

2016

# Florida Peer Services Handbook



Department of Children and Families  
Office of Substance Abuse & Mental Health

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Nationwide, health systems have accepted peers as a valuable part of the workforce. Changes driven by the Affordable Health Care Act, including a shift to a more person-centered approach, a focus on integrated health, and a demand for more workers have increased the role peer specialists play in Florida's mental health and substance use systems.<sup>1</sup> The purpose of this handbook is to provide guidance for the implementation and sustainability of peer delivered services.

## I. Understanding the Role of a Peer Specialist

It is imperative that systems, employers, and employees understand the role of a peer specialist. Lack of clarity around the characteristics and actions a peer has within service delivery can be harmful to both the peer providing the service and the peer receiving the service. When peer services are implemented correctly, the benefits of peers can be realized.

### I.A. Definitions of Peer, Peer Support, and Peer Specialist

Webster's defines the word "peer" as "one that is of equal standing with another."<sup>2</sup> A person may have many different considerations of who a peer is to them based on their experiences. For the purpose of this document, a peer is defined as **an individual who has lived experience of a mental health and/or substance use condition**. Although many service providers have their own lived experience dealing with mental health or substance use conditions, peer specialists are unique in that they are expected to disclose their struggles and their journey to overcome them with the people they serve. It must be noted that in Florida, family members or caregivers can also work and be certified as peer specialists. Their direct, personal experiences as a family member or caregiver of a person living with mental health and/or substance use conditions are incredibly valuable to systems. For ease of reading, and because the role of the family peer specialist only slightly varies from the role of an adult peer specialist, this document mostly references peer specialists who work with adults.

For the purpose of this document, peer support is defined as, "**a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful**. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are "like" them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to "be" with each other without the constraints of traditional (expert/patient) relationships."<sup>3</sup> While the "likeness" may be found in having a shared diagnosis or specific experiences within the system (i.e. being hospitalized, jailed, homeless), peer support is based on the shared experiences of the feelings and emotions surrounding those experiences.

A peer specialist is defined as an individual who:

- self-identifies as a person who has direct personal experience living in recovery from mental health and/or substance use conditions,
- has a desire to use their experiences to help others with their recovery,
- is willing to publicly identify as a person living in recovery for the purpose of educating, role modeling, and providing hope to others about the reality of recovery, and
- has had the proper training and experience to work in a provider role.

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<sup>1</sup> Beronio, K., Po, R., Skopec, L., Glied, S. (2013) Affordable care act expands mental health and substance use disorder benefits and federal parity protections for 62 million Americans. Retrieved from <http://aspe.hhs.gov/basic-report/affordable-care-act-expands-mental-health-and-substance-use-disorder-benefits-and-federal-parity-protections-over-62-million-americans>

<sup>2</sup> peer. 2015. In *Merriam-Webster.com*. Retrieved July 20, 2015, from <http://www.merriam-webster.com/dictionary/peer>

<sup>3</sup> Mead, S., Hilton, D., & Curtis, L. (n.d.). *Peer Support: A Theoretical Perspective*. Retrieved from [http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Peer-Support\\_A-Theoretical-Perspective.pdf](http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Peer-Support_A-Theoretical-Perspective.pdf)

Family peer specialists self-identify as a person who has direct, personal experience as a family member or caregiver of a person living with mental health and/or substance use conditions, and similarly would be willing to help others, publicly identify, and have the proper training and experience.

## **I.B. Recovery Change Agents**

Recovery has been a buzz word for years, yet many agencies have not fully incorporated the principles of recovery into practice within their systems. The President's New Freedom Commission Report included a recommendation that consumers and families are fully involved in orienting the mental health system towards recovery<sup>4</sup>. The Commission found that hope and self-determination were essential components to recovery and by having meaningful inclusion of the person served and family in the treatment encounter the recovery process would be improved.<sup>5</sup>

Peer specialists have experienced recovery firsthand and, therefore, have a unique role of being change agents for recovery within systems. Those in the recovery process define recovery for themselves and their definition is unique. However, to understand the role a peer has in another individual's recovery process, 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".<sup>6</sup>

Peer specialists are often the most natural executors of recovery principles based on their lived experiences. The Substance Abuse and Mental Health Services Administration (SAMHSA) has outlined ten guiding principles of recovery, to include:<sup>7</sup>

1. Recovery emerges from hope;
2. Recovery is person-driven;
3. Recovery occurs via many pathways;
4. Recovery is holistic;
5. Recovery is supported by peers and allies;
6. Recovery is supported through relationship and social networks;
7. Recovery is culturally-based and influence;
8. Recovery is supported by addressing trauma;
9. Recovery involves individual, family, and community strengths and responsibility; and
10. Recovery is based on respect.

In addition to the SAMHSA Working Definition and ten guiding principles of recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:<sup>8</sup>

1. Peer support is voluntary;
2. Peer supporters are hopeful;
3. Peer supporters are open minded ;
4. Peer supporters are empathetic;
5. Peer supporters are respectful;
6. Peer supporters facilitate change;
7. Peer supporters are honest and direct; and
8. Peer support is mutual and reciprocal;

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<sup>4</sup> Building a Foundation for Recovery: A Community Education Guide on Establishing Medicaid-Funded Peer Support Services and a Trained Peer Workforce. DHHS Pub. No. (SMA) 05-8089. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2005.

<sup>5</sup> Consumer Involvement with State Mental Health Authorities. NASMHPD Medical Directors Council Publications and Reports, 2010. Retrieved from <http://www.nasmhpd.org/content/consumer-involvement-state-mental-health-authorities>

<sup>6</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *SAMHSA's Working Definition of Recovery*. Retrieved from <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

<sup>7</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *SAMHSA's Working Definition of Recovery*. Retrieved from <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

<sup>8</sup> International Association of Peer Supporters. National Practice Guidelines for Peer Supporters. Retrieved from <https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf>

9. Peer support is equally shared power;
10. Peer support is strengths-focused;
11. Peer support is transparent; and
12. Peer support is person-driven.

With recovery principles as the foundation for the peer specialist's work, the focus of the support is on the desires and life goals of the individual, versus the goals of the treatment being provided and the desires of the treatment team. The skills, talents, and abilities of the person served define the next steps instead of their diagnosis, behaviors, and deficits. Peer specialists use human-experience language, rather than being maintenance-orientated and utilizing clinical terminology in speech and paperwork<sup>9</sup>. Attention to health goes beyond just mental or emotional health to physical, social, intellectual, occupational, spiritual, financial, and environmental health<sup>10</sup>. These shifts in focus can inevitably cause conflict to service delivery systems that have not embraced recovery, but are an important aspect of the role a peer plays in the life of the person served and the change in provision of services.

### **I.C. Role of a Peer Specialist**

Peer Specialists provide a wide range of supports based on the specific role they have within an agency; however, fundamental responsibilities remain similar. They likely serve as a role model, coach, and mentor while connecting individuals to resources and the community, and advocating for the wishes and rights of the person served. They may also educate by facilitating support and skills groups, and assisting individuals in articulating their personal goals and achieving them, while promoting self-direction, wellness and recovery. The expectation is that the peer specialist has progressed significantly enough in their recovery to support others and has completed the necessary training and certification to work as a Certified Recovery Peer Specialist.

The person receiving services watches their peer specialist closely. Therefore, a peer specialist must not only talk the talk of recovery and wellness, but walk the walk. Role modeling self-determination, self-care, and a healthy lifestyle may be the most powerful motivator for change in the person served.<sup>11</sup> Peer specialists also have a responsibility to be culturally competent and trauma-informed to best serve the needs of their peers.

### **Tasks**

The main task of a peer specialist is to provide support, although the type of support varies between emotional, informational, affiliational, and instrumental.<sup>12</sup>

- **Emotional Support:** Often the primary support a peer gives is emotional in nature, with peer specialists demonstrating empathy and compassion while remaining honest, and non-judgmental. Peer specialists offer the gift of being fully present during interactions as they are not required to assess the person as they listen. Because there is an exchange of experiences, a relationship of mutuality and trust is easily built.
- **Informational Support:** The second most used type of support offered is informational support sharing knowledge, information, and at times providing instruction on various topics. While many clinicians may be aware of resources, peer specialists are often seen as able to offer more credible and up to date information than professionals.<sup>13</sup> Peer specialists have likely had to navigate multiple systems and faced “wrong doors” and can offer practical tips to overcoming

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<sup>9</sup> Sabin, J. E., & Daniels, N. (2003). Strengthening the consumer voice in managed care: The Georgia peer specialist program. *Psychiatric Services*, 54, 497-498.

<sup>10</sup> Retrieved from <http://www.samhsa.gov/wellness-initiative/eight-dimensions-wellness>

<sup>11</sup> Sherman, Barry R. et al. (1998). Role-modeling healthy behavior: peer counseling for pregnant and postpartum women in recovery. *Women's Health Issues*, Volume 8, Issue 4, 230 - 238

<sup>12</sup> Center for Substance Abuse Treatment, What are Peer Recovery Support Services? HHS Publication No. (SMA) 09-4454. Rockville, MD: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2009.

<sup>13</sup> Woodhouse, A. and Vincent, A. (2006) Mental health delivery plan—development of peer specialist roles: A literature scoping exercise. Scottish Recovery Network and the Scottish Development Centre for Mental Health, Edinburgh.

barriers to their peers. Learning how to manage their own condition so they can manage their life is unique informational support that peer specialists can provide. Many peers are also trained in wellness, whole health, or support programs and can offer classes or trainings on these topics.

- **Affiliational Support:** Peer specialists may provide affiliational support to help facilitate the learning of social skills, to build connections within their respective community, increase recovery capital, and to give a person a sense of belonging. Illness and addiction can disconnect a person from society during pivotal years when social skills are often learned and can damage relationships with family and friends. It can be easy for a person's life to become limited to "an addict" or a "mental patient". Peer support around these issues helps counter feelings of loneliness, rejection, discrimination, low self-esteem, and frustration.<sup>14</sup> Peer specialists can be powerful bridges to connect people back to a community. The connection through shared experience and expansion of support systems has a healing effect on the person served.<sup>15</sup>
- **Instrumental Support:** Peer specialists may also offer instrumental support by giving concrete assistance to help accomplish tasks such as providing transportation to access a community or social service. If the primary or secondary task designated to a peer is providing transportation or handling administrative work, the peer is not able to use their experiential knowledge and peer support skills in a meaningful way. These tasks should be kept to a bare minimum so that the focus is on the unique gifts a peer brings to emotional, informational, and affiliational support.

"Through the *Recovery Support Strategic Initiative*, SAMHSA defined four dimensions that are essential to a person living successfully in recovery.<sup>16</sup>

- **Health:** overcoming or managing one's disease(s) or symptoms—for example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem—for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing;
- **Home:** a stable and safe place to live;
- **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society; and
- **Community:** relationships and social networks that provide support, friendship, love, and hope."

If having good health, a home, a purpose, and a sense of community are all necessary to recovery, where does a peer specialist start? The answer is asking the peer what they want most in their lives by connecting them to their hopes and dreams. A peer specialist may be supporting a peer in one, or all of the dimensions, in several different ways, which may look like:

- Assisting a peer in challenging negative thinking to help them reduce illegal drug use and sharing tips on how to eat more fresh vegetables on a limited budget, while;
- Listening non-judgmentally to their fears about living on their own and helping them define "the must haves" to feel safe in their living space while;
- Encouraging them to follow through with their dream of going back to school by taking one college course and supporting their hobby of drawing, while;
- Discussing the challenges of making new friends and weighing the "pros and cons" of reconnecting with a family member.

### **What IS and What IS NOT Part of the Role**

Meaningful use of peers requires roles that reflect the essential tasks of a peer specialist. Peer specialists must be used in ways that reflect the skills they bring to the role. Marginalization and tokenism of peer

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<sup>14</sup> Anthony, W. (2003). Expanding the evidence base in an era of recovery. *Psychiatric Rehabilitation Journal*, 27(1), 1-2.

<sup>15</sup> Powell, I. (2013) *The Power of a Peer Provider*. Retrieved from [http://acgpeersupport.com/wp-content/uploads/2013/07/The\\_Power\\_of\\_a\\_Peer\\_Provider\\_GP\\_edits\\_6-2013-1.pdf](http://acgpeersupport.com/wp-content/uploads/2013/07/The_Power_of_a_Peer_Provider_GP_edits_6-2013-1.pdf)

<sup>16</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *SAMHSA's Working Definition of Recovery*. Retrieved from <https://store.samhsa.gov/shin/content/PEP12-RECDEF/PEP12-RECDEF.pdf>

specialists within provider agencies is a threat that agencies should be vigilant to address.<sup>17</sup> The following graph from SAMHSA defines what is and what is not, part of the role of a peer specialist.<sup>18</sup>

**Table 1. Peer Support Specialist Roles**

<b>PEER SUPPORT SPECIALIST ROLES</b>	
<b>IS/DOES</b>	<b>IS NOT/DOES NOT</b>
Shares lived experience	Gives professional advice
A role model	An expert authority figure
Sees the person as a whole person in the context of the person's roles, family, community	Sees the person as a case or diagnosis
Motivates through hope and inspiration	Motivates through fear of negative consequences
Supports many pathways to recovery	Prescribes one specific pathway to recovery
Functions as an advocate for the person in recovery, both within and outside the program	Represent perspective of the program
Teaches the person how to accomplish daily tasks	Does tasks for the person
Teaches how to acquire needed resources, including money	Gives resources and money to the person
Helps person find basic necessities	Provides basic necessities such as a place to live
Uses language based on common experiences	Uses clinical language
Helps the person find professional services from lawyers, doctors, psychologists, or financial advisors	Provide professional services
Shares knowledge of local resources	Provides case management services
Encourages, supports, praises	Diagnoses, assesses, treats
Helps to set personal goals	Mandates tasks and behaviors
A role model for positive recovery behaviors	Tells person how to lead a life in recovery
Provides peer support services	Does whatever the program "requires"

### **Role Drift**

Peer specialists who work in clinical settings, versus peer run organizations, are at heightened risk for their job tasks to drift outside of the peer role. Organizations must be diligent to ensure that peer specialists do not become pseudo case managers or therapists. One of the most challenging areas may be the task of documentation and treatment planning from a recovery perspective.

<sup>17</sup> Jorgenson, J., Schmook, A., (2014) Enhancing the Peer Provider Workforce: Recruitment, Supervision, and Retention, National Association of State Mental Health Program Directors (NASMHPD) Assessment #1 Retrieved from <http://www.gmhcn.org/files/PeerProviderWorkforceNASMHPD.2014.pdf>

<sup>18</sup> Substance Abuse and Mental Health Services Administration (SAMHSA) (2012). *Equipping behavioral health systems and authorities to promote peer specialist/peer recovery coaching services*. Retrieved from <http://www.samhsa.gov/sites/default/files/expert-panel-03212012.pdf>

Documentation by peer specialists is likely required by the funding source. It is important that peer specialists follow their role by not using clinical language or assessing while documenting. The peer should not be giving their opinion about how a person is functioning but rather support the person's voice in the process by only writing down the words they use to describe their current abilities.

One of the most recovery-oriented and person-centered ways to document is collaborative documentation. This is a process by which the individual receiving services and the peer specialist work together to complete the progress notes. Collaborative documentation allows for self-determination while increasing engagement in the recovery process and allows the peer specialist to document while staying consistent with their role.<sup>19</sup>

### **Integrated Team Members**

Peer specialists must be treated as equal members of the team. They should participate in all team meetings and trainings and have the same access to files and records including those with confidential information. Providing opportunities to socialize and be included in team activities and retreats is important to the satisfaction of peer workers.<sup>20</sup> Depending on the environment, they also contribute to the files and records. Providing valuable education to staff on recovery principles and the perspective of a person served is also an important role.<sup>21</sup>

### **I.D. Job Titles of a Peer Specialist**

Research has shown that disclosure of the peer status within the job title can affect integration as it unnecessarily sets peers apart from non-peer staff and robs peers of control over their disclosure.<sup>22</sup> Additionally, since a job title remains on a resume, the person would also be disclosing to future employers that they either had, or have a mental illness or substance use condition. By not including the word peer we are supporting individuals to have a limitless career ladder with opportunities for increased compensation and post-secondary education without them having to explain their "peer" status. Of course, the decision to use the word "peer" in the job title or use the title "peer specialist" is at the discretion of the employing agency. It is simply something to consider as peer specialists are integrated into the workforce, especially at early stages of their careers. It is still important that the person being served understands that the person they are working with is a peer. The language the peer specialist uses to disclose to the person served should be the choice of the peer specialist.

Depending on the agency and the programs offered, a peer specialist may be doing more tasks related to certain supports than others. In developing a clear job description, it is important to define the job title and tasks based on the purpose the peer specialist serves. Avoiding catch all titles such as "Peer Specialist", supports job duties that are clearly defined.

This following list provides options for job titles. You will note that the word "peer" is not used in the title. This is intentional as it gives control to the peer specialist to decide who, when, and why they are disclosing.

### **Recovery Support Navigator or Recovery Support Bridger**

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<sup>19</sup> Stanhope, V., Ingoglia, C., Schmelter, B, & Marcus, S. (2015). [Impact of Person-Centered Planning and Collaborative Documentation on Treatment Adherence](#) *Psychiatric Services* 2013 64:1, 76-79

<sup>20</sup> Jongbloed, R.A & MacFarlane, A. (2009). Integration of Peer Support Workers into Community Mental Health Team. *International Journal of Psychosocial Rehabilitation*. 14(1). 99-110

<sup>21</sup> Peers as Valued Workers: A Massachusetts Road Map to Successfully Integrating Peer Support Specialist. Retrieved from [http://transformation-center.org/wp-content/uploads/2012/02/Roadmap\\_long-version\\_final-2.20.pdf](http://transformation-center.org/wp-content/uploads/2012/02/Roadmap_long-version_final-2.20.pdf)

<sup>22</sup> Gates, L. B., & Akabas, S. H. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(3), 293-306. doi. Retrieved from <http://dx.doi.org/10.1007/s10488-006-0109-4>



These peer specialists help individuals who are difficult to reach and engage and who may be transitioning out of long or recurrent involvements with an institutional setting, such as a state hospital, crisis stabilization unit, jail, prison, or the child welfare system. The focus is on supporting an individual to live successfully in the community by linking them to resources and supporting self-determination in shared decision making processes with providers. They engage in advocacy efforts to support individuals in navigating complex systems, accessing necessary supports and services, and reconnecting them to their community. They may work with specific populations, such as forensic, transitioning youth, parents engaged in the child welfare system, Veterans, or family members.

### **Crisis Recovery Support Specialist**

These peer specialists provide immediate support to individuals in crisis in a variety of settings, including crisis stabilization units, mobile crisis units, crisis telephone support, peer-run respite, and detox centers. The focus is on supporting the individual in crisis to look at what they can learn from the experience, sit through powerful feelings, express their needs, and identify what strengths they can use in the midst of a crisis. Peer specialists working in crisis settings are often trained in Intentional Peer Support.

### **Whole Health Recovery Support Specialist or Wellness Coach**

These peer specialists promote integrated care by supporting individuals to identify and achieve personal goals related to health, through community based support programs and/or one on one support. The focus is on providing structure and accountability, developing natural supports, and engagement with the community to create and maintain a healthy lifestyle. Peer specialists working in this setting often have training in Wellness Recovery Action Plan (WRAP) and/or Whole Health Action Management (WHAM), and promote recovery through creative and alternative approaches, such as art, spoken word, writing, music, and meditation.

### **Employment Support Specialist/Coach**

These peer specialists assist individuals in transitioning back to meaningful work by linking them to existing supports, obtaining resources and advocating for reasonable accommodations whether at school or work. Long term, ongoing support is provided for as long as needed for individuals to successfully maintain employment and recovery.

### **Housing Support Specialist/Coach**

These peer specialists support individuals to successfully manage their recovery so that they can live independently in the community, whether transitioning out of a homeless situation, group home, or State Hospital. They support self-direction by helping identify barriers to safe and affordable housing and support individuals in creating or obtaining the community support and services necessary to overcome these barriers to maintain stable housing.

### **Recovery Coach**

These peer specialists serve as mentors and role models and help connect individuals to recovery support services, as well as formal and informal community supports. They may also lead groups focused on increasing wellness and daily living skills. They work in a group living situation, such as a Recovery Residence or Assisted Living Facility, to support individual recovery and a recovery culture.

### **Self-Directed Care Coach**

These peer specialists assist individuals in creating a person-centered plan, setting goals, managing budgets, and expanding their resources, while supporting them through life transitions. They work in voucher model programs where persons served choose their services.

### **The Role of a Family Peer Specialist**

Family peer specialists most often work as Recovery Support Navigators assisting families, caregivers, individuals or youth, to navigate the system, access services, and advocate for supports. They may also work as Crisis Recovery Support Specialists by providing support to family members whose loved ones are in inpatient psychiatric care and advocating for appropriate supports prior to and after discharge.

### **The Role of a Veteran Peer Specialist**

While most individuals who hold a Certified Recovery Peer Specialist-V credential work for the Veteran's Administration, many also work within community behavioral health systems. They may hold any of the job titles described above while working exclusively with other Veterans or working with general populations.

### **Programs Utilizing Peer Specialists**

Florida has multiple programs and services in which peer specialists play a meaningful role, including but not limited to the following:

- A Recovery Support Navigator or Recovery Support Bridger may work in outreach, Florida Assertive Community Treatment (FACT) Teams, Comprehensive Community Service Teams (CCST), Community Action Teams (CAT), and Family Intensive Treatment Teams (FIT), or jail diversion programs.
- A Crisis Recovery Support Specialist may work in crisis stabilization, crisis/emergency support, such as mobile crisis, crisis support, crisis emergency screening, crisis telephone, and emergency walk-in, peer-run respite, and substance abuse detoxification.
- A Whole Health Recovery Support Specialist or Peer Wellness Coach may work in day treatment, drop-in/Self-help center, psycho rehabilitation centers, outreach, aftercare, and outpatient detoxification.
- An Employment Support Specialist/Coach may work in Clubhouse, supported employment programs, Comprehensive Community Service Teams, and FACT Teams.
- A Housing Support Specialist/Coach may work in Projects to Assist in Transition from Homelessness (PATH), Outreach, supported housing/living programs, and Comprehensive Community Service Teams.
- A Recovery Coach may work in in-home and onsite service, residential, recovery residences, and assisted living facilities.
- A Self-Directed Care Coach may work in a self-directed care program or other voucher modelled programs.

## **II. Benefits of Peer Providers**

There are many benefits to employing peer specialists. Much research has been done on the value a peer can bring to the traditional service delivery system. We will focus on improved treatment outcomes, the value lived experience brings, and the impact peer specialists have on system recovery.

### **II.A. Improved Outcomes**

Peers bring tremendous value to organizations and assist persons served to achieve positive outcomes with minimal costs. The field of peer support is now heavily researched showing improved outcomes for those living with mental illnesses and substance use conditions. These outcomes are especially significant when peers are delivering well defined interventions, such as Assertive Community Treatment (ACT), Wellness Recovery Action Planning (WRAP), integrated case management (ICM) and supported employment.<sup>23</sup> As care coordination and outcome and performance-based contracting become the norm, peer specialists are vital to the success of these and other initiatives that serve to transform the

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<sup>23</sup> Cook, J. A. (2011). Peer-delivered wellness recovery services: From evidence to widespread implementation. *Psychiatric Rehabilitation Journal*. 35(2), 87-89.

behavioral health system in Florida.

A report from the College of Behavioral Health Leadership detailed significant research showing peer support's efficacy in:<sup>24</sup>

- engaging and retaining people in mental health and addiction services,
- supporting individuals in playing active roles in their treatment through empowerment,
- lowering re-hospitalization rates, and
- reducing utilization of crisis and emergency room services.

Moreover, peer services play a crucial role in helping individuals to advance their wellness and recovery in the community, demonstrating a significant role in:

- increasing overall satisfaction with services;
- providing knowledge about psychiatric disorder and addictions, and their management;
- assisting in connecting to communities;
- reducing symptoms and or substance use;
- improvements in practical outcomes e.g. employment, housing, and finances;
- increasing ability to cope with stress;
- increasing quality of life;
- increasing ability to communicate with mainstream providers;
- positive outcomes in chronic illness;
- significant reductions in inpatient days;
- significant increases in outpatient services; and
- reducing relapse and initiating recovery engagement when relapse occurs.”

People living with mental health and substance use conditions often have other chronic health conditions. The ability for peer specialists to influence a healthy lifestyle, improve health literacy, and impact modifiable risk factors is proven by research. Studies of peer-led medical illness self-management programs show great improvements in physical activity, visits to primary care doctors, medication adherence, physical health-related quality of life, and perceived ability to manage their illness and health behaviors.<sup>25</sup> Peer specialists play a primary role in the continued focus on physical health and mental health.

Finally, mounting research showing the effectiveness of peer specialists signals a potential cost savings for provider organizations. As peer specialists are being used more often and appropriately to provide support, staff member's time is freed up to provide other essential services.<sup>26</sup>

## **II.B. Value of “Lived Experience”**

Peer specialists bring many experiences that promote individuals engaging in treatment and moving forward in their recovery. Many peer specialists have experience navigating multiple systems, including behavioral health, child welfare, juvenile justice, and criminal justice systems. Many have also used public assistance programs such as social security, ACCESS and housing programs. Often peers have faced “wrong doors” and learned the skills to successfully meet their needs when systems have failed them. These navigation skills as well as supporting peers through the frustration and disappointment give peer specialists the ability to assist their peers beyond just providing a resource list.

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<sup>24</sup> Hendry, P., Hill, T., Rosenthal, H. Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services. ACMHA: The College for Behavioral Health Leadership and Optum, 2014.

<sup>25</sup> Druss, B. G., et. Al. (2010). The Health and Recovery Peer (HARP) Program: A Peer-Led Intervention to Improve Medical Self-Management for Persons with Serious Mental Illness. *Schizophrenia Research*, 118(1-3), 264–270. doi:10.1016/j.schres.2010.01.026

<sup>26</sup> Pitt V, Lowe D, Hill S, Prictor M, Hetrick SE, Ryan R, Berends L. Consumer-providers of care for adult clients of statutory mental health services. *Cochrane Database of Systematic Reviews* 2013, Issue 3. Art. No.: CD004807. DOI: 10.1002/14651858.CD004807.pub2.

Peer specialists have also navigated their own recovery process and intimately understand that there are many pathways to recovery and the non-linear process of recovery. Peer specialists take away the “you don’t know what it’s like” justification because they have had similar experiences.<sup>27</sup> For many, relapse or crisis can feel like a failure. Those who have been on their own recovery journey view relapse and crisis as opportunities for reflection and growth.<sup>28</sup> Reframing relapse or crisis through these terms reduces negativity and increases opportunities for improved wellness.

### II.C. System Recovery

Finally, as previously noted in the Recovery Change Agents section, peer specialists play a vital role in improving systems. As living embodiments of recovery after a serious mental illness or addiction, peer specialists give hope to the person served and agency staff. Some staff may only see people in crisis or bring their own bias and stigma to the workforce. Having a staff member living well with a schizophrenia diagnosis or in long term recovery from opiate addiction can help change the hearts and minds of their co-workers. National initiatives promoting recovery oriented systems of care and integrated healthcare are elevating the role the person served has in the development of systems. Peer specialists are a natural fit to ensure the voice of the person served is included in system improvements.

The following table outlines factors that contribute to positive outcomes for persons with mental illnesses and peer support services that address each of these factors.<sup>29</sup>

**Table 2. Factors that contribute to poor outcomes for those with serious mental illnesses and Peer support services that address each of these factors.**

Factors that contribute to poor outcomes for those with serious mental illnesses:					
Person-Served Factors			Treatment System Factors		
Social isolation	Disconnection with ongoing outpatient treatment	Powerlessness & demoralization regarding illness	Overburdened providers	Fragmented services	Lack of emphasis on recovery, rehabilitation, empowerment
Peer support services that address each of these factors:					
↓	↓	↓	↓	↓	↓
Enhances social networks by role modeling; facilitating peer support activities	Engages clients; makes treatment more relevant through collaboration	Activates clients; teaches coping & street smarts; Provides hope through role modeling	Supplements existing treatment; increases access	Provides system navigation to increase access	Emphasizes recovery: acts as liaison between consumer and system; focuses on meaningful life roles and community reintegration

## III. Preparing to Integrate Peers into the Workforce

<sup>27</sup> Powell, I. (2013) *The Power of a Peer Provider*. Retrieved from [http://acgpeersupport.com/wp-content/uploads/2013/07/The\\_Power\\_of\\_a\\_Peer\\_Provider\\_GP\\_edits\\_6-2013-1.pdf](http://acgpeersupport.com/wp-content/uploads/2013/07/The_Power_of_a_Peer_Provider_GP_edits_6-2013-1.pdf)

<sup>28</sup> Mead, S. (2001). Crisis is an opportunity for growth and change. Retrieved from <https://www.power2u.org/alternatives2010/downloads/CrisisShortArticle.pdf>

<sup>29</sup> Chinman M, Henze K, Sweeney P, McCarthy, S (Ed). (2013). Veterans Administration Peer Specialist Toolkit – Implementing Peer Support Services in the VHA. Retrieved from [www.mirecc.va.gov/visn4/docs/Peer\\_Specialist\\_toolkit\\_Final.pdf](http://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf)

### **III.A. Overcoming Barriers to Integration**

Barriers are inherent in any new practice; however, the integration of peer specialists into workforces is feasible with the proper preparation. Common barriers faced by organizations integrating peers into their workforce may include funding and billing for services, ready to work peers, certification, background checks, and organizational culture.

#### **Funding**

Peer services have been billable in some states for many years, including Florida. Currently, services provided by peer specialists are billable through both the Department of Children and Families (Department) and Medicaid. These policy changes have opened the door for peers to be hired by many more agencies to provide services. A cross-walk of services funded by the Department and Medicaid is provided in Appendix A.

#### **Billing the Department**

The Department has a covered service for Recovery Support that allows providers to bill for services provided by Certified Recovery Peer Specialists. Recovery Support Individual (covered service code 46) and Recovery Support Group (covered service code 47) are services designed to support and coach an adult or child and family to regain or develop skills to live, work and learn successfully in the community. Services include substance abuse or mental health education, assistance with coordination of services as needed, skills training, and coaching. These covered services include clinical supervision of the peer specialist.

For mental health, these services are provided by a Certified Family, Veteran, or Recovery Peer Specialist. For substance abuse, these services may be provided by a Certified Peer Recovery Specialist or trained paraprofessional staff subject to supervision by a Qualified Professional as defined in ch. 65D-30.002, F.A.C. These services exclude twelve-step programs such as Alcoholics Anonymous and Narcotics Anonymous.<sup>30</sup>

#### **Billing Medicaid**

In March 2014, the Agency for Health Care Administration published the *Community Behavioral Health Services Coverage and Limitations Handbook*, allowing five covered services to be provided by Certified Recovery Peer Specialists, to include Psychosocial Rehabilitation Services and Clubhouse services.<sup>31</sup> Additionally, Managed Care Organizations have the option of using substitution code H0038 for Self Help/Peer Services. The Center for Medicare and Medicaid Services recognizes peer support providers as a distinct provider type for the delivery of support services. Multiple health plans utilize H0038 covering most of the Medicaid regions in the state.

Specific services billed under self-help/peer services may include: peer specialist activities; peer mentoring; peer education; recovery coach services; and mental health services provided by peers. They do not include: paperwork for consumers; attendance at NAMI or other consumer support meetings; offering meeting space for consumer meetings; travel time or transportation of consumers; peer specialist time that is not spent on education or self-help activities or, other administrative services. Supervision must be provided by a licensed master's level clinician.<sup>32</sup>

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<sup>30</sup> DCF Pamphlet 155-2, Version 11.1.2. Appendix 4. Retrieved from <http://www.myflfamilies.com/service-programs/substance-abuse/pamphlet-155-2-v11>

<sup>31</sup> Agency for Health Care Administration. (2014). *Community Behavioral Health Services Coverage and Limitations Handbook*. Retrieved from [http://portal.flhmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Community\\_Behavioral\\_Health\\_Services\\_Coverage\\_and\\_Limitations\\_Handbook\\_Adoption.pdf](http://portal.flhmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Community_Behavioral_Health_Services_Coverage_and_Limitations_Handbook_Adoption.pdf)

<sup>32</sup> Agency for Health Care Administration. (2014). *Managed Medical Assistance Program: Attachment II*. Retrieved from [http://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/Attachment\\_II\\_Exhibit\\_II-A\\_MMA\\_Model\\_2014-01-31.pdf](http://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/Attachment_II_Exhibit_II-A_MMA_Model_2014-01-31.pdf)

## **Certification**

The Florida Certification Board (FCB) oversees the certification process for peer specialists and has the following credential endorsements: Adult (CRPS-A), Family (CRPS-F), and Veteran (CRPS-V). The CRPS-A applicant must attest to lived experience as an adult who has been in recovery for a minimum of two years from a substance use or mental health condition. The CRPS-F applicant must attest to lived experience as a family member or caregiver to another individual who has or is in recovery from a substance use or mental health condition. The CRPS-V applicant must attest to lived experience as a veteran of the armed forces who has been in recovery for a minimum of two years from a substance use or mental health condition.

A Certified Recovery Peer Specialist is an individual who has completed the certification process, which includes an application process and competency exam. To become certified, peers must have completed 40 hours of training, have 500 hours of work or volunteer experience related to peer to peer recovery support, and a minimum of a GED or high school diploma. The FCB has determined four performance domains for peer specialists:

- Advocacy,
- Mentoring,
- Recovery Support, and
- Professional Responsibility.<sup>33</sup>

These domains guide the training requirements and testing for the Recovery Peer Specialist certification. A complete description of the application and requirements can be found in the CRPS Candidate Guide at [www.flcertificationboard.org](http://www.flcertificationboard.org).

## **Ready to Work Peers**

The certification process for peer specialists was introduced several years before recovery/peer support was a distinct billable service. As such, there were few jobs in Florida that were sustainable. The number of certified peer specialists throughout the state dropped dramatically, as did available training opportunities. The Department has invested resources to increase the number of trained and certified peers within the state. The FCB, through funding from the Department's Office of Substance Abuse and Mental Health, is administering a scholarship program for certification-related fees for persons seeking initial certification, reinstatement, or renewal as a Certified Recovery Peer Specialist. Interested persons need to complete the FCB Scholarship Application form on the FCB website. Additionally, the Department contracted for a curriculum to provide the ability for managing entities to offer, or assist with offering, the required 40 hours of training. The expectation is that more peers will be ready to work as training and certification opportunities are expanded.

Working as a peer specialist may not be the right profession for every individual in recovery who has a desire to help others. The FCB requires a minimum of two years in recovery from either a substance use disorder or a mental illness. Individuals' pathways to recovery are unique and there is often a distinction between a person's substance use recovery and recovery from a mental illness. An individual with one year of sobriety with significant reflection and growth may be better suited to the role of a peer specialist than an individual with three years of sobriety and limited growth. Likewise, an individual with two years of self-defined recovery and a recent hospitalization may be better suited than someone with 10 years of recovery and no hospitalizations. Suffice to say, the two year minimum is not a direct indicator of a person's readiness to openly use their experiences to share hope and recovery and should not be the only indication if they are ready to work.

Finally, it should be considered that some individuals may be transitioning off of disability or entering the workforce after long periods of unemployment. This is often true of those who have faced tremendous

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<sup>33</sup> Florida Certification Board. (2015) CRPS Candidate Guide. Retrieved from <http://flcertificationboard.org/wp-content/uploads/CRPS-Candidate-Guide-2015.pdf>

difficulty as a result of their mental health or substance use condition, and should be viewed through the lens that this peer has more lived experience to bring to the position.

Ready to work peers should understand the job tasks of a peer specialist, have started or completed the certification process, have some experience working with other peers, and have a personal plan for self-care.

### Background Checks

Level two background checks can be a barrier to employing peer specialists. Some of the useful experiences gained by peer specialists were earned in the criminal justice system. The Department convened a workgroup to review barriers of the screening and exemption process in order to make the process more user friendly. The Department’s SAMH fingerprinting and background screening law and other related information is easier to locate on the Department’s website, is more user-friendly, and can be found at <http://www.dcf.state.fl.us/programs/backgroundscreening/>.

### Organizational Culture

The culture of an organization can impede the successful integration of peers. While peer specialists are recovery change agents within systems, if peers are placed within organizations that do not have a culture that promotes recovery practices, the results can be problematic. Organizations in the behavioral health systems are not exempt from harboring policies, practices, and staff that may stigmatize the very people they are tasked to serve. It is necessary to examine practices to assess for recovery prior to employing peer specialists.

### Addressing Common Myths and Fears

Hiring peers within systems can cause fear and the proliferation of misinformation. The following table outlines common concerns associated with using peers in a provider role and resolutions to address them.<sup>34</sup>

**Table 3. Common concerns associated with using peers in a provider role and resolutions to address them.**

Myth	Resolutions
If peer roles are all about developing relationships and sharing experiences, then they won't understand the importance of boundaries and confidentiality.	<ul style="list-style-type: none"> <li>• Peer worker boundaries are different than clinical team members due to the nature of the work, but they do exist.</li> <li>• Certification training will cover this topic.</li> <li>• Peer workers are subject to the same policies and procedures as the rest of the team.</li> <li>• Peer workers are in control of the aspects of their experience that they choose to share.</li> <li>• Negotiating boundaries and confidentiality in recovery supporting relationships can be challenging for all team members.</li> <li>• Supervision and support will make space for reflection on issues like boundaries and confidentiality.</li> </ul>
Peer workers cannot work full time due to potential loss of benefits.	<ul style="list-style-type: none"> <li>• Not all peer workers are on benefits.</li> <li>• HR should provide the same amount of support regarding Social Security benefits as with other insurances to their employees.</li> <li>• Include part-time jobs or job-sharing.</li> <li>• The employer's role is to create positions while it is the applicant's role to decide if the position matches his/her particular needs. This is the same whether or not applicants have lived experience.</li> </ul>
Peer workers cannot work full time due to the level of responsibility and stress.	<ul style="list-style-type: none"> <li>• Many peer workers are more than able to work fulltime positions.</li> <li>• The interviewing process should include looking into the applicant's past work experiences, to ascertain experience level with working full-time.</li> <li>• Many other applicants for non-peer roles may have issues that compromise their ability or experience with working full-time.</li> </ul>

<sup>34</sup> Legere, L. (2015). A provider's handbook on developing and implementing peer roles. Retrieved from [http://www.psresources.info/images/stories/A\\_Providers\\_Handbook\\_on\\_Developing\\_\\_Implementing\\_Peer\\_Roles.pdf](http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf)

Myth	Resolutions
Peer workers aren't professional workers.	<ul style="list-style-type: none"> <li>Peer workers should have gone through training prior to hiring or within the first 6 months of hire, if possible.</li> <li>Certified peer workers have a professional Code of Ethics, as well as professional best-practice standards. This parallels other professional positions.</li> </ul>
They won't be able to handle the stress of working.	<ul style="list-style-type: none"> <li>A common myth is that working is too stressful for people with psychiatric diagnoses. In reality, much of the research has demonstrated that work is, at least, no different than not working and, at best, therapeutic and healing.</li> <li>Unemployment, social isolation, and poverty is frequently more stressful than work. (Marrone &amp; Golowka, 1999)</li> </ul>
People who have had similar experiences will 'trigger' peer workers.	<ul style="list-style-type: none"> <li>Peer workers who cannot hear the lived experience of another are not far enough in their recovery to perform the peer worker role.</li> <li>Most peer workers have heard the stories many time before and are not overwhelmed by them.</li> <li>Supervision should support the peer worker to clarify issues when there is a specific type of experience that becomes triggering (as it would be for all employees).</li> </ul>
Peer workers are incapable of doing the same work as other practitioners.	<ul style="list-style-type: none"> <li>The role is not the same as other practitioner's, and doing the activities of another role would often be in conflict with the definition of 'peer support.'</li> <li>Good peer workers are highly skilled individuals who are capable of doing many things.</li> </ul>
Peer workers will become unwell or relapse.	<ul style="list-style-type: none"> <li>It is possible but the same is true for all workers.</li> <li>Some evidence suggests that fulfilling a peer worker role can support and enhance personal recovery.</li> </ul>
Peers cannot handle the administrative demands of the job.	This has been shown not to be the case: Peer workers are capable of completing needed paperwork associated with administrative tasks. A greater challenge for employers is understanding how traditional documentation may conflict with the peer worker role, and making the needed policy changes and/or adjustments.
Given that peers are not professionals, they will invariably cause harm to individuals that the other staff members will have to undo.	Any staff member at any rung of the ladder can be an employee who brings harm to people receiving services and distress to an agency. Good hiring practices, regular supervision, and internal protective policies are what is needed to ensure that any sub-par employee is easily recognized and terminated.
This big push for the use of peer workers combined with shrinking budgets means I may be replaced by a peer worker.	The peer worker role compliments, but does not duplicate, any other role within the traditional mental health system. Workers in other roles don't need to fear that peer workers will replace them.

### III.B. Successful Implementation

After addressing barriers to successful integration, it is important to make a plan for successful implementation. The Department of Veterans Affairs (VA) is an example of a large system that successfully integrated peers into their workforce. In 2013, the VA met its goal of hiring over 800 peer specialists. Much can be learned from their process to inform the planning and strategic implementation of peers into Florida's substance use and mental health system.<sup>35</sup>

The process for implementation of peer delivered services should include:<sup>36</sup>

1. Assessing the agency to determine how prepared it is to employ peers;

<sup>35</sup> Chinman M, Henze K, Sweeney P, McCarthy, S (Ed). (2013). Veterans Administration Peer Specialist Toolkit – Implementing Peer Support Services in the VHA. Retrieved from [www.mirecc.va.gov/visn4/docs/Peer\\_Specialist\\_toolkit\\_Final.pdf](http://www.mirecc.va.gov/visn4/docs/Peer_Specialist_toolkit_Final.pdf)

<sup>36</sup> Gates, L.B., & Akabas, S.H., (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. Administration and Policy in Mental Health and Mental Health Services Research (2007) 34:293-306 Retrieved from <http://www.psychodyssey.net/wp-content/uploads/2012/02/Developing-strategies-to-integrate-peer-providers-into-the-staff-of-mental-health-agencies.pdf>



2. Creating an understanding among all staff and persons served of the peer role and the policies and practices which support peer contribution to services;
3. Formalizing a recruitment process and job structure for peer positions;
4. Clarifying staff roles through consistent application of formal guidelines; and
5. Providing on-going support to staff to maximize peer inclusion.

For the successful integration of peers, organizations should shift towards a recovery-oriented system of care that embraces the value of lived experience within its workforce. Organizations can prepare for this shift by assessing their organizations mission and vision statement, their values, and policies to ensure they reflect the values of recovery. One area to specifically address is if self-direction is exhibited through the treatment planning and documentation practices. The appendix includes a self-assessment to determine an agencies readiness to successfully employ and retain peer specialists.

### **Orientation for all Staff**

Whether an agency has already employed peers or is integrating peer staff for the first time, it is suggested that an agency wide orientation be provided. The very nature of the peer role may be in conflict to current practice and stigma may exist within the agency. The success of integrating peers into the workforce is decided, in part, by the interaction a peer staff has with their coworkers. Orientation might include an overview of the role of the peer specialist and recovery principles and practices. It is important to address questions and concerns raised by staff. Using the myths/facts worksheet from this document may assist in creating environments that promote the success of the peer specialist and ultimately those served by the peer. Providing feedback on the effectiveness of peers and their benefits within the agency may serve to ease any tension that may exist. Strategies to provide feedback to leadership, key stakeholders, and agency staff include, reporting outcomes, sharing success stories, and inviting persons served to share the impact working with a peer supporter had on their recovery.<sup>37</sup>

### **Training other Staff Members**

Peers must be treated as equal members of the team and should be included in any agency-wide training. The assumption is that peers may not need to know specific things because they have such a unique role. However, it is important that peers have the same knowledge that other staff have around program operations, changes in policy, and education around emerging best practices.

Additionally, the integration of peers will necessitate agency-wide training in recovery oriented practices. Peers naturally promote recovery oriented practices which can confuse the person served. If the person served is experiencing the same level of recovery-orientation from all providers, successful outcomes for the person served are more likely.

Agencies should review their relevant policies and procedures to ensure guidelines have been established that address boundaries between staff and persons served. While information about persons served should be shared with peer staff the same way it is shared with non-peer staff, it may be necessary to define this in policy. Finally, the peer specialist should be in control of their disclosure. It may be helpful to have written guidance to avoid non peer staff breaking this boundary. Keeping the lines of communication and addressing concerns as they arise, whether from peer staff or non-peer staff will ensure effective implementation.

## **IV. Strategies for Recruiting and Hiring Peer Specialists**

There are special considerations for an agency when recruiting and hiring peer specialists.

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<sup>37</sup> Advocating and Planning for a Behavioral Health Peer Support Program March 2014. Peers for Progress. Retrieved from [http://peersforprogress.org/wp-content/uploads/2014/03/20140313\\_advocating\\_and\\_planning\\_for\\_a\\_behavioral\\_health\\_peer\\_support\\_program.pdf](http://peersforprogress.org/wp-content/uploads/2014/03/20140313_advocating_and_planning_for_a_behavioral_health_peer_support_program.pdf)

## **IV.A. Recruiting Qualified Individuals**

As discussed in the Ready to Work Peers section, finding the right fit for the job is incredibly important. Qualities to look for in a peer specialist include optimistic, honest, patient, compassionate, and solutions oriented. Qualified candidates also either have their certification or have the foundational aspects required to obtain certification. While it is reasonable for an individual to complete 40 hours of training after employment, it may be less realistic to expect an individual to obtain a GED after employment.

### **Partnering with the Managing Entity**

Each Managing Entity has a contact to locate peer specialist trainers in their region and potential candidates for peer specialist positions. Each region has the capacity to train peers in the required 40 hours of foundational learning, whether through the managing entity or local peer/family organizations. The Department also maintains a list of trainers for a 40 hour curriculum that was sponsored.

### **Recruiting Within the Agency**

At times, a candidate for a peer specialist position may be a person who is receiving services or has received services from that agency. Especially in areas where there is one primary provider for services, whether medication management or crisis stabilization services, this may be necessary. An individual should not be considered for employment in a program they are currently participating in. While a person who is or has received services should not be automatically discounted for employment as a peer by the agency that is or has provided services to them, there are several things to carefully consider. It may be helpful to work through the questions listed below if a person is receiving services from the agency they are seeking employment from. These questions can also assist an agency to develop strategies and resolve potential conflicts.

1. What is the potential negative impact on the relationship between the peer and staff, especially if the job does not work out?
2. How will you protect the privacy of the peer staff's treatment files in relation to their co-workers?
3. How will the peer specialist effectively advocate for another peer or for systems change in their dual relationship?

A person should not be considered for a job as a peer specialist just because the staff likes the peer and thinks the job would help them financially or in their own recovery. As psychiatrist Mark Ragins stated, "We are not hiring people with mental illness out of pity for their disabilities, or out of compassion for their struggles, but out of respect for the added strengths and skill sets their experience have given them. We are hiring them because they can work effectively, often in ways we can't, and because if they are successful it will break down stigma and transform us all."<sup>38</sup> The person being considered for the job must have the skills and experience necessary to do the job well.

## **IV.B. Hiring**

When hiring peer specialists it is important to develop clear job descriptions that are tied to competencies and ensure human resource staff are prepared to navigate this new frontier.

### **Clear Job Descriptions**

Role ambiguity and lack of clear expectations creates major challenges for the peer specialist, the supervisor, and the agency.<sup>39</sup> A job description that clearly describes the expectation and specific job tasks is incredibly important to have from the onset. A clear job description allows the agency to define for the supervisor and staff exactly what the role of a peer specialist is. Specific job descriptions are also very important for the individual doing the work. Too often, peers have been hired without clear job descriptions, which have led to the marginalization of the peer role within agencies.

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<sup>38</sup> Ragins, M. (2006) Hiring and Supporting Consumer Staff. Exploring Recovery: The collected village writings of Mark Ragins.

<sup>39</sup> Cabral, L., Strother, H., Muhr, K., Sefton, L. and Savageau, J. (2014), Clarifying the role of the mental health peer specialist in Massachusetts, USA: insights from peer specialists, supervisors and clients. *Health & Social Care in the Community*, 22: 104–112. doi: 10.1111/hsc.12072

*Practices in Peer Specialist Supervision and Employment* outline the following key items to be included in a peer specialist job description:<sup>40</sup>

- **Function:** Summarize the main purpose of the position within the department/organization in one sentence.
- **Reporting Relationships:** Describe the “chain of command” and the types of supervision the employee will get and will give, indicating the specific job titles of the supervisors and the positions supervised.
- **Responsibilities:** List 4 to 6 core responsibilities of the position and identify several specific duties within each of the core responsibility areas.
- **Qualifications/Competencies:** List required and preferred qualifications, credentials, and competencies in order of importance. These might include educational requirements (e.g., a high school diploma or equivalency), training or certification as a peer specialist, or specify that the employee must be a person in recovery (e.g. “Be a self-identified current or former user of mental health or co-occurring services who can relate to others who are now using those services” or “Must be a self-disclosed individual with a mental illness”).
- **Employment Conditions:** Describe any relevant circumstances, such as any physical requirements (e.g., standing, lifting), environmental conditions, unusual work schedule (e.g., rotating shift, on-call hours), and any other requirements (e.g., driver’s license, background check, random drug screen).

### **Competencies**

SAMHSA worked closely with state policy makers, individuals who provide peer support services, and those who supervise peers, to define 61 core competencies for peer workers in mental health or substance use service settings. The competencies are solid foundations for creating meaningful roles for peers. These competencies, found in Appendix C, serve as a guide for developing clear job descriptions.

### **Human Resources and the ADA**

Hiring an individual with a disclosed, but otherwise “invisible” disability is a relatively new frontier. It is important for the Human Resources staff, especially staff that interview and hire peers, to have a clear understanding of the role and responsibilities of a peer specialist. An individual applying for a peer specialist position is disclosing a disability protected under the American with Disabilities Act (ADA). It is important that an agency understand the rules around the ADA.

The ADA prohibits questions specific to a disability. For example, an employer cannot ask what diagnosis a person has, what medications they may take, or when a person was last hospitalized. An employer should assess if an individual has the experience and skills to do the work. Since a peer specialist will be role modeling recovery, employers should determine if potential candidates can identify with their own recovery and are willing to help others in their recovery process. Appendix D contains questions that do not violate the ADA and help find the peer who understands the essential functions and skills of peer support.

### **Policy Development and Review**

The integration of staff into an agency who have publicly disclosed having a disability provides an opportunity for agencies to review their HR policies. The impression may be that integrating peers into a workforce requires a whole new set of policy; however, this is not the case. It should be an opportunity for an agency to review policy to ensure that all staff have protections and supports.<sup>41</sup>

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<sup>40</sup> Swarbrick, P., Nemeck, P. (2010). *Practices in Peer Specialist Supervision and Employment*. Retrieved from <http://www.patnemeck.com/pdfs/NJPRA-HO-2010-Swarbrick-Nemeck.pdf>

<sup>41</sup> Jorgenson, J., Schmook, A., (2014) *Enhancing the Peer Provider Workforce: Recruitment, Supervision, and Retention*, National Association of State Mental Health Program Directors (NASMHPD) Assessment #1 Retrieved from <http://www.gmhcn.org/files/PeerProviderWorkforceNASMHPD.2014.pdf>

## **Accommodations**

The request to ask for accommodations based on a disability is a requirement of all agencies with 15 or more employees. Accommodations may be asked for verbally, but a written request is always suggested whether by email or writing to a supervisor. The accommodation does NOT have to include the diagnosis, but must be a reasonable accommodation. More information can be found at Job Announcement Network (JAN) Employment Network at <https://askjan.org/soar/psych.html>.

## **V. Strategies for Supervision and Retention**

Besides clear job descriptions, effective supervision is one of the most important factors to the success of peer staff and their retention. This section will prepare staff to supervise peer specialists.

### **V.A. Essential Requirements of Supervision**

Five key requirements have been identified for Peer Specialist Supervisors providing supervision to peer specialists, to include the following:<sup>42</sup>

1. Are trained in quality supervisory skills;
2. Understand and support the role of the peer specialist;
3. Understand and promote recovery in their supervisory roles;
4. Advocate for the peer specialist and peer specialist services across the organization and in the community; and
5. Promote both the professional and personal growth of the peer specialist within established human resource standards.

It is important that the person supervising peers has the right attitude and skills set. Supervisors of peer specialists must be committed to the concept and culture of recovery and value the philosophy of peer support and the peer specialist's role. Supervisors are a peer specialist's greatest ally in the shift towards a recovery oriented system of care. As such, they need to be aware of stigma and discrimination within the agency and point it out, when appropriate. In effect, the supervisors of a peer specialist should be willing to act as agents of change alongside the peer specialist. Supervision based in recovery principles supports the peer specialist in reflecting on their work through a lens that supports their lived experience.<sup>43</sup>

In an ideal situation, the supervisor would also identify as a peer, and will have worked in a peer support role. This is not only because of the recovery orientation, but because the role of a peer can be isolating. Sharing your lived experience in the context of a system you may have received treatment in is a unique experience. The ability to talk through the challenges that arise from being in this situation are vital.

Whether the supervisor is a peer or non-peer, they should have the necessary skills to provide quality supervision. Attributes of quality supervision for peers include: <sup>44</sup>

- Well-developed supervision skills (giving/receiving feedback, knowing supervisee's job, safety, availability, problem solving);
- supervision focused on work performance;
- promoting wellness in the workplace;
- helping staff access resources helpful to their role;
- promoting mutual trust, respect, responsibility, and collaboration;

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<sup>42</sup> Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P., (2015) Pillars of Peer Support – VI: Peer Specialist Supervision. [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org); March 2015.

<sup>43</sup> Mental Health Recovery Philosophy Into Practice - A workforce development guide. Retrieved from <http://mhcc.org.au/media/10589/wfdg-pathway-8-supervision-mentoring-coaching.pdf>

<sup>44</sup> Daniels, A. S., Tunner, T. P., Powell, I., Fricks, L., Ashenden, P., (2015) Pillars of Peer Support – VI: Peer Specialist Supervision. [www.pillarsofpeersupport.org](http://www.pillarsofpeersupport.org); March 2015.

- regularity of supervision as necessary to ensure quality performance in accordance with organization policies; and
- supervision that is tailored to the individual needs and abilities of each supervisee.

A challenge in supervision provided by a licensed clinician versus a fellow peer is the potential for the supervisor to become a therapist. Supervisors must be careful not to treat the peer specialist like a “client”. The supervisor should only focus on the person’s mental illness or substance use condition when it is negatively impacting the peer’s work. If an issue does arise with a person’s condition, the agency policy should be followed.<sup>45</sup>

Supervisors should understand that advocacy is part of the job role of a peer specialist. Advocating for the person served or advocating for changes within policy can cause conflict. A supervisor needs to be able to navigate their role in supporting and guiding a peer specialist to fulfill their role as an advocate, but in a manner that is not harmful to the person served or the peer specialist.

For a peer specialist, it can be difficult to determine when a disclosure of specific lived experience is helpful or harmful. Peers may be more susceptible to vicarious trauma because they are sharing deep parts of their history with another individual in a paid role. Supervisors play an important role in reducing the impact of vicarious trauma and compassion fatigue by offering a safe space to discuss triggering interactions, educating the peer about ways they address the impact, and providing additional support to avoid burnout, when needed.<sup>46</sup> Supervisors should expect to coach a peer specialist to think through how telling parts of their story would support the person served in their recovery and be aware of potential burnout.

Supervisors play an important role in helping peer specialists navigate dual relationships.<sup>47</sup> At times, a peer specialist may be working with peers who they knew prior to their paid role. They may also be working in a setting where they received services from clinicians who are now their fellow workers. A supervisor can support the peer specialist in determining boundaries and abiding by ethics. Supervisors should be aware that beyond the ethics outlined in the Recovery Change Agents section, Certified Recovery Peer Specialists must also adhere to a code of ethics as defined by the FCB.<sup>48</sup>

Since peers are recovery oriented when working with individuals, peer specialists respond best to supervisors who use strengths based feedback and promote self-determination in their supervision. Supporting the peer to identify the personal strengths they bring to their work and encouraging use of strengths to enhance their work performance and skills help the supervisor determine where they can be most supportive while putting the peer specialist in charge of their improvement.<sup>49</sup> A coaching style of supervision may be the best approach to creating a relationship that support a peer specialist through challenging work environments.<sup>50</sup>

### Peer to Peer Co-Reflection

When supervision by a peer is not possible, it is important to set up a process for peers to reflect with other peer specialists about their work. Agencies should hire peers in multiples so that they have support

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<sup>45</sup> Swarbrick, M. (2010). Peer Wellness Coaching Supervisor Manual. Freehold, NJ: Collaborative Support Programs of New Jersey, Institute for Wellness and Recovery Initiatives.

<sup>46</sup> Bell, H., Kulkarni, S., Dalton, L. (2003). Organizational prevention of vicarious trauma. *Families in society*, 84(4). Retrieved from [http://www.vawnet.org/Assoc\\_Files\\_VAWnet/PrevVicariousTrauma.pdf](http://www.vawnet.org/Assoc_Files_VAWnet/PrevVicariousTrauma.pdf)

<sup>47</sup> Chinman, M., Young, A.S., Hassell, J., Davidson, L. (2006). Toward the implementation of mental health consumer provider services. *Journal of Behavioral Health Services and Research*, 33(2), 176-195.

<sup>48</sup> Florida Certification Board. (2014). Code of Ethical and Professional Conduct and Disciplinary Procedures. Retrieved from <http://flcertificationboard.org/assets/uploads/Code-of-Ethics-April-2014.pdf>

<sup>49</sup> Ashcraft, L., & Anthony, W. A. (2007). **Turn evaluations into mentoring sessions: Performance evaluations don’t have to be dreadful-try the Get-Give-Merge-Go approach.** *Behavioral Healthcare*, 27(4), 8-11. Retrieved from <http://www.behavioral.net/article/turn-evaluations-mentoring-sessions>

<sup>50</sup> Paraprofessional Health Care Institute. (2008) Creating a culture of retention. Retrieved from <http://phinational.org/sites/phinational.org/files/clearinghouse/PHI-CoachingOverview.pdf>

and do not feel isolated. It is important for peers to have a dedicated time to reflect on their experiences working with other peers. The work of peer support can be challenging and is not black and white. A time to discuss supportive interactions that worked well and did not work well assist the peer specialist in improving their skills and receiving much needed support. The opportunity for a peer specialist to be mentored or supported by another experienced peer specialist provides confirmation and an emotional connection that offers much needed continuity and stability.<sup>51</sup>

### **Job Expectations**

Just as peers should come on board with a clear job description, there should also be clear job expectations and performance evaluations. These should be defined prior to the hire and should be provided to the peer staff within a reasonable time after employment.

Job expectations and performance evaluations for peers should be consistent in policy with those of other roles within the agency. Performance expectations should not be lowered for peer staff and expectations of what can be accomplished should not be higher solely because there is few peer staff. Supervisors should be aware that lowering expectations because a person has a self-disclosed struggle is a subtle form of discrimination. Evaluations should be strengths based and support the peer specialist to improve.<sup>52</sup>

### **V.B. On the Job Support**

Peer specialists may need support to successfully integrate. Some individuals may be coming off of supports or subsidies to gain employment. A raise in income can impact social security, housing, and food assistance, among other entitlements. There may be fear surrounding the loss of benefits and their ability to maintain income through employment. There may be less confidence in the employee if this is one of their first jobs after a lapse of employment. If the culture of the organization is not conducive to recovery, there may be challenges with acceptance of the peer specialist role. Peer specialists are agents of change within systems and organizations. Peer specialists are trained that part of their role is to speak up against policy that does not promote recovery or that does not put the person served in the driver seat for making treatment decisions.

These challenges speak to the importance of hiring peers in multiples and ensuring there are opportunities for co-reflection, support, and mentorship. Agencies should also consider benefits counseling, utilizing a job coach, and providing additional training. Although peer specialists should be held to the same standards as other employees, flexibility is often hallmarked as an important factor in successfully integrating peers into the workforce.

### **Job Training for needed skills**

Training is crucial for peers to maintain competency and efficiency as a peer specialist. Because there is likely less peer staff than other traditional staff, an agency should consider opportunities to provide training or support for training to their peer staff.

Agencies should be aware that additional training for optimal functioning in the workplace may be necessary. At times, peers may come in with less office experience due to lack of higher education or lapse of employment. Skills such as internet navigation, computer use, and Microsoft Office may need improvement. Obtaining and mastering these skills help a peer specialist to be successful.

While not all peers are completing documentation, peers who are required to do this will likely need training in documentation and, if necessary, billing procedure. Peers may not have learned this in their foundational 40 hours of training.

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<sup>51</sup> Kram, K., & Isabella, L. (1985). Mentoring alternatives: The role of peer relationships in career development. *Academy of Management Journal*, 28(1), 110-132.

<sup>52</sup> Ashcraft, L., & Anthony, W. A. (2007). **Reinventing performance evaluations: If conducted correctly, they can help an organization adopt a recovery focus.** *Behavioral Healthcare*, 27(3), 12-13. Retrieved from <http://www.behavioral.net/article/reinventing-performance-evaluations>

## Health and Wellness

The health and wellness of all employees should be a priority. It is a great idea for peer specialists to have their own plan for wellness, such as a WRAP. The perception that peer specialists have a higher likelihood of becoming ill and not be able to do their job is inaccurate. Missed days due to mental health issues are significant amongst employees working in the helping professions and are not a challenge specific to peer specialists.<sup>53</sup> If a peer specialist becomes ill to the point they cannot do their job effectively, they should take sick time just as other employees would if they become ill for any other medical condition. <sup>54</sup> Self-care strategies for all employees should be promoted while agency wide initiatives focused on reducing compassion fatigue and increasing healthy living support a recovery-oriented environment.

## V.C. Salary, Benefits, & Career Advancement

Peer specialists must be compensated for the skills and experience they bring to the workforce. The assumption may be that pay should be equivalent to entry level workers; however, it should be considered that the skill and experience a peer specialist brings is not entry level nor are their abilities easily duplicated. The requirements of a peer specialist (having significant lived experience and being willing to publicly disclose those experiences in the role of peer support) are not qualities that can be learned. The pool of qualified peer specialists is limited compared to other professions; thus, it is important to start at a decent pay rate in order to retain quality peer specialists.<sup>55</sup> The International Association of Peer Supporters surveyed peer specialists in 2014 and found the average salary for full time employees making less than \$50,000 was \$32,628.<sup>56</sup> Those coming in with higher levels of education and experience should be compensated higher. Additionally, peer specialists in supervisory or management roles should have a pay structure consistent with their colleagues in similar roles.

Benefits, such as health care and 401k, are essential to the health and satisfaction of peer specialist employees. Agencies should not hire peer specialists as contractors to avoid providing benefits. It should be considered that some peer specialists may want to work part time to gauge their ability to eventually work full time and ensure they keep their benefits. Studies suggest that most peer specialists work an average of 27 hours to 29.6 hours a week<sup>57</sup>. Hours worked should be determined in the hiring process; however, flexibility after the hiring should be considered.

## Career Advancement

Most people do not stay in one job their entire life. Peer specialists should have a career ladder and opportunities for advancement within the organization including supervisory, management, and leadership positions. Peer specialists may want to pursue other paraprofessional or professional certifications and endorsements or transition to a clinical role. By providing opportunities for training and post-secondary education, peer specialists have a career ladder to progress from one rewarding job into another higher paying, yet equally rewarding position.<sup>58</sup> Education credentials support peer specialists to

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<sup>53</sup> Baron, R. C. (2007). A review of current information about the careers of the direct support professional workforce in the mental health, developmental disabilities, and substance abuse service delivery systems: A report from The Southeastern Pennsylvania Behavioral Health Industry. Philadelphia: UPenn Collaborative on Community Integration. Available at [http://www.1199ctraining.org/pdfs/behavioral\\_health\\_report.pdf](http://www.1199ctraining.org/pdfs/behavioral_health_report.pdf)

<sup>54</sup> Chinman M, Hamilton A, Butler B, Knight E, Murray S, Young A. (2008). Mental Health Consumer Providers: A Guide for Clinical Staff. RAND Corporation. Retrieved from [http://www.rand.org/content/dam/rand/pubs/technical\\_reports/2008/RAND\\_TR584.pdf](http://www.rand.org/content/dam/rand/pubs/technical_reports/2008/RAND_TR584.pdf)

<sup>55</sup> Legere, L. (2015). A provider's handbook on developing and implementing peer roles. Retrieved from [http://www.psresources.info/images/stories/A\\_Providers\\_Handbook\\_on\\_Developing\\_\\_Implementing\\_Peer\\_Roles.pdf](http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf)

<sup>56</sup> International Association of Peer Supporters. (2014). A Report on U.S. Peer Support Provider Levels of Education, Compensation, and Satisfaction A Comparison between 2007 and 2014. Retrieved from [https://na4ps.files.wordpress.com/2014/07/2007-2014\\_comparisonreport1.pdf](https://na4ps.files.wordpress.com/2014/07/2007-2014_comparisonreport1.pdf)

<sup>57</sup> Salzer, M.S. (2010). Certified peer specialists in the United States Behavioral Health System: An emerging workforce. Brown, L.D. & Wituk, S. (Eds.). Mental health self-help: Consumer and family initiatives (pp. 169-191

<sup>58</sup> The White House. (July 2014). Ready to Work: Job-Driven Training and American Opportunity. Retrieved from [http://www.whitehouse.gov/sites/default/files/docs/skills\\_report.pdf](http://www.whitehouse.gov/sites/default/files/docs/skills_report.pdf)

have longer term employment success and career mobility.<sup>59</sup> The future of recovery orientated practices is that lived experiences are valued in all professions within the mental health and substance use systems.

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## **VII. Appendices**

Appendix A: Cross Walk of Services

Appendix B: Agency Self-Assessment

Appendix C: SAMHSA’s Core Competencies for Peer Workers

Appendix D: Interview Questions that Do Not Violate the ADA

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<sup>59</sup> Jessica Wolf (2014) Peer Career Implications of an Academic Credential: Report from the Field, American Journal of Psychiatric Rehabilitation, 17:4, 329-347, DOI: 10.1080/15487768.2014.903876