Workforce Integration of Peer and Community Health Worker Roles:

A needs-based toolkit to advance organizational readiness

NYC Peer and Community Health Workforce Consortium
New York City Department of Health and Mental Hygiene, Office of Consumer Affairs

Contents

Background

Overview

This self-assessment-informed toolkit was developed by the New York City Peer and Community Health Workforce Consortium in response to input from subject matter experts, Peer Specialists and Community Health Workers (referred to collectively here as PS/CHWs) and their employers.

What is the purpose of the self-assessment-informed toolkit? Who should use it?

The needs-based toolkit from the NYC Peer and Community Health Workforce Consortium helps organizations support and integrate peers and community health workers in the workforce. You can complete the self-assessment to evaluate organizational readiness for the support and integration of Peers and Community Health Workers. After you finish the assessment, refer to the self-scoring guide to review your responses and use the related information in the toolkit.
The toolkit provides organization-specific guidance in the following nine practice areas:
1.   Recruitment
2.   Attitudes and Beliefs
3.   Diversity and Inclusion
4.   Finances and Sustainability
5.   Role Clarity and Workflows
6.   Career Advancement Opportunities
7.   Supervision
8.   Orientation and On-Boarding
9.   Program Monitoring and Evaluation

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Recruitment

How difficult is it to find PS/CHW candidates with the required qualifications?	Extremely difficult	Somewhat difficult	Neither easy nor difficult	Somewhat easy	Extremely easy
	1	2	3	4	5

How difficult has it been to identify job posting networks that reach appropriate PS/CHW applicants?	Extremely difficult	Somewhat difficult	Neither easy nor difficult	Somewhat easy	Extremely easy
	1	2	3	4	5

How familiar are most interviewers with questions that evaluate competencies held by PS/CHW applicants?	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
	1	2	3	4	5

How familiar are interviewers with prohibited questions about an applicant's illness, disability or diagnosis?	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
	1	2	3	4	5

Some applicants express concerns about how a change in employment status may impact eligibility for benefits. How accurately can most interviewers respond to those concerns?	Not accurately at all	Slightly accurately	Moderately accurately	Very accurately	Extremely accurately
	1	2	3	4	5

How often do job descriptions for PS/CHWs include the components below?

Core responsibilities and examples of duties to be assigned	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5
Overview of the organization's main programs	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5
Required schedule	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5

Instructions for applying	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5
The teams and employees who will work/interact with the PS/CHW	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5

Attitudes and Beliefs

How much attention is given to the questions or concerns of	None at all	A little	A moderate amount	A lot	A great deal

non-PS/CHW employees about working with PS/CHWs?	1	2	3	4	5

Which best describes the attitudes of non-PS/CHW staff towards PS/CHWs?	Extremely negative	Somewhat negative	Neither positive nor negative	Somewhat positive	Extremely positive
	1	2	3	4	5

Diversity and Inclusion

How extensively does your organization identify and eliminate workplace barriers to equity that are related to race, ethnicity, culture, gender, sexuality, age or other personal characteristics?	None at all	A little	A moderate amount	A lot	A great deal
	1	2	3	4	5

How familiar is your organization with the specific ways that inequity can manifest according to the type of role an employee holds (e.g., youth peer advocates who experience ageism or criminal justice-involved peers facing hiring barriers because of prior records)?	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
	1	2	3	4	5

Finances and Sustainability

Compared to other roles within the organization, how reasonable is the PS/CHW rate of pay	Extremely unreasonable	Somewhat unreasonable	Neither reasonable nor unreasonable	Somewhat reasonable	Extremely reasonable

relative to work performed?					
	1	2	3	4	5

How familiar is your organization with New York State standards for billing and Medicaid reimbursement of PS/CHW services?	Not familiar at all	Slightly familiar	Moderately familiar	Very familiar	Extremely familiar
	1	2	3	4	5

Has funding been allocated to hire and maintain support of PS/CHWs?	Definitely not	Probably not	May or may not have been	Probably has	Definitely has
	1	2	3	4	5

Role Clarity and Workflows

Overall, how knowledgeable are employees about the role of PS/CHWs?	Not at all	Slightly	Moderately	Very	Extremely
	1	2	3	4	5

How much opportunity are employees given to learn more about PS/CHW principles and responsibilities?	None at all	A little	A moderate amount	A lot	A great deal
	1	2	3	4	5
How challenging is it to include PS/CHWs in your organization's team projects?	Extremely challenging	Very challenging	Moderately challenging	Slightly challenging	Not challenging at all
	1	2	3	4	5

Workflows define and guide how a team operates by outlining each role. Which statement best depicts your organization's use of a workflow?	I do not believe that we have a workflow.	A routine is followed but is not formally presented in a workflow	A structured workflow exists, but does not include everyone's roles or tasks	A workflow that outlines all employee roles has been established and distributed to all employees	All employees are familiar with the workflow, are included in its described roles and contribute to its reviews and updates as needed
	1	2	3	4	5

Career Advancement Opportunities

Does your organization have advanced PS/CHW positions (e.g., supervisors, mentors, advisors, etc.) for PS/CHWs who demonstrate success and experience in their roles?	Definitely not	Probably not	May or may not	Probably does	Definitely does
	1	2	3	4	5

Is higher pay provided for more advanced PS/CHW positions?	Definitely not	Probably not	May or may not be	Probably is	Definitely is
	1	2	3	4	5

Are PS/CHWs informed of training opportunities that	Definitely not	Probably not	May or may not be	Probably are	Definitely are

align with their needs and interests?	1	2	3	4	5

How often does your organization schedule events or training sessions so that employees from a variety of disciplines can attend?	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5

Supervision

How important are the following factors when identifying an appropriate supervisor for PS/CHWs?					
Availability and schedule	Not at all important	Slightly important	Moderately important	Very important	Extremely important

	1	2	3	4	5
Prior experience working in a role similar to PS/CHW	Not at all important	Slightly important	Moderately important	Very important	Extremely important
	1	2	3	4	5
Willingness to supervise others	Not at all important	Slightly important	Moderately important	Very important	Extremely important
	1	2	3	4	5
Familiarity with the use of standard supervision materials	Not at all important	Slightly important	Moderately important	Very important	Extremely important
	1	2	3	4	5

Will continue to receive professional supervision	Not at all important	Slightly important	Moderately important	Very important	Extremely important
	1	2	3	4	5

Awareness of the difference between supervising PS/CHWs and the clinical support of PS/CHWs	Not at all important	Slightly important	Moderately important	Very important	Extremely important
	1	2	3	4	5

Orientation and Onboarding

Prior to the start date of a new employee, is a designated work space assigned with access to supplies and technology?	Definitely not	Probably not	May or may not be	Probably is	Definitely is
	1	2	3	4	5

How often are new PS/CHWs provided with information about each of the following when beginning a new position?

Standards of conduct and employee rights and responsibilities (e.g., privacy, emergency or crisis protocol)	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5
Contact information for staff, including a point person on site for questions about daily operations	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5
Descriptions of co-worker roles	Never	Sometimes	About half the time	Most of the time	Always

	1	2	3	4	5
Dates of recurring meetings or upcoming events	Never	Sometimes	About half the time	Most of the time	Always
	1	2	3	4	5

Program Monitoring and Evaluation

	Definitely not	Probably not	May or may not be	Probably is	Definitely is
Is relevant data about the organization's programs shared with staff in a meaningful and understandable way?	1	2	3	4	5

Do evaluation measures incorporate feedback from all employees?	Definitely not	Probably not	May or may not	Probably do	Definitely do
	1	2	3	4	5

Does evaluation of the organization include feedback from service recipients?	Definitely not	Probably not	May or may not	Probably does	Definitely does
	1	2	3	4	5

Section	Your Total
Recruitment	
Attitudes and Beliefs	
Diversity and Inclusion	
Finances and Sustainability	

Guide to Your Assessment Results

How to Determine Your Scores:

Questions in the assessment are divided across nine sections (listed in the table included).

Responses are assigned a value of 1-5 and can be found below the text of each choice in the self-assessment.

For each section, add the values of your selection. We recommend using the table provided to record your scores for each section.

Role Clarity and Workflows	
Career Advancement Opportunities	
Supervision	
Orientation and On-Boarding	
Program Monitoring and Evaluation	

You can monitor progress overtime by referring to this table and comparing scores with future self-assessments.

Next Steps:

Based on the areas for improvement that are indicated by your scores, relevant content in the assessment-informed toolkit will be suggested in the chart that follows.

Section	Scoring Reference Range	Suggested Toolkit Content
Recruitment	If your score is 30 or lower for this section, refer to the following content:	
Attitudes and Beliefs	If your score is 6 or lower for this section, refer to the following content:	

Diversity and Inclusion	If your score is 6 or lower for this section, refer to the following content:	**How to Challenge Attitudes about Disability and Employment..46** **Youth-Adult Partnerships...47**
Finances and Sustainability	If your score is 9 or lower for this section, refer to the following content:	**Funding Allocation ....51** **Medicaid Reimbursement..52** **Fair Compensation ....52** **Setting Pay Rates...54** **Identify an Executive Champion 55**
Role Clarity and Workflows	If your score is 12 or lower for this section, refer to the following content:	**Reducing Role Confusion..57** **Defining the Role of a Mental Health Peer Specialist (PS)......58** **Peer Specialist (PS) Competencies ....59** **CHW Core Competencies 62**

Career Advancement Opportunities	If your score is 9 or lower for this section, refer to the following content:	**Creating Career Pathways**..**66** **Training Opportunities** **67**
Supervision	If your score is 18 or lower for this section, refer to the following content:	**Identifying an Appropriate Supervisor for a PS/CHW** ....**68** **Additional Supervision Resources** **69**
Orientation and On-Boarding	If your score is 15 or lower for this section, refer to the following content:	**A Positive Onboarding Experience** ....**70** **Orientation Checklist** **72**

Program Monitoring and Evaluation	If your score is 9 for lower for this section, refer to the following content:	

Toolkit

Recruitment
Elements of a Good Job Description

When recruiting PS/CHWs, clear job descriptions attract appropriate candidates with realistic expectations about the job and your organization. These tips will help you develop effective job description for PS/CHW positions.

A job description provides a summary of the primary duties, responsibilities and qualifications of a position. It is important to reflect priorities and current expectations.

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 four to six 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 PS/CHW, or recovery status (e.g., "Self-identify as a 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).

Source: Transformation Center, n.d. p.49

Interview Practices and Regulations

Interviewing candidates for PS/CHW positions requires respect for the applicant's privacy and compliance with legal guidelines. If done well, the process can elicit discussion about how the applicant will use lived experience in the role as a PS/CHW. This resource offers guidance on how to effectively prepare for interviews while being mindful of legal boundaries.

Ensure that hiring staff understand that questions related to disability cannot be asked during the interview and hiring process.

Title I of the Americans with Disabilities Act prohibits employers from asking disability-related questions at certain points in the employment process. Disability-related questions are those that are likely to elicit information about whether a candidate has a disability. The types of prohibited questions differ across the pre-offer, post-offer, and employment phases.

At the pre-offer stage, an employer cannot ask disability related questions either directly or indirectly. For example, it is against the law to ask:

- Do you have any physical or mental impairment that would keep you from performing the job you seek?
- What medications are you currently taking?
- How many days were you out sick last year?
- When were you last in the hospital or in a detox program?

These questions, asked directly or indirectly, would require an individual to disclose personal medical or disability-related information. These questions are prohibited to ensure that an applicant with a potential disability is not rejected before employers objectively evaluate the applicant's qualifications.

In addition, these questions are considered potentially discriminatory because they do not focus on whether the applicant can perform the essential functions of the job, with or without reasonable accommodations.

Given that potential employers cannot ask disability-related questions, some interviewers find it challenging to explore the person's recovery status and how that will impact their work. One point to remember is that one of the essential functions of the job for most peer staff is the ability to use their lived experience in recovery to support other people with mental health and substance use conditions. In this context, it is completely appropriate to ask questions such as, "In this role, how do you envision using your lived experience to support people with mental health and substance use conditions?"

In contrast to the pre-offer phase, once a conditional job offer has been made (and before an employee starts work), employers may ask disability-related questions and may also require medical examinations but only if such questions are job-related, consistent for business necessity, and required for all other entering employees in that same job category.

Source: City of Philadelphia Department of Behavioral Health and Intellectual Disability Services, n.d., p. 56

Sample Interview Questions

Consider using some of these questions to screen candidates:

- Can you tell me some ways that you might use your personal lived experience (life experience) to support the people you'd be working with?
- What role has peer support or peer workers had in your own recovery?

- This job requires a willingness to share some pieces of your personal story when it makes sense to do so during your work. What do you think about this and is this something you would be comfortable with?
- Part of the role of a [PS] is to model recovery by sharing some of your own personal experiences. Would you be comfortable doing this?
- When could you see sharing your story as a part of your work here?
- Do you have any life experiences that would make you valuable to this program?
- What have you learned through your own use of services that you think would be useful to your work here?
- How would you define the role of interest and how would you describe its key role or tasks?
- If you were working with someone who has become resigned to the idea that his or her life will always be limited because of a psychiatric diagnosis or other challenges, how would you try to support that person?
- While working here you may be a part of some situations that disturb you or make you uncomfortable. How do you think you would handle these situations, both when they occur and after the situation has ended?
- Can you tell me about a time you experienced a conflict with a co-worker? How did you handle it?

Source: Legere, L, Legere Consulting, Western Mass Peer Network, Davidow, S, and the Western Mass Recovery Learning Community, p. 55–57

Examples of Job Duties and Responsibilities

The list of potential job duties and responsibilities for a PS/CHW is extensive and varies across settings. For this reason, the goals of hiring PS/CHWs should be established first. Following definition

of goals, decisions can be made about which duties and responsibilities will best meet the objectives discussed. Job duties and responsibilities may include:

- Facilitate community involvement or advocacy
- Provide outreach
- Connect with resources/benefits
- Facilitate groups
- Assist with goal setting
- Teach problem solving skills
- Participate in treatment planning and team meetings
- Use tools such as a Wellness Recovery Plan to help service recipients create their own wellness plans
- Teach and role model the recovery experience

Source: Legere, L, Legere Consulting, Western Mass Peer Network, Davidow, S, and the Western Mass Recovery Learning Community, p. 55–57

Sample Job Posting: Peer Specialist

Pacific Clinics Peer Health Navigator Job Description

Job Title: Peer Health Navigator

Classification/Grade: Non-Exempt/Grade 4

UltiPro Job Code: PEEHNAV

Site/Program: Portals Wellness Center

Reports To: Program Director/Team Leader

Approved Date: February 27, 2013

Revised Date: May 3, 2013

Position Summary: Under the general supervision of a Director or team leader, a peer health navigator is an individual who has experience with the health and mental health system and who is trained to provide consumers with support or self-help services for their health care and wellness needs

Essential Duties and Responsibilities:

- Assists the recovery model team in conducting initial evaluations of participating consumers to assess their health and wellness status and experience with the healthcare system.
- Acts as a coach to the consumer and assists with achieving and maintaining identified goals through behavioral strategies, such as shaping, reinforcement, modeling and fading. Other defined strategies, such as role playing and problem-solving, may be used.
- Advocates for the appropriate communication and receipt of services within the medical system on behalf of the consumer. In addition, may specifically communicate with the medical provider and administration at primary care clinics and pharmacies.
- Facilitates the consumer's health care by scheduling or attending medical appointments, ensuring accurate and timely communication with medical personnel regarding diagnostic and health maintenance tests and procedures, and creating follow-up care plans to facilitate medical and medication adherence and collaboration with the consumer's mental health provider.
- Under direct supervision, provides supportive assistance to the consumer, as well as the modeling of self-advocacy, to help them research and access community resources.

- Works cooperatively with others to ensure the smooth and seamless delivery of comprehensive services to members.
- Under direct supervision, completes documentation and other paperwork in a timely and accurate manner, and in accordance with defined standards and funding source requirements.
- Tracks the progress of consumers including conducting follow-along assessments.
- Maintains caseload files, progress notes and data for up to 25 consumers.
- Provides health and mental health education.
- Reports to work on time and maintains reliable and regular attendance.
- Models Pacific Clinics' approach, mission and core values in all communication and correspondence.
- Communicates effectively in a culturally competent and diverse consumer population and promotes favorable interaction with managers, co-workers and others.
- Performs other duties as assigned.

Source: Pacific Clinics, 2013

Sample Job Posting: Community Health Worker

Community Health Worker

Location: Corona

Project Name: Maternal Child Health

Employment Status: Full-time

Company Overview:

As one of the largest public health service nonprofit organizations in New York City, Public Health Solutions (PHS) improves health in the city's most vulnerable populations by tackling social and clinical factors that impact New Yorkers' ability to thrive. Today PHS serves over 200,000 New Yorkers annually, and we support the work of more than 600 community-based nonprofit organizations. PHS implements innovative, cost-effective, population-based health programs; conducts research providing insight on effective public health interventions; and provides services to government and other nonprofits to address public health issues. Together with our colleagues in the service sector, government, philanthropy and policy organizations, we are thought leaders and cutting-edge public health professionals in New York City, New York State and throughout the country.

Highlights of our work include:

- Providing direct services to over 80,000 New Yorkers a year, primarily families with children. These services address critical needs in low-income communities, including food security; nutrition and obesity; women's reproductive health; early childhood development; HIV prevention and access to care; quality healthcare access; and tobacco control.
- Promoting the eradication of AIDS in NYC through research, service delivery and funding administration. We engage over 600 community-based organizations around the city in HIV-related outreach. Our network serves 96,000 people living with or at risk of becoming infected with HIV/AIDS.
- Developing technology-based interventions and social marketing public health campaigns using video, social media and interactive internet-based applications, specifically in the areas of reproductive health, HIV prevention and childhood obesity prevention.

Position Description:

CoMadres, the Corona Maternal and Infant Community Health Collaborative (MICHC), is an initiative designed to improve maternal and infant health in the Corona, Elmhurst and Jackson Heights communities in Queens, and to strengthen the network of health and social service providers in the area. The Community Health Worker (CHW) will work with low-income, high-need women of reproductive age to provide support and education with the purpose of informing their health decisions and behaviors and connecting them to resources through one-on-one interactions, home visits, and contact with groups within the community. CHWs work with women to identify needs and goals, provide health education and support and refer them to additional community resources.

Responsibilities:

- Identify and help individuals and families access preventive and primary health care services (e.g., preconception care, family planning, prenatal care, immunizations, pediatric care, WIC and other nutrition services, inter-conception care), with an emphasis on identifying and supporting pregnant women not enrolled in health care or supportive services.
- Provide assistance and referrals to obtain other essential support services, such as housing, financial aid, food stamps, emergency food, clothing, transportation, immigration support, translation and child care.
- Conduct basic health assessments, assist families to identify needs, provide basic health information and make appropriate referrals through monthly home visits.
- Provide advocacy, support and follow-up to determine if services are received and assist families with health behavior changes.
- Provide home visiting services for up to 15 clients at any given time and help conduct educational support groups.
- Conduct community outreach to screen and connect community members to needed services.

Qualifications and Skills:

- Strong interpersonal and listening skills and outgoing personality
- Non-judgmental attitude and ability to show empathy
- High degree of self-organization and ability to work independently
- Writing ability sufficient to provide adequate case note documentation, referral forms and other service coordination forms
- Reading ability to the level necessary to comprehend training materials and assist others to fill out forms
- Must be a native Spanish speaker who is fully bilingual in English
- Knowledge of the Corona, Elmhurst and Jackson Heights communities
- Interest in, and commitment to, serving and advocating for people of diverse backgrounds
- Ability to work flexible hours, including evening and weekend hours as needed
- Knowledge and experience with maternal child health or home visiting strongly preferred

PHS is proud to be an equal opportunity employer and encourages applications from women, people of color, persons with disabilities, lesbian, gay, bisexual and transgender individuals, and veterans.

Source: Public Health Solutions, 2018

Additional Examples: Job Descriptions
Additional Descriptions are available here

Source: SAMHSA-HRSA Center for Integrated Healthcare Solutions (n.d.)

Job Posting Sites

Strategic use of job posting venues provides information to qualified candidates. When recruiting, consider posting on these, or similar, audience-specific job boards:

- Academy of Peer Services Board
- The Coalition for Behavioral Health Peer Specialist Job Board
- Indeed
- National Council for Behavioral Health
- National Empowerment Center
- National Coalition for Mental Health Recovery

Benefits Management

Concerns about loss of benefits may impact the decision in employment status. This is frequently mentioned by applicants, and interviewers should be well-versed in information related to benefits management. More information can be found in the Coalition 's collection of workforce resources.

> Resources created by the Coalition for Behavioral Health will guide organizations on how to best support individuals with psychiatric disabilities returning to work. Review these materials for information on how to utilize programs available from the Social Security Administration (SSA) and Medicaid (Medicaid Buy-In and Ticket to Work) and help employees in your workplace to understand and utilize these programs.

Source: Coalition for Behavioral Health, 2018

Attitudes and Beliefs

Obtaining Buy-In From Employees

The importance of obtaining buy-in for a PS/CHW support program cannot be overstated. While some employees may be open to the involvement of PS/CHWs, others may have concerns that are rooted in myths about PS/CHWs. An organization's awareness of employee concerns will advance communication and encourage acceptance and buy-in.

Potential Concerns of non-PS/CHW Employees:

- **Potential risk for relapse**: Some individuals may be concerned about potential relapse for peer specialists. They may possess conscious and unconscious biases that contribute to stigma and associated resistance. There can be questions as to whether a peer specialist can handle the demands of the job.

- **Ability and skills**: There may be concern about the competence of peer workers, particularly if they play a role in peer education and treatment. Since many peer workers do not have advanced education and degrees, there could be questions about their knowledge, skills and ability to work with their peers.

- **Competition for resources**: Some providers or clinicians may be concerned about being replaced by peer workers who may be able to provide some of the same services at a lower cost to the organization. Also, in a setting with limited resources, hiring peer workers may be viewed as an unnecessary expense or as the first positions that will be cut if a reduction in the workforce needs to be made.

To address these concerns and others that may arise at your organization, it is helpful to develop a clear message about why your organization is implementing a peer support program. To do this, include a statement of support from leadership and include information about the perceived benefits of the program. You will want to communicate your message clearly and consistently. Provide education and information to staff about the effectiveness of peer programs.

Source: Behavioral Health Wellness Program, 2015

Creating a Collaborative Organizational Culture

Creating a supportive and collaborative work environment benefits the organization, its employees and the organziation's service recipients. The list below offers 12 ways to empower employees and encourage collaboration.

Twelve Habits of Highly Collaborative Organizations:

1. **Lead by example.** In highly collaborative organizations, leaders use and demonstrate collaboration tools and strategies and encourage employees at all organizational levels to do the same.
2. **Focus on individual and organizational benefits.** Highly collaborative organizations communicate to employees about how they will personally benefit from a collaborative environment — how it will improve their lives and make their jobs easieas well as how it will improve the organization.
3. **Emphasize behavior and strategy before technology**. Highly collaborative organizations formulate a strategy (the why and how of collaboration for their

organization) before rushing to buy the latest collaboration platform. The technology should support the strategy.

4. **Learn how to get out of the way.** Leaders and managers in highly collaborative organizations understand that micromanaging stifles collaboration. Best practices and guidelines are fine, but let employees do their work their way. Empower employees.

5. **Give employees a voice.** In order for someone to feel like they have a voice, they must have a platform and be acknowledged. This is a simple idea but gets lost quickly at the speed of business.

6. **Integrate collaboration into organizational workflow**. Collaboration should not be viewed as another competency that must be incorporated into an employee's skill set. It should be integrated into all aspects of their work.

7. **Create a supportive environment.** Collaboration and teamwork should be rewarded. For example, tie a percentage of an employee's bonus to how well they collaborate with others, or provide recognition for employees who display great forms of collaboration.

8. **Examine behaviors the organization is rewarding.** Highly collaborative organizations focus on metrics that align different business units.

9. **Practice persistence.** Collaboration should not be confined to teams, employee levels or pilot programs. Highly collaborative organizations make collaboration a corporate-wide initiative.

10. **Adapt and evolve.** Highly collaborative organizations recognize that collaboration is a perpetual state in their organizations and adapt and evolve as needed.

11. **Recognize that employee collaboration benefits customers.** Happy employees perform better, and this translates into more satisfied customers.

12. **Acknowledge that collaboration generally makes the world a better place.** Highly collaborative organizations recognize that collaboration lowers stress, increases retention and loyalty and improves the bottom line.

Source: Kelly & Schaefer, 2015, p. 8

Recovery-Oriented and "Person-First" Language

The language used in your organization can affect whether PS/CHWs feel accepted and welcomed. Person-first language defines characteristics of an individual and views a person as a whole, rather than focusing on someone's disability. To use person-first language:

DO…

- Put people first.
- Say "person with mental illness."
- Emphasize abilities and focus on strengths.
- Use language that conveys hope and optimism and promotes a culture of support and recovery.
- Ask how the person would like to be addressed.
- Use language that is genuine and comfortable for you.
- Say "a person diagnosed with …."
- Be sure that people understand the information they have been given, regardless of their age, cultural background or cognitive abilities.

DON'T…

- Label people.
- Say a person is "mentally ill."
- Define people by their struggle or distress.
- Equate the person's identity with a diagnosis.
- Mention a diagnosis, unless it is necessary.
- Emphasize limitations.
- Use condescending, patronizing, tokenistic, intimidating or discriminating language.

- Make assumptions based on appearance.
- Sensationalize a mental illness. This means not using terms such as "afflicted with," "suffers from," or "is a victim of."
- Portray successful people with mental illness as superhuman. This carries the assumption that it is rare for people with mental illness to achieve great things.
- Presume people want to be called by a particular term (check whether they wish to go by their family or first name).
- Use medical language or jargon, unless you accompany it with a plain English explanation.

For more examples, see the Recovery Oriented Language Guide (PDF)

Source: Mental Health Coordinating Council, 2018

Core Values

Familiarity with the principles that shape PS/CHW support creates a foundation for organizations to build a stronger recovery orientation. Commitment to understanding the values and principles of recovery demonstrates respect for employees whose lives have been impacted by related experiences.

The following core values have been developed with the input of PSs:

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

Source: International Association of Peer Supporters, 2012, p. 1

A Culture of Inclusion

Service models are moving toward greater emphasis on integrated care. This is both a learning experience and a challenge for providers unaccustomed to varied approaches. To best meet the needs of service recipients, organizations must collaborate using the expertise that each approach brings. The shifting healthcare environment poses an even greater need for awareness of multiple practice models and beliefs.

A workforce that is strong in its inclusive recovery culture holds awareness and knowledge about the worldviews of the three cultures that constitute integrated care: physical health, mental health and substance abuse. It can also be characterized as:

- A workforce that is aware and knowledgeable about the Worldview of recovery culture, especially as it relates to client culture
- A workforce that is aware and knowledgeable about the Worldview of peer support
- A workforce that has the skills to manage the cultural dimensions of change, especially as they relate to the inclusion of PS/CHWs in integrative care settings

Use the [staff self-assessment and accompanying resources from the California Association of Social Rehabilitations Services](#) (PDF) on pages 98-102 to address concerns of staff about PS/CHWs.

Source: California Association of Social Rehabilitation agencies, 2014, p.97

Diversity and Inclusion

Programmatic and Policy Related Barriers to Employment

Recognizing the systemic and structural barriers to employment for individuals with mental health conditions can provide organizations with a better understanding of the context in which significant barriers have existed for many of the PS/CHWs they may employ. New York State's efforts to improve access to employment opportunities are highlighted in this document, enabling organizations to thoughtfully consider their roles, and to participate in creating change.

Addressing Unemployment on a Systems Level

Recognizing the systemic and structural barriers to employment for individuals with psychiatric disabilities can help provider agencies better understand New York State's efforts to improve access to effective employment services for this population. This document will also support agencies who want to be part of the change understand what role they can play on a policy level and as potential employer for individuals with psychiatric disabilities.

Recommendations

There are systemic and structural barriers to employment. Unemployment is an important barrier to the recovery and well-being of people with psychiatric disabilities. Between 50% and 70% of adults who receive services in the mental health system say they want to work. However, no more than 15% actually works.

Why is it that so many people with psychiatric diagnoses and disabilities want to work but so few become employed? Is it that people with psychiatric disabilities cannot work? Research has shown that a large majority can achieve employment with adequate supports. The truth is that many of the barriers that people with psychiatric disabilities experience actually have to do with the structure and the system of employment and disability services. For instance, it is the problems in the system that seem to be responsible for low utilization of services and programs which help individuals to get employment (e.g., the Medicaid Buy-In and Ticket to Work programs), or the long waits for services and negative experiences and dissatisfaction with some vocational services.

Addressing Unemployment on a Systems Level With the support of New York Makes Work

Pay (the NYS Comprehensive Employment Services Medicaid Infrastructure Grant), NYAPRS partnered with the Institute for Community Inclusion on a project to identify the most important systemic barriers that limit the employment outcomes of people with psychiatric disabilities in New York State.

The team also identified policy and program improvement recommendations to best address these systemic barriers. Findings were reported to the NYS- Medicaid Infrastructure Grant with the purpose of guiding future efforts to improve access of New Yorkers with psychiatric disabilities to more effective employment services.

The systemic barriers to employment among people with psychiatric disabilities in NYS Between August and December of 2009, a research team reviewed literature and conducted interviews and focus groups with key informants. The informants were consumers of

employment services, administrators of state agencies, and community providers in Albany, New York City, or Syracuse.

This research revealed several systemic and structural barriers to employment:

- Slow transition to a Recovery-oriented system: The public mental health system New York State continues to have a strong focus on helping people to survive with their illnesses rather than to recover and function with the rest of society. This system does not seem to fully embrace the belief that all people with psychiatric disabilities can work.

- Employment is not a priority: The policies and practice standards of the public mental health system, vocational rehabilitation and workforce services do not recognize the harmful effects of long-term unemployment. Therefore, supporting employment has not been a priority.

- Lack of a comprehensive system: The services and supports needed for employment are not organized into single system in which people looking for work can get all of the services they need to find and keep a job. Some of the signs of this "fragmentation" includeervice providers have little awareness of outside programs and agencies;

- Limited inter-agency collaboration leads to complex, repetitive processes to obtain services (e.g., applications, assessments); Poor referral and follow-up practices; Limited ability to combine resources and use funding efficiently.

Agenda for Change- Where to go from here
Based on the barriers that were identified, the research team created specific recommendations for the Office of Mental Health (OMH), Vocational and Educational Services for Individuals with Disabilities (VESID), the Department of Labor, and other state agencies.

These recommendations have the main purpose of creating a workforce system for people with psychiatric disabilities that focuses on recovery and includes all the services individuals need to achieve employment. The recommendations include five principles to guide the creation of this system:

1. **All People Can Work:** Everyone with psychiatric disabilities can work in competitive jobs in the community as employees or in self-employed roles.

2. **Employment is a Key Recovery Indicator**: Supporting individuals to go back to work should be a priority and can reflect progress in recovery.

3. **Employment is a Right and Responsibility of Citizenship**: It is the right and responsibility of all people to participate in the labor force and economic life of their communities.

4. **Work is Everybody's Business**: Work is "everybody's business," not only those directly involved in "employment services" (e.g., vocational counselors, job coaches).

5. **Outcomes Are What Matters**: The focus of the system should be ensuring that people with psychiatric disabilities achieve successful employment and increase their economic self-sufficiency, and not only on increasing participation in programs and availability of evidence-based practices such as supported employment.

The recommendations also include four key actions for the state agencies to improve the workforce system for people with psychiatric disabilities:

Establish and Maintain a Policy Commitment: Put into practice a state policy that recognizes the harmful effects of long-term unemployment, recognizes that all people are capable of working, and creates a mandate to all state agencies to prioritize the improvement of employment outcomes.

Create an Integrated Workforce System: With leadership of OMH, create a workforce system that includes all agencies that work with people with psychiatric disabilities through policies and procedures. These policies and procedures should minimize duplication of services, create effective systems for referral and counter-referral of individuals, and provide a service environment that meets all employment needs through one system.

Integrate Funding to Achieve Outcomes: Create ways for the integrated workforce system to combine and maximize use of the resources of the contributing agencies.

Ensure Consumer Participation: Create a way to ensure that individuals with psychiatric disabilities are involved and "have a say" in all aspects of the system's transformation, increase the consumer's demand for employment, and improve the consumer's utilization

Source: New York Association of Psychiatric Rehabilitation Services Inc., n.d.

How to Challenge Attitudes about Disability and Employment

The Campaign for Disability Employment provides resources for those seeking to change attitudes about the involvement of people with disabilities in the workforce. It aims to increase awareness about the valuable contributions to businesses that are made daily by people with disabilities.

This resource provides information about other organizations that support the campaign efforts, how to access Public Service Announcements, and how organizations can join the movement.

Source: The Campaign for Disability Employment, n.d.

Youth are a valuable, yet often under-recognized part of the workforce. Workplace conditions and practices should create a more supportive partnership with youth, rather than accepting or exacerbating age-driven division in the workplace. The practical guidelines suggest how to drive a supportive partnership between youth and employees of all ages.

The Do's and Don'ts of Youth Guided Practice

Sometimes, organizations fail to recognize the contributions of younger employees. Youth-adult partnerships welcome youth to the table as both parties work collaboratively, sharing equal decision-making on issues.

Do's

- DO understand that Youth Guided Care (YGC) is not the same things as youth involvement.
- DO have more than one youth present during planning for YGC, meetings, events, panels, etc.
- DO provide youth with training.
- DO allow youth to conduct trainings for staff on YGC.
- DO allow youth to use their lived experience to help themselves, peers, and staff.
- DO give youth time to reflect on and process what is happening and why they are acting that way when they are struggling – give them time to use their coping skills, and to think about how they can handle the situation, instead of just jumping to a punishment or decision for them.
- DO train staff on how to be truly culturally and linguistically competent.
- DO hire staff/workers with passion. Change the culture – allow youth to help in hiring processes and to hire peer advocates.
- DO understand youth culture as a whole.

- DO – when setting up a Youth Advisory Council – make sure there is a line of communication between the Council and decision makers (e.g., the Board of Directors).
- DO make sure staff feel empowered about youth guided care to create an environment to empower others – make sure all staff are on board and understand the "What's" and "Why's" of YGC.

Don'ts

- DON'T address adults instead of youth (e.g., thanking staff for bringing youth without thanking youth for being there; telling staff to make sure "their youth" are "being behaved and respectful" during an event – be sure to address youth themselves).
- DON'T create a setting that limits the opportunity for choice and expression (this is a natural and vital part of the developmental process).
- DON'T allow funding/politics to keep you from moving towards YGC.
- DON'T get discouraged about the time and effort it takes to truly become Youth Guided – we know it does not happen overnight.
- DON'T forget to ask youth to help you to become more Youth Guided.
- DON'T get offensive/defensive when youth voices their opinion about services.
- DON'T underestimate the power youth voice holds.
- DON'T be afraid of change – or it will never happen.
- DON'T judge youth on a diagnosis and their "chart."
- DON'T only involve youth in the small decisions (tokenism); use their voices to make bigger changes.

Source: Matarese, M. McGinnis, L., Mora, M, 2005

Managing Impacts of Prior Involvement with the Criminal Justice System

Employers can no longer ask about convictions on applications, but the hiring processes for social service positions often require background checks or legal clearance. [Legal Action Center's Guide to Certificates of Relief and Good Conduct](#) (page 19) clarifies how to navigate this process.

> The Legal Action Center is able to support applicants or employees facing workforce integration barriers related to prior arrests or convictions. Learn about the other materials offered by the Legal Action Center.
>
> Phone: 212-243-1313
>
> Toll-free: 800-223-4044
> Fax: 212-675-0286
>
> **What is a Certificate of Relief from Disabilities?**
>
> **What is a Certificate of Good Conduct?**
>
> If you have a conviction, a Certificate of Relief from Disabilities or a Certificate of Good Conduct can restore rights you lost as a result of your conviction, such as getting a state occupational license or serving on a jury. A certificate can also help you get a job or an occupational license.
>
> If you have a certificate when you apply for a job or occupational license, the employer or licensing organization must assume that you are rehabilitated, unless there is evidence indicating otherwise. New York has a number of laws and rules that bar people convicted of certain crimes from working in certain jobs, getting certain licenses, or having access to certain benefits, like public housing. These laws mostly apply to people with felony convictions, but

some laws also bar people with certain misdemeanor or violation convictions. Certificates can remove these "statutory bars." This means that, instead of automatically being disqualified for a particular job or license because of your conviction(s), the employer or licensing organization has to consider you on an individual basis.

Having a certificate does not completely protect you from being denied a job or license because of your criminal record. A certificate is not a pardon; it does not erase or expunge your conviction. You still must list your convictions when asked on job applications, and employers will still see your convictions if they get your rap sheet or background check.

Also, though an employer must take your certificate into account when deciding whether to hire you, the law still allows an employer or licensing organization to refuse to hire or license you if they have a basis for finding that your convictions are "job-related" or that hiring or licensing you would create an unreasonable risk.

What are the differences between the two certificates?

The major difference between Certificates of Relief from Disabilities and Certificates of Good Conduct is who is eligible to apply for each. (The application procedure may also be different.)

Under most circumstances, the number of your felony convictions will determine which certificate you apply for. There are almost no differences in the rights restored by the two different certificates and both certificates demonstrate rehabilitation equally. The one important difference between the certificates involves restoring the right to hold "public offices." This is explained below. They may also have a different effect on gun rights.

Call DOCCS Clemency Department at 518-457-7565 for more information.

Which Certificate Should I Apply For?

You can apply for a Certificate of Relief from Disabilities if you have any number of misdemeanor convictions but no more than one felony conviction.

IMPORTANT: In counting your felony convictions, conviction of more than one felony in the same court on the same day counts as one felony in applying for certificates. You MUST count felony convictions for federal or out-of-state charges towards your total. Cases in which you were adjudicated a juvenile delinquent or youthful offender are not included because they are not convictions. (They are also kept confidential).

Source: Legal ActionCenter, Guide to Certificates of Relief and Good Conduct, SECTION II., p.19

Finances and Sustainability

Funding Allocation

Securing stable funding is essential to developing a PS/CHW workforce and retaining quality employees. Organizations should invest in hiring PS/CHWs as they would with any other providers or staff. Medicaid reimbursement is available in many states for peer services. Funding sources may also include grants and programs at state and local levels.

The 2010 Substance Abuse and Mental Health Services Administration(SAMHSA) publication, "Financing Recovery Support Services: Review and Analysis of Funding Recovery Support Services and Policy Recommendations" (PDF) provides an in depth review about funding sources for peer specialist programs and highlights how the funding source can support peer programming.

Source: Behavioral Health Wellness Program, 2015

Medicaid Reimbursement

The National Association of State Mental Health Program Directors led a SAMHSA-sponsored webinar to understand policies and practices related to Medicaid Coverage for Peer Services. The recorded presentation discusses the implementation of Georgia's PS/CHW model for thorough Medicaid reimbursement. It provides an overview of reimbursement in a variety of care settings.

To review the slides or listen to a recording of the presentation refer here.

Source: White-Tiegreen, 2016

Fair Compensation

Fair compensation for PS/CHWs demonstrates an organization's commitment to equity and its appreciation for the value that PS/CHWs add. This document recommends strategies to overcome the barriers that get in the way of workplace conditions that are fair for all employees.

1. Understand the issues that traditionally have created problems in compensation for Peer Support Specialists. These include:

- Low wages make it very difficult to go off of disability benefits.

- Hourly positions often require that [PS/CHWs] work multiple jobs instead of a full-time, salaried position.
- Low wages suggesting the system's relative lack of valuing [PS/CHW] support.
- No increase in pay for PSs vs. other positions where additional certification or licensure [justifies] additional pay.

2. Utilize the following recommendations for compensation when creating PS/CHW roles. Provider positions:

- Provide a livable wage.
- Create full-time positions with benefits.

- Hold full-time positions in civil service, while allowing the PS/CHW to work part-time, with the option of increasing hours as the individual is ready.

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

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

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

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

Source: California Association for Social Rehabilitation Agencies, 2014, p. 116

Setting Pay Rates

Equitable determination of employee salaries and benefits does not mean that all wages will be equal in quantity. However, there are criteria for each role that must be considered within a program. Standards that are used to determine these rates should be maintained with consistency.

Dissatisfaction with pay is at the forefront of many concerns raised by PS/CHWs. Often, saving money is listed as a benefit of implementing PS/CHW support roles. There is a great benefit to the community — both from a financial and human perspective — in helping people stay out of the hospital and live fuller lives. However, many believe it is a mistake to try and find those savings directly in employee salaries.

In some settings, PS/CHWs are making the lowest wages in the organization. This is often a sign that an organization has misunderstood the purpose and value of the role. It is likely that the organization mistakenly believes that peer work is about a worker's personal rehabilitation, rather than what they can offer to the organization. It is also possible that the organization has a thorough understanding of the PS/CHW role but does not have adequate funds to support such a role. Regardless, this can give the PS/CHW (and other staff members) the impression

that they are not valuable to the organization.

Perhaps most commonly, organizations set wages for PS/CHW roles at the same rate as other entry-level direct support jobs. This raises the question of whether PS/CHW roles constitute entry-level work.

Although uncommon, some organizations set wages at a rate substantially higher than entry-level work. While this can be a challenge for a number of reasons, including budgetary limitations and process requirements in organizations that are unionized, it is worth serious thought as it communicates a strong message about value and commitment to the role.

When determining salaries:

- **Begin at a rate that is fair.** It is hard to change your rate structure after the employee begins. Keep in mind that there is a limited amount of people who have the experience, the skills and the willingness to perform this job.

- **Consider how you can retain your PS/CHWs**. Think about offering a good wage or providing advancement opportunities. There are many types of PS/CHWs roles, and some of them require more skills and experience. However, on the whole, these jobs require a substantial amount of skill development and confidence, and most positions should not be seen as entry-level or on par with other entry-level direct support work. Setting a pay rate that is entry level sends a confusing message that contradicts the demands of the job.

Source: Peer Support Resources, 2015, p.61-62

Identify an Executive Champion

Organizations should consider how fiscal and administrative policies will impact PS/CHWs in the workplace. Executives typically hold experience and influence in organizational decision-making. Designating an executive whose values align with those of PS/CHWs creates an advocate for PS/CHW employees and initiatives.

To those ends, an executive champion is needed to ignite and fan the flame of PS/CHW support integration. Also, for staff who may be slower to embrace the idea of PS/CHWs support or may even be skeptical, executive champion involvement will signal to all staff the organization's commitment to PS/CHW support. Lastly, an executive champion can be instrumental in securing staff access to the resources needed to remove barriers and overcome obstacles.

Many providers find that some of their organizational policies and procedures hinder rather than facilitate the delivery of PS/CHW support services. For example, policies that prohibit staff members from providing services outside of the office building, or that prevent them from transporting people they serve in their personal or company vehicle, can significantly impede the ability of PS/CHW staff to succeed at their jobs. Although supervisors can remove some of the barriers that PS/CHW staff face, in many instances, only executives have the authority to make the necessary policy and other organizational changes.

Ideally the executive champion would serve as the executive sponsor for the PS/CHW staff. This means:

- Peer staff have direct access to the executive champion. They have open communication directly with their executive sponsor and are not forced to communicate up the chain of command.

- The executive champion understands and values the role of PS/CHW support services and is willing to advocate PS/CHW services at the executive level and in the broader system of care.
- The executive sponsor regularly meets with peer staff individually or as a group to identify organizational barriers and potential solutions for successful implementation. Regular meetings also ensure that the PS/CHW staff members feel supported and have multiple venues for assertively addressing concerns.

- The executive sponsor is directly involved with tracking the impact of PS/CHW support services and leading the integration of any needed adjustments over time. This might involve reviewing evaluation data or participating in focus groups a few times a year with people receiving services.

This level of involvement may seem excessive. However, regulations, policies and fiscal strategies have evolved over many years to facilitate the work of traditional staff (psychologists, psychiatrists, case managers, social workers and psych technicians), whereas PS/CHW support staff do not typically benefit from, and at times are restricted by, longstanding structural supports. Without senior leaders directly involved in shepherding and championing the successful integration of PS/CHW staff members, their tremendous potential will not be fully realized.

Source: City of Philadelphia Department of Behavioral Health and Intellectual Disability Services, n.d., p.60

Role Clarity and Workflows

Reducing Role Confusion

Understanding unique features of the roles of PS/CHWs and where they overlap is critical to successful integration. The fact sheet below highlights the importance of defining roles and the contributions to their collaborative work.

Fact Sheet: Reducing Role Confusion

Acknowledge the multiple dimensions of changing relationships that all members of the team may be facing:

- For the PS/CHW, it's moving from being a [service recipient] exclusively to also being a colleague of service providers.
- Peer support specialists also experience a shift within their peer community when becoming a service provider and not just a friend.
- Existing professional staff may experience a shift from being a service provider to being a colleague.
- Support peer support specialists in the same manner, within a similar time frame, as colleagues and supervisors would any other co-worker/supervisee.
- When a peer support specialist talks about job stress, do not make the assumption that these issues are directly due to their behavioral health symptoms. When a peer support specialist's support needs are greater than is typical in the workplace, encourage them to use their personal support system or job coach.
- When hiring health-trained peer support specialists, make sure that their service and support needs will be met by people other than their colleagues who are separate and different from the people they will be working with as colleagues.

- Encourage open communication about role confusion issues. Make sure these get addressed in staff meetings. Acknowledge and reinforce communication that strengthens a healthy work environment.
- Encourage bringing any questions of role confusion to supervisory staff as another venue to sort out the issues as they come up.
- Provide training on reasonable accommodations for all staff members so that colleagues understand the rights of persons with disabilities on the job.
- Encourage peer support specialists to talk about the role change they experience with people whom they have known as fellow clients during their recovery journey. Sometimes it may mean explicitly identifying the new role as a peer support specialist and educating clients about these new services and their new role on the team.

Source: California Association for Social Rehabilitation Agencies, 2014, p. 149

Defining the Role of a Mental Health Peer Specialist (PS)

This chart breaks down defining features of the PS role to address common misconceptions.

A Mental Health Peer Specialist	
Is	**Is Not**
- A person in recovery - A role model - A role model for positive recovery behaviors	A professional

Does	Does Not
- Teach the person how to accomplish daily tasks - Teach how to acquire needed resources, including money - Use language based on common experiences - Help the person find professional series from lawyers, doctors, psychologists and financial advisors - Share knowledge of local resources - Encourage, support, praise - Help to set personal goals - Provide peer support services - Support many pathways to recovery	- See the person as a case or diagnosis - Motivate through fear of negative consequences - Represent perspective of the program - Perform tasks for the person - Give resources and money to the person - Use clinical language - Provide professional services - Provide case management services - Diagnose, assess or treat - Mandate tasks and behaviors - Give professional advice - Tell the person how to lead his/her life in recovery - Perform whatever tasks the program insists of them

Source: Wisconsin Peer Specialist Employment Initiative, 2015

Peer Specialist (PS) Competencies

Becoming familiar with the core competencies of a [PS] in behavioral health services will help organizations prepare supervisors, staff members and those working in [PS] roles for successful integration.

OVERVIEW

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

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

BACKGROUND

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

is the foundation on which the [PS] recovery support relationship is built in the behavioral health arena.

Why Do We Need to Identify Core Competencies for [PSs]?

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

Potential Uses of Core Competencies
Core Competencies have the potential to guide delivery and promote best practices in [PS] support. They can be used to inform [PS] training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise [PSs'] job performance and [PSs] will be able to assess their own work performance and set goals for continued development of these competencies.
Core Competencies are not intended to create a barrier for people wishing to enter the [PS] workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support [PSs'] entry into this important work and continued skill development.

Core Competencies for [PSs] reflect certain foundations and principles identified by members of the mental health [service recipient] and substance use disorder recovery communities. These are:

Recovery-oriented: [PSs] 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: [PS] recovery support services are always directed by the person participating in services. [PS] 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 [PS].

Voluntary: [PS] 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 [PS/CHWs]. Participation in peer recovery support services is always contingent on peer choice.

Relationship-focused: The relationship between the [PS] and the [service recipient] is the foundation on which [PS] recovery support services and support are provided. The relationship between the [PS] and [service recipient] is respectful, trusting, empathetic, collaborative, and mutual.

Trauma-informed: [PS] recovery support utilizes a strengths-based framework that emphasizes physical, psychological and emotional safety and creates opportunities for individuals impacted by trauma to rebuild a sense of control and empowerment.

Source: Substance Abuse and Mental Health Services Administration, 2015

CHW Core Competencies
The competencies outlined below offer insight on CHW roles and responsibilities.

Cultural Mediation Among Individuals, Communities and Health and Social Service Systems	• Educate individuals and communities about how to use health and social service systems, including how systems operate. • Educate systems about community perspectives and cultural norms, including supporting the implementation of Culturally and Linguistically Appropriate Services (CLAS) standards. • Build health literacy and cross-cultural communication.
Provide Culturally Appropriate Health Education and Information	• Conduct health promotion and disease prevention education in a manner that matches linguistic and cultural needs of participants or the community. • Provide necessary information to understand and prevent diseases and to help people manage health conditions, including chronic disease.

Care Coordination, Case Management and System Navigation	• Participate in care coordination or case management. • Make referrals and provide follow-up. • Facilitate transportation to services and help address other barriers to services. • Document and track individual and population level data. • Inform people and systems about community assets and challenges.
Provide Coaching and Social Support	• Provide individual support and coaching. • Motivate and encourage people to get care and other services. • Support self-management of disease prevention and management of health conditions, including chronic disease. • Plan or lead support groups.
Advocate for Individuals and Communities	• Advocate for the needs and perspectives of communities. • Connect to resources and advocate for basic needs (e.g., food and housing). • Conduct policy advocacy.
Build Individual and Community Capacity	• Build individual capacity. • Build community capacity. • Train and build individual capacity with CHWs and among groups of CHWs.

Provide Direct Service	- Provide basic screening tests (e.g., height and weight check, blood pressure). - Provide basic services (e.g., first aid, diabetic foot checks). - Meet basic needs (e.g., direct provision of food and other resources).
Implement Individual and Community Assessments	- Participate in design, implementation and interpretation of individual-level assessments (e.g., home environmental assessment). - Participate in design, implementation and interpretation of community-level assessments (e.g., windshield survey of community assets and challenges, community asset mapping).
Conduct Outreach	- Conduct case-finding/recruitment of individuals, families and community groups to services and systems. - Follow-up on health and social service encounters with individuals, families and community groups. - Conduct home visits to provide education, assessment and social support. - Present at local agencies and community events.

Participate in Evaluation and Research	• Engage in evaluating CHW services and programs. • Identify and engage community members as research partners, including community consent processes. • Participate in evaluation and research. • Identify priority issues and evaluation/research questions. • Develop evaluation/research design and methods. • Perform data collection and interpretation. • Share results and findings. • Engage stakeholders to take action on findings.

Source: The Community Health Worker Core Consensus (C3) Project: 2016 Recommendations on CHW Roles, Skills, and Qualities

Workflow Resources

The workflow resources provided by the Center for Integrated Healthcare Solutions describe ways to improve access to timelier care, minimize revenue losses from no-show appointments, and incorporate technology in performance improvement. The program initiatives listed highlight the significance of a well-coordinated workflow in achiving the capacity for high-quality care delivery.

> For additional resources and/or technical assistance, visit www.centerforintegratedhealthsolutions.org, or contact Emma Green, Training and Technical Assistance Coordinator by calling 202-684-7457, ext. 251, or email emmag@thenationalcouncil.org.

> Source: SAMSHA-HRSA Center for Integrated Healthcare Solutions, n.d.

Career Advancement Opportunities

Creating Career Pathways

PS/CHWs should be offered the opportunity to advance in their roles, according to their goals. Organizations should assign responsibilities that are both meaningful and sustainable, and support the PS/CHW in continuous skill development and learning.

How to Create Meaningful Roles for Peer Providers in Integrated Healthcare

It is not enough to introduce one or two positions with no future growth opportunities. Health-trained PS/CHWs are energized and passionate about what they do. Their energy and determination are needed in all positions throughout behavioral health and primary care systems. Defining the valued skills/qualifications of current positions is a key step in expanding opportunities as well. Creating career pathways requires leadership and Human Resources staff to work together and rethink what's possible.

Creating Career Ladders and Pathways

Consider creating levels of advancement within a position as well as clear steps up the ladder to other behavioral health/primary care positions.

For counties, use existing civil-service coded positions and create new job descriptions that highlight the need for lived experience or knowledge of the community as a key qualification for the job.

- Create new coded positions within civil service.
- Develop a policy statement that recognizes the value of lived experience in all positions.
- Create more advancement possibilities by placing greater value on lived experience.

- Clearly define the performance standards required for advancement. Some examples include: increased job responsibilities, increased numbers of clients/families, writing treatment plans and working independently.
- Assist the PS/CHW in identifying the skills needed for advancement. Create a skill-development plan targeting areas for growth, such as better time management, increased participation in staff meeting and improved writing skills.
- Provide information and feedback about how current job responsibilities differ from the responsibilities required for jobs at the next level. The starting point of a career pathway involves creating a plan, pinpointing achievable small steps, building confidence and creating a mindset of success.

Source: California Association of Social Rehabilitation Agencies, 2014, p. 141

Training Opportunities

Café TA

Cafe TA offers practical online training for administrators, supervisors and staff members. It focuses on the practices that support the integration of PS/CHWs, while working to advance and optimize the outcomes that stem from these processes.

The Café TA Center is committed to providing quality training to Service Recipients and advocates throughout the country. Service Recipients in the community need the right knowledge and tools to effectively organize, speak for themselves and thrive in their daily lives. Training sessions are available as a series online. Those who miss trainings or wish to view them later can access all past trainings in this website's training section.

Factors that Support the Continued Capacity and Willingness to Perform the Practices Being Adopted (training videos)Training topics: workforce development, supported education, transition, leadership, organizational development, sustainability and more.

Objective: Preparing to integrate [PS/CHWs] requires a work environment that is conducive to supporting peer workers and maximizing the effectiveness of the peer's work within the organization.

Source: Café TA Center, n.d.

Supervision

Identifying an Appropriate Supervisor for a PS/CHW

PS/CHW supervision requires awareness of, and sensitivity to, the unique strengths and attributes a PS/CHW brings to the job. The factors below should be considered when selecting an appropriate supervisor for PS/CHWs. Effective supervision creates a foundation for a PS/CHW to advance in the workplace while being supported and finding relevant opportunities for growth.

Ultimately, the supervisor represents the service organization or institution in a quality control and quality improvement capacity, but the supervisor also has other responsibilities. At times, these responsibilities may conflict with one another, which can create ethical dilemmas and stress.

The responsibility to the service organization is to achieve the goal of delivering the highest possible care at the lowest possible cost in the shortest possible time. The responsibility to people who use the organization's services is to help them achieve their own goals in the most

efficient and supportive way. The responsibility to the trainee is to allow ample opportunity for them to practice and improve their skills.

In human services, supervisors provide both administrative task-oriented supervision and reflective/consultative supervision. These two roles are both complementary and contradictory. Administrative supervision focuses on organizational efficiency, with all of the necessary attention on performance measures, required tasks and urgent deadlines. Consultative supervision focuses on the professional development of the supervisees, along with their relationships with service users. Supervisees often benefit from having separate supervisors for these roles.

Supervisors of peer specialists must be thoroughly familiar with the job role requirements. Ideally, each PS/CHW will have a reflective and consultative supervisor with experience working as a PS/CHW specialist. Someone learning a professional discipline or role benefits from mentorship from someone trained and experienced in that role. Peer specialists are often described as "in but not of the system." This position can create job strain, and is an important area to explore routinely in supervision.

Supervisors need to know their limits.

It is natural for a mental health worker who is a supervisor to try to help a colleague or a direct report through mental health techniques. This does the supervisee, whether a peer or non-peer, a disservice because:

- It blurs or distorts the normal work relationships.
- It may reduce the person's self-efficacy.
- It has the potential to result in either inappropriate disclosure or clumsy talking around personal issues.
- Supervisory methods and content need to be individualized and may require negotiation.

- Negotiating a contract for the supervision (timing, content and process) is helpful. The supervisee's cognitive style, conceptual ability, personal approach to problems and style of interaction are relevant to the supervision process and need to be valued.

When supervisors share their experiences, especially their mistakes and anxieties, supervisees learn important lessons. Such disclosures create an atmosphere of trust and openness.

Source: Wisconsin Peer Specialist Employment Initiative, 2015

Additional Supervision Resources

Supervision: Knowledge, Focus, and Approach, Supervisor Roles and Responsibilities (PDF)

Six tips for CHW Supervision Success

CHW Supervisor Training

Peer Specialist Supervision – Pillars of Peer Support 2014 [PDF] Summary of the 2014 national summit designed to support the development of the peer support specialist workforce and focusing on peer supervision topics

Peer Specialists: Implementation, Evidence, and Effective Sup///ervision National evidence on effectiveness of peer services, supervisor roles, supervision techniques and avoiding common pitfalls.

Enhancing the Peer Provider Workforce (PDF) Recruitment, Supervision and RetentionNational Association of State Mental Health Program Directors (NASMHPD) Review of the field, Medicaid-billable peer services, peer recruitment/hiring and supervision

[Supervisor Guide for Whole Health and Wellness Peer Support Manual](#) (PDF) on implementing peer-delivered whole health and wellness services developed under the Transformation Transfer Initiative (TTI) / National Association of State Mental Health Program Directors (NASMHPD)

[Effective Supervision of Peer Specialists Magellan Health E-Learning Center Online](#) continuing education courses

[CPS Supervisor Training Introduction The Transformation Center Online](#) peer specialist supervisor training

Source: Depression and Bipolar Support Alliance, n.d.

Orientation and Onboarding

A Positive Onboarding Experience
Organizations should prepare employees for the onboarding of newly hired PS/CHWs. This resource supports organizations in strengthening the processes that clarify expectations upon the start of new PS/CHWs, and for all employees to adjust to changes in how they operate as a team.

Create a Positive Onboarding Experience

"I found out that I did not know office protocols and my usual idealistic approach caused some bumps and scrapes along the way. Peer support staff need to be taught office protocols that will save everyone conflict and stress." — Peer Staff

Once hired, what training will new PS/CHW staff receive both as part of new employee orientation and specific to their new role? It may be beneficial to begin this discussion during the interview process, as the dialogue may give you a sense of the applicant's previous

experiences and confidence level, as well as provide an opportunity for candidates to consider areas where they may need additional training and support.

After hiring, re-visit which aspects of the job the applicant is most comfortable with and which may require training or support. This can be a useful process for both parties and can help guide your next steps for training and supervision.

During orientation, it will be important to expose new PS/CHWs to as many facets of the organization as possible. In the initial days of employment, they may benefit from shadowing other members of their team to better understand their work context, their role and the roles of others, and opportunities for collaboration.

Depending on the person and the job, some PS/CHW applicants will have had extensive pre-service training, including certification, while others may have had very little, if any, training. It is important to remember the significant diversity that exists in terms of previous employment experience. For some PS/CHWs, this may be their first experience working in an office setting or a professional environment, while others may have had years of experience in similar environments. Take care not to assume the existence of skills around the use of the photocopier, telephone system and other office equipment. Instead, include instructions for the use of office equipment as part of the orientation process.

One frequently overlooked but critically important part of the on-boarding process is announcing the presence of new staff members to the organization. Many organizations routinely send out announcements welcoming new staff. Others are not as consistent regarding this practice.

Particularly for this role, sending an announcement reinforces leadership's commitment to moving the organization toward a recovery-oriented service approach, clarifies the PS/CHW support role for existing staff and sets expectations regarding teamwork and collaboration. Without such an announcement, the introduction of new PS/CHW staff can be marred with

tension as staff are left to wonder who the new person is, what exactly he or she will be doing and whether or not it will negatively affect them.

Source: Module 2, Practice 15: Create a Positive On-Boarding Experience. Peer support toolkit of Department of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017)

Orientation Checklist

To ensure that the introduction of a new employee is comprehensive, informative and welcoming, the process of on-boarding should be planned according to the tasks to complete in the onboarding process, and the timeline by which these should occur.

The Peer Support Toolkit of the City of Philadelphia notes that, "With all there is to cover during the orientation process, it can be easy for supervisors to overlook an area for review or discussion with new peer staff. This checklist helps to ensure that you cover all desired areas."

Supervisor's Orientation Checklist for New Employee		
✓	**Area**	**Date**
	Reviewed completed New Employee Self-Assessment	
	Reviewed completed Aspects of Diversity Self-Assessment	

	Reviewed completed Documentation Self-Assessment	
	Discussed supervision framework and peer staff roles and responsibilities in the supervisory relationship	
	Established work schedule, including process for requesting time off, flex time, etc.	
	Discussed time-management strengths and challenges	
	Discussed experience, strengths, and challenges with technology	
	Discussed tasks or projects that peer staff is interested in working on outside of regular duties	
	Reviewed reasonable accommodations (if applicable)	
	Assigned peer mentor and discussed purpose and process	
	Discussed workplace Wellness Recovery Action Plan	
	Established process for addressing/interpreting policies and procedures as well as how to navigate and challenge traditional thinking	

	Scheduled shadowing opportunities	
	Discussed career goals and path	
	Introduced peer to larger service team, discussed role as a service team member, and explored partnership opportunities	
	Discussed the process for accessing resources and supplies	
	Other	

Source: Department of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Supervisor's New Employee Orientation Checklist. p.255

Program Monitoring and Evaluation

Peer Outcomes Protocol (POP) Measure

This easy-to-use resource provides step-by-step guidance on conducting the assessment. It outlines important considerations (e.g., confidentiality, asking sensitive questions), and highlights meaningful changes that can come from the information gathered.

The Peer Outcomes Protocol (POP) consists of seven parts, or modules:

- Demographics Module
- Service Use Module
- Employment Module
- Community Life Module
- Quality of Life Module
- Well-Being Module
- Program Satisfaction Module

Source: University of Illinois at Chicago, 2004 (PDF)

Fidelity assessment: The Fidelity Assessment Common Ingredients Tool (FACIT)

When outcomes are not satisfactory administrators may assume that the intervention used is not effective Institute of Employment Studies, or should not be used in the future. This conclusion overlooks a more comprehensive picture, however. Measuring how well a program adheres to the model, also known as a measure of the program fidelity, is an important component of evaluation that can shape efforts to improve the quality of support being delivered.

The Fidelity Assessment Common Ingredients Tool (FACIT) was developed from an extensive literature review and testing process, demonstrating validity in differentiating between "peer run programs and traditional mental health services."

Source: Substance Abuse and Mental Health Services Administration

Employee Evaluation Questions

Assessment of an organization should consider perspectives of employees across all levels and across disciplines. These questions point to many factors that can impact satisfaction of employees. The list of questions can be a valuable approach to informing organizations about specific areas for improvement as they strive to create an environment that is satisfying to its employees.

Refer to Questions to measure commitment and job satisfaction (PDF) for additional questions to assess employees' commitment to their own career goals, to the organization, and to service.

- ☐ I enjoy my work most days.

- ☐ I do interesting and challenging work.

- ☐ I am satisfied with my job.

- ☐ I am noticed when I do a good job.

- ☐ I get full credit for the work I do.

- ☐ There is a lot of variety in my job.

- ☐ I feel the level of responsibility I am given is acceptable.

- ☐ I have a clear understanding of my job responsibilities and what is expected of me.

- ☐ The major satisfaction in my life comes from my job.

- ☐ I often think about leaving.

- ☐ I know the standards of work expected of me.

- ☐ I feel my opinion counts in the organization.

- [ ] I know where to get help if I have a problem at work.

- [ ] I feel my colleagues treat me with respect.

- [ ] I feel my views count in my section.

- [ ] My job fully uses my skills.

- [ ] I have skills that are not used in my job.

- [ ] I feel I am doing a worthwhile job.

- [ ] I get a feeling of accomplishment from my job.

- [ ] I feel valued by senior management.

- [ ] I get full credit for the work I do.

- [ ] I am noticed when I do a good job.

- [ ] My immediate manager lets me know how I am doing.

Source: Hayday, S (n.d.)

Service Recipient Satisfaction

In assessing the services provided by PS/CHWs and whether these services are meeting programmatic needs, it is important to consider the perspectives of those receiving support. The following survey is a useful measure of satisfaction that focuses specifically on the perspectives of PS/CHW service recipients.

PS/CHW Service Satisfaction Survey

Using the scale provided, please rate your level of agreement with each statement:

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1	2	3	4	5

My PS/CHW coach treats me with courtesy, compassion, and respect.

1	2	3	4	5

My PS/CHW coach treats me as a person, and helps me see my strengths objectively.

1	2	3	4	5

My PS/CHW coach treats me as a person, and helps me see my challenges and concerns objectively.

1	2	3	4	5

My PS/CHW coach communicates clearly when we are speaking.

1	2	3	4	5

My PS/CHW coach paces the sessions so we remain accountable to reviewing goals, progress, and new steps.

1	2	3	4	5

My PS/CHW coach effectively helps me review my concern as I see it, not his/her idea of what I need to work on.

1	2	3	4	5

My PS/CHW coach is there to help me work on my concern as I see it, not his/her idea.

| 1 | 2 | 3 | 4 | 5 |

My PS/CHW coach helps me brainstorm ideas, problem solve and rarely offers advice.

| 1 | 2 | 3 | 4 | 5 |

My PS/CHW coach is reliable with keeping appointment times, carrying out any assignments, etc.

| 1 | 2 | 3 | 4 | 5 |

My PS/CHW coach helps me stay accountable to myself and my wellness plan.

| 1 | 2 | 3 | 4 | 5 |

My PS/CHW coach PS/CHW coach is someone I would recommend to others.

| 1 | 2 | 3 | 4 | 5 |

Please share the most important benefit you got out of working with your PS/CHW Coach:

Source: Swarbrick, M. (2013), cited by Tucker, S. J., Tiegreen, W., Toole, J., Banathy, J., Mulloy, D., & Swarbrick,M.

Additional Toolkits and Resources

Initiatives Related to Peer Support Programs and Services in New York State

Across New York State, innovative programs and roles are being explored, and diverse opportunities to engage PS/CHWs are being considered.

In this table, the McSilver Institute for Poverty Policy and Research outlines the new developments in such programs, summarizing initiatives and roles that involve PS/CHWs.

Program/Service	Overview	Guidance
Adult BH Home and Community Based Services (HCBS): Empowerment Services	Peer support services are peer-delivered services with a rehabilitation and recovery focus, delivered as a person-to-person service. The components of these services include: • Advocacy • Outreach and Engagement • Self-Help Tools • Recovery Supports • Transitional Supports • Pre-crisis and Crisis Supports	Adult HCBS Provider Manual (PDF)
Children's Health and Behavioral Health HCBS *Starting January 2019	Children's health and behavioral health HCBS are intended for individuals who currently require or are at risk of requiring institutional care (e.g., long-term care, psychiatric inpatient care). Services include: • Habilitation • Caregiver/Family Supports and Services	Children's HCBS Provider Manual (PDF) (Draft - October 2017)

	• Respite • Prevocational Services • Supported Employment • Community Self-Advocacy Training and Supports • Non-Medical Transportation • Adaptive and Assistive Equipment • Palliative Care • Customized Goods and Services	
SPA Family Peer Support Services (FPSS) *Starting July 2019	Family Peer Support Services (FPSS) are an array of formal and informal activities and supports provided to families caring for/raising a child who is experiencing social, emotional, medical, developmental, substance use and/or behavioral challenges in their home, school, placement and/or community. Service components include: • Engagement, Bridging and Transition Support • Self-Advocacy, Self-Efficacy, and Empowerment • Parent Skill Development • Community Connections and Natural Supports	Children's State Plan Amendment (SPA) Services Manual (PDF) (Draft - December 2016)
SPA Youth Peer Support and Training *Starting January 2020	Youth Peer Support and Training (YPST) services are formal and informal services and support provided to youth, ages 14-21 years old, who are experiencing social, medical, emotional, developmental, substance use and/or behavioral challenges in their home, school, placement and/or community centered services. Service components include: • Skill Building • Coaching • Engagement, Bridging and Transition Support • Self-advocacy, Self-Efficacy and Empowerment • Community connections and natural supports	Children's State Plan Amendment (SPA) Services Manual (PDF) (Draft - December 2016)

Assertive Community Treatment (ACT)	Assertive community treatment is an evidenced-based practice that offers treatment, rehabilitation and support services, using a person-centered, recovery-based approach, to individuals that have been diagnosed with a severe and persistent mental illness. ACT services — assertive outreach, mental health treatment, health, vocational, integrated dual disorder treatment, family education, wellness skills, community linkages, and peer support — are provided to individuals by a mobile, multi-disciplinary team in community settings.	NYS Guidance
First Episode Psychosis Programs - OnTrackNY	OnTrackNY is a program for individuals between the ages of 16 and 30 showing signs of first episode psychosis, such as unusual thoughts and behaviors, hearing or seeing things that others do not or disorganized thinking, for over a week but less than two years.	OnTrackNY website NYS Guidance Memo (PDF) - April 2015
Family Resource Centers	Family Resource Centers (FRCs) are family-focused programs across New York State that provide support to families with children of any age, with a particular emphasis on high need families with children ages five and younger. FRCs offer flexible services responsive to community needs and have no formal eligibility criteria.	Guidelines for NYS Family Resource Centers (PDF) NYS Family Resource Center Network brochure (PDF)
Clubhouses	Clubhouses offer a community setting for individuals with mental illness and substance use disorders. Opportunities	Mental health clubhouses

	include social supports, employment, housing and education.	Youth and young adult clubhouses (Substance Use Disorder-focused)
OASAS Certified Clinics	OASAS clinics provide treatment to individuals with substance use disorders and their families. Services include group and individual therapy, assessments and family therapy.	Service descriptions Clinical services: guidelines and standards
OASAS Part 820 Residential Treatment	Residential services provide treatment to individuals who require a higher level of care than outpatient services can provide but do not necessitate inpatient care. Specific services include: • Intensive Residential Services • Community Residential Services • Supportive Living • Stabilization Services in a Residential Setting • Rehabilitative Services in a Residential Setting • Reintegration Services in a Residential Setting • Residential Rehabilitation Services for Youth	Service descriptions Residential treatment guidance

Source: McSilver Institute for Poverty Policy and Research, unpublished work, 2018

Peer Support Toolkit of the City of Philadelphia Department of Behavioral Health and Intellectual Disability Services

This interactive toolkit supports organizations in integrating hired PS/CHWs into the workplace and supporting them in their roles. Many of the contents from the DBHIDS toolkit (in particular, from Module 2: Recruiting and Hiring Peer Staff) have been highlighted throughout this Self-Assessment-informed Toolkit.

Access the full DBHIDS toolkit

(Department of Behavioral Health and Intellectual Disability Services [DBHIDS] and Achara Consulting Inc. and Philadelphia Department of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc., 2017)

Support, Technical Assistance, and Resources (STAR) Center

The Support, Technical Assistance and Resources (STAR) Center offers technical assistance for processes involved in integrating PS/CHWs. These processes include:

- Diversifying and strengthening your Board of Directors.
- Developing youth leadership skills for policy change, advocacy, and organizational leadership.
- Communication with, and leadership in, executive management, board governance and advisory roles.

The STAR (Support, Technical Assistance and Resources) Center's approach is focused on, "recovery oriented, consumer directed approaches with a special emphasis on organizational sustainability for peer and family run organizations, and youth and young adult leadership development."

More information available at this website: http://www.peerstar.org. Services can be

requested by email: star@nami.org or by calling 866-537-STAR (7827).

Source: STAR center: Support, Technical Assistance and Resources Center, 2018

Penn Center for Community Health Workers

The Center holds expertise on overcoming programmatic barriers, particularly in the delivery of community-based health services.

In addition, the Center has developed a product for coordination of care that can effectively track outcomes across multiple providers: HOMEBASE™ includes automated reports that allow supervisors and directors to track Triple Aim metrics such as chronic disease control, [service recipient] satisfaction and hospital admissions. Reports also include CHW caseload, frequency of contacts and achievement of [person-centered] goals.

Find out more from the Penn Center for CHW website at: http://chw.upenn.edu/
Please direct all questions and requests to Contact Chanel Ortiz, Administrative Assistant, chanel.ortiz@uphs.upenn.edu, 215-662-8624

Source: University of Pennsylvania, 2018

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