



# Peer Employer Toolkit

Walking the Talk: Understanding the Peer Support Specialist Role in the Age of Certification



The Certified Peer Support Specialist Leadership Liaison Program is a collaborative program of Cal Voices and Sacramento County Department of Health Services, Division of Behavioral Health Services, funded through the voter-approved Proposition 63, the Mental Health Services Act.

## 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 will be revised on an annual basis through 2026 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](mailto: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, employing peers in various programs including wellness centers, warmlines, county-operated clinics, and advocacy and training programs.

Cal Voices is a proud recipient of the Platinum Mental Health America's 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. To learn more, visit: [mhanational.org/bestemployers](https://mhanational.org/bestemployers).

Over 95% 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).

## Glossary of Terms

### **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 is a Joint Powers of Authority (JPA) formed in 2009 by counties throughout the state to improve behavioral health care for all Californians. By pooling resources, forging partnerships, and leveraging technical expertise, CalMHSA develops strategies and programs to transform community mental health; creates cross-county innovations; and is dedicated to addressing equity to better meet the needs of our most vulnerable populations. CalMHSA is also 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 volunteers to share 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.

## What is Recovery?

In a general sense, recovery refers to the regaining of something that was lost or taken away. Several other generic definitions of recovery apply in many contexts, but each definition implies the loss of something that is later **restored** or **regained**. In the behavioral health context, we talk about recovery as the alleviation of ongoing mental or emotional distress or the undesired symptoms and impacts of a behavioral health condition. What recovery from a behavioral health condition looks like is different for different people. It is a process and an outcome.

The Substance Abuse and Mental Health Services Administration (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. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities. Congress established the SAMHSA in 1992 to make substance use and mental health information, services, and research more accessible.

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

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<sup>1</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA's Working Definition of Recovery*. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.

**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.<sup>1</sup>**

Throughout this Toolkit, the term “recovery” refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According to the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include “professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.”<sup>2</sup>

The goal of the Recovery Model is to improve lives. Fundamentally, recovery is subjective. A person's recovery is driven by their personal lived experience of mental health challenges and wellness. It is 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 one's diagnosis is not permanent. It can be cured.

<sup>2</sup> Substance Abuse and Mental Health Services Administration. *SAMHSA's Working Definition of Recovery*. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.

## SAMHSA's 10 Guiding Principles of Recovery<sup>3</sup>

SAMHSA 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.

### 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.

### 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.

### 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.

### Holistic

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

### 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.



### 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.

<sup>3</sup> Substance Abuse and Mental Health Services Administration. SAMHSA's Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.

## **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

## **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.

## **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.

## **Respect**

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

## **SAMHSA's 4 Major Dimensions of Recovery**

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

### **Health**

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

### **Home**

A stable and safe space to live

### **Purpose**

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

### **Community**

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

## Recovery in Mental Health and Substance Use

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Mental health and substance use prevention and treatment services are becoming more integrated under the single category of “behavioral health”. These services have historically had different definitions of recovery that predate this merger. Each arose from shared understandings of the nature of illness reinforced over time within their respective fields, and the systems, institutions, paradigms, and consumer cultures that grew up around these fields

The culture is different!

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”

The traditional approach to substance misuse treatment and recovery falls somewhere between the Medical Model and 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 in that recovery-oriented services focus on clients’ individual goals, strengths, challenges, and barriers, not their diagnosis.

## Recovery Resources

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[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](#)

[Bell Seal for Workplace Mental Health](#)

[Stages of Change](#)

[Motivational Interviewing, A Theory for Change \(client-centered\)](#)



## The Peer Role and 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?

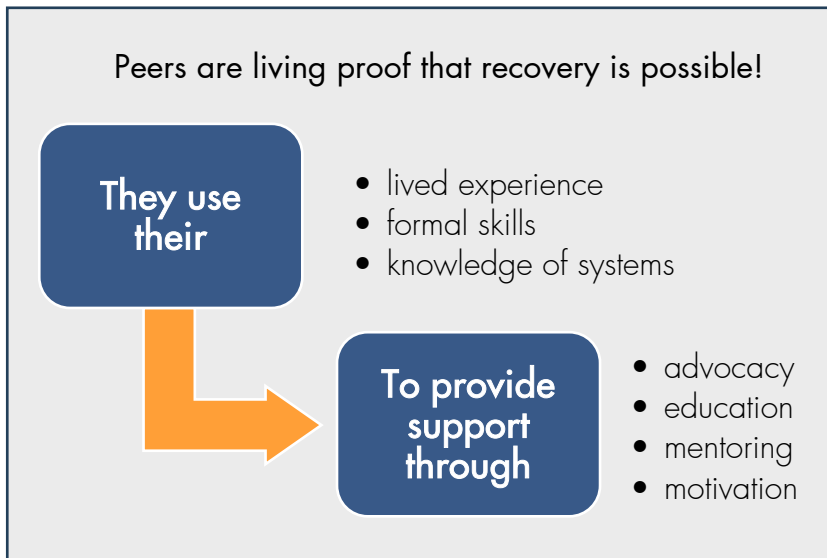
The primary distinction between Peer Support services and other behavioral health services is that Peers draw upon their personal Lived Experience and experiential knowledge in their approach to helping others. It is a relationship of equals. Peer support is grounded in the fact that there are many pathways to recovery and that progress is determined based on a client’s achievement of 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. Peers must have the same Lived Experience as the clients they are serving.

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|---|--|
| <ol style="list-style-type: none"><li>1. Lived Experience of a specific life challenge<ol style="list-style-type: none"><li>a. Consumers: Having a behavioral health condition</li><li>b. Family Members: Caring for someone with a behavioral health condition</li></ol></li></ol> | <ol style="list-style-type: none"><li>2. Lived Experience of overcoming this life challenge<ol style="list-style-type: none"><li>a. Consumers: Recovering from a behavioral health condition</li><li>b. Family Members: Achieving resiliency and self-care</li></ol></li></ol> |
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Peers can play many roles in supporting people living with behavioral health challenges, such as:

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| <ul style="list-style-type: none"><li>• Support groups</li><li>• Peer counseling</li><li>• Advocacy</li><li>• Personal plan creation</li><li>• Wellness Recovery Action Plan</li></ul> | <ul style="list-style-type: none"><li>• Health education/navigation</li><li>• Engagement</li><li>• Socialization</li><li>• Cultural brokerage</li><li>• Service referrals</li></ul> | <ul style="list-style-type: none"><li>• Systems navigation</li><li>• Benefits</li><li>• Crisis intervention</li><li>• Develop natural supports The Peer Formula</li></ul> |
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#### Evidence shows Peer Support reduces:<sup>4</sup>

- 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

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

<sup>4</sup> Consumer-Operated Services Evidence-Based Practices (EBP) KIT, <http://store.samhsa.gov/shin/content/SMA11-4633CD-DVD/TheEvidence-COSP.pdf>, SAMHSA, 2011

## California's Medi-Cal Peer Support Specialist Certification<sup>5</sup>

Peers became eligible for certification in California with the with the passage of SB 803 in 2020. SB 803 recognized Certified Medi-Cal Peer Support Specialists (CMPSS) as a distinct Medi-Cal provider type. It also established that Peer Support Specialist Services delivered by CMPSS workers to Medi-Cal clients were eligible for federal reimbursement.

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

- Legitimizes Peer Support Services
- Elevates the role of Peer Support workers
- Creates a distinct category of paraprofessionals that can collectively advocate for better pay, benefits, and working conditions
- Improves effectiveness of services and supports:
  - Diversifies behavioral health workforce
  - Expands availability of Peer services (and job opportunities for consumers)
  - Provides consistent core competencies, education standards, code of ethics, and scope of practice/services for Peer professionals
- 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. Successfully complete the 80-hour training requirements for a peer support specialist through a [CalMHSA-approved training entity](#).
8. Pass the certification examination.

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<sup>5</sup> California Legislative Information, *SB-803 Mental health services: peer support specialist certification, 2020*, [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=201920200SB803](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB803)

## Core Competencies for California Medi-Cal Peer Support Specialists:

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:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
- **Person-Centered:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.
- **Voluntary:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
- **Relationship Focused:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.
- **Trauma Informed:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

## Peer Support Services<sup>6</sup>

The State 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 process of recovery.

Peer Support Services include the following service components:

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

Certified Medi-Cal Peer Support Specialists are able to bill for Peer Services using two Procedure Codes:

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

### A Peer Support Specialist MAY NOT:

1. Practice outside of their scope of competence.
2. Engage in any services requiring a license.
3. Have a dual relationship with a recipient of services.

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<sup>6</sup> Department of Health Care Services, Behavioral Health Information Notice 22-026, 2022

## Training for Areas of Specialization<sup>7</sup>

There are four (4) areas of specializations for certified Medi-Cal Peer Support Specialists. These specializations focus on additional training that build on the knowledge, skills, and abilities of Medi-Cal Peer Support Specialists.

CALMHSA does not endorse training in areas of specialization as a stand-alone training nor taking these trainings prior to the 80-hour core competency training.

### Parent, Caregiver, Family Member Peer

Parent, Caregiver, Family Member Peer plays a critical role in the wellbeing 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.

The specialization training for Medi-Cal Peers Support Specialist covers the following core competencies:

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

Additional Information: [Parent, Caregiver, Family Member Peer Training Curriculum](#) | [Specialization Training](#)

### 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.

Following are the three categories and their core competencies for peer services for in-crisis care:

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

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<sup>7</sup> California Mental Health Services Authority (CALMHSA), Training for Areas of Specialization, <https://www.capecertification.org/specialization-training/>

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

Post-Crisis / Recovery / Ongoing Peer Support:

1. Crisis planning and support
2. Self-awareness and self-care

Additional Information: [Crisis Care Training Curriculum](#) | [Specialization Training](#)

### Peer Services for Unhoused

Peer Services for Unhoused can 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.

Following are the core competencies for Specialization – Peer Services for Unhoused:

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

Additional Information: [Curriculum for Working with Persons Unhoused](#) | [Specialization Training](#)

## Peer Services for Justice Involved

The experience with the criminal justice system can impact an individual's life in many ways and 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.

Following are the core competencies for Specialization Peer Services for Justice Involved:

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

Additional Information [Curriculum for working with Justice Involved](#) | [Specialization Training](#)

### **Specialization areas were determined by the Department of Health Care Services (DHCS).<sup>8</sup>**

Any supplemental areas of specialization must be approved by DHCS. A Medi-Cal Peer Support Specialist Certification Program (CalMHSA) may add supplemental areas of specialization at their own discretion; however, they must first submit the curriculum and core competencies for the area of specialization to DHCS by May 1 prior to the start of the State Fiscal Year (SFY) (July 1 – June 30) in which the area of specialization will start. Medi-Cal Peer Support Specialist Certification Programs are the only entities that can submit curriculum and core competencies for a supplemental area of specialization. This process will occur every SFY for any new areas of specialization.

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<sup>8</sup> Department of Health Care Services, Behavioral Health Information Notice 22-061, 2022



## Qualifications for Supervisors of Peer Workers<sup>9</sup>

Individuals considering peer support specialist supervision work must meet one of the following option qualifications:

### 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 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.

If a Medi-Cal Peer Support Specialist's supervisor is not also a **Behavioral Health Professional** as defined in BHIN [22-026](#), the Medi-Cal Peer Support Specialist must also provide services under the direction of a Behavioral Health Professional who meets the qualifications in the previous slides.

A **Behavioral Health Professional** must be licensed, waived, 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.

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.

Peer Supervisor Training and Requirements can be found at <https://www.capeercertification.org/supervisor-training>.

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<sup>9</sup> Department of Health Care Services, Behavioral Health Information Notice 22-018, 2022

## 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 provide 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 how to access behavioral health care services and overcome behavioral health conditions (Department of Behavioral Health and Intellectual Disability Services for the City of Philadelphia, 2023)<sup>10</sup>.

Traditional behavioral health systems often experience challenges with incorporating peers. These include lack of preparation, lack of understanding, lack of support, lack of advocacy and structural barriers:

### Lack of Preparation

Public behavioral health organizations have been hiring 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)). It also mandated that public behavioral health organizations provide equal job opportunities to peers belonging to diverse racial/ethnic, cultural, and linguistic backgrounds as the clients they serve.

Although there was a mandate for county agencies to integrate peers into the workforce, many agencies were not prepared for it. Most agencies recruited peers based solely on their willingness to share their personal lived experiences, without providing any training or education on how to use their experiences to help 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 that no one else wants to do.

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<sup>10</sup> <https://dbhids.org/wp-content/uploads/2024/02/PSToolkit2023.pdf>

## **Lack of Support**

It is common for peers to lack ongoing guidance and support related to their job duties and peer identities. To share common workplace experiences, strengthen their professional identities, and learn new job skills, peers must interact with one another regularly. Unfortunately, many peers do not have mentors or role models within their organizations and are not provided with opportunities to seek them out in professional settings. As a result, if peers are struggling in their roles and their supervisors do not understand their needs, they often feel isolated and alone.

## **Lack of Advocacy and Structural Barriers**

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 developed recommendations for integrating peer support workers into traditional behavioral health settings. To successfully integrate peers, it is important to follow some guidelines:<sup>11</sup>

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 proper onboarding of peers and making necessary changes to welcome and support them as vital contributors. Examples of organizational aspects to assess.

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

### 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.

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<sup>11</sup>Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Coaching Services, SAMHSA, 2014

## 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 Agencies Employing Peer Support Workers

In recent years, US behavioral health systems 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; and
11. An open learning environment.

These core competencies are explained in greater detail in the following pages.

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

### Highlights

- Recovery Orientation
- Person-Centered
- Client-Driven
- Strengths-Based
- Work Culture
  - Shared attitudes, beliefs, and behaviors of employees of an organization
  - Influenced by leadership, managers, procedures, and people
- Recovery-Oriented Work Culture
  - Encourages individuality
  - Promotes accurate and positive portrayals of psychiatric disability
  - Uses the language of hope and possibility
  - Offers a variety of options for treatment, rehabilitation, and support
  - Helps people develop valued social roles, interests, and hobbies
  - Effectively engages stakeholders
  - Encourages user participation in advocacy activities

### What is it?

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

California mental health programs receiving MHSA funds are required to 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 is not just about treating illness. It's also about helping individuals improve their lives as a whole. The public mental health system has been using the Medical Model as the standard for mental health services. However, the MHSA aimed to encourage providers to adopt the Recovery Model and do "whatever it takes" to help individuals achieve and maintain recovery, and not stick to the usual way of doing things. Programs that are not truly recovery-oriented are unlikely to succeed. Such programs won't be able to help peers to grow professionally. This is frustrating and can lead to disengagement, poor performance, greater rates of disability, and higher turnover among the staff.

### Assess Your Organization's Competencies and Work Culture

- 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. 47)
- Recovery Infographic (p. 48)

### Additional Resources Recovery-Oriented Services

[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
  - Have integrity
  - Are devoted to an ideal, cause, or goal
- Influential Leaders
  - Affect others' actions, behaviors, and opinion
- Help employees understand:
  - What they need to do
  - How their work contributes to the organization
  - Whether there are impending changes
- Dedicated and Influential Leaders
  - Take full responsibility
  - Have difficult conversations
  - Have a "Hands On" philosophy
  - Don't be hypercritical or micro-manage
  - Commit time and resources
  - Hold people accountable
  - Communicate expectations clearly and early on
  - Outline clear/reasonable plans and timetables to achieve goals

### What is it?

Successful mental health organizations in California are led by influential and dedicated individuals who are 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.

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

Such leaders have a realistic grasp 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.

## Why it Matters

Successful peer programs rely on more than just the competence of their peer support workers. Leaders are responsible for laying the foundation for peer-support integration, so leadership directly determines how well a peer program can be run. Optimal performance management and supervision strategies are necessary to ensure the alignment of peer core competencies, best practices, organizational vision, and values.

Dedicated and influential leaders can increase employee morale, resiliency, and trust while decreasing employee frustration and conflict by actively engaging with the organization and its team. To ensure a successful program, it's important to have quality leadership. Without it, workplace burnout, disengagement, and performance challenges can arise. These issues can negatively impact work productivity and the integration of peer-provided services in California's PBHS.

## Assess Program Leadership

- 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?
- Are there designated peer positions that participate in management team meetings, program planning, quality improvement, system transformation, etc.?

## Included Tools and Handouts

Analyzing Leadership Challenges: Root Cause Analysis (p. 49)

### Additional Resources: Dedicated and Influential Leadership

[Equipping Behavioral Health Systems & Authorities to Promote Peer Specialist/Peer Recovery Services](#)

[Innovative Ways to Utilize Consumer/Peer-Run Organizations in SOAR](#)

[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
  - Providing empathy, encouragement, assistance
  - Can include physical, professional, emotional, intellectual, and financial support
- Coaching
  - Supporting someone in achieving a specific goal by providing training and guidance
  - Methods
    - Focusing on here- and now-needs and accomplishments
    - Close observation
    - Impartial and non-judgmental feedback on performance

### What is it?

Managers and supervisors of successful peer programs are supportive and willing to coach peer staff. Supportive managers provide empathy, and encouragement, advocacy and assist their peer staff in achieving a specific personal or professional goal by providing training and guidance. This may include focusing on a peer support worker's here-and-now needs and accomplishments, close observation, impartial and non-judgmental feedback on job performance.

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

The term coaching typically refers to helping others improve, develop, learn new skills, find success, achieve aims, and manage change and challenges. Supportive managers and supervisors 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. In addition, they 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 avoid poor problem-solving, ineffective performance monitoring, and spending too long checking on progress (e.g., long team meetings, lack of interest in employees' ideas or work).

## Why it Matters

Employers may provide a foundation of support, but employees keep it running. Recovery-oriented work culture thrives when everyone takes responsibility, especially supervisors. Supervisors maintain a recovery-oriented culture by leading by example, taking initiative, and building a support network. Peers stay focused and determined over time and through difficulties when they have proper support and coaching. These also help them do their jobs more quickly, effectively, and comfortably.

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

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

## Assess Your Program's Support and Coaching Systems

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

## Included Tools and Handouts

Agency Policies and Practices that Address the 13 Psychosocial Risk Factors at Work (p. 52)

### Resources: Supportive Managers Willing to Support

[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](#)

[Pillars of Peer Support Services – Summit 6: Peer Specialist Supervision](#)

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

### Highlights

- High-Quality On-Going Training
  - Continuous and enhances staff skills, capabilities, and knowledge
  - Organizational training on work culture and managerial competencies
  - Training on technical and behavioral skills for peers
  - Training may require special educational materials
  - Administered by expert and confident trainers
  - Improves mentorship relationships
- Individual Meeting
  - Enhances less experienced persons' broad skills for future personal or professional development
  - Can solidify trainings

### What is it?

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.

### 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.

### Assess Your Program's Training and Mentoring Capabilities

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

### Resources: High-Quality Training and Mentoring

[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
  - Watchful management of an operation or process
- Peer Evaluation
  - Incorporate core principles and values of peer support
  - Assess peers' skill levels in the 12 core competencies
  - Include organizational vision and values
- Feedback
  - Reinforce expectations
  - Clarify and prevent misunderstandings
  - Uncover unique strengths and motivators
- Adequate Oversight, Evaluation, and Feedback
  - Delineates how to collect and measure program outcomes
  - Increases employee engagement, morale, pride, and willingness to make extra effort when required
  - Decreases cynicism

### What is it?

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.

### 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.

### Assess Your Program’s Oversight, Evaluation, and Feedback Practices

- 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. 60)
- Supervisor Checklist for Peer Supporters(p. 63)
- Sample Peer Support Specialist Self-Assessment (p. 65)
- Collaborative Workplan (p. 68)

### Resources: Oversight, Evaluation, and Feedback

[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](#)

[Pillars of Peer Support Services – Summit 6: Peer Specialist Supervision](#)

[Toolkit for Evaluating Adult Community Services and Supports Programs](#)

[Toolkit for Evaluating Peer Respite](#)



## 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

### What is it?

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

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. 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. In effective 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.

### Assess Your Program's Peer Roles and Opportunities

- What program(s) will peers work in?
- Who will supervise peers?
- What duties will peers perform?
- What potential barriers to integration exist?
- 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. 54)

## Lived Experience Requirements

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

### Resources: Defined Roles and Opportunities to Advance

[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](#)

[Ethical Guidelines for the Delivery of Peer-based Recovery Support Services](#)

[How to Create Meaningful Roles for Peer Providers in Integrated Healthcare](#)

[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
  - Relationship of equals
  - Clearly defined roles
- Peer and Non-Peer Staff
  - Are equal and essential
  - Are responsible and accountable
  - Make up a team
  - Need clearly-defined roles
  - Learn together
  - Strive to remain resilient and well
  - Aim to understand and learn from conflict
  - Acknowledge fallibility and invite contribution
  - Model curiosity and ask questions

### Breaking it Down: What is it?

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

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

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

## The Bigger Picture: Why it Matters

The saying that “people don’t quit companies, they quit people,” rings true for many groups and individuals.

According to a survey run by Mental Health America National, two of the top five factors attributed to employee satisfaction are based on positive relationships with co-workers 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.

### Try this

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

### Resources: Peer and Non-Peer Staff Collaboration

[Peers and Clinicians Together](#)

[Mental Health Consumer Providers: A Guide for Clinical Staff](#)

[Interprofessional Mentoring Guide](#)

## 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

### Breaking it Down: What is it?

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

### **The Bigger Picture: 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 a collapse, eradication, or discontinuation of its programs. In addition, if employees and others perceive a workplace's conditions as unsafe, ambiguous, inconsistent, and/or unpredictable, these perceptions can undermine stakeholder, consumer, and public confidence in the organization and reduce funding opportunities needed to sustain and grow programs.

### **Resources: Infrastructure that Promotes the Growth of Peer Programs**

[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
  - Affect each other
  - Network of mentors

### Breaking it Down: What is it?

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

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

### The Bigger Picture: Why it Matters

When peer employees do not have frequent contact with each other, isolation, cooptation, and dilution of the peer role 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 becoming “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.

In one survey, 77% of peer staff working in treatment organizations reported that they provide treatment services at a much higher rate than those working in peer organizations. 85% of peer staff working in treatment organizations reported receiving training intended to increase their knowledge of the treatment methods used in the organizations in which they work, while only 50% of peer staff working in peer



organizations reported the same. This suggests that peer staff working in treatment organizations may be perceived as “helpers,” and of secondary status to treatment professionals, rather than providers of a separate set of services. This is reinforced by the fact that peer staff working in treatment organizations are much more likely to work part-time than their counterparts working in peer organizations.

When peer employees are allowed to regularly interact with other peer employees within their team or department and/or other programs and agencies, they are more likely to maintain a strong peer identity, reduce isolation, and build a sense of belonging. This has a direct impact on their commitment to tasks, sense of role clarity, 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.

### Try this

- Assess Your Program’s Opportunities for Peer Employee Interactions

#### To address isolation, ask:

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

#### To address cooptation, ask:

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

### Resources: Regular Opportunities for Peers to Interact

[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
  - A set of guiding principles to help with decision-making
- Procedures
  - Methods used to express policies in the day-to-day operations of an agency
- Flexible Policies and Procedures
  - Can be easily changed according to a given situation
  - Can bend easily without undermining an agency's purpose
  - Can lead to opportunities for professional development and career advancement
- Examples of Flexible Workplace Practices
  - Variable start and finish times and days worked
  - Ability to work from home
  - Ability to work part-time
  - Discretionary leave
  - Ability to arrange work to regulate tasks to meet work demands.

### Breaking it Down: What is it?

California's effective mental health programs have flexible workplace policies and procedures. The flexibility helps attract and keep talented valued employees. Flexibility raises morale and job satisfaction, improves productivity, and reduces stress or burnout. Policies are clear, simple statements of how an agency intends to conduct its business, services, or actions. They provide a set of guiding principles to help with decision-making. Procedures are more specific. They outline the methods used to express policies in the daily operations of the agency. Policies and procedures influence and determine all major decisions, actions, and activities of an agency. They are the boundaries on which employees can make choices. Additionally, flexible workplace policies and procedures are often changeable according to a given situation. They can bend without breaking 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.

### The Bigger Picture: 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.

### Try this

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

### Resources: Flexible Policies and Procedures

[IAN Workplace Accommodation Toolkit](#)

[Creating Mental Health-Friendly Workplace](#)

[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](#)

[Workplace Research: National Study of Employers](#)

[How We Rewrote Our Company's Mental Health Policy](#)

## 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
  - May incorporate
    - Classroom teaching
    - Interactive learning
    - Work-related education and training
    - Various cultures and ecologies
    - Community
    - Open educational resources
  - Can foster psychological protection for employees
  - Student-directed

### Breaking it Down: What is it?

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
- the cultures and ecologies of learning communities, and the development and
- formats in work-related education and training
- use of open educational resources

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.

## The Bigger Picture: Why it Matters

A climate of openness, characterized by exploration, risk-taking, and tolerance, elevates an individual as a worker and as a person. 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.

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

## Try this

- Assess Your Program's Learning Environment
  - 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: An Open Learning Environment

[Is Yours a Learning Organization?](#)

[Cultivating a Learning Culture Within Your Organization](#)

[Bridging the Gap: Building a Learning Environment in the Workplace](#)

[Supporting Workplace Learning: A background paper for IES Research Network Members](#)

[Developing a Learning Culture in Nonprofit Organizations](#)

[Strategies for Cultivating an Organizational Learning Culture](#)

# Tools and Handouts

Integrating Peer Services into the  
Public Behavioral Health System

## SAMPLE RECOVERY SELF-ASSESSMENT FOR PROVIDER

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 behavioral health agency that facilitate or impede recovery. [Download the full five-page Recovery Self-Assessment for Providers.](#)

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 their treatment records if they wish.							
Staff do not use threats, bribes, or other forms of pressure to influence the behavior of program participants.							

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

1

# RECOVERY

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

## 4 MAJOR DIMENSIONS



**1 in 4**  
**ADULTS**

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

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



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

# LANGUAGE

# PEER SUPPORT

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

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

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

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

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

**6000**  
**PEER PROVIDERS**  
IN CALIFORNIA WHO PROVIDE INDIVIDUALIZED SUPPORT, COACHING, FACILITATION, AND EDUCATION TO CLIENTS WITH MENTAL HEALTH CARE NEEDS AND SUBSTANCE USE DISORDER. - SB614

### Words that stigmatize, demean and pathologize and invite discrimination:

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

Manipulation	Survival Mode, Overwhelmed and Trying to Get Needs Met
Low Functioning	Coping
Case, Patient, Client, Consumer	Person Receiving Services: Person
Decompensating	Becoming Ill; Things Are Breaking Down
Non-Compliant (or Compliant)	Independent, Autonomous, Taking Personal Responsibility
Frequent Flyer	Trying to Get It Right, Giving Lots of Opportunities to Help
Unmotivated	Not Ready; Not Hopeful
"A _____." (Fill in the blank with any diagnosis)	"A person who has been given the diagnosis of _____."
Depressed	Sad
Symptomatic	Experience Big Feelings: Intense Feelings
Grandiose	Thinking Big; Expressing Hopes and Dreams: Ambitious
Cutter	Expressing Pain Through Self-Harm





## 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

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PROCESSES AND PROCEDURES

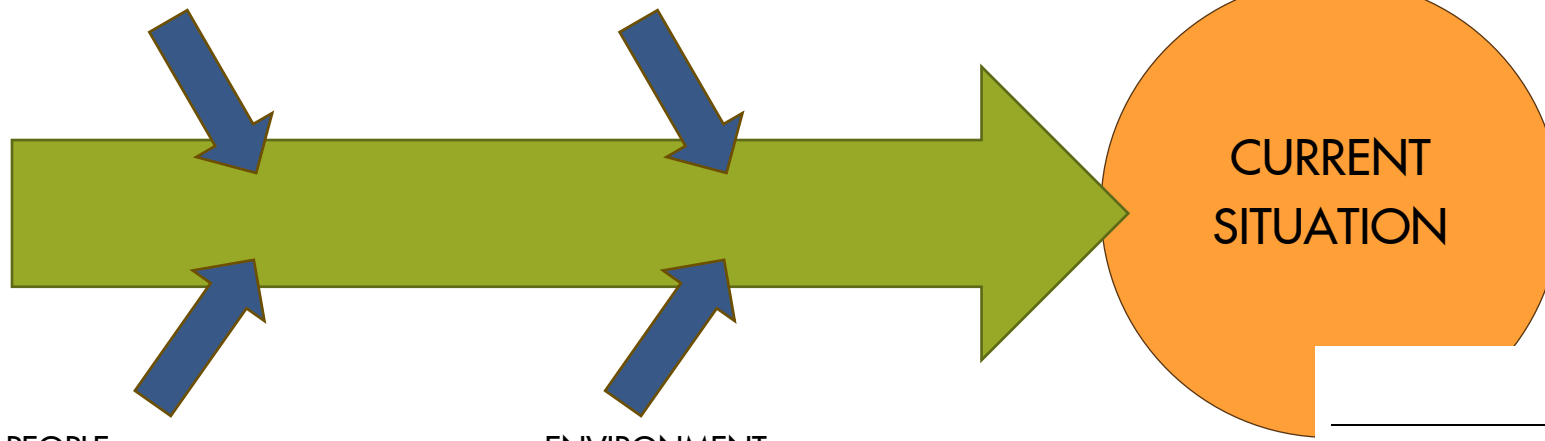
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PEOPLE

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ENVIRONMENT

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CURRENT  
SITUATION

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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 at 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**

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

### **Work-Life Balance**

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

### **Psychological Protection**

Employees feel able to put themselves on the line, ask questions, seek feedback, report mistakes and 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 and there library of free tools at**

<https://www.workplacestrategiesformentalhealth.com/resources/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

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{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 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 homelessness or justice system involvement, etc.) are strongly desired. Fluency in Spanish or another threshold language is also desired.

#### MINIMUM QUALIFICATIONS

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- 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:
  - Medi-Cal Peer Support Specialist Certification that is current and in good standing; or
  - 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
  - At least two years or 2,500 hours of work experience providing peer support services
- A current and valid Class "C" California Driver 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

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### Core Responsibilities

- Provides individual peer support, information and referrals, mentoring, and advocacy skills to {clients/youth/families} receiving services from Sacramento County's Department of Behavioral Health Services
- Assesses the unique challenges faced by each {client/youth/family}; assists {clients/youth/families} in successfully completing their recovery programs
- Provides mentoring and/or coaching to {clients/youth/families} by helping {clients/youth/families} set recovery goals, develops individual recovery plans, solves challenges directly related to recovery, and provides encouragement, motivation and support to {clients/youth/families} seeking to establish or strengthen their recovery
- Facilitates {client/youth/family} access to benefits, entitlements, education supports, and resources including SSI and/or Medi-Cal Services, safe housing, job readiness training and/or job placement services, and community-based supports to assist {clients/youth/families} with meeting individual recovery needs
- Helps {clients/youth/families} navigate the formal and informal behavioral health treatments system and identify and articulate what they need; teaches {clients/youth/families} to advocate for their own needs, such as access to care and appropriate discharging planning
- Assists {clients/youth/families} in building or maintaining personal support networks; helps {clients/youth/families} in developing social skills needed to maintain positive interpersonal relationships
- Encourages {clients/youth/families} to identify and engage in meaningful leisure activities, social activities, and/or hobbies that support their recovery goals and reflect their unique cultural identities
- Provides recovery-oriented group activities and/or educational groups for {clients/youth/families} to share personal stories and engage in collective problem-solving with peers and expand personal skills sets

### Advocacy, Outreach, and Engagement

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

### 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**

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### 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 (BHSA)
- 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 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     |
| ▪ Reading Comprehension              | Intermediate | ▪ Accuracy and Attention to Detail | Intermediate |
| ▪ Written Communication              | Intermediate | ▪ Peer Support/Recovery Modeling   | 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

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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

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- 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 [core competencies](#) for Certified Medi-Cal Peer Support Specialists (CMPSS)
- Review core competencies for agencies employing peers (See pages 22-45 of this Toolkit)
- Determine duties and activities peer will perform; create/revise job description
  - See DHCS [Service Components](#) 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 [Certification Registry](#) 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 [Website](#)
  - Live Scan [Website](#) – Background Check (or applicable background check)
  - DMV Driver's Records Request [Website](#)
- 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
  - Telephone access
  - Workspace
  - Computer access/email account
  - Building access (keys, badges, access codes, etc.) and parking
- 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 email to 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 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 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 employee in any required training programs (i.e. 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



## 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 "siloeed" 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?

2016 Pat Deegan PhD & Associates, LLC - To inquire about use, please contact [pat@patdeegan.com](mailto:pat@patdeegan.com)

This work was originally developed in collaboration with Sascha DuBrul MSW and Iruma Bello PhD for Peer Specialists working in [OnTrackNY](#)



# 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?

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# SAMPLE PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES

Download the full [Peer Support Specialist Self-Assessment](#).

## 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES

Adapted from SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services – Peer Worker Self-Assessment*

## 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

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#### PEER SUPPORT SPECIALIST SELF-ASSESSMENT: CORE COMPETENCIES

Adapted from SAMHSA's *Core Competencies for Peer Workers in Behavioral Health Services – Peer Worker Self-Assessment*

## 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 \_\_\_\_\_

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### 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.]

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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?

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#### IV. Your Needs

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

Practical Needs

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Process Needs

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Person Needs

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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?)

A series of 21 horizontal lines for writing a response to the prompt above.





**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?

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

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

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

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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].

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## 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**

(retain a copy for your records)

---

**Date**

## 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**

(retain a copy for your records)

Submit original to HR

---

**Date**

## ADDITIONAL 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 Behavioral Health: The Evidence is In!](#)

[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](#)

[The Benefits of Family Peer Support Services: The Evidence](#)

## 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](#)

[Key Considerations for Integrating Peer Support Staff in Behavioral Health Organizations](#)

[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](#)



[www.calvoices.org](http://www.calvoices.org)



[peerleadership@calvoices.org](mailto:peerleadership@calvoices.org)



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The Certified Peer Support Specialist Leadership Liaison Program is a collaborative program of Cal Voices and Sacramento County Department of Health Services, Division of Behavioral Health Services, funded through the voter-approved Proposition 63, the Mental Health Services Act.