Peer Employer Toolkit

Understanding the Peer Support Specialist Role in the Age of Certification

CAL VOICES
ADVOCACY · RECOVERY · PEER SUPPORT

SACRAMENTO COUNTY

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Welcome

Introduction

Peer support services are becoming more popular as evidence-based treatments for individuals who are dealing with behavioral health conditions. However, many behavioral health organizations are not equipped to handle this shift. This Employer Toolkit has been designed to effectively help organizations incorporate peer support workers into their traditional behavioral health settings.

What's included in this Toolkit:

- Information and resources about the peer role and the recovery model
- Challenges organizations experience when integrating peer support workers
- Recommendations and strategies for integrating peer support workers into traditional behavioral health settings
- Agency Policies and Practices that Address the 13 Psychosocial Risk Factors at Work
- Tools and templates for employing peer workers

This toolkit is revised annually through 2026. Revisions are based on feedback and reflections received and observed by Peer Support Specialists and Peer Employers. To provide feedback or to share training and informational needs, please email us at peerleadership@calvoices.org.

About Cal Voices

Founded in 1946, Cal Voices is California's oldest Peer-run mental health advocacy agency. Cal Voices has worked in County Behavioral Health Systems for over four decades.

We employ peers in various programs including wellness centers, warmlines, county-operated clinics, and advocacy and training programs.

Cal Voices is a proud recipient of Mental Health America's Platinum Bell Seal for Workplace Mental Health. The Bell Seal for Workplace Mental Health is a distinction awarded by Mental Health America (MHA) to companies that meet mentally healthy workplace standards.

Cal Voices' status as a Platinum Bell Seal-certified organization demonstrates Cal Voices' outstanding commitment to employee mental health and well-being.

100% of our staff identify as consumers, family members, and/or parents/caregivers including our entire Executive Leadership team and our program managers. Since 2015, Cal Voices has trained, coached, and mentored thousands of Peers in California to build their knowledge and expertise. We have conducted key informant interviews, organizational assessments, training, and technical assistance for hundreds of counties and Peer providers in California's Public Behavioral Health System (PBHS)

Certified Peer Support Specialists Leadership Liaison Program

The Certified Peer Support Specialist Leadership Liaison Program works to support Sacramento County's BHS service providers. The Program works to:

- Expand the number of diverse Certified Medi-Cal Peer Support Specialists (CMPSS)
- Increase the tools and resources available to support Medi-Cal Peer Support Services in Sacramento County
- Increase the knowledge of CMPSS staff relating to the evidence-based practice of peer support
- Increase BHS providers' knowledge about developing, expanding, and retaining a diverse peer workforce.

Glossary

Client
A general term for a consumer or family member/caregiver who receives peer support services.

Consumer
An adult living with a behavior health challenge who receives peer support services.

California Department of Health Care Services (DHCS)
Finances and administers many individual healthcare service delivery programs, including Medi-Cal, which provides healthcare services to low-income people.

California Mental Health Service Authority (CalMHSA)
CalMHSA, established in 2009 as a Joint Powers Authority (JPA) by counties across California, aims to enhance behavioral health care for all residents. By pooling resources, building partnerships, and utilizing technical expertise, CalMHSA creates strategies and programs that transform community mental health. The organization fosters cross-county innovations and is committed to addressing equity to better serve the most vulnerable populations. Additionally, CalMHSA acts as the certifying entity for Medi-Cal Peer Support Specialist Certification.

Family Member/Caregiver
A family member or caregiver of someone who has a behavioral health issue. The family member or caregiver receives support from other family members or caregivers.

Lived Experience
Refers to an individual's first-hand experience with a mental health and/or substance use challenge.

Medi-Cal Peer Support Specialist (MPSS)
A peer certified by the State of California who provides reimbursable peer support services.

Mental Health Service Act (MHSA)
The MHSA was passed by California voters in 2004 and is funded by a one percent income tax on personal income over $1 million per year. It is designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families. MHSA addresses a broad continuum of prevention, early intervention, and service needs and the necessary infrastructure, technology, and training elements that effectively support the public behavioral health system.

Peer
For this Toolkit, a peer refers to someone who has experienced the healing process of recovery from psychiatric, traumatic, and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's recovery journey. The peer support volunteer shares portions of his or her recovery experience appropriately and effectively.

Peer Support

Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic, or substance use challenges. This support is provided by peer supporters - people who have "lived experience" and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated, and supervised by peers in long-term recovery.

Peer Support Relationship

The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, and experience in the military or with the criminal justice system or any other identity-shaping life experience that increases common language, mutual understanding, trust, confidence, and safety.

Public Behavioral Health System (PBHS)

Publicly funded mental health programs/services and entities that are administered, in whole or in part, by the County. It does not include programs and/or services administered, in whole or in part, by federal, state, county, or private correctional entities or programs and/or services provided in correctional facilities. The facility must be contracted or subcontracted with the County.

Substance Abuse and Mental Health Administration (SAMHSA)

SAMHSA is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation and to improve the lives of individuals living with mental and substance use challenges, and their families.

Did you know?

The Recovery Research Institute created an online dictionary of strengths-based terms to help destigmatize addiction!

Addictionary®

Recovery

What is Recovery?

In a general sense, recovery refers to the regaining of something lost or taken away. Regardless of context, each definition of recovery implies the loss of something that is later restored or regained. In the behavioral health context, recovery refers to the alleviation of ongoing mental or emotional distress or the undesired symptoms and impacts of a behavioral health condition. Recovery from a behavioral health condition looks different for different people. It is both a process and an outcome.

Congress created the Substance Abuse and Mental Health Services Administration (SAMHSA) in 1992. SAMHSA, a part of the U.S. Department of Health and Human Services, strives to minimize the adverse effects of behavioral health challenges on American communities. The agency also offers access to information on substance use and mental health services, as well as research findings.

In 2015, SAMHSA engaged key stakeholders from mental health and substance use recovery communities to develop a working definition of recovery:

> Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential (SAMHSA, 2015).

Throughout this Toolkit, the term "recovery" refers to this definition. This definition describes recovery as a process, rather than an end state. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process.

In addition, this definition of recovery allows for many pathways of recovery that may include "professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches" (SAMHSA, 2015).

The Recovery Model aims to improve lives. Recovery is subjective and driven by personal experiences of mental health challenges and wellness. It's a journey. Recovery outcomes include empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being, and control of symptoms. Care is person-focused and diagnoses are not permanent; they can be cured.

This is in strong contrast to the Medical Model's focus on a person's illness. In this model, a person's diagnosis stays with them and one's recovery is dependent on objective measurements. The goal is to return the person to a former state of health or an absence of symptoms.

SAMHSA's 10 Guiding Principles of Recovery (2012)

In 2015, SAMHSA also developed 10 Guiding Principles of Recovery essential to recovery from a behavioral health issue. These principles promote healing and positivity during one's recovery journey.

1. Hope
Hope is the catalyst of the recovery process. People can and do overcome internal and external challenges, barriers, and obstacles. Hope is fostered by peers, family members, providers, and allies.

2. Person-Driven
Recovery is based on self-determination and self-direction. Clients define their own life goals and unique paths towards these goals. They exercise choice over services and treatments.

3. Many Pathways
Recovery occurs via many pathways. It is highly personalized and may include different treatments, services, and supports. The recovery process is not linear and may involve setbacks.

4. Holistic
Recovery encompasses the whole life, including mind, body spirit, and community.

5. Peer Support
Recovery is supported by peers and allies. Peers encourage one another and provide a vital sense of belonging, supportive relationships, valued roles, and community.

6. Relational
Recovery is supported through relationships and social networks. Positive relationships help clients engage in new roles, achieve a greater sense of belonging, and find new strategies for change.

7. Culture
Recovery is culturally based and influenced. Culture or background keys in determining a person's unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs.

8. Addresses Trauma
Recovery is supported by addressing trauma. Trauma is often a precursor to or associated with mental health challenges and related issues/ Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

9. Strengths/Responsibility
Recovery involves individual, family, and community strengths and responsibility. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

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

SAMHSA's 4 Major Dimensions of Recovery (2012)

Through the Recovery Support Strategic Initiative, SAMHSA defined Health, Home, Purpose, and Community as the four major dimensions that support a life in recovery.

Health

Overcoming or managing one's disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.

Purpose

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

Home
A stable and safe space to live

Community

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

Eight(8) Dimensions of Wellness

Watch this short video about the eight (8) dimensions of wellness.

The Eight Dimensions of Wellness (Paxton/Patterson Learning Systems, 2017)

Watch video on YouTube
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Recovery in Mental Health and Substance Misuse

Mental health and substance misuse prevention and treatment services are now becoming integrated under "behavioral health." Each treatment culture has distinct definitions of recovery, arising from unique understandings of illness reinforced over time in their respective fields and consumer cultures. Table 1 below provides a comparison of the two cultures.

Table 1: Mental Health and Substance Misuse Cultural Differences

Mental Health Culture	Substance Use Culture
Psychosocial factors, social determinants, trauma	Individual behaviors, personal decisions
Mental illness is something that happens to you	Substance misuse is something you cause to happen
"You are product of your environment"	"You are a product of your choices and actions"
"Client/Consumer"	"Addict/User"

Traditionally, treatments for substance misuse fall somewhere between the Medical Model and the Recovery Model. SAMHSA's Working Definition of Recovery applies equally to mental health and substance misuse challenges. These recovery principles, concepts, and definitions are universal. Recovery-oriented services focus on service participants' goals, strengths, challenges, and barriers, not their diagnosis.

Additional Recovery Resources

The 4 Pillars of Recovery

Self-Determination

SAMHSA's Working Definition of Recovery Principles

What is a Recovery Oriented Approach

Recovery-Ready Workplace Resource Hub

Recovery Friendly Workplace Toolkit

Workplace Mental Health Toolkit

What Health Providers and Organizations Need to Know about Wellness

Stages of Change

Motivational Interviewing, A Theory for Change (client-centered)

The Peer Role and the Recovery Model

Peer support is a system of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic, or substance use challenges.

How is Peer Support Different?

Peer Support services differ from other behavioral health services in that they utilize personal lived experience and experiential knowledge to assist others. It is a relationship of equals. Peer Support Specialists share their lived experience to model recovery and motivate others through hope and inspiration. Peer support recognizes that recovery has many paths and progress is based on clients achieving self-defined goals.

Peers share their Lived Experience with others experiencing a similar life challenge. They use their Lived Experience to create an authentic connection and model how they overcame their challenge(s) to inspire and motivate others who are now going through it.

The Peer Formula

Peer support relationships are established on the principles of mutual respect and equality. For peer support to work, peers must have the same Lived Experience as the clients they are serving. Consequently, certain relationships may conflict with the fundamental tenets of peer support. For example, parents or caregivers can't provide genuine peer support to Transition Age Youth because of a mismatch in relevant lived experience plus a power imbalance between adults and youth.

This means that:

- Peers helping Consumers must have Lived Experience of recovery from a behavioral health condition.

- Peers helping Parents/Caregivers must have Lived Experience as the primary caretaker of a child or youth with a behavioral health condition.
- Peers helping adult Family Members must have Lived Experience as the primary support person of an adult with a behavioral health condition.
- Peers helping Transition Age Youth (TAY) must have lived experience of recovery from a behavioral health condition as a TAY

Table 2 on the next page further highlights these lived experience requirements.

Peers can play many roles in supporting people living with behavioral health challenges, such as:

- Support groups
- Peer counseling
- Advocacy
- Personal plan creation
- Wellness Recovery Action Plan
- Health education/navigation
- Engagement
- Socialization
- Cultural brokerage
- Service referrals
- Systems navigation
- Benefits
- Crisis intervention
- Develop natural supports

Peer Support Services can be provided in a variety of programs and settings, including but not limited to:

- Community Outreach
- Phone Bank/Call Centers
- Wellness Centers
- Outpatient Clinics | Multidisciplinary Teams
- Mobile Crisis Response
- Respite Centers
- Emergency Rooms
- Inpatient, Hospitals
- Correctional Facilities

Table 2: Lived Experience Requirements

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

What does a Peer Support Specialist Do (Psych Hub, 2020)?

A Certified Peer Support Specialist, or CPS, is someone who has had their own personal life experience with a mental health condition and is further along in their treatment journey. They have been trained to help other people cope and recover from their own personal experiences.

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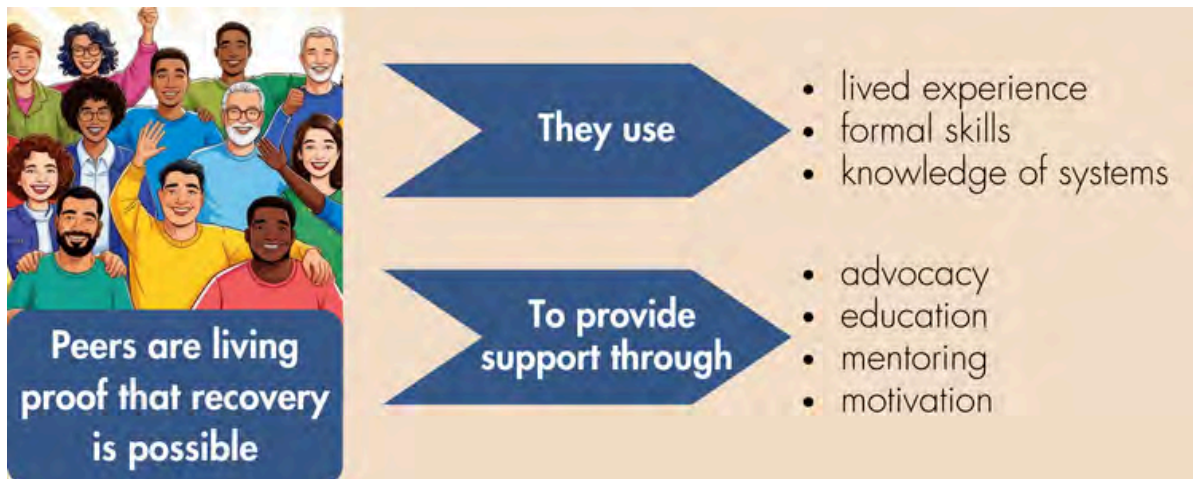Video player configuration error
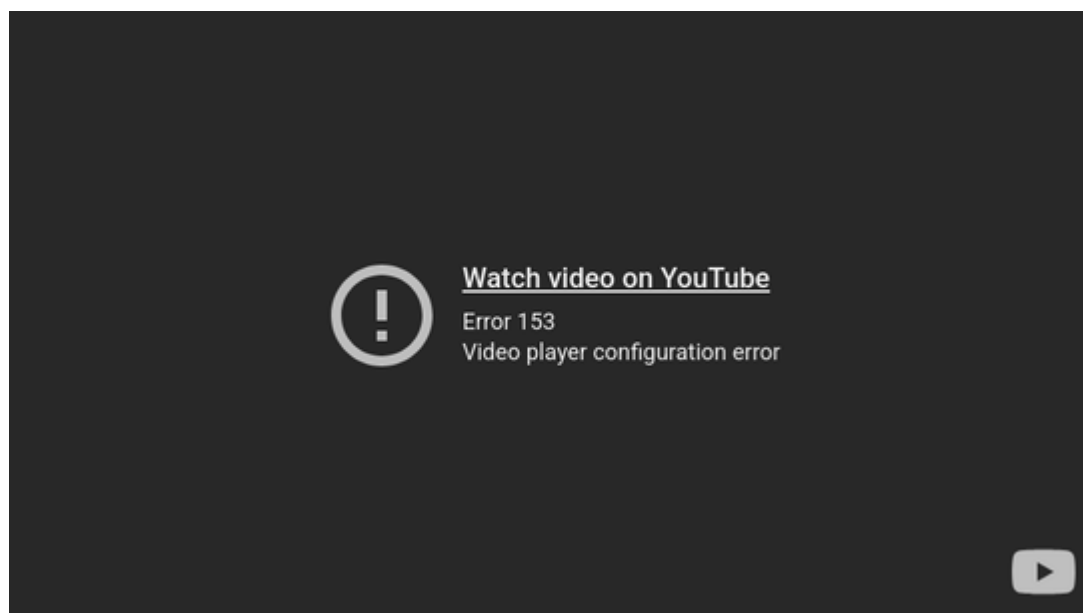
The Evidence

Evidence shows Peer Support reduces:

- Number of admissions and days spent in hospitals
- Use of acute services (e.g., ERs/detox centers)
- Substance use
- Depression and demoralization
- Average service costs per person

Evidence shows Peer Support increases:

- Time in the community
- Engagement in outpatient treatment
- Active involvement in care planning and self-care
- Hope, quality of life, and satisfaction with life
- Rates of family reunification
- Social functioning
- Chances for long-term recovery

Peers are living proof that recovery is possible

They use
- lived experience
- formal skills
- knowledge of systems

To provide support through
- advocacy
- education
- mentoring
- motivation

California's Medi-Cal Peer Support Specialist Certification

Peers became eligible for certification in California in 2020 with the passage of SB 803 (California Legislative Info, 2020). SB 803 established Certified Medi-Cal Peer Support Specialists (CMPSS) as a distinct Medi-Cal provider type. It also made Peer Support Specialist Services eligible for federal reimbursement.

Establishing the MPSS certification in California has the potential to improve the workplaces for Peers. Certification provides the following benefits:

1. Legitimizes Peer Support Services
2. Elevates the role of Peer Support workers
3. Creates a distinct category of paraprofessionals that can collectively advocate for better pay, benefits, and working conditions
4. Improves effectiveness of services and supports:
   o Diversifies behavioral health workforce
   o Expands availability of Peer services
   o Expands job opportunities for consumers
   o Provides consistent core competencies, education standards, code of ethics, and scope of practice/services for Peer professionals
5. Generates greater revenue for services that already exist

Initial Certification Requirements

To seek Certification as Medi-Cal Peer Support Specialist an individual must meet the following qualifications:

1. Be at least 18 years of age.
2. Possess a high school diploma or equivalent degree.
3. Be self-identified as having experience with the process of recovery from a mental health or substance use challenge, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
4. Be willing to share their experience.
5. Have a strong dedication to recovery.
6. Agree, in writing, to adhere to the Code of Ethics.
7. Complete the 80-hour training requirements for a peer support specialist through a CalMHSA-approved training entity.
8. Pass the certification examination.

Core Competencies for California Medi-Cal Peer Support Specialists

California's 17 Core Competencies correlate to the themes and standards of practice analyzed from national mental health agencies (e.g., SAMHSA), nine states (AL, AZ, AR, CT, GA, IL, MI, NY, SC, and TX, as well as the Appalachian Model of Peer Certification.

The 17 Core Competencies are listed on the next page. If you would like to learn more about each of them, read the Landscape Analysis for the General Peer Certification Training Curriculum

17 Core Competencies are as follows:

1. The concepts of hope, recovery, and wellness.
2. The role of advocacy.
3. The role of consumers and family members.
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
5. Cultural and structural competence trainings.
6. Trauma-informed care
7. Group facilitation skills.
8. Self-awareness and self-care.
9. Co-occurring disorders of mental health and substance use.
10. Conflict resolution.
11. Professional boundaries and ethics.
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
13. Safety and crisis planning.
14. Navigation of, and referral to, other services.
15. Documentation skills and standards.
16. Confidentiality.
17. Digital literacy.

SAMHSA's Foundational Principles of Peer Support

Core Competencies for peer workers reflect certain foundational principles identified by members of mental health and substance use recovery communities. These are Recovery-Oriented, Person-Centered, Voluntary, Relationship Focused and Trauma-Informed. Each is defined below.

1 **Recovery-Oriented:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

2 **Person-Centered:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

3 **Voluntary:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice

4 **Relationship Focused:** The relationship between the peer worker and the peer is the foundation on of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice

5 **Trauma-Informed:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Peer Support Specialist Scope of Practice

California defines Peer Support Services provided by CMPSS workers as:

culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the recovery process (DHCS, 2022).

The Department of Health Care Services (DHCS) established the CMPSS Scope of Practice. This framework assists employers in developing job descriptions and defining peer roles within their organizations. Certified Medi-Cal Peer Support Specialists in California have the following scope of practice:

A. Educational Skill Building Groups:

Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes.

Example Job Tasks (CALMHSA, 2023)

- Group facilitation: Facilitate educational groups for peers and their families, fostering a safe and supportive environment for learning coping strategies, problem-solving skills, and self-advocacy techniques.
- Socialization Activities: Plan group activities that enhance peer socialization, building community, and support.
- Resource Education: Provide participants with resources and services to make informed decisions about their mental health and well-being.

B. Engagement:

Peer Support Specialist-led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment.

Example Job Tasks (CALMHSA, 2023)

- Recovery Coaching: Offer individualized recovery coaching sessions to support individuals in their behavioral health treatment.
- Transitional Support: Support individuals in transitioning between care levels, ensuring a smooth transfer while addressing their concerns.
- Goal Setting and Planning: Collaborate with individuals to set recovery goals, create action plans, and track progress.

C. Therapeutic Activity:

A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities.

Example Job Tasks (CALMHSA, 2023)

- Community Integration: Encourage individuals to participate in community activities and events to improve their self-awareness, values, and community living skills.
- Relationship Building: Conduct sessions that encourage healthy relationships and effective communication skills, enabling individuals to maintain positive connections with their communities while supporting their recovery journey.
- Structured Workshops: Conduct non-clinical workshops that emphasize recovery, self-advocacy, wellness, and the development of natural support systems.

D. Following the Code of Ethics:

The principles of the Code of Ethics for Certified Peer Support Specialists in California were developed by the Department of Health Care Services to guide Certified Peer Support Specialists in their roles and responsibilities and levels of responsibility in which they function professionally.

DHCS (2022) also states that all Peer Support services must:

- Be recovery-oriented
- Be resiliency-focused
- Be culturally appropriate
- Promote engagement
- Promote socialization
- Promote self-sufficiency
- Promote self-advocacy
- Promote natural supports
- Be trauma aware

Medi-Cal Peer Support Specialist Services may include promoting recovery, resiliency, wellness, self-sufficiency, self-advocacy, supporting identification of strengths, planning, finding and accessing community resources and services, coaching, mentoring, and/or education. Services may be provided individually or in a group.

Procedure Codes

Certified Medi-Cal Peer Support Specialists can bill Medi-Cal for Peer Services using two Procedure Codes:

- Behavioral Health Prevention Education Services (H0025): Educational Skill Building Groups – see description above
- Self-Help/Peer Services (H0038): Engagement and Therapeutic Activities – see description above

Areas of Specialization for Certified Medi-Cal Peer Support Specialists

There are four (4) areas of specialization for CMPSS. These specializations focus on additional training that builds on the knowledge, skills, and abilities of Medi-Cal Peer Support Specialists. CalMHSA does not endorse training in specialized areas as a stand-alone training nor taking these trainings before the 80-hour core competency training. CMPSS can obtain specialization as a Parent, Caregiver, Family Member Peer, or in Peer Services in Crisis Care, Peer Services for Unhoused, and Peer Services for Justice-Involved.

The Department of Health Care Services (DHCS, 2022a) establishes areas of specialization. [1] Any new areas of specialization must receive approval from DHCS. If a Medi-Cal Peer Support Specialist Certification Program (CalMHSA) wishes to add additional areas of specialization, it must submit the curriculum and core competencies for that area to DHCS by May 1. This submission must occur before the start of the State Fiscal Year (SFY), which runs from July 1 to June 30, in which the new area of specialization will begin. Only Medi-Cal Peer Support Specialist Certification Programs can submit the necessary curriculum and core competencies for any supplemental area of specialization. This review process takes place every SFY for new areas of specialization.

Peers seeking specialization must apply through CalMHSA and hold a current Medi-Cal Peer Support Specialist Certification in good standing. Peers must complete a specialization registration form and specialization training. Specialization training must be taught by a CalMHSA-approved training vendor. There is no specialization exam and peers do not have to complete biennial Specialization CE hours.

Parent, Caregiver, Family Member Peer

Parent, Caregiver, Family Member Peer plays a critical role in the well-being of the families they serve. The Peer-to-Peer relationship focuses on the relationship between the parents, caregivers, and/or family member's support on behalf of the person in care.

Core Competencies

1. Professional Responsibilities
2. Systems Knowledge and Navigation
3. Resources and Natural Supports
4. Wellness and Resiliency
5. Effecting Change

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Peer Services in Crisis Care

Peer Services in Crisis Care can complement clinical services and help individuals in crisis. The inclusion of peer support workers in crisis care helps facilitate a trauma-informed response and recovery-oriented and strengths-based approaches.

Core Competencies

Prevention:
1. Pathways to Crisis
2. Prevention, De-Escalation, and Crisis Resolution
3. Engagement and Resource Connection / Navigation
4. Person-Centered Trauma-Informed
5. Co-occurring disorders of mental health and substance use

Post-Crisis/Recovery/ Ongoing Peer Support:
1. Crisis planning and support
2. Self-awareness and self-care

During Crisis:
1. Conflict Resolution
2. Person-Centered Trauma-Informed
3. Co-occurring disorders of mental health and substance use
4. Crisis and special populations

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Did you know?

Most specialization training programs take 40 hours to complete

Peer Services for the Unhoused

Peer Services for the Unhoused complement clinical services and help individuals who are unhoused or may become unhoused. Individuals and/or families may have unique behavioral health challenges and/or co-conditions. Peer support specialists with experience being unsheltered or unhoused offer a unique perspective in supporting others meet their needs, including behavioral health, housing support, and health conditions.

Core Competencies

1. Application of Lived Experience
2. Empowerment and Promotion of Recovery
3. Co-Occurring Disorders: Mental Health and Substance Use Disorders
4. Special Populations and Cultural Considerations
5. Trauma-Informed Care
6. Self-awareness and Self-Care
7. Conflict Resolution
8. Professional boundaries and ethics
9. Safety and crisis planning
10. Systems and Resource Navigation

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Peer Services for Justice-Involved

Having experience with the criminal justice system can impact an individual's life in many ways. It is best understood by individuals who have similar lived experience. Peers may support individuals with linking to services that address their behavioral health needs and preventing further involvement in the criminal justice systems and ease reentry into their community after incarceration.

Core Competencies

1. Application of Lived Experience
2. Role of Advocacy
3. The role of consumers and family members
4. Engagement Skills and Interventions
5. Cultural Responsiveness
6. Trauma-Informed Support
7. Self-awareness and Self-Care
8. Co-occurring disorders of mental health and substance use
9. Professional Boundaries and Ethics
10. Safety and Crisis Planning
11. Community Reintegration Support
12. Recidivism Risk Factors

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Qualifications for Supervisors of Peer Workers

CMPSS provide services under the direction of a Behavioral Health Professional (DHCS, 2022b). A Behavioral Health Professional must be licensed, waivered, or registered in accordance with applicable State of California licensure requirements and be listed in the California Medicaid State Plan as a qualified provider of SMHS, DMC, or DMC-ODS (DHCS, 2022a).

Per BHIN 22-206:

Although Peer Support Services must be provided under the direction of a Behavioral Health Professional, Peer Support Specialists may be supervised by a Peer Support Specialist Supervisor who must meet applicable California state requirements.

These supervisors must meet one of the following qualification options to supervise CMPSS:

Option 1

- Have a Medi-Cal Peer Support Specialist Certification; and
- Have two (2) years of experience working in the behavioral health system; and
- Have completed an approved supervisory training.

Option 2

- Be a non-peer behavioral health professional, including a registered or certified substance use disorder counselor; and
- Have worked in the behavioral health system for a minimum of two (2) years; and
- Have completed an approved supervisory training.

Option 3

- Have a high school diploma or general equivalency degree (GED)
- Have four (4) years of behavioral health direct service experience. May include peer services.
- And have completed an approved supervisory training.

All Medi-Cal Peer Support Specialist Supervisors must take the [CalMHSA Peer Support Supervisory training within](#) 60 days of beginning to supervise a Medi-Cal Peer Support Specialist. Supervisors must take the DHCS-approved Peer Support Supervisory training at least once.

Workforce Integration Challenges

Peer Support services are growing as an evidence-based practice to help people with behavioral issues. Peer support services provide several benefits. Peers offer hope that recovery is possible and that others can recover from them as well. They also provide real-world evidence that treatments work. As a result, more people may choose to access services. Finally, peers also act as role models for accessing behavioral health care services and overcoming behavioral health conditions (Department of Behavioral Health and Intellectual Disability Services for the City of Philadelphia, 2023).

Common Barriers

Traditional behavioral health systems experience challenges in incorporating peers. Common barriers to peer integration include a lack of preparation, understanding, support, and advocacy, as well as structural barriers.

Lack of Preparation

Public behavioral health organizations have hired more peer support workers since the Mental Health Services Act (MHSA) was passed in 2004. The Act required counties to establish peer support and family education services to satisfy the needs and preferences of clients and their families (Welfare and Institutions Code § 3610(b)). The MHSA also mandated public behavioral health organizations to provide equal job opportunities to peers belonging to diverse racial/ethnic, cultural, and linguistic backgrounds.

Although the MHSA mandated county agencies to integrate peers into the workforce, many agencies were not prepared for it. Most agencies recruited peers based only on their willingness to share experiences, without offering training on how to support others.

Additionally, many agencies did not have well-defined performance expectations for peers, and rarely provided adequate onboarding, orientation, and training to familiarize them with their roles and responsibilities.

Lack of Understanding

As mentioned in the previous section, many behavioral health agencies are still rooted in the traditional behavioral health medical model. Peers bring with them a background in the recovery model. While these two models can work in concert with one another, recovery principles are frequently not reinforced throughout workplace practices. Non-peer staff and supervisors may react with hostility and mentalism. They assign tasks to peers that no one else wants to do.

Lack of Support

Peers often lack ongoing guidance and support related to their job duties and peer identities. To share experiences, strengthen professional identities, and learn new skills, they must interact regularly. However, many lack mentors or role models within their organizations and opportunities to seek them out. Consequently, if peers struggle in their roles and their supervisors don't understand their needs, they often feel isolated and alone.

Structural Barriers and Lack of Advocacy

In workplaces where peer leadership roles are non-existent and peers are limited to their assigned programs without representation in management or a say in important decisions, their needs often go unaddressed. Peers often feel that their workplace leaders don't advocate for their interests, so their pay, benefits, and working conditions remain stagnant.

In workplaces where peer leadership roles are non-existent and peers are limited to their assigned programs without representation in management or a say in important decisions, their needs often go unaddressed. Peers often feel that their workplace leaders don't advocate for their interests, so their pay, benefits, and working conditions remain stagnant.

Moreover, there are additional structural barriers in the form of county personnel and risk management departments that refuse to alter standard hiring practices for peer positions. Institutionalized stigma also plays a role in treating peer staff differently, prohibiting them from accessing client data, walling them off from important activities and information, and treating identification as a peer as a black mark when applying for other positions.

Organization Change to Successfully Integrate Peers

SAMHSA (2014) developed recommendations for integrating peer support workers into traditional behavioral health settings. To successfully incorporate peers, it is important to follow these guidelines:

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

When planning for organizational transformation consider all aspects of your organization. Commit to properly onboarding peers and making necessary changes to welcome and support them as vital contributors. These are some examples of organizational aspects to assess:

- Organization policies and procedures
- Workforce development practices
- Peer staff training and education
- Data collection, outcomes, and performance management
- Communication methods

Laying the Foundation

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

Policy

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

Workforce Development

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

Peer Leadership

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

Research and Outcomes

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

Core Competencies for Peer Employers

In recent years, behavioral health systems in the United States have shifted towards more recovery-oriented approaches for mental health and substance use conditions. Yet, it is insufficient to only offer recovery-oriented services. Instead, the entire service delivery system must be recovery-oriented.

The following are core competencies that help organizations develop a recovery-oriented system and ensure the success of peer-provided services:

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

These core competencies are explained in greater detail in the following pages. Each review includes an overview, an explanation of why it matters, and resources.

Expert Commentary: Implementation of Peer Support in Mental Health Services: A Systematic Review of the Literature (Better Care Playbook, 2022)

Dr. Benjamin Miller, PsyD, reviews the key takeaways and suggestions from a recent review of research on integrating peers into the behavioral health system.

Watch video on YouTube
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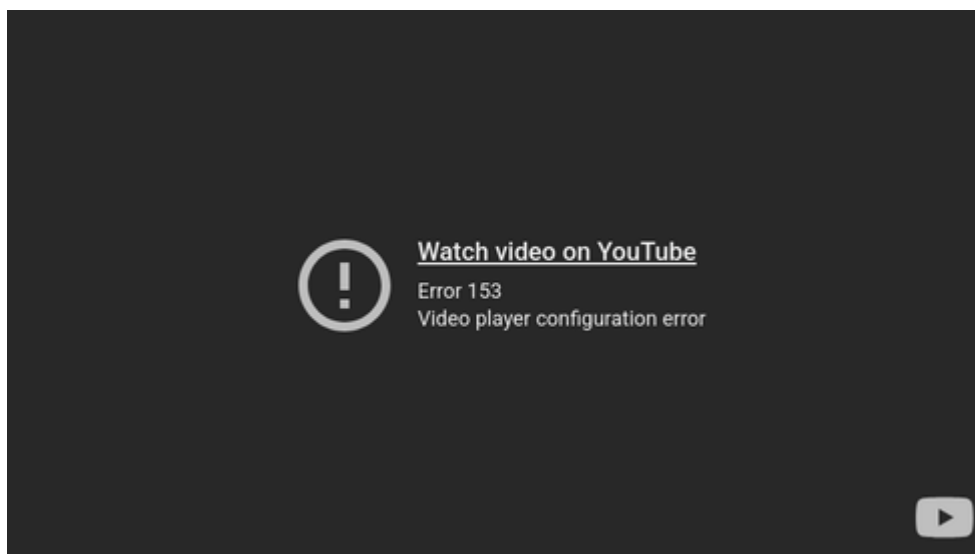
Competency 1: A Recovery-Oriented Work Culture that Values Peers

Highlights

- Recovery Orientation
- Person-Centered
- Client-Driven
- Strengths-Based
- Work Culture
  o Shared attitudes, beliefs, and behaviors of employees of an organization
  o Influenced by leadership, managers, procedures, and people

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

Overview

Work culture encompasses the shared values, attitudes, beliefs, and behaviors of employees in an organization. It defines how things are done and impacts engagement, productivity, and performance, influenced by leadership and management.

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

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

Organizations with successful peer programs have a work culture rooted in recovery-oriented principles. These agencies appreciate the unique contributions of peers. They also recognize the benefits of peer support. Their organizational culture infuses recovery concepts at every level, not only in services. Recovery principles are throughout organizational policies, processes, and procedures. Supervisor styles also reflect a recovery orientation.

Why it Matters

Recovery encompasses more than just treating illness; it focuses on enhancing overall well-being. The public mental health system often relies on the Medical Model, but the MHSA promotes the Recovery Model, encouraging providers to support individuals' recovery journeys. Truly recovery-oriented programs foster professional growth, reducing disengagement and turnover.

Competency 1: A Recovery-Oriented Work Culture that Values Peers

Resources and Tools

Organizational Assessment Questions

- Is leadership informed about the history of the consumer movement and new developments?
- Do all of your employees – from leadership to clerical – understand and embrace basic recovery concepts?
- Are key recovery principles integrated into your program's services?
- Does everyone in your agency treat clients with dignity, respect their autonomy, and empower them to make their own choices?
- Do you offer a wide variety of services, including those that are non-clinical and strengths-based?
- Are you collecting and measuring recovery-based outcomes?

Included Tools and Handouts

- How Recovery-Oriented is Your Workplace? (p. 65)
- Recovery Infographic (p. 66)

Resources

A Recovery Culture Progress Report

Creating, Leading, and Sustaining a Culture Centered in Recovery and Resilience

MHA Village – Dr. Mark's Writings

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

Competency 2: Dedicated and Influential Leaders

Highlights

- Dedicated Leaders
  - o Have integrity
  - o Are devoted to an ideal, cause, or goal
- Influential Leaders
  - o Affect others' actions, behaviors, and opinion
- Help employees understand:
  - o What they need to do
  - o How their work contributes to the organization
  - o Whether there are impending changes

- Dedicated and Influential Leaders
  - o Take full responsibility
  - o Have difficult conversations
  - o Have a "Hands On" philosophy
  - o Don't be hypercritical or micro-manage
  - o Commit time and resources
  - o Hold people accountable
  - o Communicate expectations clearly and early
  - o Outline clear/reasonable plans and timetables to achieve goals

Overview

Successful mental health organizations in California are led by influential and dedicated individuals committed to peer-provided services. These leaders are known for their unwavering commitment to an ideal, goal, or cause, and have the ability to shape and influence the behavior, actions, and opinions of others. These leaders:

- Establish the mission, vision, and values of the system.
- Identify and implement recovery, treatment, and recovery-oriented evidence-based practices.
- Change policies and administrative structures to reflect the inclusion of peers and the adoption of recovery-oriented services.
- Bring in experts to provide education, training, ongoing support, and technical assistance related to the transformation process.

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

- Involve stakeholders by maintaining an open dialogue throughout the transformation process.
- Establish and infuse recovery-oriented values by developing outcomes directly related to recovery.
- Raise awareness about recovery-oriented systems by publishing and sharing information.
- Engage community members using peers and providers to provide information and education.

Competency 2: Dedicated and Influential Leaders

Why it Matters

Successful peer programs rely not only on the skills of peer support workers but also on effective leadership. Leaders are key to integrating peer support and significantly affect the program's success. To achieve optimal performance, leaders must put in place strong management and supervision strategies that align peer competencies with best practices and the organization's vision and values.

Dedicated and influential leaders enhance employee morale, resilience, and trust. At the same time, they reduce frustration and conflict. Quality leadership is essential for a successful program. Without it, burnout and disengagement can occur. Both negatively impact productivity and peer-provided services in California's PBHS.

Resources and Tools

Organizational Assessment Questions

- What types of leadership are most effective for your peer programs?
- Are program leaders actively seeking peer perspectives?
- Do your leaders have a clear vision to strengthen and sustain peer employment?
- Does leadership consistently promote peer employment/ inclusion?
- Does upper management value the contribution of peers?
- Do designated peer positions participate in management team meetings, program planning, quality improvement, system transformation, etc.?

Included Tools and Handouts

- Analyzing Leadership Challenges: Root Cause Analysis (p. 67)

Resources

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

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

Peer Support Toolkit

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

Working Well: Leading a Mentally Healthy Business
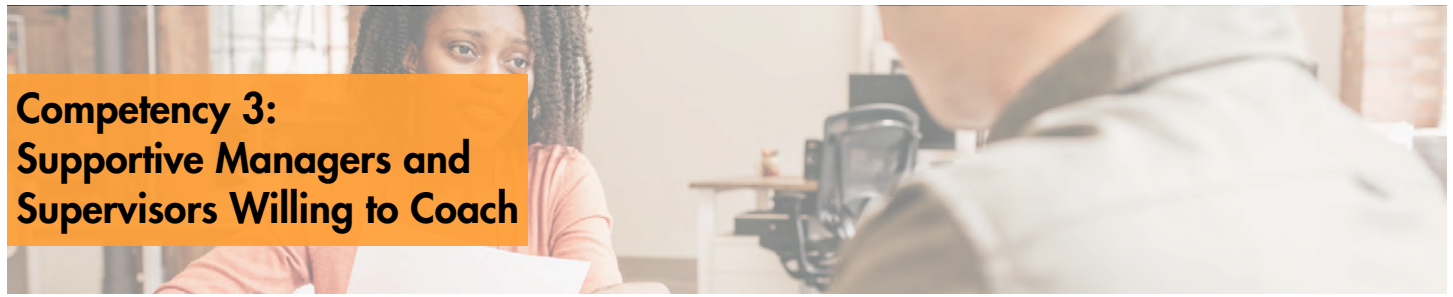
**Competency 3:
Supportive Managers and
Supervisors Willing to Coach**

Highlights

- Being Supportive
  o Providing empathy, encouragement, assistance
- Can include physical, professional, emotional, intellectual, and financial support

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

Overview

Managers and supervisors of successful peer programs actively support and coach their peer staff. Supportive managers show empathy and encouragement, advocate for their staff, and help them achieve specific personal or professional goals through training and guidance. This support may involve addressing the immediate needs and accomplishments of peer support workers, providing close observation, and offering impartial and non-judgmental feedback on their job performance.

Supervision is one form of support, but support goes beyond just that. It can take a variety of forms – physical, professional, emotional, intellectual, and financial.

The term coaching often refers to helping others improve, develop, learn new skills, find success, achieve aims, manage change and challenges.

Supportive managers and supervisors are willing to coach and seek to understand their peer staff's psychological and mental health concerns and respond appropriately as needed.

Supportive managers are not disrespectful to peers and are not critical. They work to understand their employee's capacities and avoid non-constructive feedback. They also avoid contradictory behaviors. For example, they don't create a stressful situation (e.g., setting tight deadlines) and then try to provide emotional support. They also steer clear of ineffective problem-solving methods, inadequate performance monitoring, and excessive checks on progress, which can include lengthy team meetings and a lack of interest in employees' ideas or work.

Competency 3: Supportive Managers and Supervisors Willing to Coach

Why it Matters

Employers may provide a foundation of support, but employees keep it running. A recovery-oriented work culture thrives when everyone takes responsibility, especially supervisors. Supervisors foster a recovery-oriented culture by leading by example, taking initiative, and building a supportive network. Peers remain focused and determined over time, even in the face of difficulties, when they receive proper support and coaching. This guidance also helps them perform their jobs more efficiently, effectively, and comfortably.

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

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

Resources and Tools

Organizational Assessment Questions

- Do your supervisors provide enough support during times of need?
- Are your managers familiar with the concept of coaching and how to coach effectively?
- Consider providing extra support to peers when they:
  o Are new
  o On special occasions

Included Tools and Handouts

- Agency Policies and Practices that Address the 13 Psychosocial Risk Factors at Work (p. 70)

Resources

Accommodations Ideas for Mental Health Impairments

Guarding Minds @ Work

Psychological Health and Safety: An Action Guide for Employers

JAN Workplace Accommodation Toolkit: Building Your Inclusive Workplace

**Competency 4:
High-Quality Ongoing Training
and Mentoring for Peers**

Highlights

- High-Quality On-Going Training
  o Continuous and enhances staff skills, capabilities, and knowledge
  o Organizational training on work culture and managerial competencies
  o Training on technical and behavioral skills for peers
  o Training may require special educational materials
  o Administered by expert and confident trainers
  o Improves mentorship relationships

- Individual Meetings
  o Enhances less experienced persons' broad skills for future personal or professional development
  o Can solidify training

Overview

Ongoing training and individual mentoring of peer staff is essential to the success of agencies that employ peer support workers. High-quality ongoing training is continuous. It accomplishes more than just the enhancement of skills, capabilities, and knowledge of employees doing a particular job.

High-quality training:

- is data-driven and research-based
- has content that is suitable and engaging (e.g., training on the work culture and managerial competencies for leaders)
- has content that enables learners to internalize and "own" their learning
- is in an appropriate environment with minimal interruptions (e.g., one-on-one, classroom-style, online, on-the-job, hands-on, etc.).

- has specific materials that are provided to learners
- is administered by expert and confident trainers who inspire, entertain, counsel, and even push back to make peers think.

Individual mentoring is a relationship-based support tool. In the mentoring relationship, the more experienced person enhances the other person's skills to help with development. Effective mentors provide ongoing personalized, compassionate, problem-solving support while monitoring peer milestones. At the same time, they show a visible concern for their own physical and psychological health.

**Competency 4:
High-Quality Ongoing Training
and Mentoring for Peers**

Why it Matters

The quality and consistency of employee training are crucial factors in the effective development of skills, knowledge, and attitudes of peers. High-quality training enhances peers' technical and behavioral skills and leads to increased professional development and output. Peers need more from trainers than speaking skills. No longer can trainers rest on their technical know-how to engage and affect learners. An organization's training process molds the thinking of team members. When employees are well-trained, they are more efficient and productive. They also have higher morale, need less supervision, and are more eligible for promotion.

Individual mentorship meets many of peers' workplace needs for appreciation, belonging, flexibility, purpose, recognition, respect, and support. Job engagement and productivity soar when employers meet these workplace needs.

Resources and Tools

Organizational Assessment Questions

- Design and develop training after asking several key questions:
  o What are the expected results?
  o What behaviors are needed to achieve those results?
  o What knowledge, skills, and attitudes are needed to affect the desired behaviors?
  o Are enough questions being asked before learning objectives are solidified?
  o Are your peers' workplace needs met by the work they do?

Resources

Core Competencies for California Medi-Cal Peer Support Specialists

California Peer Specialist Training Programs

California Peer Specialist Specialization Training Programs

Wellness Recovery Action Plan (WRAP) Seminars and Training

Whole Health Action Management Training

WISE University: Medi-Cal Peer Support Specialist Certification Program

Competency 5: Oversight, Evaluation, and Feedback for Peer Positions

Highlights

- Oversight
  - o Watchful management of an operation or process
- Peer Evaluation
  - o Incorporate core principles and values of peer support
  - o Assess peers' skill levels in the 12 core competencies
  - o Include organizational vision and values
- Feedback
  - o Reinforce expectations
  - o Clarify and prevent misunderstandings
  - o Uncover unique strengths and motivators

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

Overview

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

- Create a mechanism for peers and people in recovery to define outcomes and train people to understand them;
- Ensure data collected captures desired recovery outcomes;

- Increase the accessibility of data by using creative ways to share the information (e.g., fact sheets, intranets, podcasts);
- Establish new data systems that are integrative to create concurrent monitoring and data collection;
- Conduct frequent (weekly, biweekly, or monthly) check-ins with peers and non-peer staff to determine how things are going, explore potential issues, and prevent future challenges;
- Increase funding for research into recovery-oriented practices and peer-provided services.

Competency 5: Oversight, Evaluation, and Feedback for Peer Positions

Why it Matters

Although the MHSA requires organizations to hire peers, it does not say how PBHS employers should achieve this mandate. There is no guidance or oversight from any statewide authority related to the integration of peers. There is no official entity evaluating or monitoring the integration of peers into the PBHS workforce.

Organizations need incentives, pressures, clear guidelines, and easy access to free help to successfully integrate peers. PBHS employers can access support and technical assistance to help them plan for the inclusion of peers. They can also seek or guide them through the correction of past mistakes.

Furthermore, proper oversight, evaluation, and feedback can provide data to uphold and identify the benefit of peer support work as an evidence-based practice.

Resources and Tools

Recommended Organizational Assessments

- Peer Supervision
- Performance expectations
- Performance Evaluation
- Policies to address performance issues
- Data security protocols
- Documentation and record-keeping requirements

Included Tools and Handouts

- Recommended Peer Onboarding Procedures (p. 77)
- Supervisor Checklist for Peer Supporters (p. 80)
- Sample Peer Support Specialist Self-Assessment (p. 82)
- Collaborative Workplan (p. 85)

Resources

Consumer Operated Services: Evaluating Your Program

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

Toolkit for Evaluating Adult Community Services and Supports Programs

Toolkit for Evaluating Peer Respites

Competency 6: Clearly Defined Roles and Opportunities to Advance

Highlights

- Clearly-Defined Roles
  - Role easily and accurately perceived and interpreted
  - Non-peer staff have an understanding of the peer role
- The Peer Role
  - Lived experience of recovery is necessary
  - Core competencies and best practices
  - Prioritizing client's interests
  - Non-clinical and non-judgmental
  - Maintain ethics and boundaries
  - Sharing recovery stories
  - Advocate
  - Model recovery and inspire hope
  - Educate others
  - Personal and professional growth

- Examples of Advancement Opportunities
  - Peer Program Lead/Coordinator/ Supervisor/Manager
  - Patients' Rights Advocate
  - Client Advocate/Liaison
  - Cultural Competency Team
  - Quality Improvement Team
  - WET Team
  - MHSA (BHSA) Coordinator

Overview

Organizations that offer the most stable and resilient peer programs have clearly defined peer roles and offer genuine opportunities for career advancement. When peer roles are clearly defined, the functions of a peer support worker are easily and accurately perceived and interpreted. Effective employers understand the peer role before designing peer jobs and writing job descriptions. They understand that peers can provide a variety of services, including but not limited to:

- facilitating support groups
- peer counseling
- advocacy
- personal plan creation
- health education/navigation
- cultural brokerage

- services referrals
- system navigation
- benefits/healthcare acquisition
- crisis intervention
- engagement activities

Competent employers also understand that while the lived experience of recovery is necessary in the peer role, it is not enough. Nor does it ensure employee success.

**Competency 6:
Clearly Defined Roles and
Opportunities to Advance**

Overview

Organizations that offer the most stable and resilient peer programs have clearly defined peer roles and offer genuine opportunities for career advancement. When peer roles are clearly defined, the functions of a peer support worker are easily and accurately perceived and interpreted. Effective employers understand the peer role before designing peer jobs and writing job descriptions. They understand that peers can provide a variety of services, including but not limited to:

These employers incorporate recognized core competencies and best practices into peer job descriptions. Peers receive training and are encouraged to:

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

Workplaces that offer genuine opportunities for career advancement are those that provide authentic and sincere chances for employment, promotion, development, and improvement. Ineffective peer support work environments, peers receive real encouragement and support in developing their job skills and are exposed to a range of internal and external opportunities to enhance their competencies and prepare for potential future positions.

Why it Matters

Role confusion is one of the most common challenges in the successful integration of peer-provided services. Organizations that have not yet hired peers, or have a flawed integration of peers, may experience cooptation, and mishandling of transitions (e.g., from recipient to provider of services, client to coworker, and acquaintance to mentor). Peers become bored when they do not understand or are not challenged by their work. Their well-being and job performance also suffer. When peers' job duties are clear and relevant to peer roles, organizations can avoid or overcome role confusion.

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

Competency 6: Clearly Defined Roles and Opportunities to Advance

Resources and Tools

Organizational Assessment Questions

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

Included Tools and Handouts

Sample Job Announcement/Description (p. 72)

Resources

California Core Competencies for Peer Support Specialists

Code of Ethics for Certified Medi-Cal Peer Support Specialists

Development of Peer Specialist Roles: A Literature Scoping Exercise

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

Living Wage Calculator for Sacramento County, California

National Practice Guidelines for Peer Supports

National Survey of Compensation Among Peer Support Specialists

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

Peer Specialists in Mental Health Services: Workplace Integration and Outcomes

SAMHSA Core Competencies for Peer Workers in Behavioral Health Services

What do peer support workers do? A job description

Competency 7: Peer and Non-Peer Staff Collaboration

Highlights

- Collaborative Working Relationships
  o Relationship of equals
  o Clearly defined roles
- Peer and Non-Peer Staff
  o Are equal and essential
  o Are responsible and accountable
  o Make up a team
  o Need clearly defined roles
  o Learn together

o Strive to remain resilient and well
o Aim to understand and learn from conflict
o Acknowledge fallibility and invite contribution
o Model curiosity and ask questions

Overview

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

- Peers are incorporated as equal and essential workforce participants in all aspects of system development.
- The workforce is developed and aware of the role of peer support workers and recovery-oriented services.
- Strategic plans with areas of responsibility increase accountability for actions and outcomes.
- A performance improvement framework improves knowledge of and competencies in delivering recovery-oriented services.
- Team building and collaborative opportunities are fostered.

- Staff roles and responsibilities are clearly defined.
- Learning environments are created and nurtured.
- The resiliency, health, and wellness of staff prevent burnout.
- Conflicts are framed as opportunities for understanding and learning.
- Fallibility is acknowledged and contribution is invited ("I may miss something and would appreciate any feedback you may have").
- Curiosity is modeled and many questions are asked.

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

Competency 7: Peer and Non-Peer Staff Collaboration

Why it Matters

The saying that "people don't quit companies, they quit people," rings true for many groups and individuals. According to a survey by Mental Health America National, two of the top five factors attributed to employee satisfaction are based on positive relationships with co-workers and immediate supervisors. Three of the top five common challenges for peers in the workplace involve stigma, isolation, and stressful working conditions.

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

Resources and Tools

Recommended Organizational Assessments

- Assess Your Program's Collaborative Relationships
  - o Do non-peer staff understand the value of peer-provided services?
  - o Do all employees feel like they fit in?
  - o Are employees respectful and considerate in their interactions with one another, as well as with customers/clients/members, vendors, and the public?
  - o Does workplace communication move toward practical resolutions rather than just highlighting and reinforcing work issues?
  - o Does your workplace proactively prevent and address workplace threats, attacks, and other relationship-based issues?
- Work with Existing Staff
  - o Explain the peer role
  - o Explain the employer competencies
  - o Share your vision for the role and program
  - o Gather input and generate buy-in
  - o Address and dispel common myths related to peers in the workplace

Resources

Peers and Clinicians Together

Mental Health Consumer Providers: A Guide for Clinical Staff

**Competency 8:
Infrastructure that Supports
Growth of Peer Programs**

Highlights

- Workplace Infrastructure
  - Organizational structure needed for the operation of an agency or program
  - Personnel/risk management understands the purpose and value of peer support
- Continuity
  - Unbroken, consistent existence over some time
- Growth
  - Development from a lower or simpler form to a higher or more complex form
  - Evolution
  - Expansion

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

Overview

In a well-run mental health organization, workplace infrastructure supports the continuity and growth of its peer programs. Peer programs survive and thrive when the agency's organizational structure has:

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

Underlying all these components is the importance of safety in the workplace. A physically and psychologically safe and healthy workplace promotes workers' physical and mental well-being. The workplace does not harm employee's physical or mental health in negligent, reckless, or intentional ways. Managers in these workplaces take appropriate action to protect the physical and mental safety of their employees.

**Competency 8:
Infrastructure that Supports
Growth of Peer Programs**

Why it Matters

Peer programs need healthy environments to flourish. If a workplace does not promote engagement, continuity, and growth throughout its infrastructure, it may see marked psychological and medical consequences. This includes greater employee turnover, counterproductive behavior, and withdrawal behaviors that could lead to the collapse, eradication, or discontinuation of its programs.

In addition, if employees and others perceive a workplace's conditions as unsafe, ambiguous, inconsistent, and/or unpredictable, these perceptions can undermine stakeholder, consumer, and public confidence in the organization and reduce funding opportunities needed to sustain and grow programs.

Resources and Tools

Resources

Creation of the Pillars of Peer Support Services: Transforming Mental Health Systems of Care

DIMENSIONS: Peer Support Program Toolkit

Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services

Perspectives on the Evolution and Future of Peer Recovery Support Services

Pillars of Peer Support: Expanding the Role of Peer Support Services in the Mental Health Systems of Care and Recovery

The Peer Provider Workforce in Behavioral Health: A Landscape Analysis

**Competency 9:
Regular Opportunities for
Peers to Interact**

Highlights

- Regular Opportunities to Interact
  - It recurs and happens often
  - Happen in predictable and/or equal intervals
  - Facilitated by peer staff

- Interactions Between Peer Employees
  - Coming together
  - Communicating
  - Troubleshooting/problem-solving
  - Acting reciprocally
  - Share knowledge and experience
  - Effect each other
  - Network of mentors

Overview

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

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

Why it Matters

When peer employees do not have frequent contact with each other, isolation, cooptation, and dilution of the peer role tend to occur. The dilution of the peer role and cooptation lead to a "professionalization" of the peer role. Peer employees adopt values, attributes, and styles associated with clinical providers. They drift toward traditional, medical practices and become "mini-clinicians." When peers are brought into the "legal, ethical, and clinical cultural framework" of treatment organizations, they experience acculturation and, through that process, surrender the very attributes that recommended their participation in behavioral health systems of care to begin with.

A survey revealed that 77% of peer staff in treatment organizations provide services at a higher rate than those in peer organizations. Additionally, 85% of staff in treatment settings received training on treatment methods, compared to 50% in peer organizations. This indicates that peer staff in treatment settings may be viewed as secondary to treatment professionals and primarily serve as "helpers." Furthermore, they are more likely to work part-time compared to their peers in other organizations.

When peer employees are allowed to regularly interact with other peer employees, either internally or externally, they are more likely to maintain a strong peer identity, reduce isolation, and build a sense of belonging. This directly impacts their commitment to tasks, clarity of their role, and collaborative effectiveness. They also retain motivation to continue to tell their story, use recovery language rather than clinical language, advocate for client and family member interests, and refrain from using their position with clients and family members to push a clinical agenda.

**Competency 9:
Regular Opportunities for
Peers to Interact**

Resources and Tools

Recommended Organizational Assessments

- Assess your Program's Opportunities for Peer Employee Interactions
- To address isolation, ask:
  - o Is there enough support for the peer role?
  - o Do peers find support from peers in their team or department or other programs and agencies?
  - o Are peers encouraged to participate and asked to share their opinions?
  - o Do peers participate in group activities and community events?
  - o Do peers have mentoring and/or networking opportunities?

- To address cooptation, ask:
  - o Are there two or more peers per program?
  - o Have peers developed a strong peer identity?
  - o Is there reinforcement and support for the peer role?
  - o Are peers supervised by peers to emphasize the non-professional nature of the services they provide?
  - o Does a career ladder exist for peers?
  - o Are clinical or treatment staff educated on the peer role?

Resources

[Sacramento County Peer Support Specialist Committees](#)

[California Association of Peer Professionals](#)

[National Association of Peer Supporters](#)

[WISE Peer Staff Professional Development Group](#)

**Competency 10:
Flexible Workplace Policies
and Procedures**

Highlights

- Policies
  o A set of guiding principles to help with decision-making
- Procedures
  o Methods used to express policies in the day-to-day operations of an agency
- Flexible Policies and Procedures
  o Can be easily changed according to a given situation
  o Can bend easily without undermining an agency's purpose
  o Can lead to opportunities for professional development and career advancement

- Examples of Flexible Workplace Practices
  o Variable start and finish times and days worked
  o Ability to work from home
  o Ability to work part-time
  o Discretionary leave
  o Ability to arrange work to regulate tasks to meet work demands.

Overview

California's effective mental health programs have flexible workplace policies and procedures that attract and retain talented employees. These policies and procedures raise morale, improve productivity, and reduce stress. They provide clear guidelines for decision-making and daily operations. They also determine major decisions, actions, and activities of an agency. Flexible policies and procedures can be adjusted to suit specific situations without compromising their meaning or purpose.

Mental health programs demonstrate flexible policies and procedures when they:

- Modify policies to foster the inclusion of peers.
- Adopt recovery-oriented mission, vision, and values within key government agencies and organizations.
- Review and modify policies that pose barriers to employment, education, and housing for people who have mental health conditions and/or criminal justice histories.
- Adapt existing policies and practices to have recovery-oriented language.
- Develop policies and practices that promote recovery principles and modify policies and practices that inhibit recovery.
- Recognize and accommodate all employees' need for balance between work demands, family, and personal life.

**Competency 10:
Flexible Workplace Policies
and Procedures**

Why it Matters

Employers who recognize the effectiveness of peer-provided services and the importance of work-life balance tend to understand the necessity for greater flexibility in the workplace. In California's public mental health system, peers often find themselves in marginally employed positions and struggle to earn a living wage, which limits their career advancement. The current approaches often do not address the systemic impediments to peer job placement, which highlights the need for flexibility to explore more opportunities, become responsive to change, signal diversity in the workplace, successfully integrate and engage peers, and evolve peer programs effectively.

Resources and Tools

Recommended Organizational Assessments

- How does your agency regard change?
- Does your agency make all the internal changes necessary to integrate peers as quickly as possible?
- Do workplace changes benefit both the agency and employee(s) and result in superior outcomes?
- Is the consumer/family member voice incorporated into policy, planning, and decision-making?
- Does the agency understand workplace laws and legal requirements related to peer employment?
- Does the agency's hiring process prevent the hiring of qualified peer staff?

Resources

JAN Workplace Accommodation Toolkit

Creating Mental Health-Friendly Workplace

Workplace Research: National Study of Employers

How We Rewrote Our Company's Mental Health Policy

Workplace Flexibility: Information and Options for Small Businesses

Toolkit for Employing Individuals with Lived Experience Within the Public Mental Health Workforce

Employer Best Practice Guidelines for the Return to Work of Workers on Mental Disorder–Related Disability Leave

Competency 11: An Open Learning Environment

Highlights

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

Overview

The most competent agencies in California's PBHS foster open learning environments. Open learning environments are "rooted in learner-centered design principles and highlight activities and contexts that 'support the individual's efforts to understand what he or she determines to be important (Hannafin et al. 1994, p. 48)."

Open learning involves, but is not limited to:

- classroom teaching methods
- approaches to interactive learning
- formats in work-related education and training
- use of open educational resources
- the cultures and ecologies of learning communities

While there is no agreed-upon, comprehensive definition of open learning, the central focus is on the "needs of the learner as perceived by the learner."

Open learning environments emphasize self-directed learning. They provide guidance and support strategies to help students engage in open-ended problem-solving. Case studies show that open learning is an innovation used across academic disciplines, professions, social sectors, and national boundaries. It is also used in business, higher education institutions, and collaborative initiatives between institutions.

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

Why it Matters

A climate of openness, characterized by exploration, risk-taking, and tolerance, elevates an individual as a worker and as a person. It opens opportunities for an agency to continuously transform for the better. Employees learn and grow when they feel their beliefs are free to change as they expand their understanding and perspective.

Competency 11: An Open Learning Environment

Why it Matters (continued)

Providing diverse opportunities for employees to enhance their skills and knowledge leads to higher engagement and growth. Employees are also better equipped for potential future roles within the agency. Ongoing support in developing interpersonal, emotional, and job skills positively affects organizational health and individual employee well-being. This can also reduce organizational costs and improve work context (Simon Fraser University).

An open learning environment can foster psychological protection for employees. It allows them to feel able to put themselves on the line, ask questions, seek feedback, report mistakes and challenges, or propose a new idea without fearing negative consequences to themselves, their job, or their career

Resources and Tools

Recommended Organizational Assessments

- Are training and other learning opportunities in your workplace formalized and taken seriously?
- Are you aware of the different learning styles of your employees?
- Can current learning opportunities in your workplace be enhanced and/or broadened?
- Are employees who successfully learn new skills and abilities recognized? Does this encourage others to follow suit?
- Shared learning enables agencies to increase their staff quickly and solve challenges more efficiently. Do individuals in your agency work together, or learn individually?

Resources

Is Yours a Learning Organization?

Cultivating a Learning Culture Within Your Organization

Developing a Learning Culture in Nonprofit Organizations

Strategies for Cultivating an Organizational Learning Culture

Bridging the Gap: Building a Learning Environment in the Workplace

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

Hiring and Retaining Peers

Recruiting for Peer Support Specialists can be a challenging task. This role is unique and is still new to many individuals and communities. This section looks at strategies for recruitment and hiring processes that can increase the number of qualified applicants and address barriers to finding and hiring the right people.

When recruiting peers, it is important to remember candidates for peer support positions may have breaks in their work history due to their previous mental health issues. They also may have experience with the criminal justice system. These experiences can be used to help others in similar situations.

Recruiting Peers

Start with the Job Description

Prior to hiring peers, it's best to begin with the job description. A good job description describes the general tasks, related duties, and responsibilities of a position. Having an accurate and effective job description allows you to hire and promote the right people by matching competencies to specific job requirements.

Core Components of the Job Description

1. **Position Overview**
   Brief description of the basic nature of the job
2. **Minimum Qualifications**
   The basic requirements that all candidates must meet to get and keep this job (minimum is necessary, but not sufficient)
3. **Job Duties**
   The main activities and responsibilities assigned to this position (essential job functions, regular daily tasks, and recurring duties).

4. **Knowledge, Skills, & Abilities (KSAs)**
   Knowledge and skills are quantitative areas of knowledge required for a position, while abilities are qualitative skills ingrained in personality or acquired over time.
5. **Physical & Mental Requirements (PMRs)**
   The physical, cognitive, and emotional competencies required to effectively perform all the essential job functions of the position under the conditions normally present in this job's work environment

Job descriptions overlap with and are impacted by the following management issues:

1. **Scope of Work (SOW)**
   A job description should carve out a distinct role in the program tied to specific deliverables listed in your contract's SOW
2. **Workplan and Timeline**
   What KSAs does the person need to carry out the various tasks and assignments required to complete the deliverables on time?
3. **Budget**
   Can your program pay market value for the skills and qualifications you need/want this position to have?
4. **Recruiting and Attracting**
   Potential candidates need to know enough about the job to determine if they should apply (quals, duties, KSAs, PMRs)
5. **Screening and Hiring**
   Create clear criteria to help you evaluate the strength of individual applications and screen out applicants who don't meet the minimum requirements

6. Onboarding
   Should be specific to the duties of the new hire's position
7. Training and Education
   What does the person in this role need to learn and what skills do they need to develop to be most effective? How will you get them there?
8. Supervision and Evaluation
   How will you measure the employee's productivity and effectiveness? What are the employee's strengths? Where do they need to improve?
9. Modifying and Accommodating
   What are the essential functions of this job?

Steps to Develop a Job Description

1. Review your contract's Scope of Work and deliverables
2. Review the Work Plan and Timeline you've created for your program to identify the individual tasks and activities required to perform the deliverables in your SOW and how much time each will take to complete
3. Create a Position Worksheet and Job Analysis based on the tasks and activities assigned from your Work Plan
4. Review your contract's Budget, paying close attention to the Staffing Pattern and Personnel Expenses category in the Budget Worksheet
5. Using this information, draft your new Job Description

> **Did you know?**
>
> **The Core Competencies for Medi-Cal Peer Support Specialists can be used to help you create an effective job description.**

Advertising

Ensure that your advertising message is directed to peers who meet the role's qualifications. Provide candidates with a detailed job description and qualifications to help them fully understand the role and whether they qualify. Importantly, post your open positions on a variety of recruitment channels, including:

- Peer-led organizations
- Relevant career websites
- State employment services
- Job Fairs/Career Fairs
- Information Sessions/Open Houses
- Peer-Specific Job Board

Interviewing Candidates for Peer Support Positions

When interviewing peers, use the same protocols as for non-peers, but ask candidates how they will apply their lived experiences in the role. While you cannot ask someone about their specific diagnosis, you can ask them about their willingness to disclose their personal lived experience. You can also ask them how they might use their lived experience in specific situations. Below are some sample interview questions.

Sample Interview Questions

1. How will you use the skills and knowledge you have developed along your recovery journey to inspire hope and wellness in individuals who are just beginning to work on their recovery?
2. In your opinion, why is shared lived experience essential to effective peer support?
3. What is your knowledge of community resources and supports for mental health clients, their family members, and other support persons in Sacramento County?
4. Do you have any experience facilitating support groups? If so, please describe the groups you have facilitated (e.g., how many groups, what types/topics, who attended, etc.)?
5. Individuals in this position are required to work with people from diverse backgrounds. What is your experience working with individuals from cultures different from your own? What have you learned from these experiences about building relationships, and what might you consider doing when you work cross-culturally?
6. Can you share a time when you have advocated for yourself or someone else utilizing mental health and or substance use services?
7. Tell us about a time when you had to solve a problem or reach a mutual agreement with someone whose perspective differed from your personal value system. How did you handle that situation? What was the outcome?
8. In this position, you will speak on behalf of individuals who receive behavioral health services. This will require you to identify and discuss important issues impacting client services with others who may disagree with your perspective. How will you ensure your client's interests are adequately represented while maintaining positive working relationships with program partners? Can you give an example of a time you had to advocate for an unpopular opinion and how you handled it?
9. Tell us about a time when you had a conflict with a colleague or supervisor and describe how you resolved the situation.

Growth, Development, and Wages for Peer Support Positions

Peers are often paid less than other positions with comparable responsibilities (e.g., mental health workers, wellness coaches, case managers, service coordinators, etc.). Some peers report being restricted to temporary, part-time, and/or extra help roles. In addition, most agencies do not provide opportunities for professional growth in peer roles. In these situations, peers must obtain clinical education/training to advance. This section provides information and recommendations for improving growth, development and wages for peers.

Wage Growth

It is important to ensure peer staff are paid a living wage. A living wage is what one full-time worker must earn on an hourly basis to help cover the cost of their family's minimum basic needs where they live while still being self-sufficient. As of February 2025, the MIT Living Wage Calculator estimates that the living wage for one adult with no children is $26.76. For an adult with one child, it is $46.84. The image on the next page represents the most current living wage data for Sacramento County. The information was last updated on February 10, 2025.

MIT Living Wage Calculation for Sacramento County

	1 ADULT				2 ADULTS (1 WORKING)				2 ADULTS (BOTH WORKING)			
	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children	0 Children	1 Child	2 Children	3 Children
Living Wage	$26.76	$46.84	$60.19	$78.56	$36.32	$44.60	$48.65	$57.54	$18.16	$25.90	$32.58	$40.71
Poverty Wage	$7.52	$10.17	$12.81	$15.46	$10.17	$12.81	$15.46	$18.10	$5.08	$6.41	$7.73	$9.05
Minimum Wage	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50	$16.50

The Living Wage Calculator estimates the living wage using eight typical expenses or basic needs – childcare, civic engagement, food, health care, housing, internet and mobile, transportation, and other necessities. The Calculator also accounts for the additional cost to families associated with income and payroll taxes.

Supervisors and other managers can advocate for higher wages and quality jobs for peers. Quality jobs provide family-sustaining wages, health benefits, a pension, worker advancement opportunities, and collective worker input and are stable, predictable, safe, and free of discrimination. Quality jobs can transform workers' lives, create resilient, thriving firms and communities, and create a more just and equitable economy. Family-sustaining wages include healthcare, pension, and paid sick leave. They also ensure workers can procure basic necessities such as housing and food. Supervisors can advocate to leadership for higher wages by establishing pay scales acknowledging the value of lived experience in the workforce. Supervisors can also prioritize living wages for staff who make lower wages when developing program budgets/program proposals.

Personal Growth and Development

Growth and Development is one of the 13 organizational factors identified by researchers at Simon Fraser University that are shown to have the greatest impact on organizational health, the health of individual employees, and organizational costs, including the way work is carried out and the context in which work occurs. Organizations with a high level of growth and development opportunities experience increased employee competency, trust, honest communication, retention of talent, and enhanced productivity or service quality.

Yet, Peer Support workers find themselves with few, if any, opportunities for professional growth. Some agencies have limited or short career ladders for peer staff and peer supervisors. As a result, there is limited mobility within the peer field. Peers often must seek a new profession within behavioral health or obtain clinical education/training to achieve professional growth. In addition, peers may have fewer opportunities to increase their knowledge, skills, and abilities in the peer field. In addition, productivity goals, schedule inflexibility, and limited financial support regularly prohibit peers from obtaining professional development.

To address growth and development Chinman et.al (2008) recommended organizations:

- Ensure peers have opportunities for professional growth
- Hire peers for appropriate jobs consistent with their experience
- Develop a career ladder for peers within the organization
- Discover professional interests and support professional development (consider the development of career plans)
- Provide a range of internal and external opportunities for employees to develop their competencies and prepare them for possible future positions
- [Identify] an influential staff person or manager to be a [Peer] "champion," with the responsibility of overseeing the incorporation of [Peers] into the workforce as an important principle of recovery-oriented services.

Table 3 lists entry-level and advancement opportunities that an organization can use to build a career ladder for peer staff.

Table 3: Entry-level and advancement opportunities for Peers

Entry-Level	Advancement Opportunities
Occasional Volunteer	Peer Program Lead/Coordinator
Regular Volunteer	Peer Program Supervisor
On-Call/Extra Help Worker	Peer Program Manager
Part-Time Employee	Patients' Rights Advocate
Temporary Employee	System Advocate/Liaison
Transportation and Community Support	Cultural Competency Team
Wellness/Recovery Centers	Quality Improvement Team
Client Outreach/Engagement	Workforce Development
Client Welcoming/Orientation	MHSA Coordinator
	Behavioral Health Director

Effective Performance Management for Peers

Effective performance management requires effective leadership. Leaders must let employees know what they need to do and how their work contributes to the organization/agency. Leaders who do not set clear expectations are more likely to increase confusion, decrease motivation, and cause frustration. These emotions can lead to employees working below their full potential. Through performance management supervisors engage in an ongoing communication process with their staff members, where they can clarify expectations, set objectives, identify goals, provide feedback, and review results. Effective performance management occurs regularly throughout the year.

Managing Certified Medi-Cal Peer Support Specialists (CMPSS) is similar to managing non-peer staff. They require similar support, but supervisors and managers may be unprepared due to their unfamiliarity with the peer role. This lack of familiarity creates challenges in measuring peer performance and providing feedback. Peer supervisors often receive limited guidance on managing peers, leading to confusion among peers about roles and expectations. Insufficient onboarding, orientation, and training further complicate matters.

Performance Management Strategies

Performance management requires accurate job descriptions, supportive managers, planning, ongoing communication and review.

The Job Description

Performance management needs accurate job descriptions. A good job description outlines the general tasks, related duties (like a scope of work), and responsibilities of a position. They also include the following elements:

- Who the position reports to
- Qualifications for the position
- Competencies required to perform these tasks and duties (knowledge, skills, and abilities or "KSAs")
- Salary range and benefits of employment

A good job description provides employees with a guide to understand why their position exists, what they are supposed to be doing, and how their performance is evaluated. Accurate and effective job descriptions also help supervisors:

- Hire and promote the right people by matching competencies to specific job requirements
- Fairly and accurately evaluate employee work performance
- Provide clear expectations and work standards
- Offer reasonable accommodations and job modifications

Supportive Managers

Supportive managers provide empathy, and encouragement, help hold their peer staff "up," and often assist them in achieving a specific personal or professional goal by providing training and guidance. This may include:

1. Focusing on a peer support worker's here- and now- needs and accomplishments
2. Close observation
3. Impartial and non-judgmental feedback on job performance

Planning

Performance expectations go beyond the job description, however. When you think about high-quality on-the-job performance, you are thinking about a range of expected job outcomes, such as:

- What services should the job produce?
- What impact should the work have on the organization?
- How do you expect the employee to act with clients, colleagues, and supervisors?
- What are the organizational values the employee must demonstrate?
- What are the processes, methods, or means the employee is expected to use?

Performance expectations should be objective, written, verifiable, and understood.

When discussing performance expectations with an employee, they must understand the job's purpose, its position within the organization, and how its responsibilities align with the organization and/or department objectives. While the scope of performance expectations can vary, they can typically be categorized into two main areas: results and actions/behaviors.

- Results: The services produced by an employee measured by objectives or standards
- Actions and Behaviors: The methods and means used to perform these services and the behaviors or values demonstrated during the process

Performance expectations serve as a foundation for communicating about performance throughout the year. They also serve as the basis for reviewing employee performance. When you and an employee set clear expectations about the results that must be achieved and the methods or approaches needed to achieve them, you establish a path for success.

Check-in

Effective performance evaluation requires frequent communication between a supervisor and an employee. During check-in sessions, supervisors can either provide general feedback or engage in a coaching session.

By observing and providing detailed feedback, supervisors can play a critical role in the employee's continued success and motivation to meet performance expectations. Effective observation and feedback can:

- Strengthen communication between you and the employee
- Help the employee attain performance objectives and meet standards
- Increase employee motivation and commitment
- Maintain and increase the employee's self-esteem
- Provide support

Coaching is a method of enhancing communication between you and the employee, and it can be utilized during check-in sessions. Unlike a performance appraisal or general feedback, a coaching session focuses on one or two specific aspects of performance rather than a comprehensive review. In a coaching session,

- Praise what's going well
- Focus on behavior, not personality
- Focus on facts (not interpretations or opinions)
- Encourage collaborative problem-solving
- Set goals and timelines
- Schedule follow-up meetings

Review

Annual performance evaluations provide a review of an employee's performance during the preceding 12 months. Components of these evaluations may include:

- Evaluation Summary
- Performance Categories
  - o Performance Standards
  - o Scoring
  - o Comments
- SMART Goals
- Additional Feedback
- Acknowledgement of Receipt

Things that can be measured by an annual evaluation include:

- Self-evaluation
- Job Description
- Attendance
- Documented warnings, significant counseling communications, and Performance Improvement Plans/Collaborative work plans
- Awards, compliments, commendations
- Quantity: evidence of productivity (What is the employee doing and how to it compare to organizational expectations and what coworkers are doing

- Quality: evidence of proficiency or skill level (How well is this employee performing (irrespective of quantity) and how does this compare to both our expectations and coworkers' performance)
- Any other data or information you are relying upon to form an opinion of the employee's performance

Additional Performance Management Resources

Measure team performance in Peer Support using key metrics

Assess the effectiveness of peer support professionals using key performance indicators

Quality of Peer Support Services

Reasonable Accommodations

The Federal American's Disability Act and California's Fair Employment and Housing Act

Like many employees, a CMPSS may need a reasonable accommodation to help manage their behavioral health issues while working. Two laws govern reasonable accommodations. These are the Federal Americans with Disabilities Act (1990, ADAA, 2008) and California's Fair Employment and Housing Act (FEHA, 1959, Gov. Code §§ 12900 – 12996; 2 CCR §§ 11005 - 11086).

The ADA sets the bare minimum rights and entitlements to ensure equal employment opportunities for individuals with disabilities. FEHA makes it illegal for California employers of 5 or more employees to discriminate against job applicants and employees because of a protected category or retaliate against them because they have asserted their rights under the law.

FEHA also makes it illegal to:

- Discriminate against a qualified individual (whether a job applicant, trainee, or employee) by denying or withholding any employment benefit based on someone's disability if the individual can perform all essential functions of the job with or without reasonable accommodation.
- Fail to make reasonable accommodations for the known physical or mental disability of an applicant or employee.
- Retaliate or otherwise discriminate against a person for requesting accommodation.
- Fail to engage in a timely, good faith, interactive process with the employee or applicant to determine effective reasonable accommodations.

Both laws prohibit disability-based employment discrimination and impose an affirmative action duty on employers to make reasonable accommodations for known disabilities of applicants or employees unless doing so would impose an undue hardship on the employer.

Qualified Individuals

To qualify for a reasonable accommodation, an applicant or employee must have all of the requisite skills, experience, education, and other job-related requirements of the employment position and can perform the essential functions of such position with or without reasonable accommodation. They must have a qualified disability.

A qualified disability is any mental, psychological, or physical disorder or impairment, a medical condition, or adverse genetic information that limits a major life activity (either currently or when active). Major life activity includes: physical, mental, and social activities, especially those life activities that affect employability or otherwise present a barrier to employment or advancement, such as:

- Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, interacting with others, and working.
- The operations of major bodily functions, including the functions of all bodily systems and the operation of an individual organ within a bodily system.

This definition is broadly construed and includes any of the following:

- Mental Disability
- Physical Disability
- Medical Condition or Genetic Characteristic
- Record or History of Disability

- Perceived Disability
- Perceived Potential Disability
- Other conditions covered by the ADA/ADAAA
- Association with a Person with a Disability/Perceived to Have a Disability*

The following conditions are not included as qualified disabilities:

- Compulsive gambling, kleptomania, pyromania, or psychoactive substance use disorders resulting from the current unlawful use of controlled substances or other drugs, and "sexual behavior disorders" (defined as pedophilia, exhibitionism, and voyeurism)
- Conditions that are mild, which do not limit a major life activity and have little or no residual effects, such as the common cold; seasonal or common influenza; minor cuts, sprains, muscle aches, soreness, bruises, or abrasions; non-migraine headaches, and minor and non-chronic gastrointestinal disorders.

Reasonable Accommodations

Reasonable accommodations make modifications to a job that are effective in enabling an employee:

- to perform the essential functions of the job the employee holds or desires, or
- with a disability to enjoy equivalent benefits and privileges of employment as are enjoyed by similarly situated employees without disabilities

Accommodations are not considered reasonable if they eliminate essential functions of a job, reduce minimum performance standards, or create a brand-new job the employee can perform.

Examples of acceptable changes to how work is performed

- Assistive aids and services (e.g., qualified readers or interpreters)
- Job restructuring, such as reallocation or redistribution of non-essential job functions in a job with multiple responsibilities
- Permitting an alteration of when and/or how an essential function is performed
- Modifying supervisory, modifying a rule, policy, or procedure methods (e.g., dividing complex tasks into smaller parts)
- Additional training
- Reassignment to a vacant position

Examples of acceptable changes to the work environment:

- Making existing facilities readily accessible to and usable by individuals with disabilities
- Allowing assistive animals at the work site
- Transferring an employee to a more accessible worksite
- Providing a part-time or modified work schedule
- Permitting an employee to work from home
- Providing a paid or unpaid leave for treatment and recovery

Check with your human resources department as some of these may already be under your discretion (e.g., purchasing a screen reader program for a new staff member, purchasing a standing desk for ergonomics, etc.).

The Interactive Process

The interactive process is a series of steps to determine whether an accommodation is needed and if so, what kind(s) of accommodations would be most effective. Typically, employees or job candidates initiate the reasonable accommodation process. It is important to note, however, that employers must initiate the interactive process if they otherwise become aware of the need for an accommodation, either by a third party or by observation.

Employers have an affirmative duty to accommodate disabilities and cannot choose to ignore "hidden" ones. There are no "magic words" to indicate the need for accommodation.

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*The ADA prohibits discrimination based on relationship or association to protect individuals from actions based on assumptions that their relationship to a person with a disability would affect their job performance and from actions caused by bias or misinformation concerning certain disabilities. For example, this provision would protect a person whose child has a disability from being denied employment because of an employer's assumption that the applicant would be unreliable, using excessive leave to care for the child. Employees may still be held to the same conduct and standards as all others and can be expected to complete work as usual. The employer is not obligated to provide reasonable accommodations related to the child, given that it is not the employee with the disability.

Look for observable changes in behavioral patterns:

- Attendance, punctuality
- Focus, concentration, engagement, activity levels
- Attention to detail, quality, and quantity of work
- Interpersonal interactions, relationships with coworkers and clients
- Physical appearance and hygiene
- Abrupt increases in "positive" behaviors

The Interactive Process need not be formal but, at a minimum, should include:

- The employee or their medical provider must provide information about the employee's functional impairments or limitations.
- Analysis of the employee's current job duties and the essential job functions affected.
- Identification of potential accommodations and an assessment of their effectiveness in enabling the employee to perform the essential functions of their job.
- Implementation of an accommodation unless the employee declines it, no accommodation would be effective, or the only effective accommodation would create an undue hardship on the organization.

Even if an accommodation has been reached, the interactive process is not complete. It is important to monitor the accommodation to ensure it remains satisfactory for both the employer and the employee. If an accommodation becomes ineffective, promptly reengage in the interactive process.

The Interactive Process (a video)

This roleplay video is part of the JAN Workplace Accommodation Toolkit. The situation demonstrated in this video is accommodating an employee with non-apparent disabilities. It shows both ineffective and effective approaches.
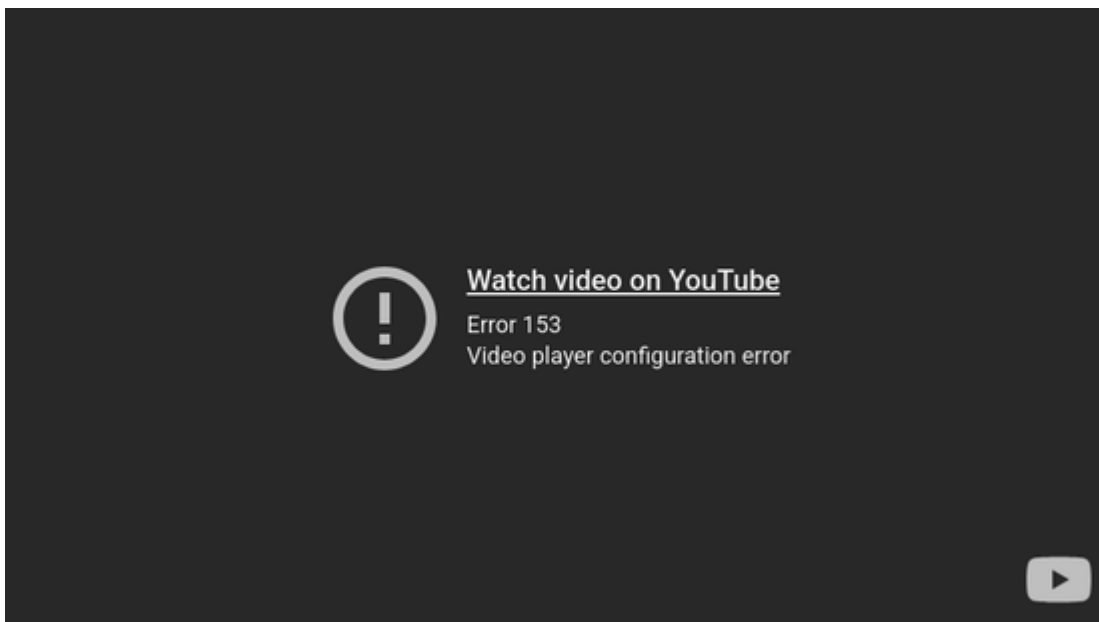
Difference Between Formal Accommodations and Less Formal Accommodations

Throughout this section, we have discussed formal Accommodations covered by the ADA and FEHA. Supervisors can make other informal accommodations based on their inherent discretion. Some examples include work environment (e.g., ergonomics, screen reader software), one-time schedule changes, delegation of tasks and assignments, etc.). Always check with human resources to determine the best course of action, because even if you think the decision is in your discretion it may not be.

For example, an employee needs a temporary adjustment to their work shift to accommodate a new treatment regimen. They would like to work a split shift for 6 weeks to accommodate new medical appointments for a chronic illness. Although their supervisor has the authority to make temporary schedule adjustments, they likely do not have the discretion to make this change due to the length of time of the request. Instead, this would have to go through the interactive process of a formal accommodation.

Important Takeaways

- Only the applicant or employee with a disability is entitled to the Interactive Process and (potentially) a Reasonable Accommodation.
- If someone other than the applicant or employee has a disability (e.g., spouse, partner, parent, child), the applicant or employee is not entitled to the Interactive Process/Reasonable Accommodation. They are, however,
  o They are still protected against disability association discrimination; and
  o They may be entitled to job-protected leave to care for their family member under the Federal Family and Medical Leave Act (FMLA) and/or California Family Rights Act (CFRA)

Documentation for Peer Support Services

This section assists peer employers with a better understanding of how peers must document their services. Please note that different counties and providers use different electronic health record (EHR) systems and Medi-Cal- billing software. This section does not cover the mechanics of how Peers enter their progress notes, as there is not one universal system. This type of training is usually employer-specific and provided to Peers when they are hired. This section provides general tips about CMPSS documentation, regardless of county of employment.

Peer Support Versus Clinical Notes

Progress notes document interventions, outline the next steps, and serve as a communication tool to inform other practitioners (or the person in care themselves) about the progress of treatment. Yet, documentation of peer support services may read differently than clinical notes. While both have the same foundation of recording important information about services someone is receiving and their progress, Peer Support notes focus on recovery rather than medical information (Fuentes, 2024). They connect each note directly to a goal from the mutually created treatment plan.

Table 4 on the next page highlights the main differences between the two styles (Rider, 2019).

To also see the difference, in the next column there is an example of a clinical note and a peer services note.

Example Clinical Note

The patient was impulsive and aggressive during community meeting, and exhibited poor impulse control on at least three occasions. Following group, the patient approached the nursing station, posturing aggressively, and spoke to the charge nurse in a threatening manner. His mood was labile, his behavior unpredictable. When redirected, he returned to the day room where he was noted to be sullen. After approximately 15 minutes, the patient became sexually inappropriate and had to be asked to return to his room. He continued to be disruptive for the remainder of the shift.

Example Peer Services Note

The patient interrupted the social worker leading the community meeting three times, and when asked to wait until the "Open Discussion" part of the meeting, he kicked at the empty chair in front of him. After group, the patient came to the nursing station and, pointing his finger at the refrigerator, asked if he could have his morning snack. When told that the snack would be ready in 10 minutes, he went to the day room and sat silently, staring toward the nursing station. After 15 minutes, an aide reported that the patient was rubbing his genital region with his hand. He continued to ask questions at the nursing station throughout the morning, usually regarding the next smoke break, snack or meal.

The clinical note may be less understandable due to jargon and clinical language. The Peer Services, recovery-based, note provides clearer and more accurate communication about the service participant's behavior. Clear and accurate notes are more accessible to anyone with access to the notes, including service participants.

Table 4: Comparison of Peer Support Notes and Clinical Notes

Peer Support Notes	Clinical Notes
Use the language of ordinary human experience	Use the language of diagnoses, symptoms, medications
Focus on recovery and resiliency	Focus on symptom management and compliance
Include the person's strengths	Include the problems
Use the person's goals for recovery	Use the provider's goals for compliance
Are all about the person	Are often about compliance

General Characteristics of Documentation

According to the CalMHSA 2023 Clinical Documentation Guide for Certified Peer Support Specialists, all documentation should consider including the following characteristics to improve quality:

- Clear
- Consistent
- Descriptive
- Reliable
- Accurate/Precise
- Timely

Required Progress Note Information (CalMHSA, 2023)

Regardless whether a note is being written by a Peer or a clinician it must always contain the following information:

- The type of service rendered
- A narrative describing the service, including how the service addressed the person's behavioral health need (e.g., symptom, condition, diagnosis and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time, which should be documented separately.
- Location of the person in care at the time of receiving the service.
- A typed or legibly printed name, signature for the service provided and date of signature.
- ICD 10 code.
- Current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- The plan, or next steps, including but not limited to, planned action steps by the provider or by the person in care, collaboration with the person in care, collaboration with other provider(s) and any update to the problem list as appropriate.

Examples of Progress Notes

The [CalMHSA 2023 Clinical Documentation Guide for Certified Peer Support Specialists](#) guide provides several examples of progress notes that demonstrate sufficient documentation an intervention. We have provided two examples.

Engagement

Peer Support Specialist contacted the client via telephone as an introduction and to support the person in engaging in care. Discussed what to expect during the upcoming session. Answered questions and clarified expectations. Peer Support Specialist shared their role in supporting the person through the process. This staff collaborated with treatment team members and provided pertinent information for upcoming session. Client reported appreciation for the information, including feeling less stressed out about the upcoming session. Client was able to identify the plan for the upcoming session, including the date/time and transportation.

Collaboration with Significant Supports

Client's father and grandmother report that on most days, client closes herself off in her bedroom as soon as she comes home on visits and only leaves her room to meet basic physical needs. These behaviors resulting from client's depression are creating challenges in family relationship, per father. This Peer Support Specialist provided empathic and validating statements, acknowledging caregiver's frustration and concern. Peer Support Specialist provided education on recovery principles and ways to support the client. Peer Support Specialist discussed common challenges amongst families when there are notable differences in the expression of respect between the generations within household. Solicited feedback from caregivers about their understanding of recovery and identified things they can do that may best support the client. Client's caregivers were forthcoming in expressing their challenges to understand how to best support client. They were receptive to information and expressed willingness to try new approaches with client. I will continue to work with client and the client's family in identifying new methods to respond to client's isolative behavior.

Resources and Sample Documents

Integrating Peer Services into the Public Behavioral Health System

Website Resources

Peer Certification

[Medi-Cal Peer Support Specialist Certification Program](#)

[Certification Registry: Medi-Cal Peer Support Specialist Certification](#)

[Core Competencies for Certified Medi-Cal Peer Support Specialists](#)

[Code of Ethics for Certified Medi-Cal Peer Support Specialists](#)

[Training Providers: Medi-Cal Peer Support Specialist Certification Training](#)

[Early Implementation of California's Peer Support Specialist Certification Program](#)

[SAMHSA's National Model Standards for Peer Support Certification](#)

Evidence of Impacts of Peer Support

[A systematic review and meta-analysis of randomized controlled trials of peer support for people with severe mental illness](#)

[Addition of Peer Support Workers to Improve Patient Outcomes & Reduce Costs](#)

[Consumer-Operated Services Evidence-Based Practices (EBP) KIT](#)

[Contributions of Peer Support to Health, Health Care, and Prevention: Papers from Peers for Progress](#)

[Evidence Base for Peer Support Services](#)

[Global Evidence for Peer Support: Humanizing Health Care](#)

[Making the Case for Peer Support](#)

[Peer Support in Mental Health Care: Is it good value for money?](#)

[Peer Support: Research and Reports](#)

[Peer-Delivered Wellness Recovery Services: From Evidence to Widespread Implementation](#)

Integrated Systems

Call to Action: Integrating Peer Support in Prevention and Health Care Under the Affordable Care Act

Meaningful Roles for Peer Providers in Integrated Healthcare: A Guide

Peer Models and Usage in California Behavioral Health and Primary Care Settings

Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions

Peer Integration

Deflection and Pre-Arrest Diversion: Integrating Peer Support Services

Incorporating Peer Support Into Substance Use Disorder Treatment Services

Integration of Peer Specialists Working in Mental Health Service Settings

Integrating Peer Recovery Support Services into Substance Use-Related Crisis Care: A Brief for States

Peer Specialists in Mental Health Services: Workplace Integration and Outcomes

The Peer Provider Workforce in Behavioral Health: A Landscape Analysis

Population Specific

Effectively Employing Young Adult Peer Providers: A Toolkit

Experts by Experience: Peer Support and its Use with the Homeless

Family Peer Support: An Emerging Workforce

Peer Services in Crisis Care

Peer Support for People with Substance Use Disorders

Peer Support Roles in Criminal Justice Settings

Peer Support Specialists' Unique Contribution to Veterans' Health

Psychological Health and Safety

Guarding Minds at Work: Assess and Address Psychological Health and Safety in Your Workplace

Mental Health - Psychosocial Risk Factors in the Workplace

Recovery Friendly Workplace Toolkit

Recovery-Ready Workplace Resource Hub

Workplace Development Tips: A Resource Kit for the Alcohol and Other Drugs Field

Workplace Health and Well-being - Comprehensive Workplace Health and Safety Program

Supervision and Evaluation

(Required) Supervision of Peer Workers Training

Evaluating Peer Programs

Guidebook for Peer Support Program Self-Evaluation: Practical Steps and Tools

National Practice Guidelines for Peer Specialists and Supervisors

Performance Measurement in Peer Support Services

Supervision of Peer Workers

Supervision of Peer Workers TA Resources

Supervisor of Peer Workers Self-Assessment

Sample Documents

Sample Recovery Self-Assessment For Providers

Download the full five-page Recovery Self-Assessment for Providers.

CAL VOICES

ADVOCACY · RECOVERY · PEER SUPPORT

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WEB www.calvoices.org | EMAIL info@calvoices.org

RECOVERY SELF-ASSESSMENT FOR PROVIDERS

The Recovery Self-Assessment (RSA) is a 36-item measure designed to gauge the degree to which programs implement recovery-oriented practices. It is a self-reflective tool designed to identify strengths and target areas of improvement as agencies and systems strive to offer recovery-oriented care.

The RSA contains concrete, operational items to help program staff, persons in recovery, and significant others to identify practices in their mental health and addiction agency that facilitate or impede recovery.

Please rate how accurately the following statements describe the activities, values, policies, and practices of your program.

The mental health system I work in and people I work with ...	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Not Applicable	Don't Know
Staff make a concerted effort to welcome people in recovery and help them to feel comfortable in this program.							
This program/agency offers an inviting and dignified physical environment (e.g., the lobby, waiting rooms, etc.).							
Staff encourage program participants to have hope and high expectations for their recovery.							
Program participants can change their clinician or case manager if they wish.							
Program participants can easily access							

Handout: RECOVERY SELF-ASSESSMENT FOR PROVIDERS
(O'Connell, Tondora, Kidd, Stayner, Hawkins, and Davidson (2007))

Recovery Graphic

LIFE IN RECOVERY

PEOPLE RECOVERING FROM MENTAL ILLNESSES SAY IT FEELS LIKE:

A great big sigh of relief

A fog lifts from your mind and you can see the end of a thought

Having your motivation back

Freeing to realize that you don't always have to engage with what is going on around you, because not everything really matters

A weight being lifted from your shoulders, your muscles loosen, and you can focus

Happiness and joy can be a part of your life again

It's a little scary at first, because happiness and relief are so different than the hard times you've gotten used to. But you also don't want those hard times to come back

The more you face your illness, the easier it is to talk about it

Accepting your feelings and illnesses is a way of respecting and helping others who are struggling

There is hope for your life

Being alive again

Celebrating small victories

Getting a piece of your old self and your life back

You've made it out of a dark forest

You can be satisfied with normal things

Having energy to do things again

You can let go of the small things and relax enough to live life

Realizing that you aren't as miserable as you were, but the same amount as everyone else

Your life and your goals are worth fighting for

Ups and downs

Your soul has been rejuvenated

#mentalillnessfeelslike

Share what life in recovery from mental illness feels like for you in words, images or video by tagging your social media posts with **#mentalillnessfeelslike.**

Posts will be displayed at **mentalhealthamerica.net/feelslike** where you can also submit anonymously if you choose.

▶ Speak up about your own experiences
▶ Help others who may be struggling to explain what they are going through to figure out if they are showing signs of a mental illness
▶ Break down the discrimination and stigma surrounding mental illnesses
▶ Show others that they are not alone in their feelings and their symptoms

THE OTHER "R" WORDS ASSOCIATED WITH RECOVERY

RESPONSE is a term that service providers use to refer to improvement in your illness as a result of treatment

RESILIENCE is about adapting to stress and change in a way that helps you to become a stronger person over time

RELAPSE means that symptoms of a mental illness have returned and is part of the recovery process - there will be ups and downs

ROLES are about having a meaningful sense of your purpose and who you are outside of your mental illness

RECOVERY IS:

- ❯ A process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential[1]
- ❯ Regaining losses and rebuilding relationships
- ❯ Trusting yourself
- ❯ Finding your place in the world
- ❯ Lifestyle changes
- ❯ Understanding what does and does not help you feel better
- ❯ Respect—feeling that you deserve it and are treated with it
- ❯ Something that takes time
- ❯ Incremental—with plenty of ups and downs
- ❯ Doing what you can to help others and helping yourself in the process
- ❯ Reclaiming your power
- ❯ Getting more of what is important to you

RECOVERY IS NOT:

- ❯ Instant
- ❯ A 12-step program, but they can help
- ❯ A one-size-fits-all solution
- ❯ Found in a pill, although medication does play a role in recovery for many people
- ❯ A destination that you arrive and stay at; it's a continuous journey
- ❯ Easy—it requires hard work and dedication
- ❯ A cure

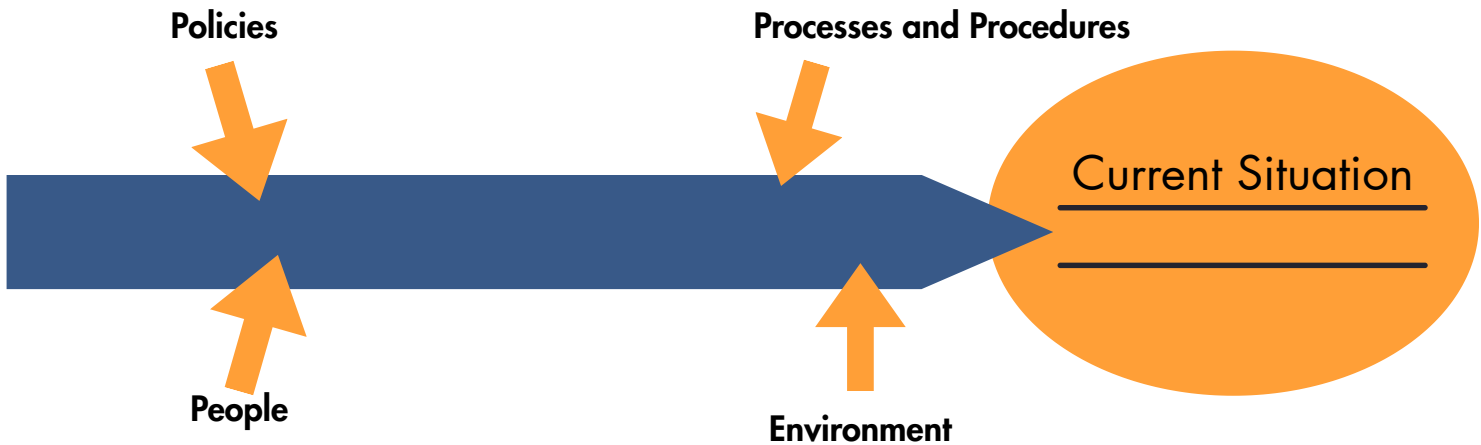## Analyzing Leadership Challenges: Root Cause Analysis

To effectively address a leadership challenge, you have to determine its root causes.

1. Assess the Current Situation
   - Provide a summary of the current situation
2. Determine Root Causes: Identifying root causes enables you to see the obstacles that you need to address
   - Order and group the causes that are responsible for the current situation (Environment, People,
   - Policies, Processes, and Procedures)
   - Start with the first major categories and then details
   - Each major cause can be further analyzed by asking "why"
3. Develop an Action Plan
   - The root causes are used as a basis for designing appropriate interventions
   - The action plan that you make should be designed to address these root causes and not the symptoms.

Policies   **People**
Processes   **Environment**

Current Situation

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☐ _____

Policies

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☐ _____
☐ _____

Processes and Procedures

Current Situation
_____
_____

People

Environment

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Analyzing Leadership Challenges				
Current Situation:				
Causes				
	Causes	Why	Details	Proposed Action/Intervention
Environment				
People				
Policies				
Processes & Procedures				

Agency Policies and Practices That Address the 13 Psychosocial Risk Factors at Work

According to Guarding Minds at Work (2009-2020), there are 13 organizational factors shown to have the greatest impact on organizational health, the health of individual employees, and organizational costs, including the way work is carried out and the context in which work occurs. These psychosocial factors support certain basic human needs that can be reasonably addressed at work (e.g., dignity, respect, security, integrity, autonomy, and organizational justice, etc.,) (Guarding Minds at Work, 2024). In addition, employees in a psychologically healthy workplace are more productive and sustainable.

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

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

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

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

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

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

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

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

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

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

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

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

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

Learn more about Guarding Minds at Work

Sample Peer Support Specialist Job Description

PEER SUPPORT SPECIALIST

JOB CLASSIFICATION: FULL TIME, NON-EXEMPT | ASSIGNED WORKSITE: SACRAMENTO, CA

POSITION OVERVIEW

{Agency Name} has an immediate opening for a {full-time/part-time} {Job Title}. This position is employed by {Agency Name}. Under the supervision of {Agency Name's} {Supervisor/Manager Title}, the {Job Title} uses their personal lived experience of wellness, resilience, and recovery to provide peer mentoring and emotional support, wellness/recovery planning, education, linkage, and referrals to public behavioral health clients. {Job Title} must possess a thorough knowledge of available resources in Sacramento County and be capable of supporting others using strengths-based, recovery-focused approaches. This is a fast-paced work environment where new tasks unexpectedly arise and priorities frequently shift, so organization, effective time management, personal flexibility, internal motivation, and a sense of humor are also essential. Employees in this position will be required to maintain Medi-Cal Peer Support Specialist Certification.

Due to the nature of Peer Support Services, this position must be held by someone with personal lived experience {of recovery from a behavioral health challenge/as the primary caretaker of an adult, child, or youth with complex mental or behavioral health needs}. Qualified individuals who have received public behavioral health services in any California county, are bilingual/bicultural, or identify as members of traditionally underserved populations (BIPOC, LGBTQ+, veterans, immigrants/refugees, former foster youth, experience with houselessness or justice system involvement, etc.) are strongly desired. Fluency in Spanish or another threshold language is also desired.

MINIMUM QUALIFICATIONS

- Personal lived experience {of recovery from a behavioral health challenge/as the primary caretaker of an adult, child, or youth with complex mental or behavioral health needs}
- A high school diploma or its equivalent, plus:
  - o Medi-Cal Peer Support Specialist Certification that is current and in good standing; or
  - o Completion of at least 40 hours of structured peer support education/training and at least 1,000 hours of work experience providing peer support services, or
  - o At least two years or 2,500 hours of work experience providing peer support services
- A current and valid Class "C" California Driver's License
- Immediate access to reliable personal transportation throughout the workday
- Auto insurance coverage that meets the minimum legal requirements in California
- Ability to perform all of the Job Duties for this position, with or without a reasonable accommodation
- Ability to meet all of the Physical and Mental Requirements for this position
- Any combination of training, education, and experience necessary to perform the Job Duties for this position, and likely to provide the required Knowledge and Abilities described herein
- Willingness to undergo a criminal background screening, if offered this position

JOB DUTIES

Other Responsibilities

- Maintains confidentiality at all times in accordance with Federal, State, County, and agency standards
- Documents contacts and services provided in alignment with the County's requirements
- Conducts data collection, satisfaction surveys, and other activities to measure program outcomes
- Advocates for {clients/youth/families} on the program and system levels to maximize {clients/youth/families} voice and choice in services, and improved access to resources and needed supports
- Represents {clients'/youth/families'} interests at various meetings with leadership, clinicians, staff, and partner agencies
- Offers their own experience-based perspectives in the development, implementation, and operation of services, providing important feedback on {clients'/youth/families'} perceptions, needs, and concerns
- Attends meetings, trainings, and community outreach events required by {Agency Name} or the County
- Provides outreach to individuals and families from traditionally unserved and underserved communities to engage them in services and encourage them to participate in programming and policy decisions
- Participates in local behavioral health policy discussions and program planning activities
- Formulates recommendations to improve behavioral health policies and practices
- Serves on advisory committees, oversight bodies, and policy-making panels
- Plans and coordinates trainings, meetings, and events
- Delivers presentations and educational content to various audiences
- Follows all {Agency Name} and County policies, procedures, and safety protocols
- Represents {Agency Name} values of individual and community empowerment, advocacy, wellness, recovery, inclusiveness, and cultural humility at all times
- Performs all other duties, as assigned

REQUIRED KNOWLEDGE, SKILLS, AND ABILITIES

Knowledge

- The Consumer Movement and core principles of the recovery model, peer support, personal wellness, self-help, shared power and decision-making, client-directed services, trauma-informed and person-centered care, culturally- and linguistically-responsive services, and strengths-based approaches
- The structure and function of California's PBHS and key elements, values, and goals of the MHSA
- The complex network of public and private behavioral health service providers in Sacramento County, including community- and recovery-based resources and culture-specific providers and programs
- The unique challenges and disparities faced by traditionally un-, under-, and inappropriately-served groups in addressing their behavioral health needs and accessing appropriate services
- Methods and techniques of effective peer support, including the use of strengths-based language, recovery-oriented communication, and motivational interviewing techniques
- Basic professional norms, business etiquette, and expectations for appropriate workplace behavior, performance, and communications
- Proper spelling, grammar, and punctuation in written communications
- Medi-Cal documentation and billing standards for Certified Medi-Cal Peer Support Specialists
- HIPAA privacy and security rules, and other basic requirements for safeguarding confidential information
- The following computer functions/operations: email, word processing, presentations, data entry, internet-based research, downloading and saving files, document retrieval and organization, conversion of file types, use of virtual meeting platforms

Skills

Collaboration and Teamwork	Intermediate	Planning and Organization	Advanced
Written Communication	Intermediate	Peer Support/Recovery Modeling	Intermediate
Reading Comprehension	Intermediate	Accuracy and Attention to Detail	Intermediate
Oral Communication	Intermediate	Digital Literacy and Technology	Intermediate
Emotional Intelligence and Empathy	Advanced	Documentation and Record Keeping	Intermediate

Abilities

- Display self-awareness and capacity for personal development
- Collaborate with a wide range of organizations, groups, professions, and individuals from different educational, economic, and cultural backgrounds
- Demonstrate culturally-sensitive and appropriate interaction
- Model effective coping techniques and communication skills
- Use language that is non-clinical and non-judgmental
- Treat clients as equals, share power and decision-making with them, and respect their personal choices
- Creatively help clients develop their own natural supports and solve their own challenges
- Recognize and avoid language/behaviors that others may interpret as rescuing, fixing, coercing, or shaming
- Apply self-help and peer support principles and techniques to challenges and issues
- Maintain confidentiality and appropriate interpersonal boundaries with clients and colleagues
- Display professionalism in appearance, language, and conduct
- Prioritize tasks and assignments in response to changing needs and competing interests
- Work with minimal oversight and instruction
- Comprehend and follow directions; seek clarification and additional information when needed
- Successfully manage responsibilities and deadlines
- Stay focused on tasks until satisfactorily completed
- Remain productive, calm, and focused in a hectic work environment
- Pay close attention to detail; complete work with minimal typos, errors, and omissions
- Accept guidance and constructive feedback without becoming defensive
- Take personal responsibility for actions, decisions, results, and outcomes
- Initiate conversations, address challenges directly, and implement effective solutions to maintain positive working relationships with clients, families, coworkers, and partner agencies
- Act in clients' and {Agency Name's} best interests while remaining responsive to the County's needs
- Perform common computer functions/operations: email, word processing, spreadsheets, presentations, data entry, internet-based research, digital file management, conversion of file types

- Utilize the following applications or their equivalents with proficiency: Microsoft Office products (Word, Excel, PowerPoint), G Suite (e.g., Gmail, Google Calendar, Google Drive), Zoom, Electronic Health Records software
- (Desired) Speak with clients in any of the following languages: Spanish, Arabic, Cantonese, Hmong, Russian, or Vietnamese

PHYSICAL AND MENTAL REQUIREMENTS

The frequencies listed below are based on estimated annual averages. Actual frequencies may vary. Regularly: daily/ongoing; Often: 1-2 times/week; Occasionally: 1-2 times/month; Rarely: 1-2 times/year

The person in this position is required to:

- Regularly perform all of the Job Duties for this position, with or without a reasonable accommodation
- Regularly apply the Required Knowledge, Skills, and Abilities for this position
- Regularly work {#} hours per day and {#} hours per week, {Days of the week} between {Hours of the day}
- Regularly work onsite at an office co-located with Sacramento County
- Occasionally work additional hours, as program needs dictate
- Often drive to/from various locations in the Sacramento area
- Often attend meetings, activities, and events held both virtually and in-person
- Rarely travel overnight to attend conferences, trainings, and events held in distant locations
- Regularly use a computer, the internet, electronic equipment, and digital devices
- Regularly perform substantial typing
- Regularly sit or remain stationary for most of the workday
- Regularly write notes or otherwise document and organize important information
- Regularly communicate clearly and effectively with others, both orally and in writing
- Regularly read, analyze, summarize, and organize information from a variety of sources
- Regularly explain concepts to individuals with varied levels of education and understanding
- Regularly perform basic math calculations (counting, adding, subtracting, multiplying, dividing, averaging)
- Regularly manage distractions and interruptions; maintain focus and productivity throughout the workday
- Regularly make decisions and engage in ongoing problem-solving
- Regularly maintain resilience and utilize effective coping techniques in response to work-related stressors
- Regularly address issues, problems, and challenges with their Manager or Lead, as soon as they arise

SUCCESS CRITERIA/PERFORMANCE MEASURES

- Adherence to {Agency Name's} rules, policies, and procedures
- Relationships with manager, lead, coworkers, {Agency's Name} and County staff, and other collaborative partners
- Productivity and number of clients served
- Timeliness and accuracy of documentation
- Work Quality
- Client engagement and satisfaction levels
- Positive client outcomes
- Attendance and punctuality
- Demonstrated understanding of, and adherence to, the Recovery Model of care, core recovery concepts, and peer support principles
- Consistent modeling of hope, wellness, recovery, and resiliency
- Familiarity with local services and supports
- Mastery of Core Competencies for Certified Medi-Cal Peer Support Specialists
- Adherence to the Medi-Cal Code of Ethics for Peer Support Specialists
- Maintenance of Medi-Cal Peer Support Specialist Certification
- Participation in continuing education courses and professional development opportunities
- Enthusiasm, engagement, and willingness to take on special tasks, assignments, and projects
- Demonstrated leadership qualities and personal/professional growth

Recommended Peer Onboarding Procedure (Not All May Apply)

Pre-Selection

- ☐ Review <u>core competencies</u> for Certified Medi-Cal Peer Support Specialists (CMPSS)
- ☐ Review core competencies for agencies employing peers
- ☐ Determine duties and activities peer will perform; create/revise job description
    - See DHCS <u>Service Components</u> for CMPSS
    - See program's Scope of Work
- ☐ Prepare existing agency staff (information, training, discussions, etc.)
- ☐ Determine the onboarding and orientation process, including any required training
- ☐ Develop and disseminate job/volunteer announcements and employment/volunteer applications
- ☐ Review applications and select interview candidates
    - Check CalMHSA CMPSS <u>Certification Registry</u> to confirm Certification status (if applicable)
- ☐ Convene a hiring panel and conduct interviews; select a candidate
- ☐ Verify employment with the selected candidate's two most recent employers.
- ☐ Verify at least two of the selected candidate's professional references.
- ☐ Contact selected candidate to offer employment contingent upon the outcome of the background check
- ☐ Monitor New Hire's response to informal job offer email. If New Hire counters offered salary or any other terms of employment, work with HR Manager or appropriate personnel to determine best course of action.
- ☐ Conduct a background check and ensure the applicant passes
    - California Megan's Law <u>Website</u>
    - Live Scan <u>Website</u> – Background Check (or applicable background check)
    - DMV Driver's Records Request <u>Website</u>
- ☐ Monitor status of background check. If problematic information arises, work with HR Manager or appropriate personnel to determine the best course of action.

Post-Selection

- ☐ Work with HR Manager or appropriate personnel to finalize the New Hire's start date
- ☐ Review peer job description or volunteer activities; plan how responsibilities will be delegated, reporting structure, and communications procedures
- ☐ Notify team of hiring decision and start date; determine staff participation in onboarding process
- ☐ Refine Training Plan
- ☐ Make logistical preparations for onboarding
    - Schedule
    - Workspace
    - Telephone access
    - Parking
    - Computer access/email account
    - Building access (keys, badges, access codes, etc.)
- ☐ Gather resources and materials relevant to the position and prepare an orientation binder
    - Contract scope of work/deliverables and budget
    - Program- or County-specific rules, policies, and procedures
    - Program-specific forms, templates, and other program materials
    - Performance expectations, position- or program-specific practice guidelines, and other relevant materials for performance of position/job duties

Post-Hire: Within the First 10 Days of Employment

☐ Send an email to the entire team welcoming New Hire.

☐ Introduce New Hire to the rest of the team, show them their desk, and give them a tour of their new work area.

☐ Conduct agency-specific orientation, covering:

☐ The organization's history, mission, vision, and values

☐ Current services and programs, and how peer role fits into the existing structure

- Program's mission, purpose, and Scope of Work
- How things are done (important policies and procedures)
- Who peer works with, reports to, how information is shared, and how performance is evaluated
- If embedded in another agency's facility, the nature of the program's relationship with the agency, reporting structure and chain of command for internal employees
- Data security protocols
- Documentation and record-keeping requirements, including how to complete common forms

☐ Enroll the employee in any required training programs (e.g. Mandated Reporter Training, Medi-Cal Peer Support Specialist Certification Training, etc.)

Post-Hire: Within the First 30 Days of Employment

☐ Meet with New Hire to review their job description, supervision forms, and performance evaluation template to ensure New Hire understands agency and program expectations for their position.

☐ Meet with New Hire to determine how things are going with the job and work environment to identify potential challenges and prevent future employment issues. For example:

- What do you like about the position and this agency?
- What's going well?
- What could be going better?
- Do you have enough, too much, or too little to do?
- What, if anything, do you not understand about your position or our agency?
- Who do you talk to when you have questions about work? Do you feel comfortable asking?
- Are we clearly communicating our expectations to you?
- How are you getting along with your coworkers/non-peer staff?
- How do you see yourself developing in this role?
- What are your professional goals and how can we help you accomplish them?

☐ Conduct occasional check-ins with non-peer staff to determine how things are going, explore potential issues, and prevent future challenges. Questions for non-peer staff may include:

- Do you understand the peer role? What questions do you still have?
- What's going well?
- What could be going better?
- How are you getting along with peer(s)?

☐ Enroll the peer into additional trainings if needed:

☐ Ensure peer has frequent contact with other peers to prevent cooptation and dilution of the peer role

Post-Hire: Within the First 10 Days of Employment

☐ Send an email to the entire team welcoming New Hire.

☐ Introduce New Hire to the rest of the team, show them their desk, and give them a tour of their new work area.

☐ Conduct agency-specific orientation, covering:

☐ The organization's history, mission, vision, and values

☐ Current services and programs, and how peer role fits into the existing structure

- Program's mission, purpose, and Scope of Work
- How things are done (important policies and procedures)
- Who peer works with, reports to, how information is shared, and how performance is evaluated
- If embedded in another agency's facility, the nature of the program's relationship with the agency, reporting structure and chain of command for internal employees
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- What, if anything, do you not understand about your position or our agency?
- Who do you talk to when you have questions about work? Do you feel comfortable asking?
- Are we clearly communicating our expectations to you?
- How are you getting along with your coworkers/non-peer staff?
- How do you see yourself developing in this role?
- What are your professional goals and how can we help you accomplish them?

☐ Conduct occasional check-ins with non-peer staff to determine how things are going, explore potential issues, and prevent future challenges. Questions for non-peer staff may include:

- Do you understand the peer role? What questions do you still have?
- What's going well?
- What could be going better?
- How are you getting along with peer(s)?

☐ Enroll the peer into additional trainings if needed:

☐ Ensure peer has frequent contact with other peers to prevent cooptation and dilution of the peer role

Supervisor Check-List for Peer Supporters

Supervisor Checklist for Peer Supporters

This checklist is intended for use by supervisors of people in the role of peer supporter/peer specialist. It will help supervisors support the unique contribution of peer supporters. It will also help determine if the peer supporter is remaining peer, or drifting into clinical culture.

The supervisor can use this checklist to structure supervision of the peer supporter. It will help determine if key job responsibilities are being performed. Remember, peer supporters are not junior clinicians. They have a unique job and function, which is captured in the checklist below:

Remaining Peer

☐ When working with program participants, the peer supporter keeps the focus on learning together, rather than assessing problems and prescribing help?

☐ The peer supporter is skilled in sharing relevant personal experiences in-the-service-of supporting program participants' self-discovery/recovery/wellness?

☐ The peer supporter seeks to understand program participants' evolving understanding of "what happened to me" which often involves non-traditional, non-clinical meaning making?

☐ The peer supporter's program notes and verbal communication to clinicians are peer-centric and do not include overtly clinical language. Specifically, communication does not include common clinical idioms (e.g. diagnosis, low functioning, manipulative, decompensating, suicidal, etc.) and does not attribute motive to behavior (triangulating, manipulative, sabotaging, help-seeking-rejecting, etc.)?

☐ The peer supporter is networking with other peer supporters via mentoring, training, conferences, publications, web-forums, etc. The peer supporter is not isolated from others in similar peer roles?

☐ Check for signs of "drift" from the role of peer supporter:

    ☐ Is the peer supporter adopting clinical language and terms in verbal or written communication?

    ☐ Is the peer supporter reluctant to share lived experience with participants and families?

    ☐ Is the peer supporter telling/advising what to do?

    ☐ Is the peer supporter performing assessments such as determination of suicide risk?

    ☐ Is the peer supporter making decisions for program participants?

    ☐ Is the peer supporter inviting program participants to co-produce or review notes in the record?

Influencing Organizational Culture

☐ The peer supporter is not being "siloed" as the only voice of self-discovery/recovery/wellness in the org?

☐ What are the peer supporter's impressions/observations of the culture shift that is occurring on the team/org?

☐ What are the peer supporter's experience(s) of micro-aggression and role conflict at work?

☐ Are the peer supporter's opinions carefully considered in the clinical decision-making process?

☐ (If applicable) Does the peer supporter feel free to express diverse cultural/ethnic and socioeconomic identities, sexual orientation/gender identification and do they experience respect in the workplace?

Supervisor Checklist for Peer Supporters

Team/Organizational Communication

☐ The peer supporter speaks up during meetings in an effort to respectfully present non-clinical perspectives and understandings. For instance, at times he/she may speak from human rights, feminist or social justice perspectives?

☐ The peer supporter demonstrates the ability to communicate the peer framework respectfully to clinicians both verbally and in writing?

☐ The peer supporter works collaboratively with clinicians, as needed, to help participants achieve goals?

Connection

☐ The peer supporter facilitates connection with program participants and family members (if applicable)?

☐ The peer supporter facilitates connection with probation officers, primary care physicians, etc. (if applicable)?

Relationship Building

☐ The peer supporter develops authentic peer-2-peer relationships with program participants?

☐ The peer supporter shares personal experiences with participants?

☐ The peer supporter role models self-discovery/recovery/healing for program participants?

Embraces Alternate Frameworks of Understanding

☐ The peer supporter is open and willing to follow program participants' evolving understanding of the meaning of "what happened to me"?

Advocacy

☐ The peer supporter invites program participants to attend clinical meetings to advocate for their interests?

☐ The peer supporter rehearses and helps program participants to prepare for self-advocacy?

☐ The peer supporter speaks up at clinical meetings to advocate for alternative, non-clinical understandings of the experience of mental illness and self-discovery/recovery/wellness?

Co-Creating Support and Wellness Tools

☐ The peer supporter has mapped community resources, peer resources and natural supports available to all citizens in the community?

☐ The peer supporter has assisted program participants in developing Personal Medicine and Power Statements as directed by the program participant?

☐ The peer supporter provides decision support and discovery of options as directed by the program participant?

Sample Peer Support Specialist Self-Assessment: Core Competencies

Below are the first three pages of a sample Core Competencies self-assessment for Peer Support Specialists. This sample provides a look at how a self-assessment can be used to evaluate Peer Support Specialists.

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PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES

About This Assessment
This self-assessment is a tool to assist you in reflecting on your own peer worker competencies.

Here are the possible outcomes of using the Peer Worker Self-Assessment:
- Identify your strengths as a peer worker
- Identify competencies that need to be developed
- Make a plan to develop your competencies
- Use the information to build a career development plan
- Use the information in supervision
- Become an objective observer of yourself at work

Because this assessment is only to help you improve in your work and advance your career, feel free to complete this assessment as honestly as you can to get the most benefit. There are no wrong answers.

Peer Worker Information

1. Date _____

2. Name _____

3. How long have you worked here? _____

4. Is this your first time completing this self-assessment? ☐ Yes ☐ No

5. If no, when was your last self-assessment? _____

6. What are your professional goals? _____

7. What do you think you do well at work? _____
_____
_____
_____

8. What do you think you need to improve on? _____
_____
_____
_____

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SELF-ASSESSMENT OF CORE COMPETENCY

On the following pages, review and rate yourself on how well you currently demonstrate the identified competencies. In addition to self-assessment rating, you can note examples that show why you rated yourself this way, what gets in the way of doing some competencies well, and what types of training would be helpful to improve where needed.

Peer Core Competencies – Category I: The Concept of Hope, Recovery and Wellness

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

Skills that can be assigned to this core competency:

- Knows the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA)
- Knows the five stages in the recovery process, what is helpful and not helpful at each stage and the role of peer support services at each stage of the recovery process
- Knows the difference between focusing on the symptoms of mental health and substance use challenges and focusing on their impact on individuals and families
- Knows the role of peer support services at each stage of the recovery process
- Knows the difference between treatment goals and recovery goals

- Understands the role of culture in recovery
- Understands the peer experience
- Defines the concept of a wellness-focused approach to recovery
- Applies principles of empowerment
- Uses a strengths-based approach
- Demonstrates non-judgmental behavior
- Addresses internal and external stigma
- Is trauma informed
- The ability to promote hope, the potential for change, and personal empowerment
- The ability to identify the beliefs and values an individual holds that support and enrich their recovery
- The ability to foster individual choice and self determination

- The ability to identify the beliefs and values an individual holds that works against their recovery
- The ability to establish and maintain healing relationships based on mutuality, respect, acceptance, compassion, open and honest communication, active listening, and cultural humility
- Promotes a wellness-focused approach to recovery
- Demonstrates consistent support to individuals during times of wellness as well as during challenging times

PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES
Adapted from SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services – Peer Worker Self-Assessment*

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Rating Scale

Based on the information on the previous page, rate yourself on how well you currently demonstrate Core Competency One – The Concept of Hope, Recovery and Wellness and its associated skills. In addition to self-assessment rating, you can note examples that show why you rated yourself this way, what gets in the way of doing some competencies well, and what types of training would be helpful to improve where needed.

I do this very well all the time.	I do this well most of the time.	I can do this well under the right circumstances.	I cannot do this well yet.	I do not know how to do this.	This is not applicable to my work.

Explain why you rated yourself this way using examples or scenarios from your work:

What do you think gets in the way of doing this competency well? (Check all that apply)

☐ N/A—I already do this well   ☐ I don't know how to do this   ☐ I've never seen anyone do it   ☐ I don't have opportunities to practice this   ☐ I don't have the confidence to do this

Improving Peer Core Competencies – Category I: The Concept of Hope, Recovery and Wellness

In this category, you assessed your competencies in the area of Providing support. What additional help or training would be beneficial to you to strengthen these competencies? Check all that apply.

☐ N/A—I don't need help   ☐ Read more about this on my own   ☐ Attend a webinar
☐ More help from supervisor   ☐ Watch someone else do this at work   ☐ Participate in training
☐ Other: _____

PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES
Adapted from SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services – Peer Worker Self-Assessment*

Collaborative Work Plan Template

Collaborative Work Plans, or Performance Improvement Plans, are often used when traditional feedback methods aren't working. The plans can be used to avoid disciplinary action. They may incorporate principles of Nonviolent Communication to explore unresolved feelings and unmet needs to determine the root of an issue. Collaborative Work Plans help to identify specific objectives and mutual responsibilities. Download the Collaborative Work Plan Guide for questions to help explore employee needs.

CHECK LIST FOR CREATING A COLLABORATIVE WORK PLAN

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

SAMPLE COLLABORATIVE WORK PLAN

Employee _____   Manager _____

Plan Start Date _____

Plan End Date _____

_____

I.   Overview

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

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

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

II.   Background Information

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

_____

Sample Collaborative Work Plan Template   1

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

III.   IDENTIFICATION OF PERFORMANCE ISSUES

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

IV.   Your Needs

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

Practical Needs

_____

_____

_____

_____

_____

Process Needs

_____

_____

_____

_____

Person Needs

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

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Sample Collaborative Work Plan Template

4

V.   Your Contribution

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

VI.   Prevention of Future Issues

Immediate Steps

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

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

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

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

_____

_____

_____

_____

_____

VII.   Subsequent Meetings

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

Day: _____

Time: _____

VIII.   Plan Expiration

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

_____

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

_____

_____

_____

_____

_____

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

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VII.   Subsequent Meetings

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

Day: _____

Time: _____

VIII.   Plan Expiration

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

_____

Employee Acknowledgement

I acknowledge this Collaborative Work Plan was created jointly with [AGENCY]'s management, and I was given an opportunity to provide input and feedback in the creation of this Plan.

_____   _____

Employee Signature   Date
(retain a copy for your records)

Manager Acknowledgement

I acknowledge this Collaborative Work Plan was created jointly with the affected employee, and I have given this employee an opportunity to provide input and feedback in the creation of this Plan.

_____   _____

Manager Signature   Date
(retain a copy for your records)
Submit original to HR

Contact Us

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