disclosure about their own experience focused on providing hope and direction toward recovery and/or resiliency. • Will work within their scope of practice as defined by this Code of Ethics and their employing agency. • Remain aware of their skills and limitations and do not provide services or represent themselves as an expert in areas for which they do not have sufficient knowledge or expertise. • Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of Peer Support. • Seek supervision, Peer Support, and/or other contact with peer colleagues or other supports to stay in the peer role.

Cultural Relevancy	Peer Providers: • Strive to provide culturally competent and relevant services to those they serve. • Respect cultural identities and preferences of those served and their families and respect the right of others to hold opinions, beliefs, and values different from their own. • Shall not discriminate against others on the basis of gender, race, ethnicity, sexual orientation or gender identity, age, religion, national origin, marital status, political belief, mental or physical differences. • Shall not discriminate against others on the basis of any other preference, personal characteristic, condition, state or cultural factor protected under Federal, State or local law. • Seek further information, education and training in cultural competence as necessary to assist those they serve.
Respect	Peer Providers: • Provide a welcoming environment for persons served. • Approach each person, youth, parent or family member with openness, genuine interest and appreciation. • Accept each person/family and situation as unique. • Are empathetic and able to "put oneself in the other person's shoes." • Will make an honest effort to empathize with the emotional connection and cultural context that the persons served bring to the recovery/ resiliency relationship. • View everyone as having something important and unique to contribute. • Value and treat each other with kindness, warmth, dignity and without judgment. • Accept each other and are open to sharing with people from many diverse backgrounds including ethnicity, educational levels, socio-economic background, sexual preference, religion/spirituality. • Honor and make room for everyone's opinions and see each other as equally capable of contributing. • Demonstrate respect toward those served, colleagues and the community. • Use language that is respectful, "person-first" and culturally mindful to, and with, those served, colleagues and the community. • Never use language that could be construed as or is derogatory, insulting or demeaning in written, electronic or verbal communications. • Shall be competent in communicating with co-workers and colleagues in ways that promote conflict resolution.

Integrity	Peer Providers: • Act in accordance with the highest standards of professional integrity. • Avoid relationships or commitments that conflict with the interests of persons served, impair professional judgment, imply a conflict of interest, or create risk of harm to those served. • Are responsible for conducting themselves in a way that does not jeopardize the integrity of the peer relationship. • Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable. • Follow organizational policies and guidelines regarding giving and receiving gifts. • Consider the cultural context and other potential considerations related to gifts. • Do not lend, give, or receive money or payment for any services to, or from, persons they serve. • Demonstrate accountability in fulfilling commitments. • Resist influences that interfere with professional performance.
Advocacy	Peer Providers: • Support the formulation, development, enactment, and implementation of public policies of concern to the profession. • Demonstrate and promote activities that respect diversity. • Support and defend human rights and freedoms regardless of nationality, national origin, gender, ethnicity, religion or spiritual persuasion, language, disability, sexual identity, or socio-economic status. Human rights include civil and political rights, such as the right to life, liberty and freedom of expression; social, cultural and economic rights including the right to cultural expression, the right to have basic needs met, and the right to work and receive an education. • Advocate for inclusion of those served in all aspects of services. • Advocate for the full involvement of those served in the communities of their choice and will promote their value to those communities. • Work to understand, encourage and empower self-advocacy. • Are directed by the knowledge that all individuals have the right to live in the safest and least restrictive, culturally congruent environment. • Strive to eliminate stigma and discrimination.
Confidentiality	Peer Providers: • Respect the rights, dignity, privacy and confidentiality at all times. • Respect the right to privacy of those served and should not solicit private information from those served unless it is essential. Once private information is shared, standards of confidentiality apply. • Respect confidential information shared by colleagues in the course of their professional relationships and interactions, unless such information relates to an unethical or illegal activity. • Comply with all applicable federal and state confidentiality laws and guidelines. • Shall discuss with persons served and other interested parties the nature of confidentiality and limitations of the right to confidentiality.

Safety & Protection	Peer Providers: • Never engage in romantic or sexual/intimate activities with the persons served. • Shall not provide services to individuals with whom they have had a prior romantic or sexual relationship. • Shall not engage in exploitive relationships with coworkers or those they serve to further their personal, religious, political or business interests. • Follow applicable Federal, State and Local laws in the prevention of harm as identified in statute. • Inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to persons served or other identifiable person. In all instances, Peer Providers should disclose the least amount of confidential information necessary to achieve the desired purpose. • Never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to persons served. • Recognize the unique nature of the Peer relationship and seek supervision and/or peer support, as necessary, to maintain appropriate boundaries with persons served. • Treat colleagues with respect, courtesy, fairness, and good faith, and uphold the Code of Ethics. • Strive to provide a safe environment that is respectful of the impact of trauma on persons served.
Education	Peer Providers: • Remain current regarding new developments in recovery, resiliency and wellness theories, methods and approaches of related disciplines/ systems with whom those who are served interface. • Accept responsibility for continuing education and professional development as part of their commitment to provide quality services. • Become familiar with local resources for self-sufficiency, including benefits and employment opportunities and supportive resources for families, parents and caregivers.
Mutuality	Peer Providers: • Engage in a relationship of mutual responsibility where power is shared and the peer provider and the persons served are equally responsible for the peer relationship. • Take responsibility for voicing their own needs and feelings. • Make decisions in collaboration with persons served and do not make decisions for persons served. • Ensure that people give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made in collaboration with each other.

Reciprocity	Peer Providers: • Ensure that the relationship is reciprocal. Every participant in the peer relationship both gives and receives in a fluid, constantly changing dynamic. • Believe that in peer relationships there is no hierarchy; no one is more qualified, advanced, or better than anyone else.
Strengths-Based	Peer Providers: • Provide strength based services acknowledging that every person has skills, gifts, and talents they can use to better their lives. • Focus on what is strong not what is wrong. • Assist others to identify these strengths and explore how they can be used for their benefit.
Wellness, Recovery, and Resiliency	Peer Providers: • Engage in and model regular self-care activities. • Communicate and behave in ways that promote wellness, recovery and resiliency. • Use language that reflects wellness, recovery and resiliency principles. • Shall not impose limitations on the possibility for wellness, recovery and resiliency of those served. • Recognize the importance of supportive relationships and community in wellness, recovery and resiliency and encourage persons to identify and develop natural supports. • Promote self-sufficiency in the wellness, recovery and resiliency journey.

"My name is Margaret, a licensed cosmetologist for 33 years. I liked what I did interacting with people. Then the last 10 years I wanted a change, yet I was afraid of a change, and didn't know if I could do anything else, yet I was willing. I was once a patient of Gardner Family Health. When the Peer Partner in Behavioral Health position was open, I stepped out and took the chance. I knew I had odds against me, and more qualified individuals than myself. But I got the job and I have learned so much in my position and how rewarding it has been to work with the people I work with, and the work that I do. There's a lot more to learn and I'm willing to continue to keep an open mind. I am the active player in my life and I won't sit on the sidelines and expect that all will fall into place for me. My desire is to excel."

Margaret, Peer Partner, Gardner Center, San Jose

CHAPTER EIGHT

Hiring Practices

Finding qualified paid and volunteer staff is an essential building block in establishing a strong program and providing quality services. The following describes key components that will lead you to building a staff that is committed to your organization's goals and has the skills required for their responsibilities.

Steps in the Hiring Process and Recommendations

Defining Job Qualifications

a. Focus on the primary hiring qualification for Peer positions as lived experience of a behavioral health and health care challenge, or a parent/family member of a loved one with these challenges.

b. Ensure applicants are able to speak to their recovery/resiliency process and strategies for maintaining wellness.

c. Ensure that the job announcement clearly states the requirement of lived experience and the ability to use this personal narrative in the service of assisting others.

d. Highlight that lived experience as a job qualification gives the message that it is a valued quality for the agency.

e. Identify that that ability to talk about lived experience is an "essential job function." This opens up the ability to discuss in more detail how the applicant's lived experience is relevant to the group of clients/family members being served.

f. Identify the skills needed to perform the job. These may include some or all of the following:

- Oral and written communication skills
- Computer skills
- Group facilitation
- Listening
- Advocacy
- Health education
- Knowledge of resources

g. Identify a "preferred qualification" as completion of a Peer

h. Support Specialist training, with additional health-related training if desired

Peers who provide critical services receive benefits themselves, including:

- Increased self-esteem
- Newfound confidence
- Increased sense of job satisfaction as a result of navigating consumers
- A higher likelihood of obtaining medical care for their own medical needs after navigating for consumers

Pacific Clinics PowerPoint Presentation on Health Navigation

Recruitment

a. Understand that effective recruitment of peer providers from diverse cultural communities necessitates some additional strategies for job postings and announcements.
    - Translate job announcements in the targeted cultural group's language
    - Contact cultural community leaders to inform them of these new positions and encourage them to urge potential candidates to apply
    - Post job announcements in public areas where community members are likely to gather, such as churches, community centers or Laundromats.
    - Post job announcements in culture-specific newspapers, newsletters or community information bulletin boards

Application Process and Interviewing

a. Create a process for educating potential candidates on the application and interviewing process. There are many good candidates who may not have been exposed to a formal application and interviewing process.

> Hire people who are qualified to do the job—no tokenism; lived experience by itself is not enough. Peer specialists need relevant work experience and/or training.
>
> Pat Nemec, Ph.D. and Lyn Legere

b. Include additional questions that ask for more extensive information about lived experience that is relevant to the essential job functions. This does not mean asking for specific information about behavioral health diagnosis or medication information.

c. Utilize questions that help discern the applicant's ability to articulate their recovery/resiliency lived experience. Sample questions for the application include:
    - Please tell us about what recovery means to you and how your own experience informs your knowledge and beliefs.
    - One of the essential job functions of this position is being able to share the story of your recovery from behavioral health challenges for the benefit of consumers/family members receiving services. Can you give us an example of using your story to benefit a client or family member who is struggling with an issue?
    - What do you feel is the most important aspect of peer-provided services?

d. Utilize appropriate job questions during the interview process. Employment law dictates the questions one can ask during a job interview. You can find a list of first and second interview questions to choose from on the **Working Well Together Technical Assistance website.**

Compensation

a. Understand the issues that traditionally have created problems in compensation for Peer Support Specialists. These include[54]:

- Low wages, making it very difficult to go off of disability benefits
- Hourly positions often requiring that Peer Support Specialists work multiple jobs instead of a full-time, salaried position
- Low wages suggesting the system's relative lack of valuing peer support
- No increase in pay when a peer is certified, vs. other positions where additional certification or licensure is reason for additional pay

b. Utilize the following recommendations for compensation when creating Peer Provider positions:

- Provide a livable wage.
- Create full-time positions with benefits.
- Hold full-time positions in civil service, while allowing the peer provider to work part-time, with the option of increasing hours as the individual is ready.

> "Our Peer Health Navigators love their jobs because they are having a direct, positive impact on their consumers' lives. In addition, as a result of their work with consumers they are paying more attention to their own health and making it a priority in their lives."
>
> Lou Mallory, Lead Health Navigator, Pacific Clinics

c. Allow for flexibility to grow the Peer workforce while creating full-time benefited positions is the most desirable employment situation.

- Create a range of hourly positions within the larger system, including 10, 15 and 20 hour options.
- Fund full-time positions with benefits so that the FTE position is available for Peer Provider staff as they develop confidence and the ability to transfer into a full-time position.[55]

> Wages for peer providers are largely at or near minimum wage and employers tended to think that individuals receiving benefits wouldn't want to work too much to avoid losing benefits – a "paternalistic attitude regarding benefit retention." The result of this is that peer providers have to work multiple part-time jobs and still struggle in poverty.
>
> Presentation by Steve Harrington, Executive Director, International Association of Peer Specialists (iNAPS)

Examples of Comparable Wages for Peer Support Services

Peer Support services that are intended to advance wellness and recovery should be considered valuable and essential services and as such should be compensated at a livable wage. There is concern in the peer community as well as in workforce development sector that Peer Support services could be viewed as an inexpensive way to provide services. Employers are cautioned against utilizing this workforce as cheap labor. Listed below are some existing comparable wages to assist the employer in determining appropriate wages for the health trained Peer Support Specialist.

Job Title	Source	Basic Information	Wages
Mental Health Worker II	California Association of Social Rehabilitation Agencies (CASRA) salary survey of non-profit member organizations throughout the state.	This position works under general supervision and has had supervised experience in field work.	$16.28 - $25.06 hourly wage[56]
Community Health Worker	United States Department of Labor Bureau of Labor Statistics	This position assists individuals and communities to adopt healthy behaviors. Conducts outreach for medical personnel or health organizations to implement programs in the community that promote, maintain, and improve individual and community health. May provide information on available resources, provide social support and informal counseling, advocate for individuals and community health needs, and provide services such as first aid and blood pressure screening. May collect data to help identify community health needs.	California hourly mean hourly wage $20.07[57]

Program Examples

Gardner Center FQHC: A Typical Part-Time Schedule for Peer Partners

Currently Peer Partners are half-time employees (20 hours). Susanna Farina, Ph.D., Integrated Behavioral Health Coordinator for St. James Health Center, estimates that peers spend:

- 5 hours per week doing warm hand offs
- 2-3 hours a week in meetings
- 10 hours per week conducting maintenance calls, follow-ups calls (when patients miss visits to re-engage them), behavioral activation/medication monitoring calls
- 1 hour per week coordinating classes (recruiting patients, doing outreach calls, reminder calls, set up and clean up, etc.)
- Any time left over is for case management with patients (in person or over the phone) and documenting all of these activities in the patient's electronic health record.

Given the needs and volume of clientele, peers could easily take on full-time roles. Funding is an issue for FQHC's, as peer functions are not reimbursable through the current Medi-Caid billing structure. Additional funding sources and other creative options are necessary to sustain and build up this important part of the workforce.

Program Example: Typical Full-Time Schedule for the Peer Health Navigator

The Peer Health Navigator's schedule is based on a 37.5-hour work week. A typical week could include:

- 7 hours per week for telephone calls to clients, doctor's offices, insurance carriers, Medi-Cal, etc.
- 10 hours per week to accompany clients to their doctor's appointments, facilitate communication, model advocacy, and coach consumers in making a follow-up plan to get laboratory tests, x-rays, prescriptions and coach consumers to start to take ownership of these tasks.
- 10 hours per week in appointments with consumers for Health Navigation assessment, assessment review, preparation for doctor's appointments, and setting health and wellness goals.
- 7 hours per week to write progress notes for each consumer seen.
- 3 hours per week in supervision and team meetings.

Pacific Clinics, Los Angeles County

Program Example: Typical Full-Time Schedule for the Peer Wellness Coach

- 3-4 hours per week for warm hand offs (including Spanish clients)
- 1-2 hours per week for outreach & promotion presentation
- 7-10 hours per week for one-on-one peer coaching sessions
- 6-10 hours per week for reassessment interviews with clients
- 4-6 hours per week for wellness groups, planning, set up & clean up
- 1-2 hours per week doing coordination with nurse care managers
- 2-3 hours per week for client transport
- 4-5 hours per week for phone calls including reminder call, follow-up/check-in, etc. (including Spanish clients)
- 3-4 hours per week for meetings -- staff meeting, clinical team meeting, supervision, community worker meeting, etc.
- 5-6 hours per week for progress notes/charting into Avatar, grant related documentation & data entry, snack shopping for groups, and other office duties.

Total Wellness, San Mateo County

"I feel a lot stronger about moving forward with my needs to improve my physical health. My Health Navigator has helped me see that I can do it."

Consumer 2, Pacific Clinics, Pacific Clinics, Pasadena, CA site

"I feel like my coach uses her personal experience to listen to me with compassion and humor in a way that other professionals cannot. I look forward to coming because my peer coaching keeps me grounded and able to achieve my weekly wellness goals."

Consumer, Total Wellness

Reasonable Accommodations

Reasonable accommodations are a right of persons with disabilities under the Americans with Disabilities Act, 1990. Unfortunately, there remains much confusion over what a reasonable accommodation might be for someone with a psychiatric disability or behavioral health challenge. In general, a reasonable accommodation is defined as "any modification or adjustment to a job or the work environment that will enable a qualified applicant or employee with a disability to participate in the application process or to perform essential job functions." (US Department of Justice)

Factors to Consider in Determining if a Job Function is Essential

- Whether the reason the position exists is to perform that function
- The number of other employees available to perform the function or among whom the performance of the function can be distributed
- The degree of expertise or skill required to perform the function.

Each position is comprised of essential job functions, defined by the Equal Employment Opportunity Commission (EEOC) as "... the basic job duties that an employee must be able to perform, with or without reasonable accommodation." Below are some guidelines provided by the EEOC in determining essential job functions.

Reasonable accommodations exist to assure that people with disabilities are able to succeed in the workplace, given that they have the basic skills and knowledge required to perform "essential job functions", which are defined by the EEOC as "the basic job duties that an employee must be able to perform, with or without reasonable accommodation." Many people with lived experience will benefit from the use of reasonable accommodations in their employment.

- Reasonable accommodations are not meant to change jobs so dramatically that all major job functions are now performed by other members of the team.
- They are also not meant to cause an "undue burden" on employers.

An Un-Reasonable Accommodation

An employee with a psychiatric disability might request to change his work schedule to late evening hours (from 4pm – midnight) due to his sleep/wake cycle and his schedule for taking medications. The essential function of his job is to meet with clients in the community and interact with resource providers. Since this impacts his ability to see clients who go to bed early and prevents collaboration with resource agencies, the request would not be granted.

Fact Sheet

Reasonable Accommodations

Reasonable Accommodation	Example
Flexible scheduling	Allow the employee to adjust the usual work schedule, i.e., coming in at 10am and working until 6pm
Workspace accommodations	Change the work environment to address issues such as need for additional lighting, headphones to reduce distractions and noise, voice recognition software, etc.
Human assistance	Refer to Supported Employment services for a job coach or provide an in-house mentor.
Flexibility in workplace policies	Allow for doctor appointments during work hours
Changes in training	Provide additional and/or individualized trainings to learn tasks
Trained supervisor	Provide specific training for supervisors of peer staff
Training for co-workers	Provide training for colleagues re: job role, policies, reasonable accommodations

When Is the Employer Required to Address the Need for Reasonable Accommodations?

- Human Resources or a supervisor has information about an individual's disability
- At the request of the employee
- HR or supervisor is informed by a third party (doctor, spouse)
- HR or supervisor observes the employee having obvious difficulty performing essential job functions.

To Determine Reasonable Accommodations

- Conduct a dialogue with the employee.
- Take into account the employee's preference
- Take into account the "reasonableness" factor for the employer.
- Assure that the accommodation does not change what the job is, but may change how the job is done and/or when the job is done.

Additional Resources for Reasonable Accommodations

Enforcement Guidance: Reasonable Accommodation and Undue Hardship under the Americans with Disabilities Act, found at **http://www.eeoc.gov/policy/docs/accommodation.html**

Boston University Center for Psychiatric Rehabilitation website: **http://www.eeoc.gov/policy/docs/psych.html**

CHAPTER NINE

Training the Peer Support Specialist

Peer Support in integrated healthcare settings is an advanced practice which requires additional skills and knowledge beyond the core competencies necessary for a Peer Support Specialist. The employer should ensure that the health-trained Peer Support Specialist has also received generalist Peer Support Specialist training. **The International Association of Peer Supporters** provides a list of nationally recognized training for Peer Support Specialists. In addition, a few resources for these general skills training needs are listed below.

TIP: Develop a Pool of Health-Trained Providers.

Hiring qualified staff is essential to success. Since this is a new type of service delivery, developing a pool of health-trained peer providers is critical in building capacity to meet the needs of the community. SHARE! and Project Return, peer-run organizations providing innovative integrated programs in Los Angeles County, have developed two strategies to address this issue. First, they are developing in-house trainings to prepare staff for these positions and second, one agency is actively recruiting new staff by advertising job openings in their self-help groups.[58]

Generalist Peer Support Specialist Curriculum and Training Resources

Resource	Source/Contact Information	Number of Hours	Fee
Working Well Together	http://workingwelltogether.org/resources/wwt-developed-curriculum/training-individuals-who-identify-consumers-and-family-members	48 hours	Free
Recovery Innovations Peer Employment Training (PET)	Lisa St. George Director of Recovery Training lisas@recoveryinnovations.org	75 hours	Contact for fees and related costs
United Advocates for Children and Families Parent Partner 101 Certification	Cindy Claflin, Director of the Leadership Institute United Advocates for Children and Families 916-643-1530 ext 109 cclaflin@uacf4hope.org	18 hours	$450

Training for Peer Support Specialists in Integrated Healthcare Settings

Expansion of general Peer Specialist training to include health-related issues and skills to support individuals with both health and behavioral health challenges, has resulted in the development of specialized curricula to train Peer Support Specialists for work in integrated healthcare settings. These curricula build on the general skills and knowledge base covered in a generalist Peer Specialist education, adding in topics related to health and wellness, coaching skills, health promotion, prevention and collaboration with healthcare professionals.

Title of Training	Basic Information	Source/Contact Information
Peer Support Whole Health and Resiliency	Peer Support Whole Health and Resiliency is defined as a person-centered planning process that: 1. Looks comprehensively at a person's health life-style; 2. Focuses on a person's strengths, interests and natural supports; 3. Stresses creating new health life-style habits and disciplines; and 4. Provides peer support delivered by peer specialists to promote self-directed whole health.[59] This curriculum prepares Peer Support Whole Health Coaches to effectively facilitate groups using the Whole Health Action Management (WHAM) curriculum, designed to increase self-management and activation, as well as other basic skills and competencies of providing peer whole health services. Two-day training, in 8 sessions	Appalachian Consulting Group http://acgpeersupport.com/services/pswhr
Whole Health Action Management (WHAM)	The WHAM intervention activates whole health self-management to maintain new health behavior using the following 5 keys to success: 1. A person-centered goal based on 10 science-based whole health and resiliency factors 2. A weekly action plan that breaks the goal into small, achievable successes 3. A daily/weekly personal log 4. One-to-one peer support 5. A weekly WHAM peer support group Two-day training, in 8 sessions	www.thenationalcouncil.org/training-courses/whole-health-action-management/ www.integration.samhsa.gov/health-wellness/wham/WHAM_Participant_Guide.pdf

Title of Training	Basic Information	Source/Contact Information
The Health Navigator Certification Training	The Bridge focuses on the use of peers in engagement and activation of clients who have historically had difficulty connecting to needed healthcare services and coaching individuals in self-management strategies to boost health and wellness. It is an eight-phase training, including 40 hours of peer training, supervisor training, and coaching. Peers receive instruction in the following interventions: 1. Assessment and Planning 2. Coordinated linkages 3. Consumer education and 4. Cognitive Behavioral strategies to support healthcare utilization change and behavior maintenance[60] Community Cohort or Private Cohort Training available.	Pacific Clinics and USC School of Social Work PCT@pacificclinics.org www.MYPPCTI.org
Tobacco Free Program	Tobacco Free Program is: 1. An evidence-based tobacco cessation program. 2. Designed to teach providers and peers the necessary information and skills they need to promote successful tobacco cessation within their organizations. 3. A program that teaches trainees motivational engagement strategies, community referrals, educational activities, individual and group treatments, and policy change strategies. 4. A program that teaches trainees the skills and resources to promote positive behavior change in individuals interested in living tobacco-free.	www.bhwellness.org/programs/tobaccofree
Well Body Program (weight management)	Well Body Program is: 1. An evidence-based nutrition and weight management program. 2. Designed to teach healthcare providers and peers the necessary skills to promote physical health and well-being for their clients through motivational engagement strategies, community referrals, educational activities, individual and group treatment, and policy change. 3. A program that teaches trainees the skills and resources to promote positive behavior change in individuals interested in making healthier lifestyle choices.	www.bhwellness.org/programs/wellbody

Sonoma State University (SSU) Health Navigator Certificate Program

Sonoma State University offers a Health Navigator Certificate Program through the School of Extended and International Education that consists of two courses and 96 hours of fieldwork. Each course is offered during four weekends for a total of 180 hours of class time.
Competencies of Patient Navigation - SSU

Upon completion of the program, Patient Navigators will be able to:

1. Explain Patient Navigation in a concise manner (1 minute).
2. Help patients clarify their vision of themselves as healthy active individuals.
3. Help patients identify their personal motivation for behavior change.
4. Complete a navigation session in 30 minutes including a demonstration of:
    a. Effective management of the interview with a beginning, middle and end (framing the interview, exploration of issues, summary/next steps).
    b. Identification and clarification of patients' needs and goals, resources and barriers.
    c. Co-creation of a plan that meets the patients' need and goals.
    d. Completion of a Navigation Summary Sheet appropriate for a patient chart.
5. Support patients' healthy lifestyle choices by identifying small, achievable steps.
6. Identify pertinent resources for patients and present them in a useful way.
7. Support patients in effective use of medical encounters ("How to talk to your doctor")
8. Communicate effectively with medical/organizational staff.
9. Reflect on their relationship with patients within the Patient Navigation Process.
10. Successfully integrate Patient Navigation into a medical organization/site.

Navigation Session Evaluation Form

The Fieldwork class includes a student evaluation form given to patients who receive Health Navigation Services. The following form may also be useful when choosing an instrument for client satisfaction.

Navigation Session Evaluation Form - Patient Navigation Certificate Program

Patient to complete after navigation session

Consider the session you just had with the Patient Navigator and read the following statements and tell us how much you agree with them or not:

1 is DO NOT AGREE AT ALL 5 is STRONGLY AGREE

The Navigator:	DO NOT AGREE				STRONGLY AGREE
Explained to me what navigation is	1	2	3	4	5
Made me feel comfortable at the beginning of the session	1	2	3	4	5
Listened compassionately	1	2	3	4	5
Heard my health beliefs and goals	1	2	3	4	5
Respected my health beliefs and goals	1	2	3	4	5
Asked for my medical history	1	2	3	4	5
Offered pertinent resources that I understood	1	2	3	4	5
Helped ME make a plan to use the resources	1	2	3	4	5
The plan was outlined one step at a time	1	2	3	4	5
I feel comfortable with the first step	1	2	3	4	5
I think my health care providers can support the plan	1	2	3	4	5
I felt safe during the Navigation Session	1	2	3	4	5
I do not feel overwhelmed by the Navigation Session	1	2	3	4	5

Now please write some comments about your Navigation Session

What are **one or two specific things** that are part of YOUR plan that you will pay attention to:

What was the **MOST useful part** of the Navigation session for you:

What was the **LEAST useful part** of the Navigation session:

What else would you like to see in a Navigation session:

(please use reverse side for more comments)

Designing Your Own Training

Margaret Swarbrick, at the University of Medicine and Dentistry of New Jersey, outlines core curriculum topic areas needed by a Peer Wellness Coach and is currently working on the development of a curriculum.[61] If you are interested in developing your own curriculum, you might utilize the topic areas she identifies as fundamental to Wellness Coaching:

- The scope of peer wellness coach's responsibilities
- Communication skills (active listening, engagement, re-focusing)
- Introduction to co-morbidity and premature mortality
- Lifestyle factors for health and wellness
- Coaching basics
- Developing personal wellness plan, goal setting, developing and implementing plans
- Stages of change and motivational strategies
- Review of wellness and promoting wellness strategies
- Self-care
- Self-advocacy
- Collaboration with other professionals, coordination of care
- Helping others overcome fear of services
- Role/importance of a "medical home," primary care provider
- Resources, use of professional as well as low-cost and no-cost services
- Coordination of care, advocacy
- Specific health topics:
    - Metabolic Syndrome - Role of specialist care for metabolic syndrome
    - Smoking cessation
    - Nutrition - Healthy eating and food preparation on a budget
    - Exercise - Developing a regular, modest, non-stressful program
    - Oral health and its relationship to cardiovascular health

"The Health Navigation program has trained our staff to identify ways that mental health symptoms are impacting physical health concerns. Our navigators have been able to assist our members in addressing physical health problems and accessing healthcare resources. In many cases, the health problems have been ignored for a long time and it's only with the assistance of navigators that members have been able to seek medical treatment. This has helped to improve the members overall physical and mental health."

Connie Sun, L.C.S.W., Team Coordinator, Pacific Clinics

Fact Sheet

Certification of Peer Support Specialists

Over 30 states currently offer certification programs for Peer Support Specialists and one state, Georgia, has pioneered certification for Peer Whole Health Coaches. Certification provides several benefits, including:

- Formal validation of the role of peer providers
- Standardization of the quality of services provided by peers
- Information on peer competencies and scope of practice to employers as well as consumers and families.
- Categorization of peer support as a distinct service with its own values, philosophy and service strategies.
- Establishment of one of the requirements under Centers for Medicaid Services (CMS) for peers to bill Medi-Cal

California is working towards the creation of statewide certification of peer providers across the life-span: Consumers, TAY (Transitional Age Youth), Older Adults, Family Partner (Adult System of Care), Parent Partner (Child/Youth System of Care) and Whole Health. The Working Well Together Training and Technical Assistance Center is spearheading statewide efforts to develop a statewide peer certification program. To date, WWT has coordinated the development of a research paper, gathered stakeholder input across the state, produced a report outlining stakeholder recommendations based on stakeholder input and is currently in the process of meeting with statewide agencies and policy-makers to garner support and feedback for moving the certification process to completion. A copy of the three reports is available on these two websites:

http://workingwelltogether.org/resource-type/consumer-youth-family-member-parent-cyfp-certification

www.inspiredatwork.net/Resources.html

For more information on national certification efforts, see the **Peer Specialist Training and Certification Programs: A National Overview.**

CHAPTER TEN

The Art and Heart of Supervision and Staff Retention

Equally important to recruitment, hiring and training practices for Peer Support Specialists in integrated healthcare settings are the practices that support the retention of these staff. Factors that increase retention include:[62, 63, 64]

- Supervisors who have specific training in the peer role/values and ethics (if they are not peers themselves) and how they can best support integration
- Ongoing support, training and consultation for Peer Support Specialists
- Career ladder opportunities

Supervision

The Peer Support community is replete with anecdotal evidence of failed and traumatic employment experiences in behavioral healthcare settings. Much of this is caused by poor integration of a new type of employee with a unique role on the team, combined with a lack of understanding of the distinct set of values and ethics of Peer Support Specialists. The supervisor is key to mitigating these issues and responsible for the change management that has to occur over time.

The role of the supervisor is integral to the successful integration of Peer Support Specialists in integrated or collaborative care settings. The Substance Abuse and Mental Health Administration (SAMHSA) has two excellent resources on supervision of Peer Support Specialists in integrated settings on their website. These resources provide information on orientation to peer-provided services in whole health, an overview of competencies, scope of practice, job descriptions, peer code of ethics, supervision issues, quality improvement and outcomes models.[65, 66]

The Supervisor Guide: Peer Whole Health and Wellness

Wellness Coaching: Supervisor Manual

> Like any other worker, the Certified Peer Specialist must demonstrate the capacity to:
>
> - Do what is expected: meet the requirements of the job
> - Go where needed: work within the environments required
> - Be able to work: attend to personal wellness beyond the job environment
>
> Lyn Legere, Director of the Transformation Center, Massachusetts

Frequently Asked Questions About Supervision & Peer Support Specialists

1. I'm going to be supervising the new Peer Support Specialists on the team. How do I get up to speed on what these new employees can and should be doing?

If you as a new supervisor for Peer Support Specialists are not a peer yourself, it's important that you receive a thorough training in the peer role, values and ethics.

- Ideally the supervisor for Peer Support Specialists is someone who also has lived experience and understands the role and functions of peer provided services from having come up the ranks themselves. In many instances, there has just not been the length of experience in hiring peer providers to create a large enough pool of peer supervisors from which to draw. In this case, the supervisor must be specifically trained in the role of Peer Support Specialists as well as the values and ethics of peer-provided services.

2. What kind of orientation does the Peer Support Specialist need when beginning the job?

Ensure that the Peer Support Specialist gets a thorough orientation.

- With the fast-paced culture of behavioral health and primary care work environments, a thorough orientation is easy to skip over without understanding how important it is for the newest member of the team. Before jumping right in, the supervisor needs to organize an orientation that includes:
  - Introductions to all members of the team and key collaborators
  - Overview of the program and agency mission, values and philosophy
  - Organizational chart, lines of communication, key personnel
  - Operation of the phone, voicemail, email and computer
  - Process for accessing work supplies
  - Review of the policies and procedures
- The time spent in providing this grounding and fundamental information will pay off in reduced stress and greater ease in integrating onto the team.

3. The Peer Support Specialists do not seem to understand the workplace culture. What can I do to help?

Assist Peer Support Specialists in navigating the culture of the workplace.

- Peer Support Specialists can find that the fundamental values and ethics that define their work and that create the type of relationship experience essential to healing are in conflict with the status quo operation of most behavioral health/primary care work settings.
- Supervisors help to mitigate the clash in cultural values and can even promote more adoption of peer values into traditional behavioral health/primary care settings. Encourage the Peer Support Specialist to provide feedback to and from colleagues as well as to and from the supervisor.

- However, sometimes the setting is simply not likely to adjust to the peer values/ethics in practice. Supervisors can then support peer staff in navigating the cultural differences while still honoring the importance of these values and ethics in the work being done with consumers and family members.

Peer Values and Ethics in the Workplace	Traditional Behavioral Health/Primary Care Settings
Mutuality in relationship	Professional/client relationship
Non-hierarchical decision-making	Hierarchical decision-making
Peer feedback, including supervisee to supervisor	Feedback from supervisor to supervisee
High degree of self-disclosure	Low degree of self-disclosure
Focus on personal wellness tools	Minimal attention to personal wellness on the job

4. What style of supervision is most effective with Peer Support Specialists?

Communicate with clarity, utilizing information about peer employee learning style and cultural background to ensure effectiveness in communication.

- Effective supervision requires that the supervisor adapt his/her mode of communication and learning style to meet the needs of the employee.
- Supervision is a process of getting to know the employee, including cultural background and life experiences pertinent to work. Like any employee, a peer provider may do better with one form of communication over another. Examples of communication and learning style adjustments include:
    - Creating written task lists
    - Offering brief daily check-ins in addition to regular supervision
    - Allowing for a story-telling approach to relay information about client interactions
    - Providing training and education on briefer formats for relaying information

5. How do I deliver feedback on work performance?

Provide strengths-based, clear and concise feedback on work performance.

- Clearly defined job duties are essential to providing helpful feedback.
- A strengths-based approach aligns with peer values and creates synergy between the work expected to happen with clients and family members out in the community and the staff development mirrored in the supervision session.
- Strengths-based supervision requires that the supervisor look for and point out employee strengths, gifts and abilities, building on these positive attributes to bring out the best in each employee.
- **Strengths-Based Supervision Resources: Coaching for Feedback**

6. I find myself slipping into a therapy role with the Peer Support Specialist. What is the appropriate boundary?

Maintain a supervisorial role.

- One trap that supervisors may fall into is role-drift from supervisor to therapist. Good supervisors generally have a close, positive relationship with supervisees and are aware of any significant life issues that may impact work and stress levels.
- However, supervisors do not generally cross the line to over-involvement, which would include providing therapy or counseling for employees.
- Maintaining the right balance requires that the supervisor have a high degree of awareness about when to refer the employee to their healthcare provider or to the Employee Assistance Program.
- **Role confusion** may arise the supervisor maintains their view of the Peer Support Specialist as a client instead of as a colleague or co-worker.
- This difficulty in role change may be present for the Peer Support Specialist as well, who may be unclear as to how to get needed support services as an employee rather than as a client.

> When supervisors share their own mistakes and anxieties, supervisees learn important lessons. Such disclosures create an atmosphere of trust and openness, and help create an environment where the supervisee also is willing to disclose.
>
> Pat Nemec and Lyn Legere

7. Everyone is stressed out due to the high demands of the jobs we do. How will Peer Support Specialists cope with this kind of an environment?

Nurture the development of a wellness/recovery/resiliency environment at work.

- Employee retention erodes when Peer Support Specialists are in workplace cultures that reflect the antithesis of wellness, recovery and resiliency values. Supervisors can assist with this workplace stressor by:
  - Providing opportunities for wellness training and health promotion for all staff (Mindfulness, Wellness Recovery Action Planning, etc.)
  - Reviewing the core wellness/recovery/resiliency values of the team and periodically evaluating how the team is doing in relationship to living out these values.

8. I don't have time to supervise everyone – how can I meet all of my supervisee's needs?

Create a team environment that values learning and communicates the belief that every employee can grow and learn.

- Regularly scheduled supervision is a key to success for Peer Support Specialists. It doesn't have to be lengthy, but it does have to be consistent.

- **Group supervision** is one way that supervisors can reinforce the concept of a learning community at work. In group supervision, each person brings in a work situation that is presenting challenges in order to get the group's input and help.
- The supervisor has the opportunity to reinforce strategies that promote recovery, wellness and resiliency, call out effective and creative approaches for working with clients and families and emphasize the importance of learning together to do the best work possible.

9. The rest of the staff is having trouble understanding just what the Peer Support Specialist does. What do you recommend?

Provide education to all colleagues about the role of the Peer Provider and the value of peer-provided services.

- Behavioral health and primary care staff may have no experience in working with Peer Support Specialists on the team. Confusion about the role of the peer provider is one of the factors that undermine the successful integration of peers onto teams.[67]
- Supervisors can impact this by:
  - Making sure that all staff have a clear understanding of the job description of the Peer Support Specialist.
  - Clearly outlining how tasks are assigned to the Peer Support Specialist, to avoid the confusion and complications of everyone assigning tasks to the Peer Provider.

10. I personally have never worked out in the field – I've always done clinic-based work. How do I supervise to a job that I'm unfamiliar with?

Take steps to become knowledgeable about the scope and practice of field-based Peer Support.

- In supervision, inquire about the settings, neighborhoods, living situation and other community information that will help you more clearly visualize the work the peer is doing.
- Accompany the Peer Support Specialist on home visits.
- Provide field-based mentoring. Making a habit of regularly going out in the field with Peer Support Specialists will give you the necessary information you need to provide good supervision, aid in the growth and development of the Peer Support Specialist and become more skilled in field-based and community work.

Program Example - Manzanita Services (Peer –Operated Agency in Mendocino County)

Manzanita Services excels at providing career ladder opportunities and best practices in staff retention. Peers serve in a variety of capacities: interns, volunteers, part-time hourly employees, part-time regular employees with pro-rated benefits and full-time benefited staff. Staff are encouraged to continue growing and move into positions with increasing responsibilities. Several strategies are in place to enhance employee wellness on the job:

- One-on-one support
- Staff meeting support and consultation
- Staff are offered 10 paid general wellness days per year
- Investment in ongoing staff education

11. *We have a very diverse client base. What can I do to support the Peer Support Specialist in their growth and skill development in this area?*

Actively address cultural issues in working with clients and families, assessing the Peer Support Specialist's cultural understanding, awareness and knowledge on an ongoing basis.

- Peer Support Specialists often represent unserved and underserved populations in behavioral health and primary care.
- Supervisors need to proactively seek information about the challenges that the Peer Support Specialists face in their work. Engagement issues, working directly in the community, cultural norms and beliefs regarding health, activation, self-management and medical authority are some of the areas to review.
- Supervisors are key to developing multi-cultural competence in staff. Research shows however, that: 1) supervisors are often less prepared than supervisees to work with culturally diverse clients; and 2) supervisees are often more sensitive to racial/cultural issues than supervisors. This demands that supervisors routinely investigate the cultural aspects of services provided and provide multiple opportunities for all staff to learn from each other about the role of cultural issues in providing meaningful, relevant assistance to clients and families.[68]

12. *The Peer Support Specialist on our team is asking for time off of work to go to her doctor's appointment. Is this reasonable?*

> "When the supervisor raises diversity issues it indicates an interest and suggests the possibility that the supervisor will be sympathetic to the barriers the supervisee is facing."
>
> Bob Martinez, M.P.A.

Understand reasonable accommodations and how to best assist Peer Support Specialists who qualify for them.

- Reasonable accommodations are designed to help people with disabilities meet the essential functions of the job. Given the limited availability of psychiatric appointments after hours, a case can be made that it is reasonable to allow the individual to take this time off. Agencies will have varying policies on whether this is paid or unpaid time off and the policy should be applied to all employees in the same manner. Always consult with the Human Resources or ADA Department of your agency.
- Over-accommodating is a common pitfall for supervisors. Reasonable accommodations do not eliminate essential functions of the job.
- The appropriate reasonable accommodation is dependent on the nature of the job and the individual's particular needs. (See the section on **reasonable accommodations** for more detailed information.)

13. *The person we hired as a Peer Support Specialist is beginning to show behaviors that suggest that he is experiencing increased symptoms. How do I address this as a supervisor?*

Deal directly with performance issues stemming from an increase in symptoms or increased family stress.

- Peer Support Specialists who are self-managing the symptoms of a psychiatric diagnosis or behavioral health issue may from time to time experience an exacerbation symptoms/ distress. Family and parent Peer Support Specialists may also encounter periods of time where family crisis or stress is high, potentially causing anxiety, fear and distress.
- As with any employee, these situations may impact work performance.
- Supervisors provide empathy and support to all employees and in these situations, the key is to address the peer employee directly about how the job performance is suffering and what steps must be taken to get back on track. Early recognition of problems helps to make the path back to wellness easier.
- Referrals to Employee Assistance Programs may be helpful. For persons with lived experience, a temporary leave of absence may be required. Sometimes a short leave is all that is needed to regain a sense of wellness and be able to once again be there for clients.

14. Jane is coming in late and often is on the phone talking to family and friends, dealing with personal crises on a pretty regular basis. How do I handle this?

Conduct regular performance evaluations.

- Performance evaluations provide important feedback. In a new position, any employee benefits from receiving positive reinforcement for what's going well and helpful information about areas of growth.
- Performance evaluations are conducted in a manner similar to all employees.
- One way to bring in more peer values into the workplace is for the supervisor to allow additional types of evaluation to occur, such as **self-evaluation of performance, colleague-to-colleague evaluation of performance** and **evaluation of the supervisor.**
- If a Peer Support Specialist is unable to perform essential job duties to the minimum expectations required, then disciplinary action is necessary. For Peer Support Specialists who have a disability, this assumes that reasonable accommodations have been in effect and the performance is still not up to par.
- Supervisors must follow the disciplinary procedures outlined for all staff, usually in consultation with Human Resources.
- Sometimes, the job fit is just not right. Sometimes, the most ethical and respectful supervisorial response is to terminate the Peer Support Specialist's employment.

"Seeing our clients in a more holistic way can only benefit their long term health and recovery process. I think providing the supports/tools to the Health Navigators (through the ongoing group supervisions and cluster meetings) has been invaluable…"

Joana Garcia, MSW, Program Director, Pacific Clinics

Group Supervision Process

This process is used during staff meeting and provides a structure for a focused, strengths-based discussion to brainstorm new ideas and potential strategies for enhancing engagement and activation of clients.

STEP 1: Presenter passes out assessment materials. Be sure to ask for information on client strengths. The presenting staff person makes copies of all these assessments for every team member. The process will not work unless each team member has his/her own copy of the assessments for the person being presented.

STEP 2: What do I need? (1 minute)
The presenting staff person states precisely what he or she needs from the team i.e., I need ideas on how to engage with Mary; I need help on how to assist Joe to reach his goal, etc. This keeps the provider and team focused on what is to be accomplished in the meeting.

STEP 3: Thumbnail sketch (2 minutes)
The presenting staff person gives a one-two minute brief description of the situation, including the stage of change and a few things that have already been tried.

STEP 4: Questions only (5-10 minutes)
The team asks questions of the staff person to further clarify things written on the assessment. The focus of questions should be based on the material in the various assessments presented.

STEP 5: Brainstorming (5-10 minutes)
The team brainstorms ideas. The presenting staff person writes down every idea without speaking. No evaluation of ideas, no "yes, buts..." The list should include 20-40 ideas.

STEP 6: Clarification of ideas (3 minutes)
The presenting staff person reviews the ideas and asks questions for clarification on any ideas if necessary.

STEP 7: Next Steps (2 minutes)
The presenting staff person states what they will do based on the suggestions received, choosing two or three strategies s/he will employ in order to make progress toward the goal. The plan should be stated as specifically as possible.

Following group supervision, the provider shares this list with the consumer to review the ideas and look for additional options to try.

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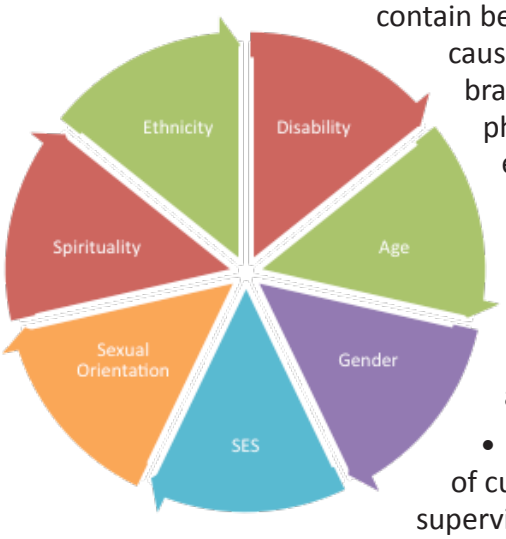
Fact Sheet

Culturally Informed Supervision

- In every supervisory setting, three Worldviews are present: those of the supervisor, the supervisee, and – implicitly – the person on their wellness and recovery journey.
- The supervisor and the peer supervisee will bring with them an identity, which reflects their allegiance to one – or more – of these cultures.
- Cultural identity [Pederson, P 1994), is a dimension of a person's Worldview which is an amalgam of one's individual and group identities, including a myriad of identities which are otherwise known as cultural variables and include class, race, sex, gender, sexuality, etc.
- Beliefs about these variables are part of everyone's Worldview. When they manifest themselves as generalizations such as classism, sexism and racism, they can act as significant barriers to service. This is so because they are largely beyond the consciousness of the person who possesses them.

> Culturally informed care – with its commitment to cultural humility – demands more: it necessitates the "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the [person]" (Hook, Owen, Worthington and Utsey (2013). It calls for "a lifelong commitment to self-evaluation and self-critique"
>
> (Tervalon & Murray-Garcia, 1998).

- Professional identity stems from a socialization process, including formal education and the professional training of the provider. This involves a different set of cultural variables, typically centering on beliefs about disability, illness, treatment, and wellness.
- The Worldviews of physical and behavior healthcare – for example – contain beliefs about the nature of illness focusing on physical causes such as germs, viruses or chemical imbalances in one's brain. The Worldview of Peer Support Specialists regarding physical and behavioral healthcare may view their lived experience from a variety of other lenses, including trauma, poverty, life circumstances and stressors.



- Values may also play a key role in the formation of other culturally learned assumptions, especially those pertaining to alcohol and drug use and addiction and moral judgments that are attached to persons with drug and alcohol issues.
- A culturally informed supervisor manages both sets of culturally learned assumptions: their own and those of the supervisee, which can act as barriers to learning.

Strategies for Culturally Informed Supervision – An Example

Sarah, a licensed Marriage Family Therapist, is supervising Tuan, a Peer Support Specialist whose professional identity is grounded in dual recovery. How does Sarah relate to the "lived experience" of the Peer Support Specialist, which is at the heart of their professional identity and personhood? Or to the experience of stigma which invariably accompanies a person in dual recovery? How does Sarah maintain an openness to Tuan?

- **Self- Assessment:** Sarah needs to be aware of – and acknowledge – her strengths in terms of her training in the medical model and, in this case, her deficits in relation to recovery from the perspectives of both mental health and alcohol and drug cultures.
- **Awareness:** Target a specific variable such as class or ethnicity with the objective of raising awareness and knowledge of one's "isms". Identify readings and other stimulus material which would be used in conjunction with specific trainings which would activate these assumptions and bring them into more conscious awareness.
- **Training:** Sarah would need to augment knowledge deficits by seeking out appropriate training – to become "bi-cultural' and "bi-lingual" – able to incorporate the language of dual recovery into an expanded professional identity, along with the values, beliefs, and perceptions that are also part of the Worldview of recovery. **A key recommendation of this toolkit is that in the absence of a Peer Supervisor, the non-peer supervisor should go through a specific training about Peer Support Specialists values, ethics and practice.**
- **Stance of Openness:** Self-awareness and knowledge acquisition are not enough. Sarah must have the ability to establish rapport and maintain an interpersonal stance that is "open to the other" (Fowers, B 2003).
- **Development of Inclusive Cultural Empathy (ICE):** One of the core components of ICE is affectional acceptance. This quality enables a supervisor to more fully appreciate what may lie beyond their experiential reach when grappling with the meaning of "lived experience" in general, and for their peer supervisees in particular. ICE is a tool which enables supervisors – and colleagues – to develop a profound appreciation and respect for their supervisee's twin achievements: First to recover from mental illness and/or substance abuse and then to go on to develop the ability to use their "lived experience" in health care settings.
- **Cultural Brokering:** Sarah can be helpful as a Cultural Broker for the Peer Support Specialist. Cultural brokering is the act of bridging, linking, or mediating between groups or persons of different cultural backgrounds for the purpose of reducing conflict or producing change (Jezewski, 1990). A cultural broker is defined as a go-between, one who advocates on behalf of another individual or group (Jezewski & Sotnik, 2001).

Ongoing Support for Peer Support Specialists

Consultation Groups

Retention and professional development is enhanced when Peer Support Specialists receive ongoing support, opportunities for consultation and continuing on-the-job training. Support and consultation are sometimes provided through establishment of Peer Consultation Groups. These groups are often held weekly or bi-monthly. Groups are sometimes facilitated by the Director of Consumer/Family Affairs. Having someone in a leadership position who convenes this group promotes a sense of value and esteem in peer roles. If there isn't a person in that capacity available, these groups can be self-led. It is helpful to provide guidelines for content and expectations of the group.

> Consultation groups are a viable part of the consumer employee's wellness tools. It is a non-judgmental place to give and receive support from your peers.
>
> Linford Gayle, Director for Office of Consumer and Family Affairs

Providers sometimes err on the belief that all employees must be treated the same and hesitate to set up these staff-specific consultation groups. These groups fall under the category of a reasonable accommodation under the ADA. Offering a Peer Consultation Group acknowledges that peers are a new addition to the multi-disciplinary team and therefore need time and space to co-create, to problem-solve and advance the field to better include their skills and talents.

Benefits of Peer Support Specialist's Consultation Groups:

- Reduces feelings of isolation
- Offers opportunities to think creatively about strategies for working with clients
- Provides a structure for discussing how to best work within the larger system as change agents
- Helps Peer Support Specialists to develop a strong identity as a Peer Provider, staying committed to peer values and combating the potential to drift from the peer role.
- Develops ideas for training needs and request additional training as needed.
- Widens the support system for peer employees
- Provides important occasions for networking.

Sample Consultation Group Guidelines

1. The group's discussions are confidential.
2. Topics are chosen by group members to enhance job skills and professional development.
3. Leadership is rotated between group members. Leader responsibilities are outlined by the group.

4. When individuals are having problems that relate to supervision, the group will focus on how to best go back to the supervisor to address it directly.
5. When individuals are having problems that relate to colleagues, the group will focus on how to best handle the situation, first by directly talking to the person. The group will also assist in determining when or if the individual might consider bringing the issue to the supervisor's attention.
6. When individuals bring up questions and concerns about work with a particular client, the group will share their experience and suggestions.

Mentoring

Providing opportunities for mentorship is another strategy for increasing retention of health-trained Peer Support Specialists. Many of us had the benefit of a mentor in our professional development and can attest to the importance that person had on our career trajectory. Mentorship can be created within the team or wider program as another avenue of support, growth and advancement. **The Client-Centered Supervisor Training Manual**[69] identifies the following key ingredients for success in utilizing mentors for peer employees:

Key Ingredients for Success in Utilizing Mentors for Peer Support Specialists

- Provide in-service training for mentors-to-be. Key topics include defining the mentor's role and responsibilities, understanding the role of consumer/family member providers, dual relationship issues, boundaries and transition issues.
- Provide monthly group consultation for mentors, increasing their skills.
- Provide CEU's for attending these groups, which can provide both an incentive and a reward for offering their time, expertise and service in the professional development of Peer Support Specialists.

> A peer mentor is typically seen as someone to look up to in a professional sense; someone who knows the ropes, someone to guide you, someone to protect you from making the mistakes they made, and someone to go to when you are unsure or need advice.
>
> Lex Douvasa, Peer Mentoring and Mental Health Recovery

An additional benefit to the organization is that a mentorship program creates a strong cadre of staff who are committed to the importance of utilizing Peer Support Specialists. Mentors become additional champions of peer-provided services in the organization.

Opportunities for Advancement, Career Pathways

It's not enough to create one or two positions, with no future growth opportunities. Health-trained Peer Support Specialists are energized and passionate about what they do – their energy and determination are needed across behavioral health and primary care systems, in all positions. This necessitates thinking through the skills/qualifications of current positions as well as creating new positions.

Creating career pathways requires leadership and Human Resources staff to work together to rethink what's possible. Peer providers will be observing what other staff do and self-evaluating "I think I could do that." Providing opportunities for upward mobility and clarity about what differentiates one position from another is very important retention strategy.

Creating Career Ladders and Pathways for Peer Support Specialists

- Consider having step levels of advancement within a position as well as clear steps up the ladder to other behavioral health/primary care positions.
- For counties, use existing civil service coded positions and create new job descriptions that highlight the need for lived experience as a key qualification for the job.
- Create new coded positions within civil service.
- Develop a policy statement that recognizes the value of lived experience in all positions.
- Create more advancement possibilities by placing equivalency value on lived experience in lieu of education, for example.
- Clearly define the performance standards required for advancement. Some examples include: increased job responsibilities, increased numbers of clients/families to work with, writing treatment plans, working independently, etc.
- Assist the peer provider in identifying the skills needed for advancement. Create a skill development plan targeting areas for growth, such as better time management, increased participation in staff meeting, improved writing skills, etc.
- Provide information and feedback about how current job responsibilities differ from the responsibilities required for jobs at the next level.

> The starting point of moving along a career pathway involves creating a plan, pinpointing achievable small steps, building confidence and creating a mindset of success. Seeing Peer Support Specialists realize their potential is one of the most rewarding parts of this endeavor.

Field Mentoring: Supporting Staff in their Work

Field mentoring is a supervisory tool used to help staff further develop and refine their use of skills and/or tools in actual practice. The environment for field mentoring should be one of mutual learning and professional development rather than micro-management. There should be an expectation that all staff continue in their professional development through the year, and the role of the supervisor is to support the enhancement of their professional skills. The following are some examples of ways to provide field mentoring.

Field Mentoring Interventions

Intervention #1 Observe Provide Feedback Role Play Discuss	**Intervention #2** Model Discuss Observe Provide Feedback
Intervention #3 Observe Prompt Skills Model Skills Discuss/Provide Feedback	**Intervention #4** Role-Play Provide Feedback Observe Provide Feedback

Intervention #1 – Here the case manager takes the lead role in working with the consumer with minimal involvement from the supervisor. After the session, the supervisor and case manager discuss what worked well and what did not. Using role play, the supervisor models as the case manager and presents alternative ways the session might have been conducted. The role play is discussed, along with possible switching of roles for further practice.

Intervention #2 – Here the supervisor takes the lead role in working with the consumer for the purpose of modeling how to use a specific skill or tool. The supervisor and case manager discuss the session afterwards. On a subsequent session, the supervisor observes the case manager using the skill or tool.

Afterwards, they discuss the session.

Intervention #3 – Here the case manager takes the lead role in working with the consumer and will try using a new skill or tool. If needed the supervisor might intervene during the session and assist by modeling the skill or tool. Afterwards the supervisor and case manager discuss the session.

Intervention #4 – Here the supervisor and case manager role play using a new skill or tool prior to meeting with the consumer. The supervisor gives the case manager feedback on using the skill or tool. The supervisor then goes out with the case manager to observe him/her using the skill or tool with an actual consumer. Afterwards, the supervisor provides feedback to the case manager.

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Providing Feedback: Coaching Tips

1) Identify the person's strengths.

(e.g., Rather than starting off by identifying the problem (step 2) you might say, "I wanted to meet with you to give you some feedback. First of all, you are doing a great job of discovering new resources like the food bank and new job leads for the team…")

2) State the situation in behavioral terms.

(e.g., Rather than, "You are not getting your paper work done" you might say "I was reviewing charts the other day and I found that three of your clients did not have strengths assessments completed.")

3) Set the tone for the discovery process.

(e.g., Rather than, "I would like you to get these completed by next week" you might say… "I am wondering if you could help me better understand why these strengths assessments are not being completed."

4) Brainstorm alternative strategies.

(e.g., Rather than, "I am going to…" you might say… "I would like you to give me some suggestions as to what I could do to help you get your strengths assessments done in a timely manner.")

5) Set a time frame and next steps.

(e.g., Rather than, "Ok, we'll see how it goes" you might say… "I would like to schedule a time to meet with you in two weeks to see how it is going. How about the 15th right after team meeting?"

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Employee Self-Evaluation

Name _____ Position _____

From _____ To _____ _____ Annual Evaluation ___ Other

EMPLOYEE COMMENTS

What do you feel are the greatest strengths you bring to your current job?

What achievements and accomplishments are notable to you in the current period?

What types of barriers have you encountered in your ability to do your job effectively?

In what areas do you feel you need to improve? What might support you in doing this?

Company Name

Employee Performance Review – Colleague to Colleague Review[70]

Employee Information

Name Of Employee Being Reviewed: Your Name (Optional):

Date: Review Period: **to**

Review Guidelines

Complete this peer review, using the following scale:

NA = *Not Applicable*
1 = *Unsatisfactory*
2 = *Marginal*
3 = *Meets Requirements*
4 = *Exceeds Requirements*
5 = *Exceptional*

Evaluation

	(5) = Exceptional	(4) = Exceeds Requirements	(3) = Meets Requirements	(2) = Marginal	(1) = Unsatisfactory
Demonstrates Required Job Skills And Knowledge	☐	☐	☐	☐	☐
Has The Ability To Learn And Use New Skills	☐	☐	☐	☐	☐
Uses Resources Available In An Effective Manner	☐	☐	☐	☐	☐
Responds Effectively To Assigned Responsibilities	☐	☐	☐	☐	☐
Meets Attendance Requirements	☐	☐	☐	☐	☐
Listens To Direction From Management	☐	☐	☐	☐	☐
Takes Responsibility For Actions	☐	☐	☐	☐	☐
Honors Commitments	☐	☐	☐	☐	☐
Demonstrates Problem Solving Skills	☐	☐	☐	☐	☐
Offers Constructive Suggestions For Improvement	☐	☐	☐	☐	☐
Generates Creative Ideas And Solutions	☐	☐	☐	☐	☐
Meets Challenges Head On	☐	☐	☐	☐	☐
Demonstrates Innovative Thinking	☐	☐	☐	☐	☐

Additional Comments:

EMPLOYEE EVALUATION OF SUPERVISION[71]

Your Name _____ Division _____

Your Supervisor _____ Group _____

Purpose:

This form is a tool which may be used for several purposes:

Clarifying your expectations of your supervisor

Helping your supervisor understand what he/she does well and areas in which improvements could be made

Providing a framework around which you may initiate a discussion with your supervisor about your working relationship

Gathering information for your supervisor's performance appraisal.

Instructions:

Completion of this form is optional. If you choose to participate, please return it to

_____ by _____ .

You are also encouraged to discuss this evaluation with your supervisor directly.

Please evaluate the supervision you have received as it relates to the areas listed below. The rating scale is as follows:

Strongly Disagree	1
Disagree	2
Neutral	3
Agree	4
Strongly Agree	5

Evaluation:

____ My supervisor provides me with appropriate training opportunities.

____ My supervisor is a good My teacher/coach.

____ My supervisor understands my job and what I do well enough to help me with technical problems.

____ My supervisor clearly defines what he/she expects of me.

____ My supervisor and I discuss how I can grow and advance in my career.

____ My supervisor listens well.

_____ In general, my supervisor communicates well.

_____ My supervisor is accessible when I have a problem.

_____ My supervisor is a good problem-solver.

_____ My supervisor gives clear, helpful feedback about how I'm doing my job.

_____ My supervisor expresses appreciation of my work.

_____ My supervisor communicates clearly about departmental/group goals.

_____ I understand how my job fits into the "big picture" of the work at UCAR/NCAR.

_____ My supervisor is a strong advocate for me and our group/department.

_____ Decisions in my group/department are made in a timely fashion.

_____ I participate in the decision-making process in my group/department.

_____ My supervisor expresses appreciation for my ideas and comments.

What are the specific strengths you see in your supervisor?

How could your supervisor be a better supervisor?

Additional comments:

Use of the information:

These comments will be shared with your supervisor in the manner that you prefer. Please indicate how you would like the information to be conveyed.

____ You may share these comments with my supervisor and may quote me.

____ You may share these comments with my supervisor without mentioning me by name.

____ You may not share these comments without first speaking with me.

If you have noted concerns or problems with your supervisor, have you shared your concerns with your supervisor?

____ yes

____ no

If no, why not?

_____ _____

Signature Date

Fact Sheet

Reducing Role Confusion

- Acknowledge the multiple dimensions of changing relationships that all members of the team may be facing:
    - For the Peer Support Specialist, it's moving from a consumer role to being a colleague
    - Peer Support Specialists also experience the shift within their peer community, moving from friendships to being a service provider
    - Existing professional staff may experience a shift from being a service provider to being a colleague
- Support Peer Support Specialists in the same manner, within a similar time frame, as colleagues and supervisors would any other co-worker/supervisee.
- When a Peer Support Specialist talks about job stress, don't make the assumption that these issues are directly due to behavioral health symptoms. When a Peer Support Specialist's support needs are greater than is typical in the workplace, encourage them to use their personal support system or job coach.
- In hiring health-trained Peer Support Specialists, make sure that their service and support needs are met by people who are separate and different from the people they will be working with as colleagues.
- Encourage open communication about role confusion issues. Make sure these get addressed in staff meetings. Acknowledge and reinforce communication that strengthens a healthy work environment.
- Encourage bringing any question of role confusion to supervisory staff as another venue to sort out the issues as they come up.
- Provide training on reasonable accommodations for all staff so that colleagues understand the rights of persons with disabilities on the job.
- Encourage Peer Support Specialists to talk about the role change they experience with people whom they have known as fellow clients during their recovery journey. Sometimes it may mean explicitly identifying the new role as a Peer Support Specialist and educating clients about these new services and their new role on the team.

CHAPTER ELEVEN

Financing Peer Support

Generally current programs utilizing Peer Support Specialists for Whole Health interventions are funded through SAMHSA grants or are utilizing MHSA Innovation funds. These are not typically long-term and on-going funding streams therefore reliable and consistent funding for whole health peer specialists is necessary for on-going programmatic sustainability. There are some direct funding routes as well as indirect funding from costs savings that can be captured through the use of peer supports.

Medi-Cal Billing for Specialty Mental Health Services

Under the current California Medi-Cal plan for specialty mental health services may be billed by

- Licensed or waivered practitioners of the healing arts
- Professionals who meet the standards of a Mental Health Rehabilitation Specialist or
- "Other qualified provider", defined as a person who is 18 years of age and has a high school diploma or equivalent.

A Health-Trained Peer Support Specialist may provide services under any of these categories. Generally, Peer Support Specialist's bill as "other qualified provider" within their scope of practice as defined by the State Plan Amendment.[72]

Billing Medi-Cal for Health-Related Services as an Other Qualified Provider in Specialty Mental Health

- A Health Trained Peer Support Specialist as an "other qualified provider" may provide rehabilitation, targeted case management and collateral services.
- Like any other service, billable services must be justified by meeting medical necessity through a diagnosis as well as a functional impairment that prevents the person from resolving barriers on their own.
- In order to bill Medi-Cal for a health-related service, the individual receiving the service must have a mental health impairment that justifies the need for a mental health intervention.
- Health-related groups provided in a mental health setting that are designed specifically to meet the needs of individuals who require mental health services may also be billed as long as the note reflects the mental health need for the service.

Identifying Medical Necessity for a Health-Related Intervention: An Example

Jorge has a diagnosis of schizophrenia and receives services at the county behavioral health center. He has smoked for 15 years and would like to quit as he has recently been diagnosed with high blood pressure and is concerned about his health. His treatment plan goal is, "I want to be independent and feel better". He has a treatment objective to quit smoking in the next six months. Jorge has tried to quit smoking several times before but reports that he has not been successful on his own. Jorge experiences negative symptoms that include isolation, social withdrawal and anxiety. His social withdrawal/ anxiety prevents him from participating in a community -based smoking cessation group. The Whole Health Peer Support Specialist may provide Jorge with individual coaching to assist him in managing his social anxiety in order to attend a smoking cessation group at the behavioral health clinic. These services can be billed as rehabilitation services as they provide education and supportive counseling to enable Jorge to achieve his goal. It is important to remember that the progress note should reflect the mental health need that required the intervention of the peer specialist.

It will be important for individual counties to work closely with their Quality Management programs to fully develop policies around billing for these services in behavioral health settings. Additionally, it is important to be mindful that there are a number of very valuable services provided by health-trained Peer Support Specialists that may not be billable but are beneficial to the person receiving services - examples may include walking groups and exercise classes.

Peer-Operated Organizations

Manzanita Services is a peer-run agency that works with Mendocino County to provide health-related services in the community. These services are currently billed under rehabilitation and Targeted Case Management. Many counties have found it difficult to include peer support into their systems of care due to the limitation of existing civil service coded positions. Peer-Operated agencies are uniquely positioned to partner with counties and healthcare entities to provide the kind of organizational values that support Peer Specialists and the work that they do.

Funding Peer Support Services in FQHC's

FQHC's receive reimbursement for behavioral health services provided by the psychiatrist and licensed social worker (LCSW), with some services provided by Physician's Assistants, Nurse Practitioners and Clinical Psychologists. This revenue must cover all other expenses of the center, including administration and clerical. Many FQHC's however, have recognized the need for Peer Support Services and other services to augment care. With enough volume of clients, the FQHC is able to carve out funding for health-trained Peer Support Specialist positions.

Managed Care Organizations and Capitation

A number of behavioral health managed care organizations including OptumHealth and Magellen have embraced the use of Peer Support Specialists as an effective and best practice service and have included it as a general benefit. Most recently both organizations have included Whole Health Peer Support as a covered benefit. As behavioral healthcare provided in county systems move toward capitated models, it will be important to include peer support as a general benefit.

Future Trends

Whole Health Peer Certification

The Centers for Medicare and Medicaid (CMS) have identified Peer Support as an evidence based practice and most states across the country have included Peer Support as a covered service within their specialty mental health plans. Recently, Georgia sought and received CMS approval to include Whole Health Peer Support as a billable service in their specialty mental health plan.[72] This allows a more direct way to bill for Whole Health services through behavioral health. Under the Georgia plan, an individual may have a whole health goal on their treatment plan and receive Whole Health Peer Support without having to tie the interventions to a discreet mental health goal.

Georgia's State Plan Language for Peer Whole Health Services:

The goal of the service is to ultimately extend the members' lifespan by:

- Promoting recovery, wellness, and healthy lifestyles
- Reducing identifiable behavioral health and physical health risks
- Increasing healthy behaviors intended to prevent disease onset
- Lessening the impact of existing chronic health conditions

Interventions

- Supporting the individual in building skills that enable whole health improvements
- Providing health support and coaching interventions about daily health choices
- Promoting effective skills and techniques that focus on the individual's wellness self-management and health decision making
- Helping individuals set incremental wellness goals and providing ongoing support for the achievement of those goals

IN THE NEWS: Georgia's Peer Support Expansion into Whole Health Coaches

On June 6, 2012, the Centers for Medicare and Medicaid Services (CMS) approved Georgia as the first state to have Medicaid-recognized whole health and wellness peer support provided by certified peer specialists (CPSs). Georgia's newly approved Medicaid service will be delivered by peer support whole health and wellness coaches certified in Whole Health Action Management (WHAM), a training developed by CIHS that promotes outcomes of integrated health self-management and preventive resiliency.

The state plan includes the following CMS-approved definition elements.

Goal	To ultimately extend the members' lifespan by: • Promoting recovery, wellness, and healthy lifestyles • Reducing identifiable behavioral health and physical health risks • Increasing healthy behaviors intended to prevent disease onset • Lessening the impact of existing chronic health conditions
Interventions	• Supporting the individual in building skills that enable whole health improvements • Providing health support and coaching interventions about daily health choices • Promoting effective skills and techniques that focus on the individual's wellness self-management and health decision making • Helping individuals set incremental wellness goals and providing ongoing support for the achievement of those goals
Technical Elements	• Requires professional supervision in accordance with CMS-SMDL #07-011 • Requires a related goal(s) on the official treatment (recovery) plan • Requires health-related certification • Uses the WHAM training, which provides CPSs with six major skills to: 1. Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors 2. Support the person in writing a whole health goal based on personal motivation and person-centered planning 3. Support the person in creating and logging a weekly action plan 4. Facilitate WHAM peer support groups which create new health behaviors 5. Build the person's Relaxation Response skills to manage stress 6. Build the person's cognitive self-management skills to avoid negative thinking • Allows CPSs to provide the service with technical medical advice and referral support from behavioral health nurses, as necessary
Billing Detail	• HCPCS (Healthcare Common Procedure Coding System) Billing Code: Health and Wellness Supports, H0025 • Rate for 15 minute unit: Ranges from $15.13 to $24.36 depending on CPS experience/education and location of service

Health-Certified CPSs will receive medical technical support from registered nurses and are trained to work in both behavioral health and primary care settings.

There are on-going efforts in California to include peer support and whole health peer support as distinct services into the state plan amendment for specialty mental health services. Inclusion of these services and the resulting certification of Peer Support Specialists would allow for Medi-Cal billing for these distinct services, further legitimize the role of peer support and create standardized services across the state.[73]

Leveraging Cost Savings

Within Behavioral Health

Counties may consider funding health-trained Peer Support Specialists through cost savings experienced as a direct result of peer support.

- In Alameda County, Mentors on Discharge demonstrated a 67% reduction in the hospital recidivism rate among 60 individuals with high utilization of in-patient psychiatric care. Over a six month period this resulted in a gross savings of $1,062,500 from a total annualized grant amount of $238,000.[74]

Between County Agencies

Given the fact that many individuals with complicated and co-morbid conditions are seen in both the county behavioral health and healthcare system, interagency collaboration could provide a viable funding source.

- The health care system could fund health-trained Peer Specialists to work specifically with those individuals who have high medical care needs as well as high behavioral health needs.
- The Behavioral Health system, which has a more extensive background in hiring Peer Support Specialists, could provide the training and on-going supervision.
- It is anticipated that the cost savings experienced as a result of early intervention and prevention due to the addition of a health-trained Peer Support Specialist would more than fund the peer position.

> We need to help make the connection for health plans and medical groups to see how medical cost offsets and improved health outcomes can result from hiring health-trained mental health Peer Support Specialists.
>
> Louise Rogers, Deputy Chief of San Mateo County Health System

CHAPTER TWELVE

Measuring Success

In order to develop appropriate objectives for your integrated program utilizing health-trained Peer Support Specialists, first identify some important programmatic features using the following checklist:

Program Features	Identified	Need to Identify
1. Target population to be served		
2. Mode of service to be used, for example one on one, groups and classes		
3. Funder requirements		
4. Use of any evidence-based practices		
5. Organizational capacity to collect and analyze data		
6. Reporting requirements of peer support staff		
7. Specific responsibilities of the peer support staff		
8. Specific competencies and expectations of peer support staff		
9. Training to the specific competencies and job expectations		
10. Software and hardware requirements for data collection and analysis		

Once it is determined who will be served, how service will be provided and by whom, and capacity to collect and analyze data, appropriate program objectives can then be developed. Los Angeles County has developed a comprehensive plan for measuring success specific to health-trained peer support services, entitled Peer Outcome Measures Manual.

In their statement on Relapse Prevention and Wellness Recovery Support, SAMSHA points out a number of program outcomes that should result from the intervention of health-trained Peer Support Specialists for both substance use issues and mental health challenges.[75] Additionally, outcomes specific to managing health care concerns have been provided by the Georgia Peer Support Whole Health and Wellness program.[76]

Examples of Program Outcome Measures

SAMHSA

- Continued length of abstinence from substances
- Improved bio-psychosocial health
- Increased ability to identify and manage high-risk situations that could lead to relapse

- Increased ability to be proactive regarding relapse prevention and wellness recovery planning, including the ability to identify warning signs and triggers and to adhere to self-defined goals and strategies to maintain abstinence and wellness achievements
- Reduced use of mental illness and/or substance use disorder services as individuals assume responsibility for their own wellness and recovery stability, manage and reduce their symptoms through varied self-help techniques and initiate the support of a network of peer, indigenous community and professional supports
- Increased stable housing and employment
- Increased linkages made to other recovery and wellness support services
- Increased overall quality of life

Georgia

- Improved access to treatment and self-care for medical conditions
- Decreased use of emergency room services
- Decreased symptoms of physical illnesses
- Improved regular physicals and follow through with medical and dental appointments
- Increased adherence to agreed-upon protocols, medication regimens, and/or wellness strategies
- Increased knowledge about the individual consumer's health conditions
- Increased knowledge of the person served about how to manage his/her physical and behavioral health conditions
- Increased knowledge and use of prevention activities by the person served
- Improved feelings of wellness and improved quality of life indicators
- Increased knowledge of the healthcare system(s)

> "First I was just going to the emergency for everything and I felt scared all the time, but know I can relax (now) because I have a doctor that makes me feel comfortable."
>
> Consumer at Pacific Clinics Outpatient Program, Pasadena, CA

Program Example: Total Wellness Client Outcomes

Total Wellness has served approximately 500 clients over the last three years. Outcome data on health and general quality of life show positive improvements. Clients reported improved health, improved overall functioning, decreased psychological distress, and increased social connectedness.

For those clients who entered the program with elevated blood pressure, fasting glucose or A1C, and/or cholesterol showed closer to normal levels as soon as within 6 month into enrollment.

Clients with body mass indexes (BMI) in the overweight or obese range are losing weight and showing continuous improvement.

Examples of Program Outcome Tools

In collaborative whole health care programs that utilize multi-disciplinary teams, it may be difficult to separate out the effect of peer support versus other interventions, however to the extent possible programs should attempt to determine how peer support affects client outcomes. Some existing tools that have been used to measure the effect of health-trained Peer Support Specialists include:

Outcome Measures	Description		Link
Primary Wellness Outcome Measures	Self- reported improvements in physical/mental health symptoms	Brief Sympton Inventory (BSI) Duke Health Profile	www.pearsonclinical.co.uk/Psychology/AdultMentalHealth/AdultMentalHealth/ www.integration.samhsa.gov/clinical-practice/screening-toolBriefSymptomInventory%28BSI%29/BriefSymptomInventory%28BSI%29.aspx
Secondary Outcome Measures	Health-related quality of life outcomes	Medical Outcomes Study (MOS) SF-36	www.rand.org/health/surveys_tools/mos.html www.rand.org/health/surveys_tools/mos/mos_core_36item_survey.html

Outcome Measures	Description		Link
	Health related quality of life outcomes as measured by the decreased stress levels	Health Locus Control Scale	www.nursing.vanderbilt.edu/faculty/kwallston/mhlcscales.htm
	Awareness and use of positive eating, hydration, and exercise	Self Rated Abilities for Health Practices Scale	www.utexas.edu/nursing/chpr/resources/srahp.html
	Psychosocial improvement	Hope Scale Recovery Assessment Scale (RAS)	www.ppc.sas.upenn.edu/ppquestionnaires.htm#hopescale www.google.com/search?q=recovery+assessment+scale&ie=utf-8&oe=utf-8&aq=t&rls=org.mozilla:en-US:official&client=firefox-a&channel=sb#channel=sb&q=recovery+assessment+scale+%28ras%29&revid=954573636&rls=org.mozilla:en-US:official

The National Outcome Measures (NOMS)

At the federal level the National Outcome Measures (NOMs), is used to capture client level behavioral health information for SAMHSA grant funded Primary and Behavioral Health Care Integration Programs.

- The NOMs evaluates health outcomes across eight domains including demographics, functioning, stability in housing, education and employment, crime and criminal justice status, perception of care, social connectedness, services received, and status at reassessment and clinical discharge.
- Schedule H of the NOMs is used to for tracking physical health indicators. This data includes: height, weight, HgBA1c or blood glucose, blood pressure, triglycerides, and cholesterol.
- Optional indicators include waist circumference and breath carbon monoxide, which are indicators of metabolic syndrome and smoking status, respectively.
- The use of the NOMs is part of an effort to standardize outcome measurements to evaluate progress across the country in reducing the serious health consequences caused by health and behavioral health co-morbidities.

Agency capacity will determine the type and extent of the evaluation. However, any amount of good data is better than no data at all.

Satisfaction Survey

Margaret Swarbrick has developed a satisfaction survey designed to evaluate the Whole Health and Resiliency Service provided by the Peer Whole Health and Wellness Coach. This type of program evaluation provides the program with useful information from the perspective of the service recipient.

The Peer Support Whole Health and Wellness Service Satisfaction Survey is a 13-question survey consisting of 11 questions scored on a 5-point Likert-type scale, followed by two open- ended questions. This survey may be used without cost, provided the citation is included on the reprinted pages.

Peer Support Whole Health and Wellness Service Satisfaction Survey[77]

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My Peer Support Whole Health and Wellness coach treats me with courtesy, compassion, and respect.	1	2	3	4	5
2. My Peer Support Whole Health and Wellness coach treats me as a person, and helps me see my strengths objectively.	1	2	3	4	5
3. My Peer Support Whole Health and Wellness coach treats me as a person, and helps me see my challenges and concerns objectively.	1	2	3	4	5
4. My Peer Support Whole Health and Wellness coach communicates clearly when we are speaking.	1	2	3	4	5
5. My Peer Support Whole Health and Wellness coach paces the sessions so we remain accountable to reviewing goals, progress, and new steps.	1	2	3	4	5
6. My Peer Support Whole Health and Wellness coach effectively helps me review my personal strengths and areas for improvement.	1	2	3	4	5
7. My Peer Support Whole Health and Wellness coach is there to help me work on my concern as I see it, not his/her idea of what I need to work on.	1	2	3	4	5
8. My Peer Support Whole Health and Wellness coach helps me brainstorm ideas, problem solve and rarely offers advice.	1	2	3	4	5

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
9. My Peer Support Whole Health and Wellness coach is reliable with keeping appointment times, carrying out any "assignments," etc.	1	2	3	4	5
10. My Peer Support Whole Health and Wellness coach helps me stay accountable to myself and my wellness plan.	1	2	3	4	5
11. My Peer Support Whole Health and Wellness coach Peer Support Whole Health and Wellness coach is someone I would recommend to others.	1	2	3	4	5

Adapted from Swarbrick, M. (2013) Wellness Coaching Satisfaction Survey. CSPNJ Institute for Wellness and Recovery Initiatives.

1. Please share the most important benefit you got out of working with your Peer Support Whole Health and Wellness Coach:

2. Please share anything else you would like regarding your experience working with your Peer Support Whole Health and Wellness Coach:

Future Directions for Fiscal Outcome Measures

A large number of clients with mental health diagnoses have either delayed or non-existent treatment for chronic and acute health conditions. Hiring health-trained Peer Support Specialists to intervene could help to ameliorate this situation and would undoubtedly save both dollars and suffering, although the precise amount is unknown at this point. Some of the known peer support interventions document increased access and utilization of health care services as well as a change in the site of delivery from the emergency room to the doctor's office but dollar figures have not been estimated.

The Cost of Delayed Treatment[78, 79, 80]

- Estimates of increased costs of delayed treatment of anemia in the elderly are an extra $6,000 per year per person.
- Delayed treatment of diabetes results in an estimated 225 needless amputations in the US per DAY at the cost of over $30,000 each.
- The costs of delayed treatment of Traumatic Brain Injuries (TBIs) in returning veterans is estimated to be $3 billion whereas the costs of delaying treatment is estimated to be just under $90 billion.

Measures to Consider: Return on Investment (ROI) and Cost Effectiveness Analysis (CEA)

Since there are no current published data on fiscal savings generated from the use of Peer Support regarding access and use of physical health care, it would be beneficial to identify how and what kind of analysis and data would best make the case for peer interventions. Two measures of financial effectiveness are the Return on Investment (ROI) which and Cost Effectiveness Analysis (CEA).

ROI and Community Health Workers

Analysis completed in a "public safety net program" found that Community Health Workers (CHWs are the equivalent to Peers in the mental health system) **saved $2.28 for every dollar spent.**

Since mental health clients have historically had less access to physical health care than other groups of Medi-Caid eligible people it would be likely that the savings for people with behavioral health challenges would be greater than the $2.28 estimated.

Measurement	Issues to Consider
Return on Investment (ROI) • Estimates how much a particular intervention saves compared to another intervention or doing nothing • ROI compares the amount spent in one time period with the amounts spent in a comparable period or compares two interventions to each other.	• Since so many persons diagnosed with a psychiatric diagnosis have had little or no access to Primary Care services, the amount spent on non-emergency services could be minimal or even zero so post intervention spending could be a spending increase. • The ROI would need to be evaluated on a longitudinal basis. A more accurate analysis would take into consideration the decreased use of emergency room services as it relates to increased primary care access.
Cost Effectiveness Analysis (CEA) • Evaluates costs per unit of an identified outcome measure (typically this is years of life gained or number of individuals diagnosed given a particular intervention) • Identifies desired outcomes and compares interventions aimed at achieving those outcomes. • Uses the standard "control group" comparison, which is Treatment as Usual (TAU).	• Given the fact that persons with behavioral health challenges have less access to and receive less physical health care services, any intervention that has a focus on increasing access and use would likely show benefit if for no other reason than the low baseline. • A CEA requires an evaluation design comparing health-trained Peer Support Specialists to case managers, nurses or others working in Behavioral Health who all have the same goals: to increase access and use of physical health care treatment by the clients they serve. • It would be beneficial to identify a standardized set of outcomes that could be measured so that comparable data could be gathered to rate intervention effectiveness and fiscal responsibility across programs.

With these issues in mind, examples of data points relevant to access, adequate treatment and wellness are listed on the next page:

Examples of Data Points Relevant to Access, Adequate Treatment and Wellness

Access to Physical Health Care Data Points

- Numbers of clients with primary care doctors
- Numbers receiving annual physicals
- Ratio of primary care visits to non-trauma emergency room visits
- Number of referrals of specialty care
- Number of preventive care visits

Adequate Treatment Data Points

- Number of new physical health diagnoses
- Degree of symptomology controlled by medical interventions (e.g. lowering A1C blood levels in persons with diabetes , a reduction in blood pressure or a reduction in "bad" cholesterol)
- Number of patients who follow through with treatment recommendations
- Number of patients who report the physical health care provider explained their health diagnosis to them
- The number of patients subjectively reporting a better ability to self-manage their health conditions

Wellness Data Points

- Numbers of patients reporting getting adequate (for them) sleep on a regular basis
- Number of patients who report following good dietary behaviors
- Number of patients reporting ongoing increased physical activity
- Number of patients reporting smoking cessation/reduction
- Numbers of patients reporting a reduction in behaviors that lead to increased risk of health difficulties.

What We Know – and Where We Need to Go to Achieve the Triple Aim Initiative

There is evidence that Peer Support interventions, which help vulnerable groups of people who are having difficulty or are reluctant to access health care services, result in a cost savings. For people with co-morbid health and behavioral health conditions, the data is emerging to suggest that health-trained Peer Support Specialists and the services they provide may result in achieving the Triple Aim: significantly reduced health-related costs, positive care experiences and better health. Determining the fiscal impact of peer support whole health interventions will be imperative to the future development and expansion of health-trained Peer Support Specialists in integrated healthcare settings.

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