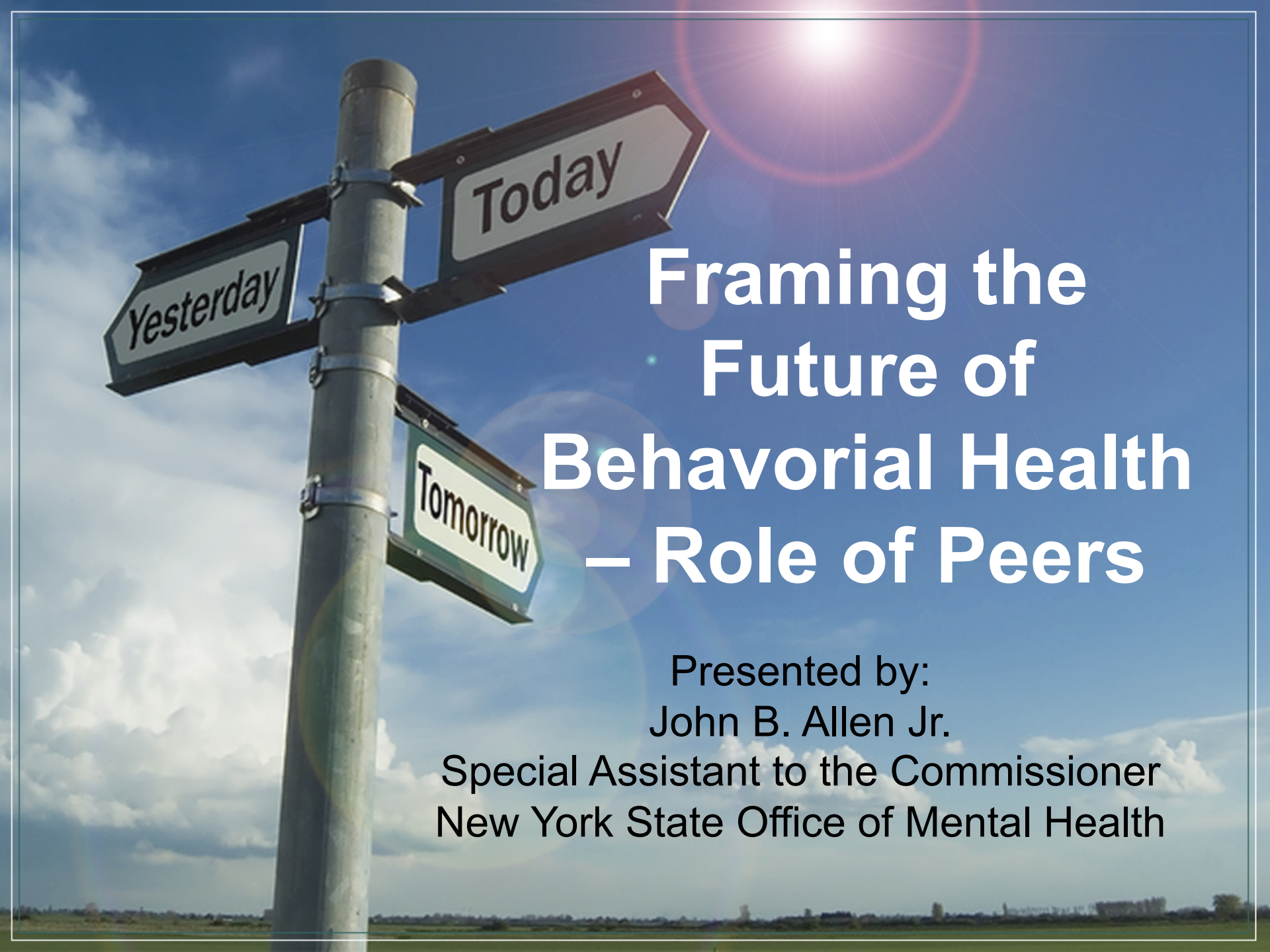


Framing the Future of Behavorial Health – Role of Peers

Presented by:
John B. Allen Jr.
Special Assistant to the Commissioner
New York State Office of Mental Health

Building the Behavioral Health Workforce

- Congress has called it the "workforce crisis." The need for an educated and seasoned workforce stems not only from demand, but high turnover rates, a shortage of professionals, aging workers, and low compensation.*
- *SAMSHA News Fall 2014

Unmet Needs

- 55 percent of U.S. counties do not have any practicing behavioral health worker and 77 percent reported unmet behavioral health needs.

Who is a peer?

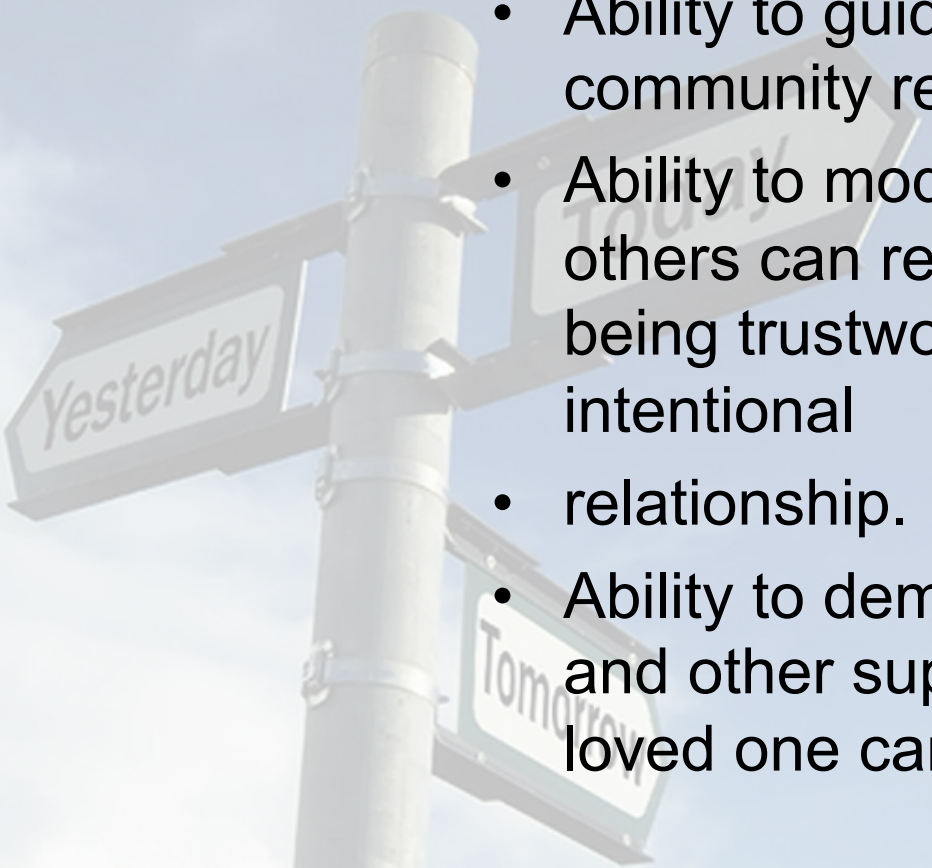
Why have peer staff?

Why have Peer Staff?

- Affirmative Hiring / Employment Creation
- Role Modeling
- Unique Perspectives and contributions to the team
- Employees with disabilities have higher retention rates thereby reducing turnover (Unger 2002)

What peers can bring to service delivery

- Dedication and commitment to work.
- Ability to create an immediate connection with the people they serve.
- Ability to use their stories and lived experiences to inspire hope.
- Ability to build bridges that engage other providers on the treatment team.



- Ability to guide people in accessing community resources and services.
- Ability to model healthy relationships that others can replicate in the community by being trustworthy and supportive in an intentional
- relationship.
- Ability to demonstrate to family members and other supporters that people like their loved one can recover.

The Presence of Peers can:

- Brings a different perspective to other treatment team members during team meetings;
- Supports the use of recovery language by reminding organizations to minimize the use of labels and diagnoses that are impersonal or demeaning to those seeking help; and
- Provides living proof that people recover on treatment teams.

Building a Competitive Edge

- Hiring and retaining qualified employees is the number one staffing issue cited by employers—a concern that will become more pressing as we begin to feel the crunch of a shrinking and aging workforce.
- To remain competitive, employers are looking beyond the traditional labor sources to access skilled, qualified candidates. This includes focusing their recruitment efforts on alternative sources of available job candidates, including those who are traditionally under-represented.
- Attract clients in the competitive managed care arena

Evidence

Peer support has an established history and demonstrated role in the spectrum of mental health services (Grant, 2009). Peer support occurs when people share common concerns or problems and provides emotional support and coping strategies to manage problems and promote personal growth (Davidson, et. al, 1999). In addition to mental health, peer support has demonstrated productive outcomes in the areas of substance abuse, parenting, loss and bereavement, cancer, and chronic illnesses. (Kyrouz, Humpherys & Loomis, 2002; White, 2000).

Pillars of Peer Support

The role of Certified Peer Specialists (CPS) is to work with consumers to assist in regaining balance and control of their lives, and to support recovery (Chinman, Young, Hassel & Davidson, 2006; Sabin & Daniels, 2003; Orwin, Briscoe, Ashton & Burdett, 2003). These positions are important parts of the mental health treatment teams, and settings for care include mental health centers, inpatient and outpatient settings, emergency rooms, and crisis centers (Fricks, 2005).

Pillars of Peer Support con't

A key differentiating factor in the CPS role from other mental health positions is that in addition to traditional knowledge and competencies in providing support, the CPS operates out of their lived experience and experiential knowledge (Mead, Hilton & Curtis, 2001). The Peer Specialist works from the context of recovery, frequently utilizing language based upon common experience rather than clinical terminology, and person-centered relationships to foster strength based recovery (Davidson, et. al, 1999). Peer specialists are uniquely qualified to assist individuals in identifying goals and objectives that form the context of the peer support relationship (Chinman, et. al, 2006).

More of the Case

The use of Peer Support Specialist as part of the treatment team has been shown to have a range of favorable results (Davidson et al., 2003; Felton, Stanstny, Shern, Blanch, Donahue, Knight & Brown, 1995; Mead & MacNeil, 2006). Information provided by peers is often seen to be more credible than that provided by mental health professionals (Woodhouse & Vincent, 2006). When peers are part of hospital-based care, the results indicate shortened lengths of stays, decreased frequency of admissions, and a subsequent reduction in overall treatment costs (Chinman, Weingarten, Stayner & Davidson, 2001). Other studies also suggest that the use of peer support can help reduce the overall need and use for mental health services over time (Chinman, et. al, 2001; Klein, Cnaan, & Whitecraft, 1998; Simpson & House, 2002).

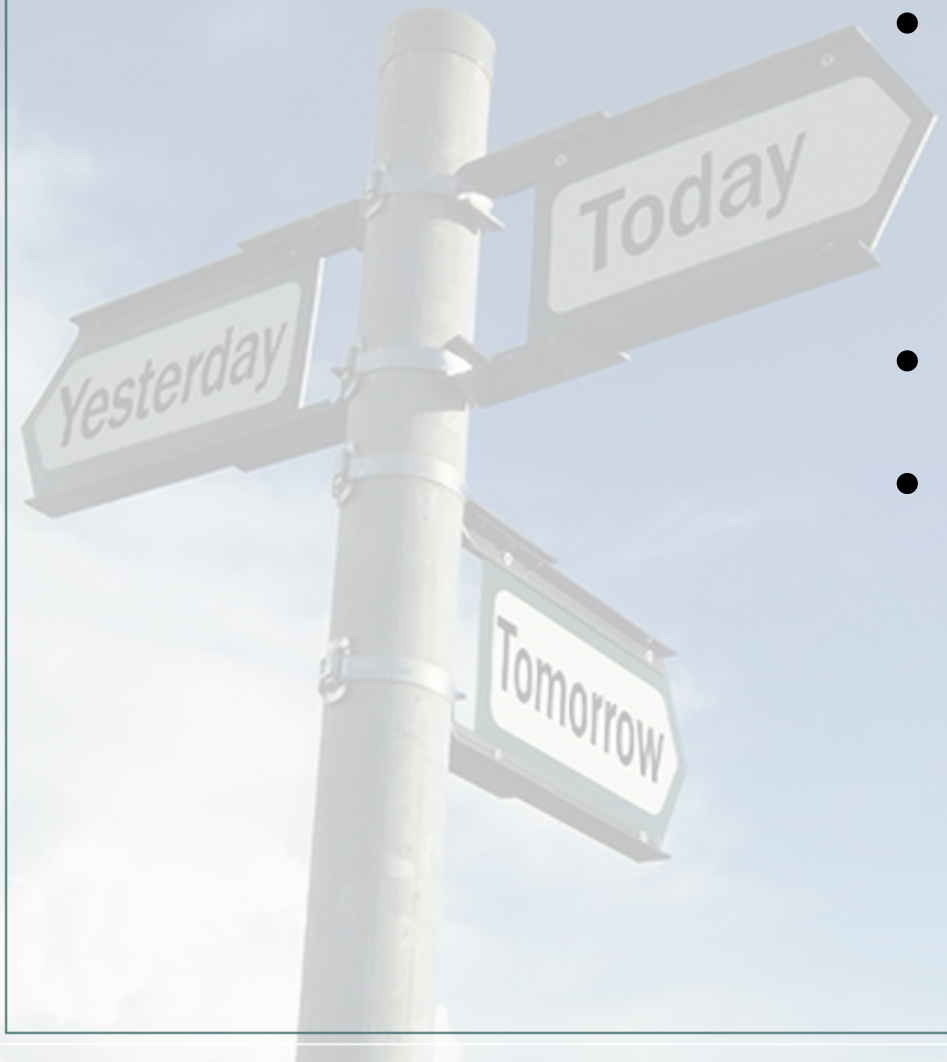
The Consumer Operated Service Programs (COSP) multi-site randomized controlled trial (RCT) examined the effects of a number of different peer-provided models including drop-in centers, mutual support programs, education curricula, and advocacy programs (Campbell et al., 2004 and Rogers et al., 2007). They found that subjects who received COSP plus traditional mental health services reported higher levels of personal empowerment than those in the control condition who received only traditional services.

In a study by Davidson et al. (2004), a 3-arm RCT compared: 1) a financial stipend only; 2) a stipend plus supported socialization with a peer; and 3) a stipend plus supported socialization with a non-peer. This study found that consumers receiving peer-delivered services achieved outcomes as good as those in the other two conditions in areas such as symptoms, well-being, self-esteem, social functioning, and employment. Similarly, Sells and colleagues (2006) conducted an RCT comparing "broad based" peer and non-peer case management. Participants reported that they perceived higher positive regard from peer case managers than non-peer case managers at 6 months but not at 12 months.

Finally, an RCT study by Druss and colleagues (2010) examined peer-led chronic medical disease self-management program for participants, using a model adapted from Lorig and colleagues' (1999) well-known chronic illness self-management. Called the Health and Recovery Peer (HARP) program, this intervention focuses on helping participants cope more effectively with physical health conditions. At 6-month follow-up, compared to controls receiving services as usual, HARP participants reported significantly greater improvements in physical activity, visits to primary care doctors, medication adherence, physical health related quality of life, and perceived ability to manage one's illness and health behaviors.

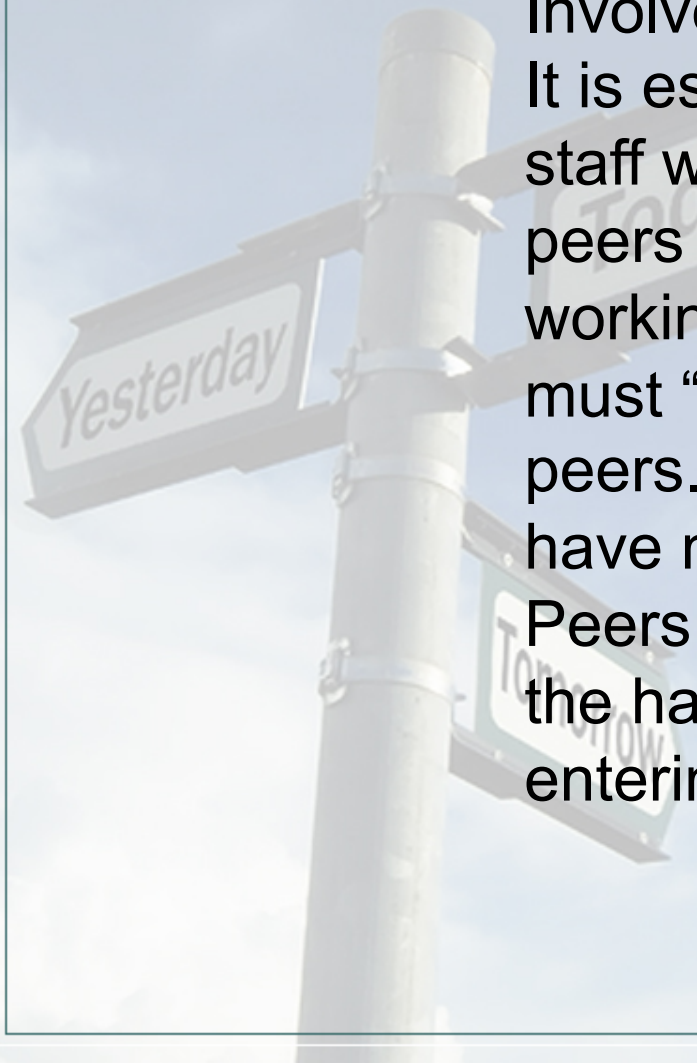
Can we hire a client?

Red Herrings



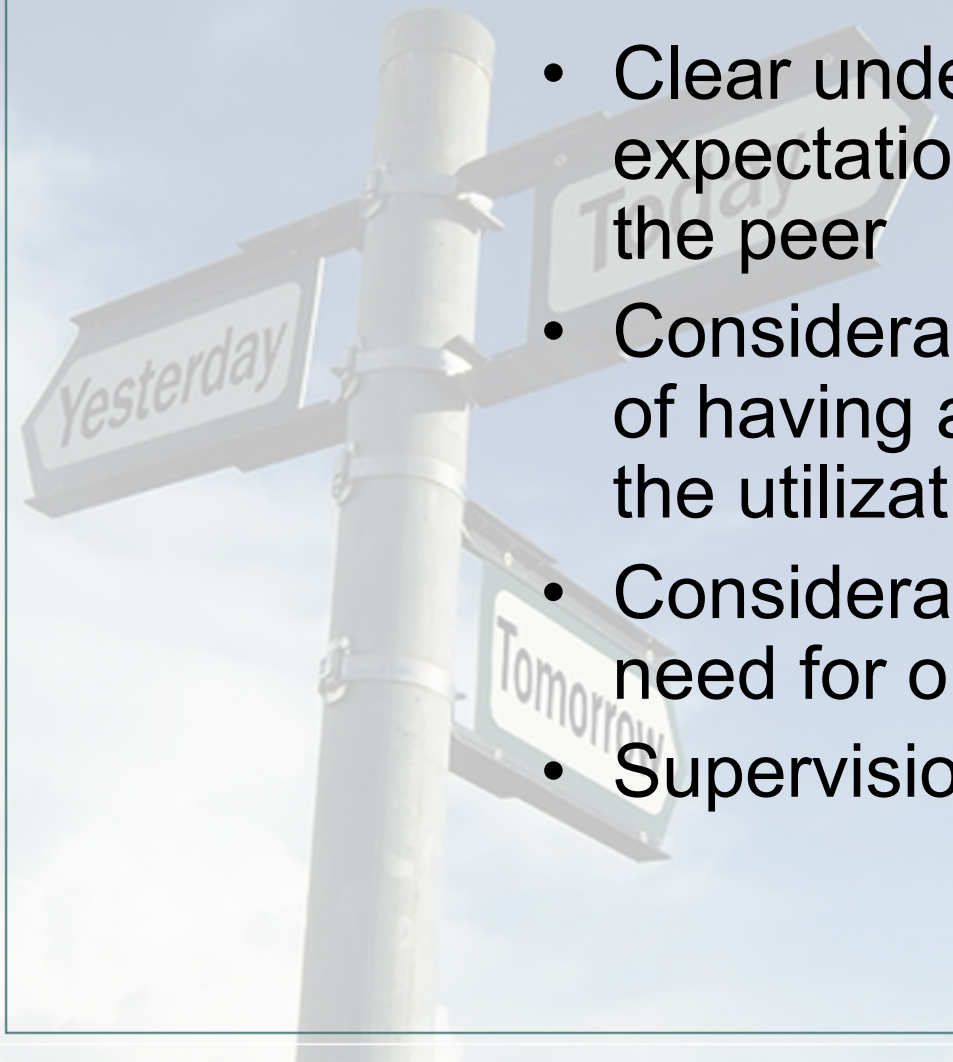
- Confidentiality
  - HIPAA
  - HITECH
- Role Confusion
- Charting

Decision to Hire



Involve staff in the decision to employ peers. It is essential for top management to involve staff who will be supervising and coaching peers as well as the staff who will be working beside them. These individuals must “buy in” to the concept of employing peers. If they don’t have a voice, they’ll have no choice but to resent and resist. Peers tell us that this resistance is among the hardest challenges they face when entering the workforce.

Creating the positions



- Clear understanding and defined expectation of the unique role of the peer
- Consideration of the advantages of having a peer and maximizing the utilization of the uniqueness
- Consideration of the potential need for ongoing peer support
- Supervision

Bonafide Occupational Requirements - Experience

BOR-E

- **Hiring** - The ability to recruit and hire individuals with lived experience in using services is often complicated by state job specifications and the perception that including that requirement might violate Equal Employment Opportunity Commission (EEOC) regulations. The EEOC and US Department of Justice have said that in rare cases, discrimination on the basis of protected categories is allowed if a bona fide occupational qualification exists, such as might for a peer counselor for disabled clients where they need to role model recovery. These agencies have indicated that the Age Discrimination in Employment Act (ADEA) does not apply to federally funded or state programs designed to enhance employment of individuals with “special employment problems”. Such programs include those designed to enhance employment of the long-term unemployed, individuals with disabilities, members of minority groups, older workers, or youth. For additional guidance on this exemption, refer to Policy Statement on *Specific Exemptions from Coverage Pursuant to § 9 of the Age Discrimination in Employment Act*, EEOC Compliance Manual, Volume II (1988). Many states have established bona fide occupational requirements such as those employed at Independent Living Centers where individuals must have the lived experience of the disability in order to perform the job functions associated with role modeling.

Roles of Peers

- Drop-in / Recovery Centers
- AA Meetings / NA Meetings / DTR / Substance Abuse
- Advanced Directives / WRAP
- Advocacy / Advocacy Training
- Benefits Advisement
- Career Club / Employment
- Clothes Closet

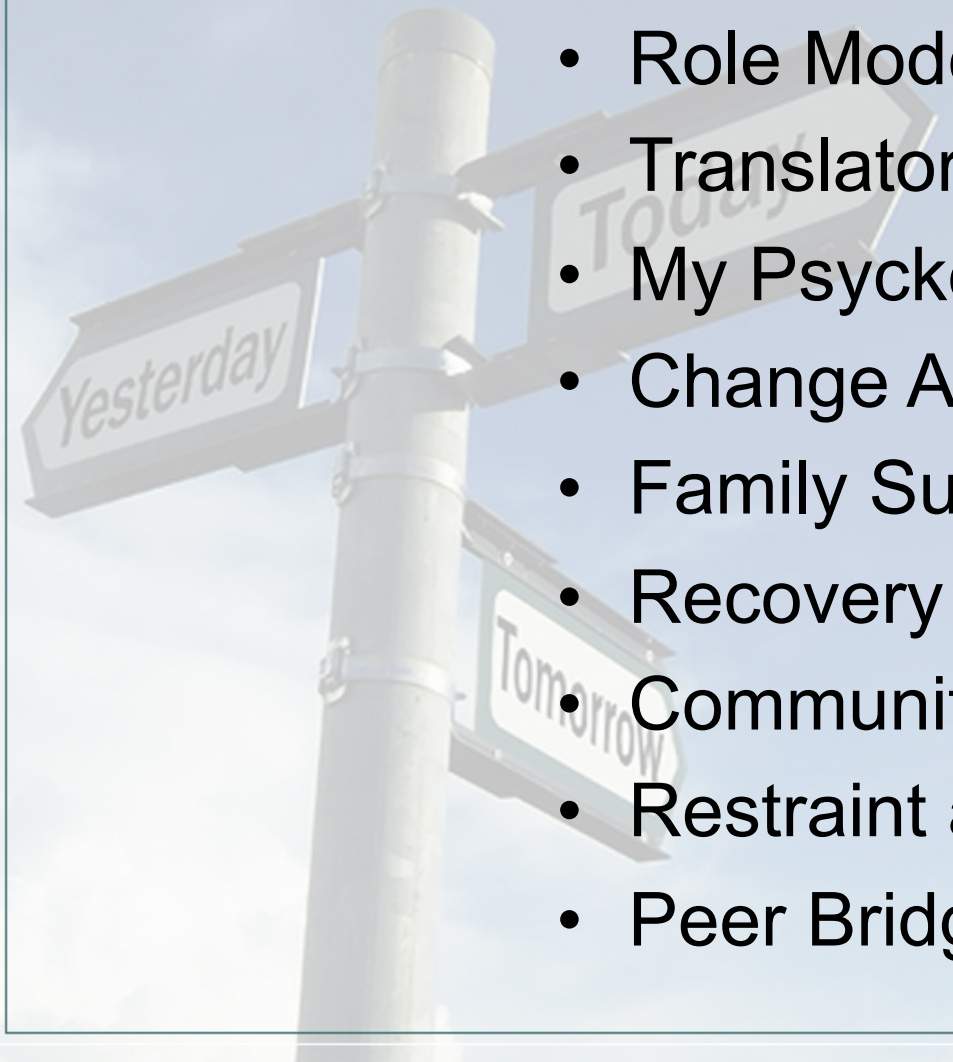
- Community Meals / Kitchen
- Computers / Internet Access
- Crisis Support / Warm Lines
- Food Pantry / Nutritional Assistance
- Forensic Support / Jail Diversion

- Housing
- Literacy Training / Education Support
- Parenting Support
- Peer Support
- Rep Payee / Money Management

- Social Recreation
- Support Groups
- Psycho-education / Self-management
- Volunteer Referral
- Recovery Coaching

Additional Roles

- Environmental Review
- Role Modeling
- Translator
- My Psyckes
- Change Advocate
- Family Support
- Recovery Guide for staff
- Community Integrator
- Restraint and Seclusion
- Peer Bridger



Drop-In Centers

Centers are typically staffed with volunteers at first who ensure a safe, comfortable and friendly atmosphere. The drop-in center becomes a focal point from which to offer other services. A drop-in center is often used as an engagement strategy attracting those not interested in participating in traditional mental health service offerings. Many centers begin operation in donated space as part of a church and sometimes formal mental health center. Hours of operation vary from a few hours one day a week (typical in donated space), to evening and week-end hours for those complimenting traditional service providers, to 24 hours a day / 7 days a week for those providing homeless support services.

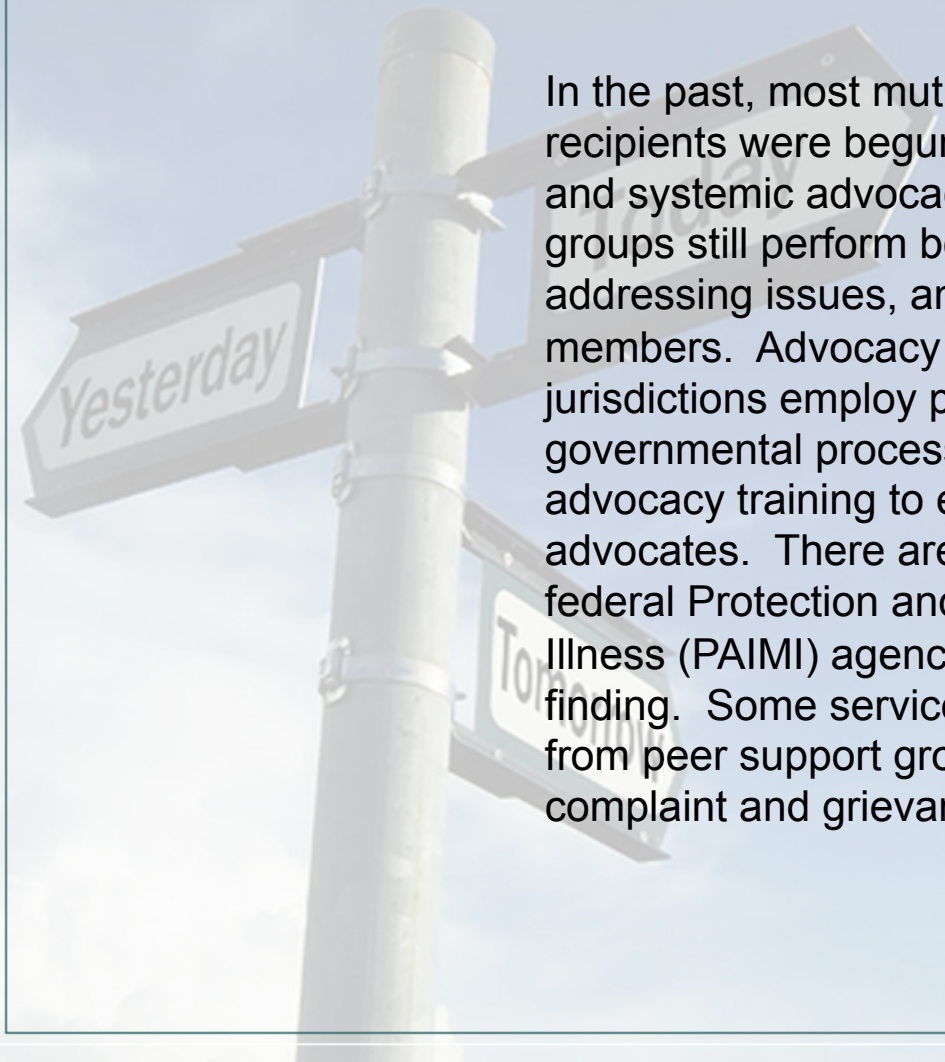
AA Meetings / NA Meetings / DTR / Substance Abuse

Individuals who have used mental health services often identify co-occurring substance use as an issue with which they would like help. For this reason, many peer support groups and drop-in centers offer or support substance abuse groups like AA (Alcoholics Anonymous), NA (Narcotics Anonymous) or DTR (Double Trouble and Recovery) by holding meetings at their locations. Specialized groups like DTR address the concerns of people who use psychotropic medications in ways that some typical AA meetings cannot. (Some groups require no drugs of any kind, including prescriptions). Groups often begin by partnering with an AA, NA or DTR group offering space and refreshments. Some drop-in centers have volunteers and or staff with training and backgrounds specific to facilitating a group.

Advanced Directives / Wellness Recovery Action Plans

- As groups develop and members gain more experience in their personal recovery journeys, they help new members find ways to ensure their treatment preferences are respected and followed. Advanced directive training and support follows with groups providing information, education and workshops. Some groups take the legal concept of advanced directives to incorporate treatment preference planning beyond just a crisis plan. Most places that provide workshops recommend that an advanced directive be developed over a period of time in discussions with the supports that an individual desires. In this way, the people providing support know the exact preferences of the individual they are supporting and under what circumstances they should take action. This service provided by a peer support group in a traditional provider setting, can create opportunities for traditional mental health staff to not only understand the preferences of their clients, but can allow them to create service options that actually promote recovery. The Wellness Recovery Action Plan (WRAP) is a strategy many peer organizations endorse. These plans provide information and direction to supports and providers on what the person's values and preferences are when they are in crisis. Many peer groups offer members, volunteers and staff the opportunity of attending WRAP facilitator training so that they are credentialed to run WRAP groups.

Advocacy / Advocacy Training

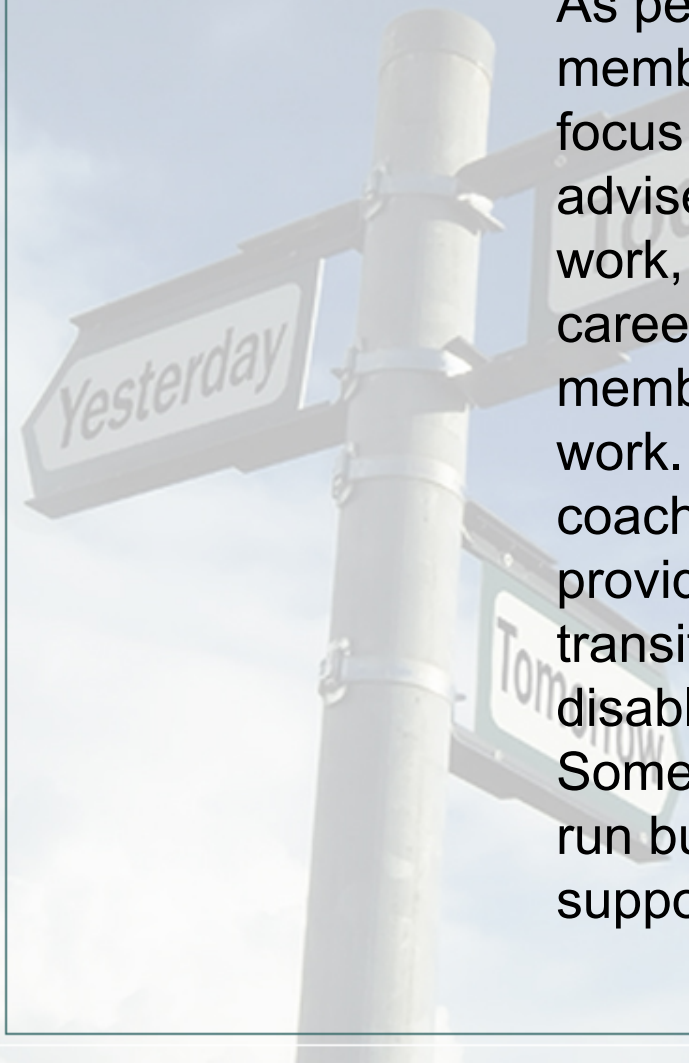


In the past, most mutual support groups for mental health recipients were begun as a way to change the system. Individual and systemic advocacy is a service that many peer support groups still perform both as a way of assisting members in addressing issues, and as a method of engagement with new members. Advocacy has also taken new directions as some jurisdictions employ peer support groups to gather input into governmental processes. Other groups provide individual advocacy training to enable members to become better self-advocates. There are peer support groups that contract with the federal Protection and Advocacy for Individuals with Mental Illness (PAIMI) agencies to act as lay advocates and do case finding. Some service systems provide advocates contracted from peer support groups to assist individuals in navigating complaint and grievance processes or other parts of the system.

Benefits Advisement

New people receiving mental health services and individuals who have been in the system who desire to work, often seek guidance from peers on benefit issues. Many peer support groups provide benefit education and assistance ranging from social security supports (SSI / SSDI), Medicaid and Medicare, to emergency energy assistance. With the turnover rates for mental health workers being high, individuals who have been in the system are the best source of practical information on benefits. Many programs, like those from Cornell exist to provide training for individuals in peer support groups on benefits advisement.

Career Club / Employment

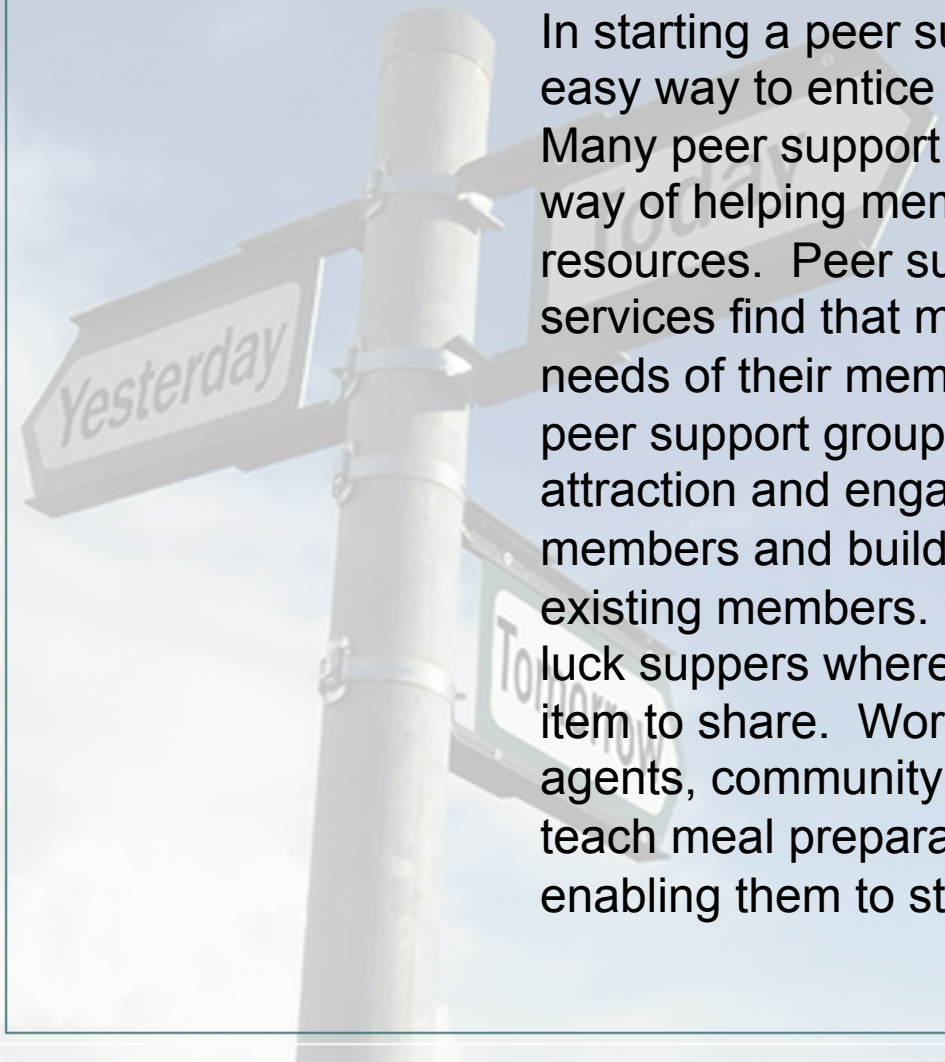


As peer support groups are and grow in membership issues of recovery often begin to focus on employment. Coupled with benefits advisement which is critical when considering work, peer support groups have created job/ career clubs to provide mutual support for members seeking and struggling with returning to work. Coupled with traditional employment or job coaching services, this mutual support activity provides unique assistance to aid individuals in transitioning from an individual identity of a disabled person, to that of a productive employee. Some peer support groups have created agency run business enterprises as a way of creating supportive job opportunities for members.

Clothes Closet

Depending on the needs of members, some peer support groups working with other community organizations provide a “Clothes Closet” for members to have warm clothing in the winter when they lack financial resources. Often these are as simple as a closet in the drop-in center, in which people place clothing they no longer want that others can search. In some peer support groups, this activity has grown to the point of an agency run thrift shop that generates both employment opportunity for members, as well as income for the group.

Community Meals / Kitchen

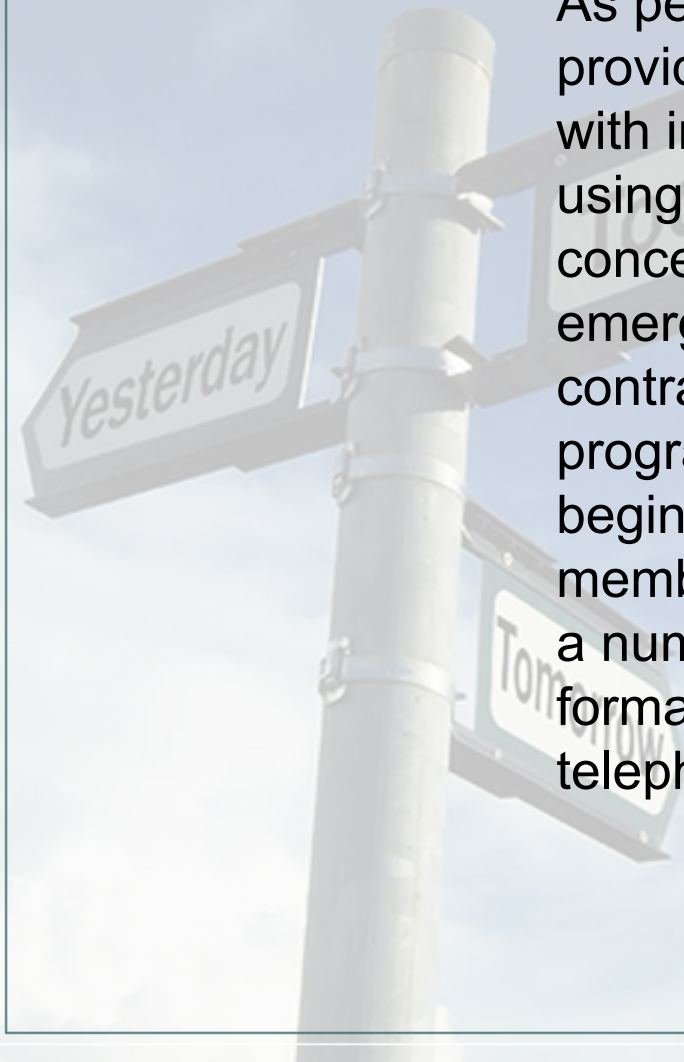


In starting a peer support group, one will find that an easy way to entice new members is to provide food. Many peer support groups offer community meals as a way of helping members stretch their limited financial resources. Peer support groups that provide homeless services find that meals become a necessity to meet the needs of their members. No matter the reason that a peer support group provides meals, they become an attraction and engagement tool for finding new members and building a true community of support for existing members. Meals are frequently begun as pot-luck suppers where each member agrees to bring one item to share. Working with food pantries and extension agents, community meals can provide opportunities to teach meal preparation and nutrition to members enabling them to stretch their limited food budgets.

Computers / Internet Access

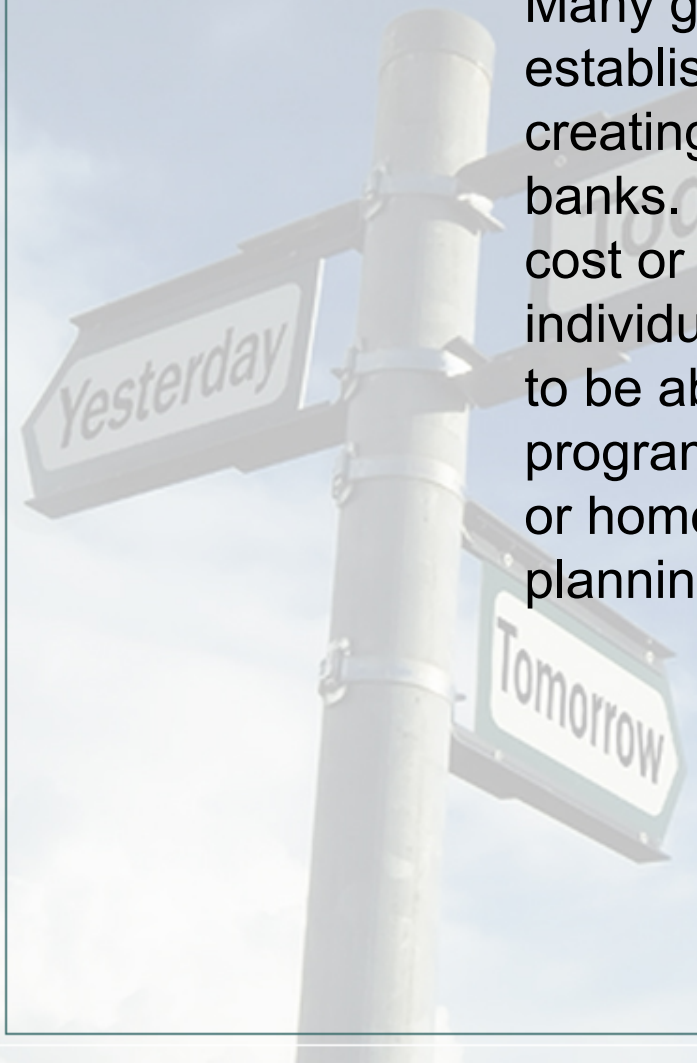
Once a peer support group grows, its need for a computer to keep records and write reports for their funding sources becomes critical. Groups have found that making that same computer available to members to aid in resume writing, and job searches addresses immediate needs. Some groups augment their single computer by seeking donations from companies like insurance carriers that regularly replace their equipment upgrading it. This has created an opportunity for these peer support groups to establish computer training programs which in some cases include industry standard certifications recognized by Microsoft and Novell as well as employers. Internet access is frequently available at free or reduced rates from local internet providers once the group has its non-profit status. This allows the groups members to conduct their own research and education on topics such as medications, diagnosis, wellness self management, or other topics of interest. Some peer support groups serve as pre-vocation sites and even vocational employment training sites for the traditional service system.

Crisis Support / Warm Lines



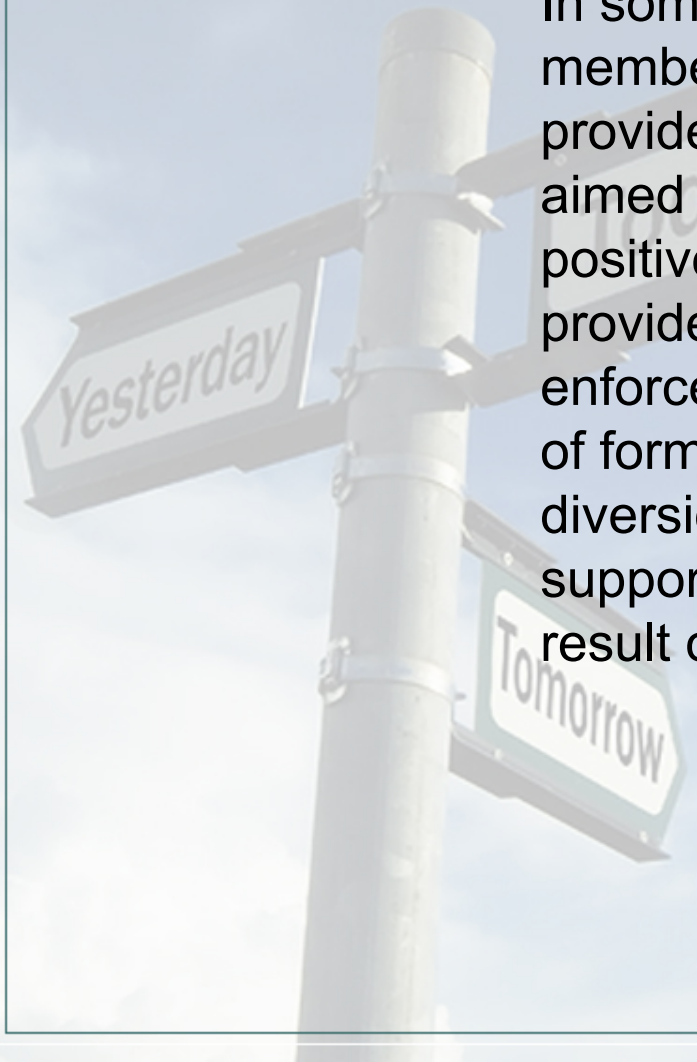
As peer support groups grow, many begin to provide a variety of crisis support, usually beginning with in-home peer support during a time of crisis using volunteers. Some groups expand that concept to more formal crisis options such as crisis emergency residences. These are often under contract with local government as hospital diversion programs and are staffed by peers. Many also begin informal telephone support trees where members provide informal support to each other. In a number of instances, these have grown to more formal warm lines staffed by peers to provide telephone support.

Food Pantry / Nutritional Assistance



Many groups, particularly those that have established community meals, begin to explore creating food pantries in collaboration with local food banks. These pantries provide members with low cost or emergency food options that enable individuals living on the fixed income from disability to be able to maintain a healthy diet. Some programs also work with local cooperative extension or homemaker services to provide education on meal planning and preparation as part of their service.

Forensic Support / Jail Diversion



In some areas, peer support groups who have members involved in the criminal justice system provide a variety of support activities specifically aimed to help with re-integration and maintaining positive community involvement. As groups have provided training and support to local law enforcement, some groups have developed a variety of formal and informal mechanisms to assist with diversion activities. These typically involve crisis support for individuals whom police are called as a result of unusual behavior.

Housing

Some of the earliest peer support groups created a variety of informal housing options in which members shared resources in the same way that non-disabled individuals room together. This had led to the creation of a variety of housing options including peer support groups operating HUD section 8 housing programs, providing McKinney Homeless housing services and building Habitat for Humanities housing. Working with local NAMI, Mental Health Associations and local Habitat for Housing, some peer support groups build on a program stated in Georgia called “Jerome’s Home” to create home ownership opportunities for individuals in the mental health system.

Literacy Training / Education Support

Depending on the community and its members, some peer support groups collaborate with basic literacy education programs to assist members with basic reading skills or attainment of G.E.D. diplomas. Other groups augment disability services frequently available on college campuses to support members who are furthering their education through college or vocational classes.

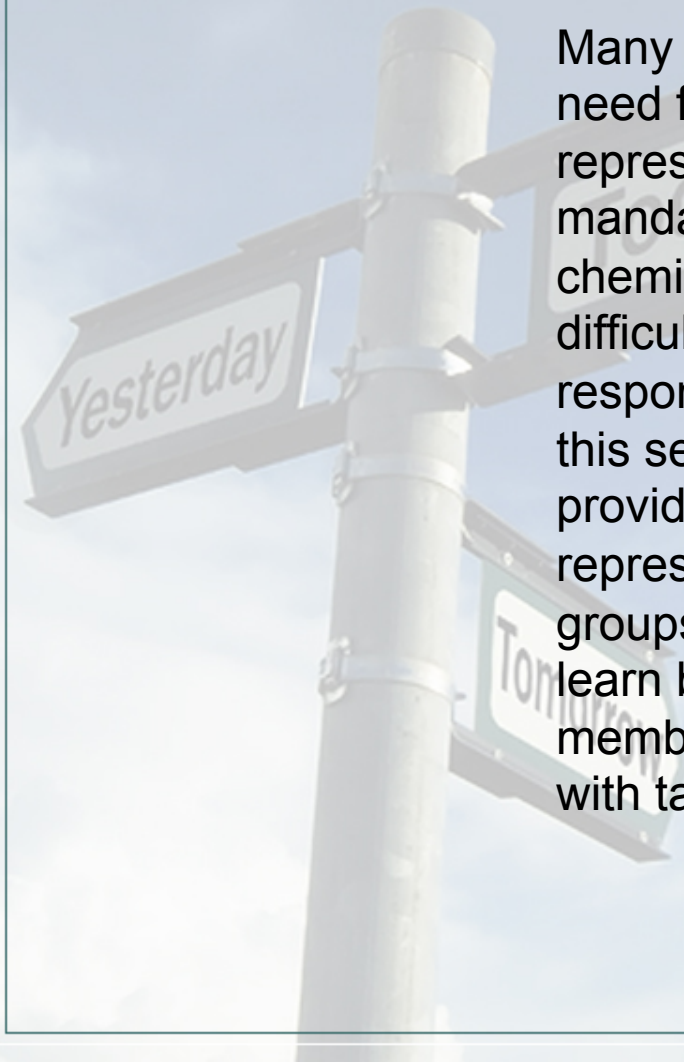
Parenting Support

The least provided service in tradition mental health systems is support for individuals who receive services who are also parents. In this area, peer support groups have created a variety of support mechanisms including parenting education, support groups, and in a few places respite / babysitting services. Other groups have focused on advocacy and parental rights, often with child custody issues taking the forefront.

Peer Support

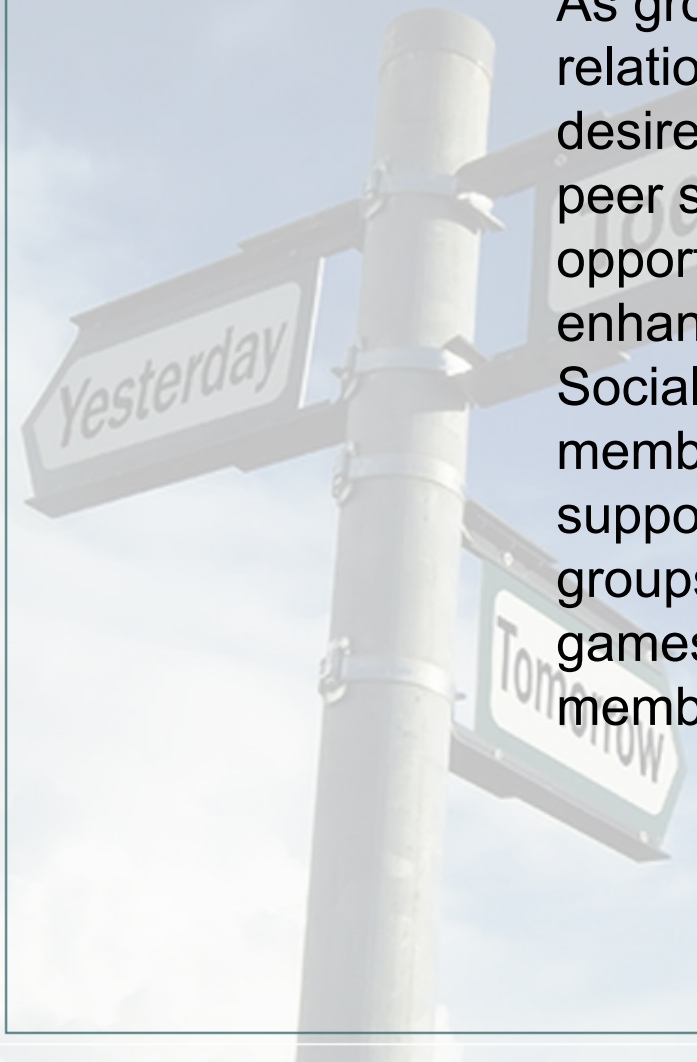
Whether part of the formal process or simply as a matter of people building relationships in peer support groups, the notion of one to one peer support is central. As groups grow, they will often provide training for volunteers who are willing to provide support to other members. Some groups create mechanisms to visit sick members, paying particular attention to those who are hospitalized, helping them to maintain their connection with the community. In other areas, some peer support groups contract to provide peer bridger services which help those individuals who are in psychiatric hospitals make the transition to community life. This is an especially valuable service assisting long term residents of psychiatric hospitals in overcoming the fears related to leaving a facility.

Rep Payee Services / Budgeting and Money Management



Many individuals on Social Security benefits have the need for assistance in managing their funds through a representative payee. In some cases, individuals are mandated because of prior money management or chemical addictions, to have a payee. Since it is often difficult to find someone willing to accept the responsibility as a payee, given the lack of funding for this service, peer support groups in many areas have provided training and staff to assist members as a representative payee. In some instances, peer support groups have expanded their efforts to help members learn better money management skills. Some have members who are accountants and offer their services with tax return preparation.

Social Recreation Events



As groups grow and people form natural relationships within the peer support group, the desire to social recreation activities expands. Many peer support groups offer social recreation opportunities both to meet member needs, but also enhance their marketing efforts for new members. Social recreation provides opportunities for members to continue to build their own natural support networks as well as simply have fun. Many groups plan dances, movie outings, picnics, softball games, bowling leagues and other events based on member preferences.

Support Groups

Many peer support groups identify other needs as individuals come together for support. This results in many groups developing other support groups as part of their overall efforts such as: art activities; Depression and Related Affective Disorders Association (DRADA); Emotions Anonymous (EA); groups for individuals who are Lesbian, Bi, Gay, Transgendered (LBGT); men's groups; music groups; Recovery Inc.; Hearing Voices and women's groups.

Psycho-education / Self-Management Education

Many peer organizations provide a variety of educational programs to support their member's recovery. A number of peer support groups have explored a variety of methods to increase available funding to support their activities including the use of Medicaid. Offering psycho-education and groups to educated individuals on self-management strategies is something that a number of states have now adopted as a Medicaid billable peer provided service.

Volunteer Referral

As peer support groups grow, providing members linkage with volunteer opportunities is almost a standard offering of all groups. Few groups begin without the ability to recruit, mobilize and manage volunteers. Some groups working with volunteer clearinghouses co-host opportunities to explore volunteering. Other groups provide information and support to members who are interested in volunteering.

Recovery Coach

Help individuals gain access to needed resources, services, or supports that will help them achieve recovery from their substance use disorder. These individuals help individuals address multiple domains in the their life that have been impacted by their substance use disorder, but are difficult to address within the structure of most addiction treatment programs, such as returning to employment or finding stable housing. Recovery coaches can also help individuals transition through the continuum of addiction treatment (i.e., from detox to aftercare). Finally, recovery coaches can help individuals sustain their recovery after the formal addiction treatment component has been completed through consultation, skills training, and of course coaching.

Additional Roles

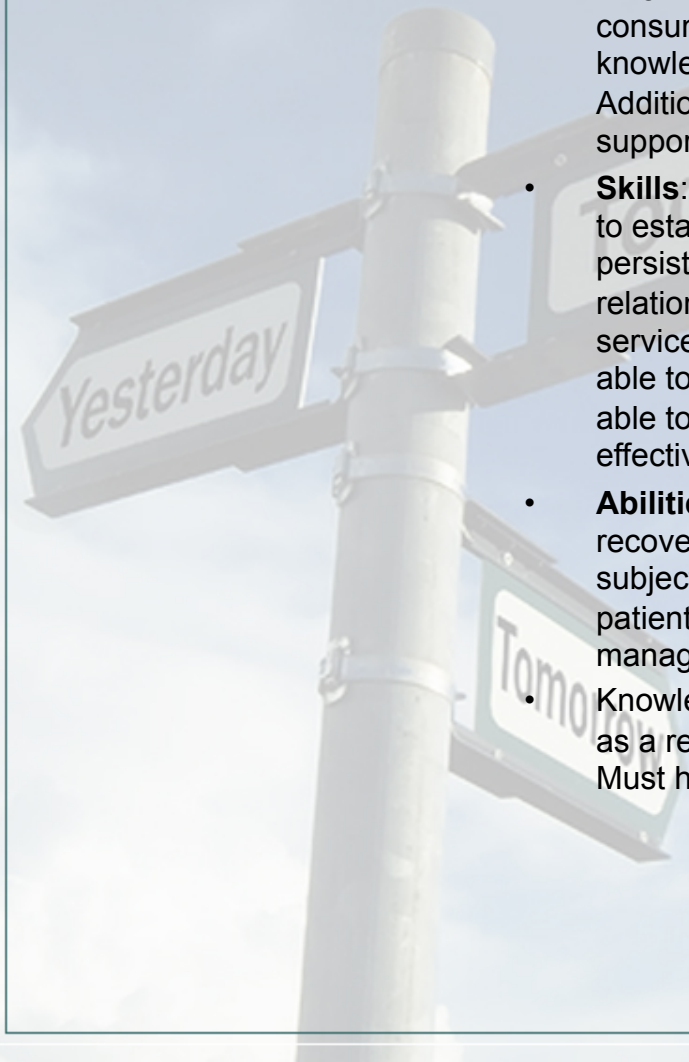
- Environmental Review
- Role Modeling
- Translator
- Change Advocate
- Family Support
- Recovery Guide for staff
- Community Integrator
- Restraint and Seclusion
- Peer Bridger

SOMETIMES I PRETEND TO BE NORMAL.

but it gets boring.

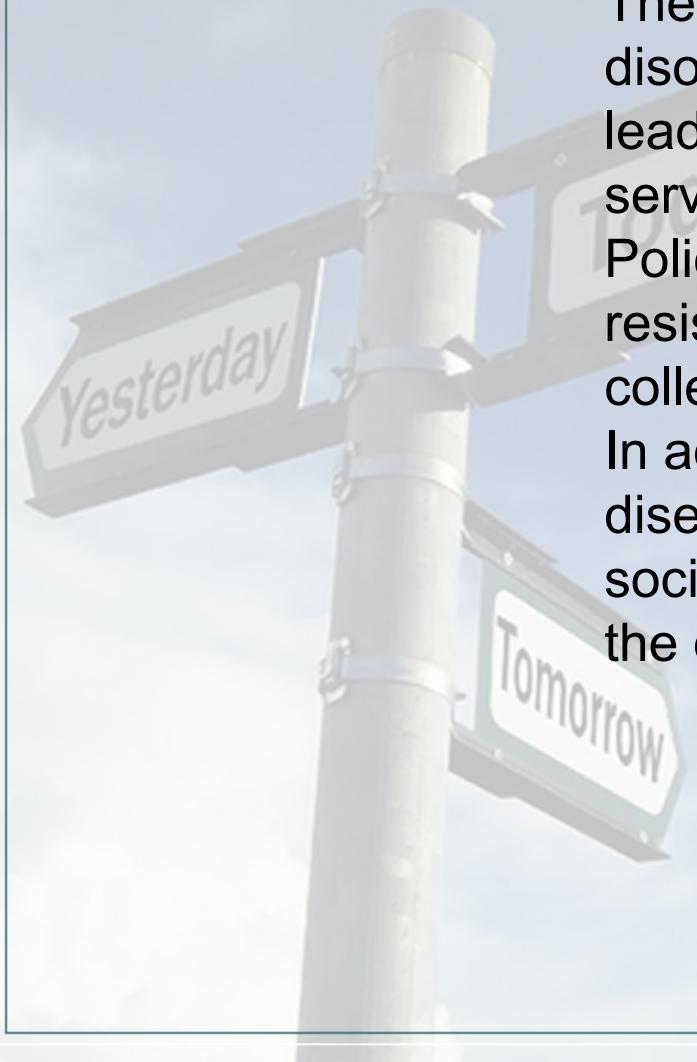
SO I GO BACK TO Being me.

KNOWLEDGE, SKILLS, AND ABILITIES:



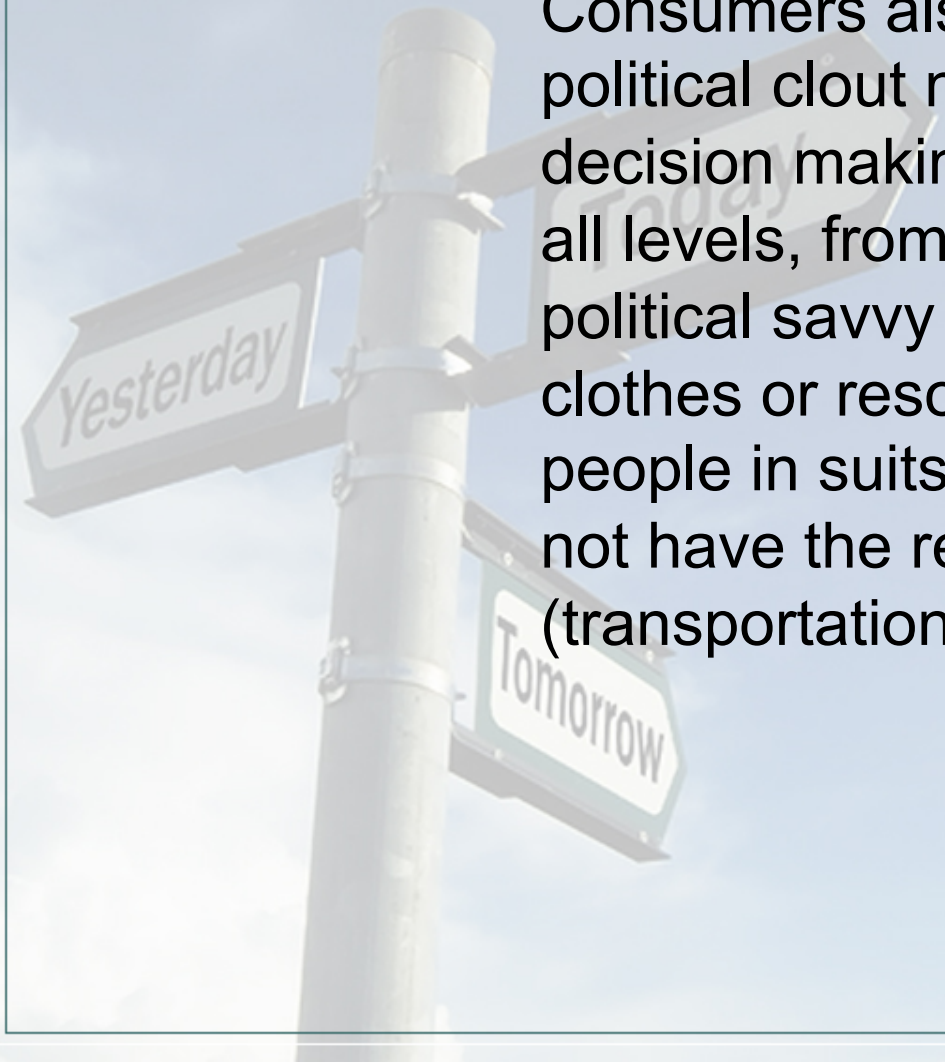
- **Knowledge**: This position requires the employee to have first-hand experience as a consumer of public mental health services. The employee must also have knowledge and experience applying principles of mental health peer support. Additional knowledge of mental illnesses, service delivery systems, and peer support modes are desirable.
- **Skills**: This position requires the employee to have effective skills and competence to establish and maintain trusting relationships with people who have serious and persistent mental illnesses. Must also have skills to establish and maintain trusting relationships with other employees responsible for providing care and treatment services. Must have effective communications skills and be a good listener. Must be able to make give suggestions and advice in a constructive manner and must be able to accept feedback. Must be able to deal with criticism appropriately and effectively. Must have excellent verbal and written communication skills.
- **Abilities**: Must have the ability to: share personal experiences with illness and recovery with others; help others understand the consumer's perspective and subjective experience; to form meaningful and appropriate work relationships with patients and employees of Montana State Hospital. Must also have the ability to manage multiple tasks and priorities.
- Knowledge, skills, and abilities are normally acquired through first-hand experience as a recipient of mental health services and as a person well into personal recovery. Must have a high-school education and post-secondary education would be helpful.

Challenges of Hiring



The stigma of living with mental illness diagnosis/ disorder remains a real and distinct barrier that leads to discrimination, limiting participation in services, policy, funding and strategic planning. Policy makers, providers, and their staff are often resistant to seeing the recovered consumer as a colleague within the mission of the organization. In addition, consumers have historically been disenfranchised and had little political influence or socioeconomic power to have meaningful roles in the design and delivery of services.

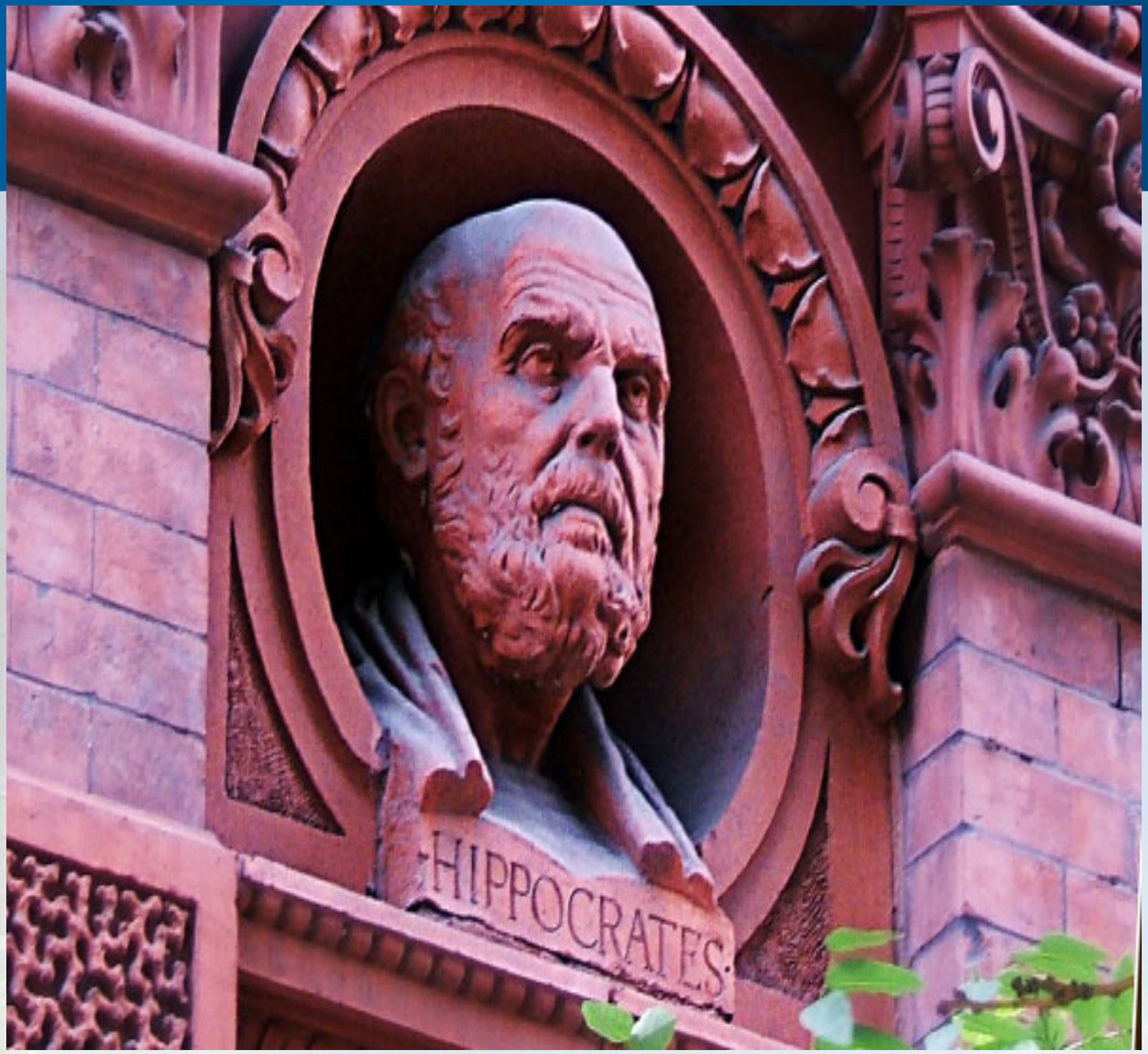
Resource Challenges



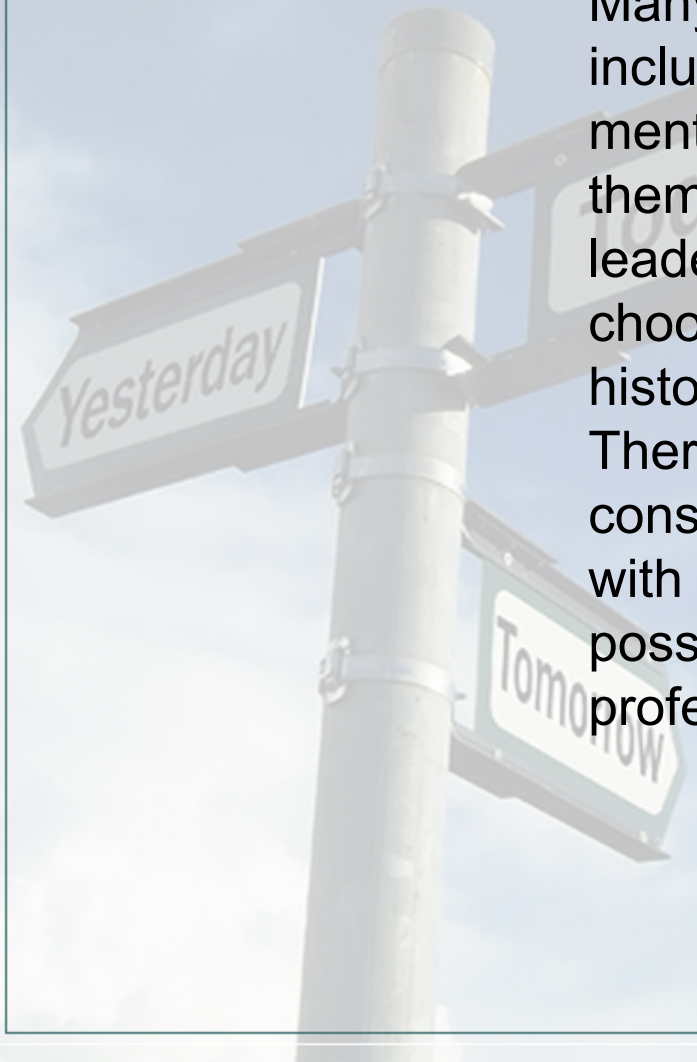
Consumers also have rarely held the political clout needed to influence major decision making. This challenge comes at all levels, from lacking negotiation skills and political savvy to not having the right clothes or resources to be at the tables with people in suits and ties. Many people may not have the resources to access meetings (transportation, bus, train or car fare, etc.).

Education

Consumers may lack the formal degrees and credentials that other stakeholders depend on for credibility and influence.


HIPPOCRATES

Invisibility

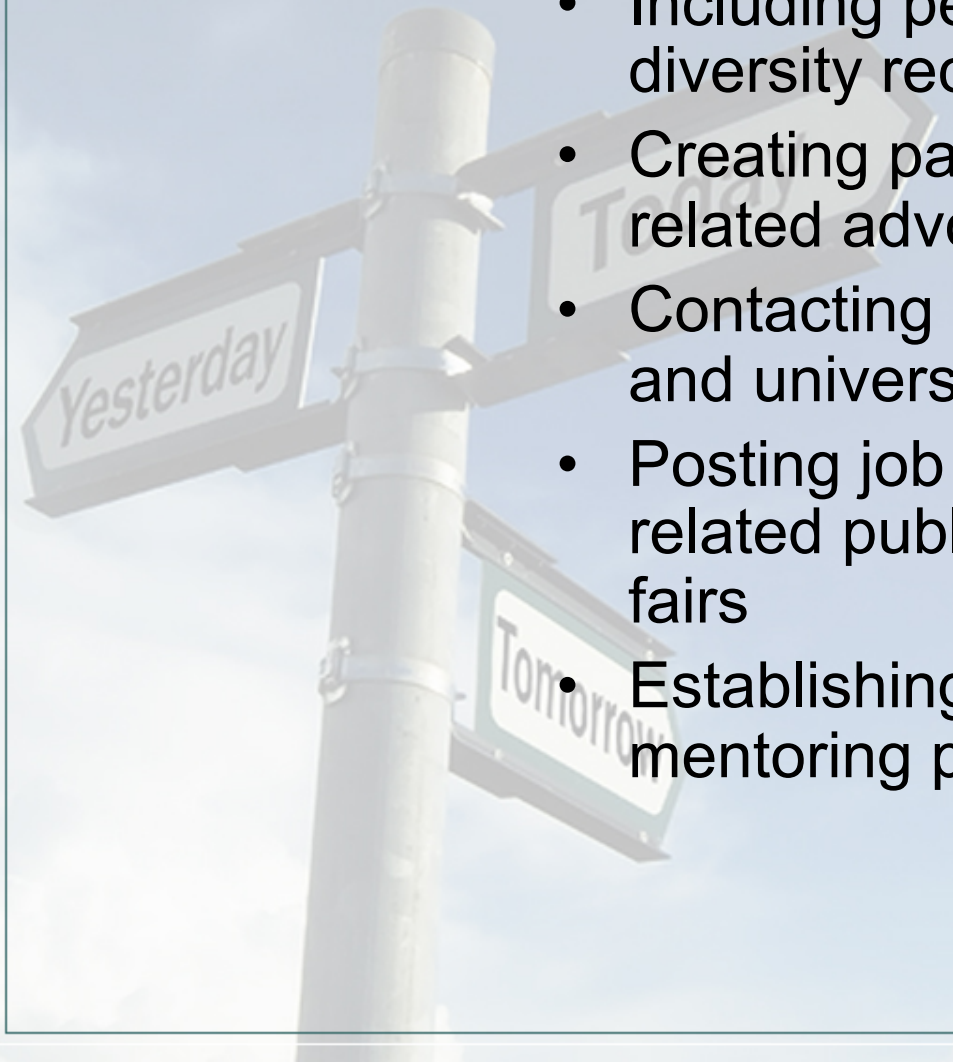


Many consumers choose to remain invisible. This includes persons who are involved in the public mental health system but choose not to identify themselves as consumers mental health system leaders, employees, and stakeholders who choose to remain silent regarding their personal history of mental illness in their own recovery. There is also the large group of recovered consumers who choose to minimize their contact with the mental health system as much as possible preferring to pursue other causes and professions once they have gained recovery.

Liability

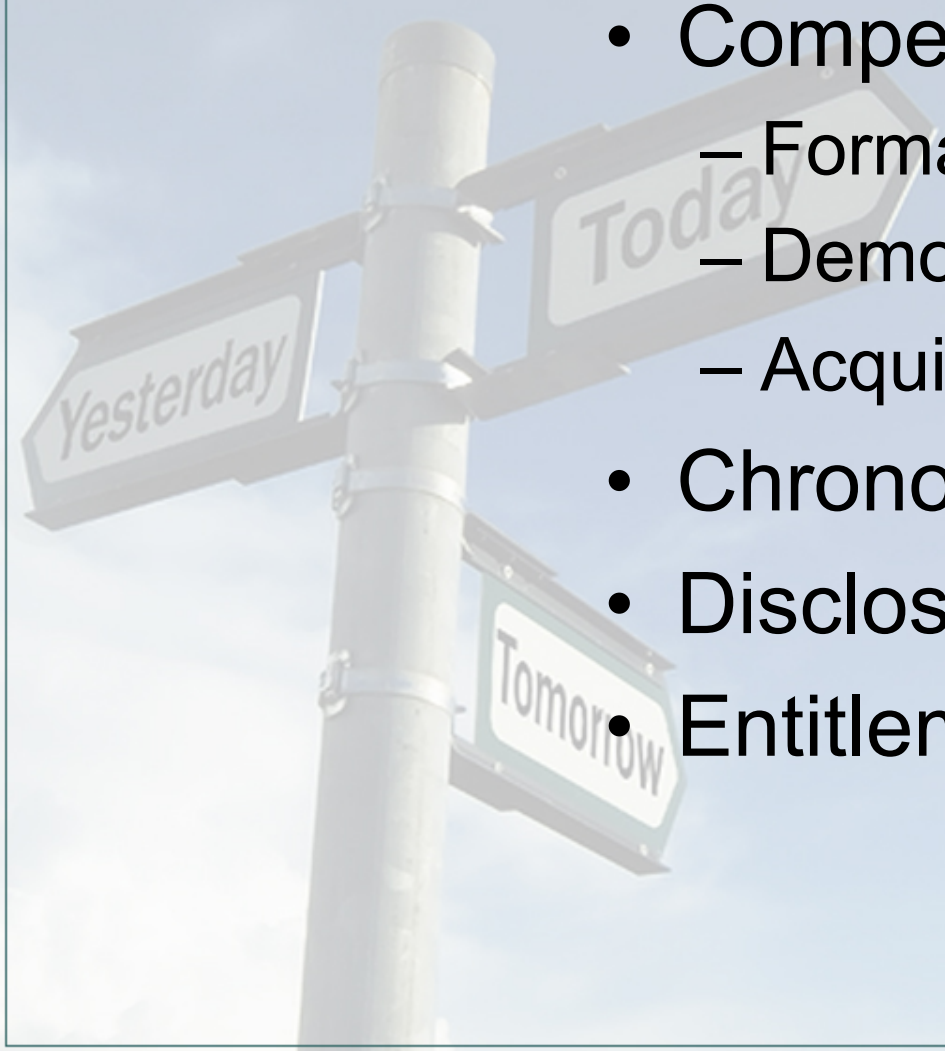
Real or imagined liability and confidentiality concerns of mental health care providers related to the employment of consumers as staff or in regulatory functions.

Recruitment Strategies



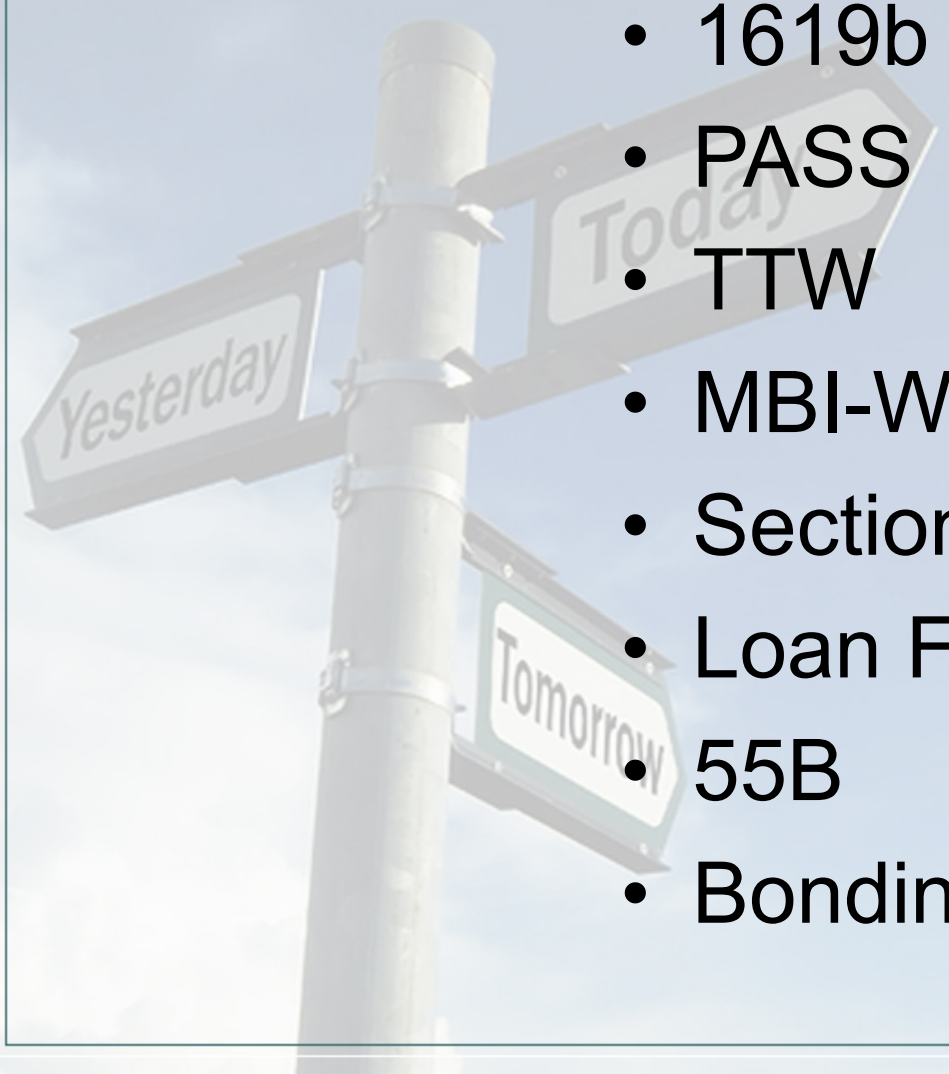
- Including people with disabilities in diversity recruitment goals
- Creating partnerships with disability-related advocacy organizations
- Contacting career centers at colleges and universities when vacancies arise
- Posting job announcements in disability-related publications, Web sites and job fairs
- Establishing summer internship and mentoring programs targeted at youth

Hiring Considerations



- Competency
  - Formal Training
  - Demonstrated skills
  - Acquired knowledge
- Chronological Resumes
- Disclosure considerations
- Entitlement considerations

Entitlements

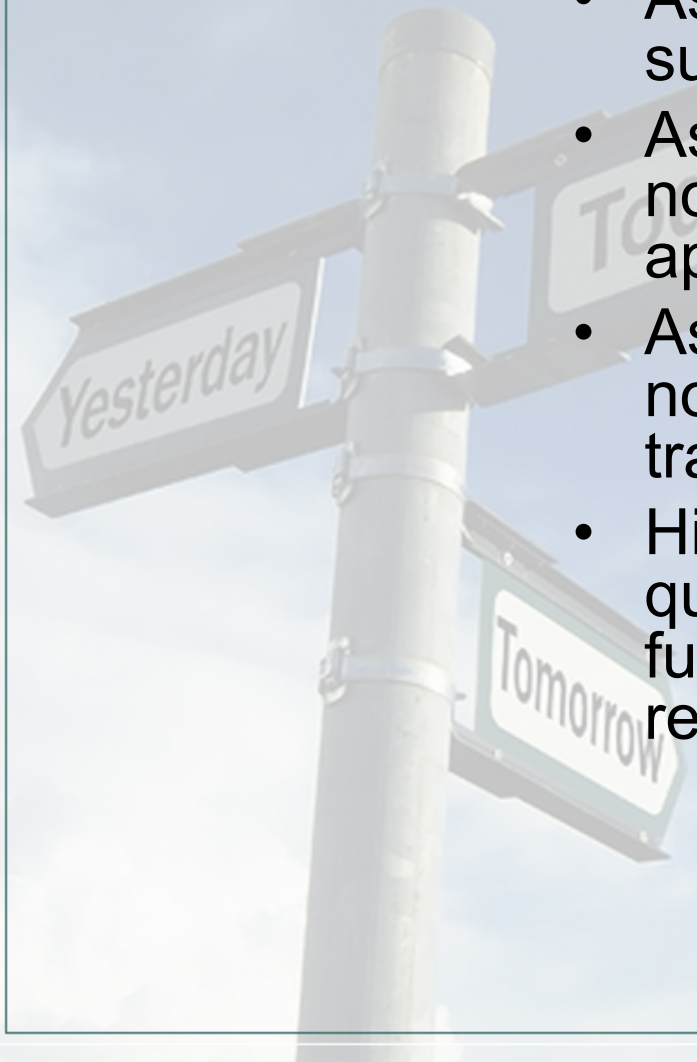


- 1619b
- PASS
- TTW
- MBI-WPD
- Section 301
- Loan Forgiveness
- 55B
- Bonding

Hiring Do's

- Evaluate each candidate for the job based on whether he or she has met the employer's requirements for the job, such as education, training, employment experience, skills or licenses.
- Consider whether a person with a disability can perform the essential functions of the job, with or without a reasonable accommodation.
- Recognize that there are often many ways to accomplish the same task.

Hiring Don’ts



- Assume that certain jobs are more suited to persons with disabilities.
- Assume that a person cannot or does not want a particular job because of apparent or non-apparent disabilities.
- Assume a person with a disability does not have the requisite education and training for a job.
- Hire a person with a disability who is not qualified to perform the essential functions of a job, even with a reasonable accommodation.

Interviewing

- How and when might you share your story with someone?
- What is the greatest barrier to recovery? How would you overcome it?
- Who can recover?
- Given the changing roles, where will you go for support?

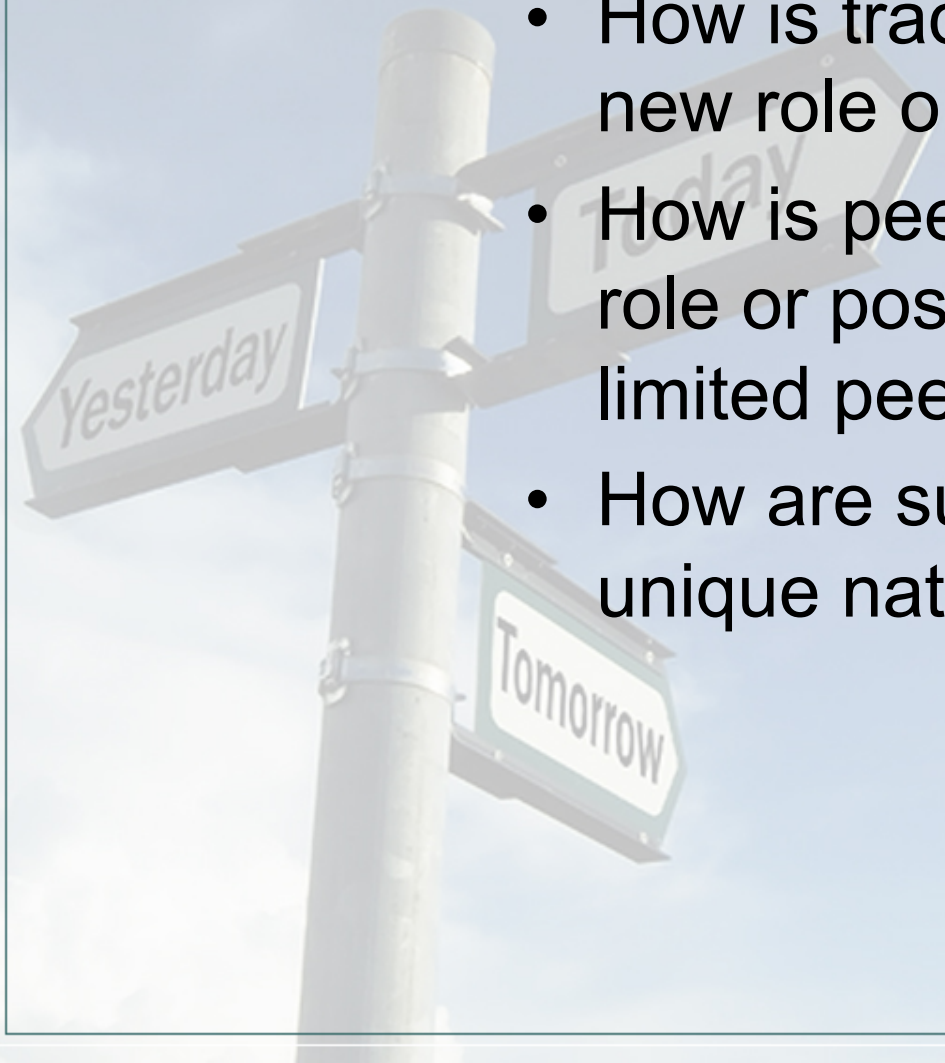
Hiring Peers with Backgrounds

Everything you need to know about

Criminal History Background Checks for Employment or Volunteer Service

Prepared and published by the Bureaus of

Orientation

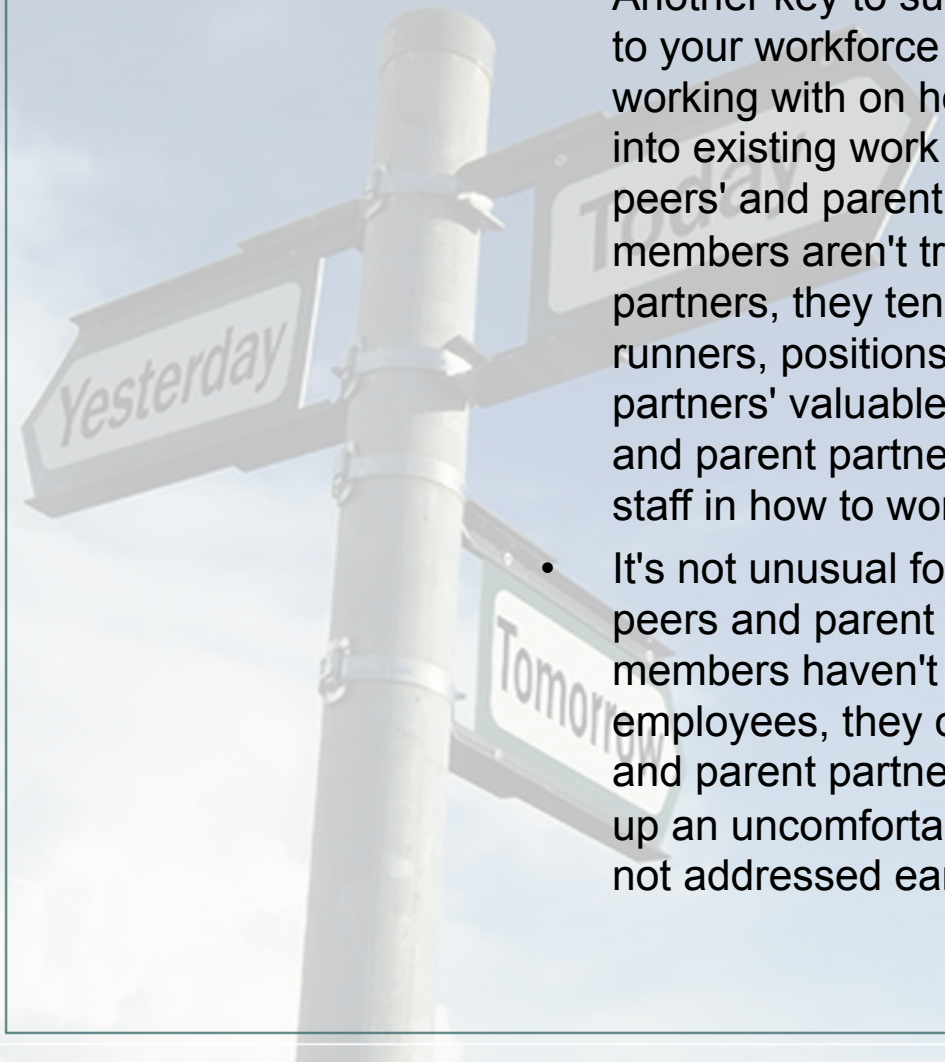


- How is traditional staff oriented to new role or position?
- How is peer staff oriented to new role or position when agency has limited peer staff experience
- How are supervisors oriented to the unique nature of the peer position

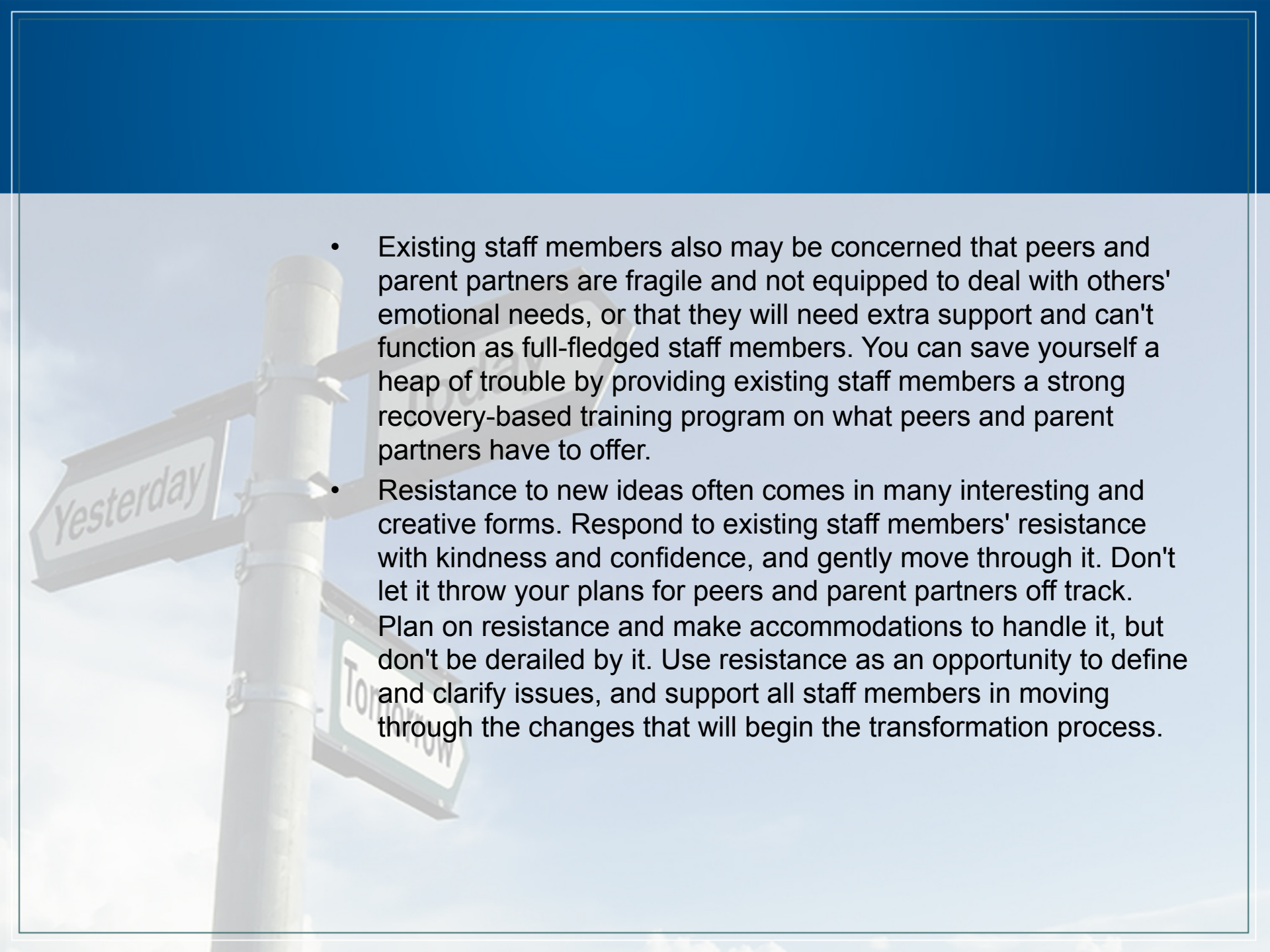
Special Training Considerations

- Hatch Act
- Social Media Considerations
- Appearances

Training Other Staff Members



- Another key to successfully adding peers and parent partners to your workforce is to train the staff members they will be working with on how to integrate peers and parent partners into existing work teams in ways that respect and maximize peers' and parent partners' contributions. If existing staff members aren't trained in how to work with peers and parent partners, they tend to see them as case aides or errand runners, positions that do not draw on peers' and parent partners' valuable skills and gifts. Ideally, the trainers of peers and parent partners also will be able to train the rest of your staff in how to work with these new faces.
- It's not unusual for existing staff members to resist adding peers and parent partners to the workforce. If existing staff members haven't been taught the role of these new employees, they often will jump to the conclusion that peers and parent partners eventually will take their jobs. This will set up an uncomfortable and tense dynamic hard to overcome if not addressed early.

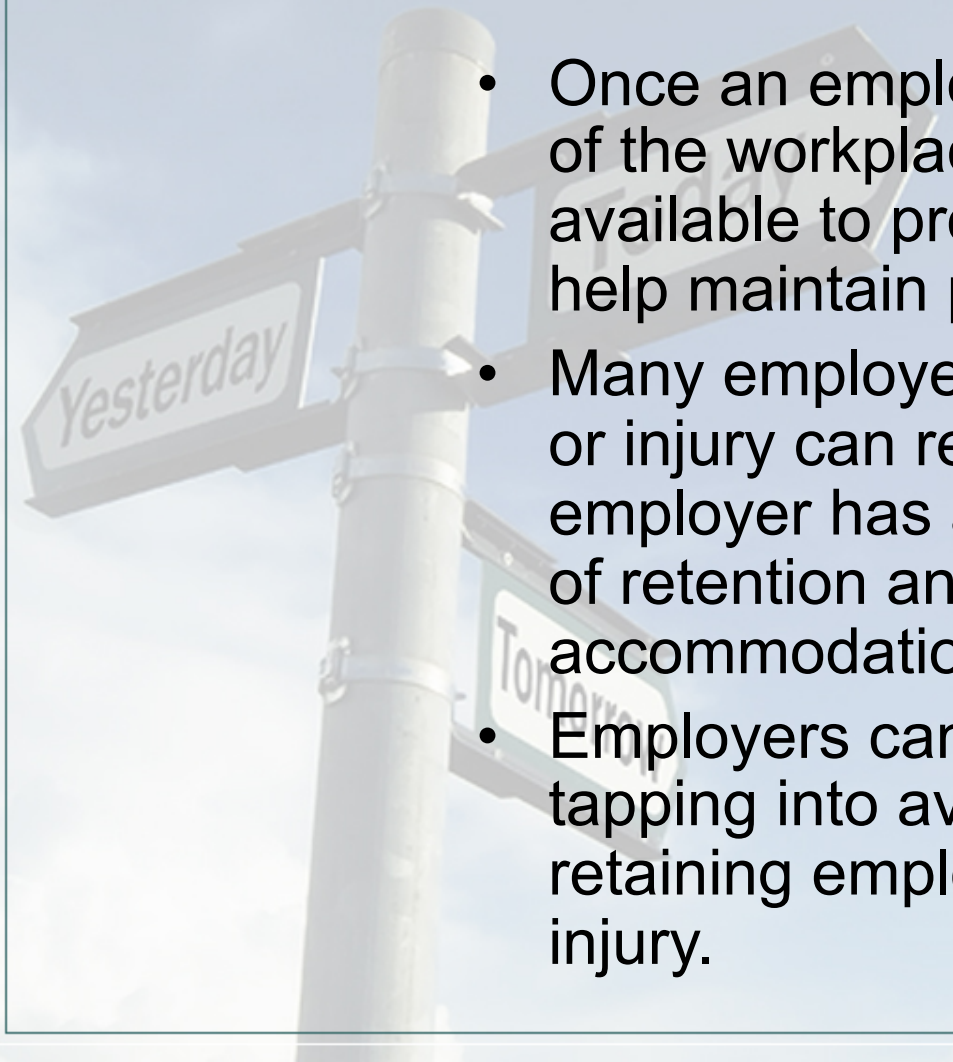


- Existing staff members also may be concerned that peers and parent partners are fragile and not equipped to deal with others' emotional needs, or that they will need extra support and can't function as full-fledged staff members. You can save yourself a heap of trouble by providing existing staff members a strong recovery-based training program on what peers and parent partners have to offer.
- Resistance to new ideas often comes in many interesting and creative forms. Respond to existing staff members' resistance with kindness and confidence, and gently move through it. Don't let it throw your plans for peers and parent partners off track. Plan on resistance and make accommodations to handle it, but don't be derailed by it. Use resistance as an opportunity to define and clarify issues, and support all staff members in moving through the changes that will begin the transformation process.

Ongoing Supervision and Support

- Maintaining the unique advantages of the position
- Providing ongoing staff support
- Insuring professional development
- Ensuring employment boundaries

Reasonable Accommodations

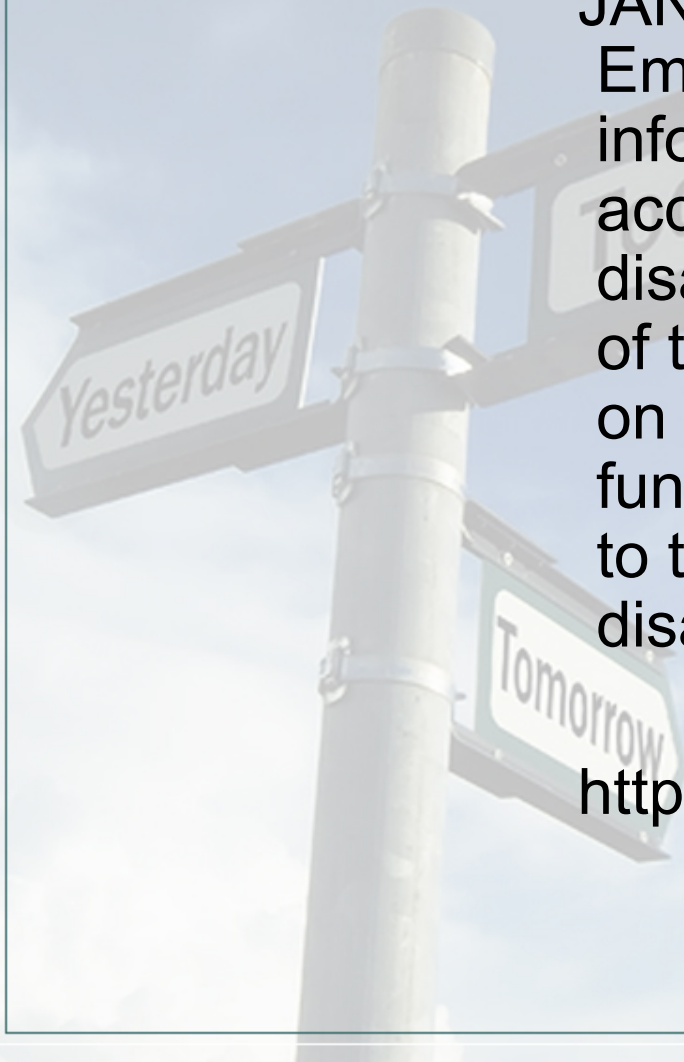


- Once an employee with a disability is a part of the workplace, there are many resources available to provide accommodations and help maintain productivity.
- Many employees who experience an illness or injury can remain on the job if an employer has an understanding of the value of retention and the availability of accommodations.
- Employers can save time and money by tapping into available resources on retaining employees after an illness or injury.

Addressing Reasonable Accommodation

- Addressing formal and "conversational" reasonable accommodation requests

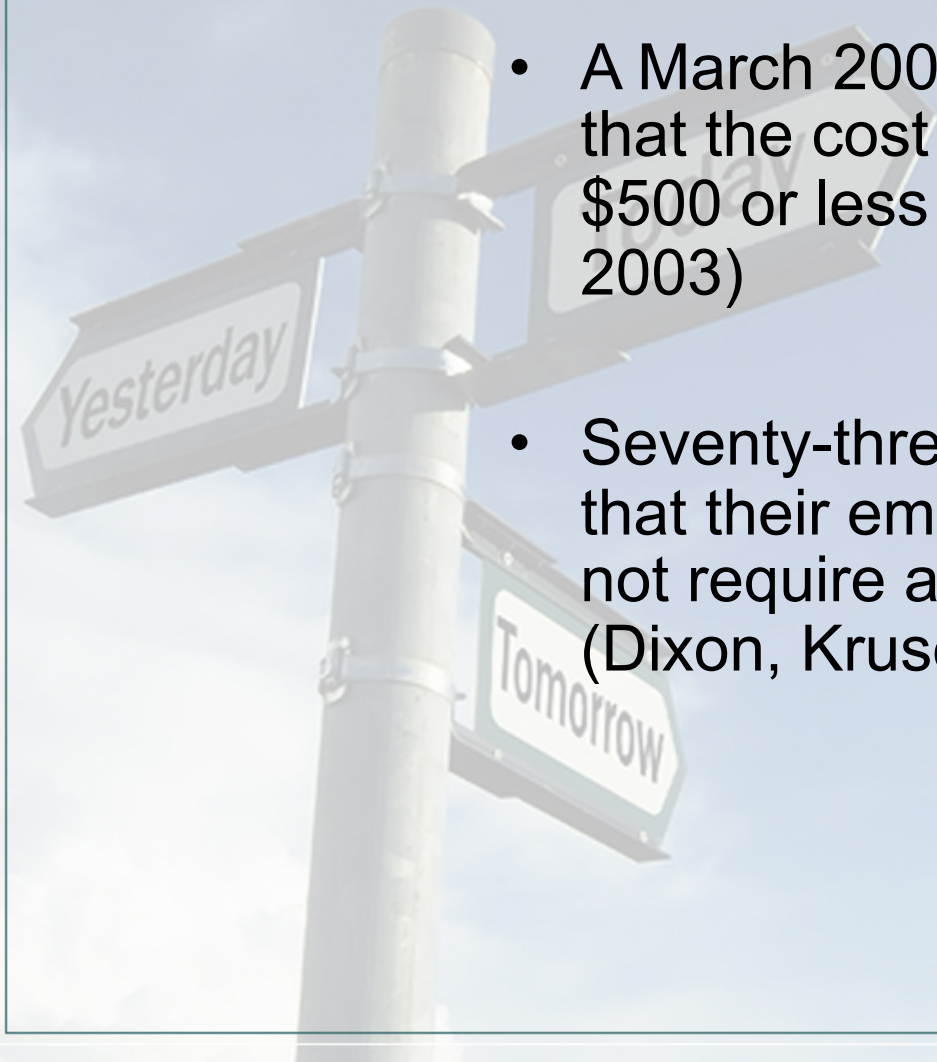
Job Accommodation Network (JAN)



JAN, a service of the Office of Disability Employment Policy, is a toll-free information and referral service on job accommodations for people with disabilities; on the employment provisions of the Americans with Disabilities Act; and on resources for technical assistance, funding, education, and services related to the employment of people with disabilities.

http://www.jan.wvu.edu/

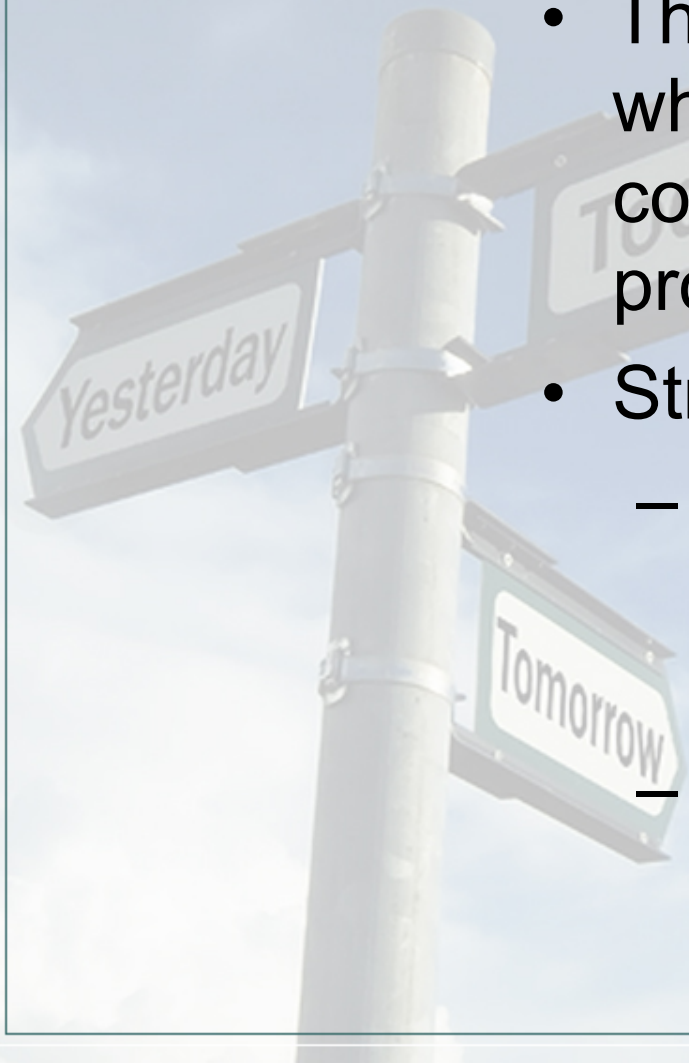
Facts about Reasonable Accommodations



- A March 2003 survey of employers found that the cost of accommodations was only $500 or less (Dixon, Kruse & Van Horn 2003)

- Seventy-three percent of employers report that their employees with disabilities did not require a accommodations at all (Dixon, Kruse & Van Horn 2003)

The Double Bind



- The individual may be in positions where they are not accepted by consumers or the mental health professionals.
- Strategy
  - Clarify personal values and maintain awareness when values disagreements emerge
  - Will need allies and support networks internal and external

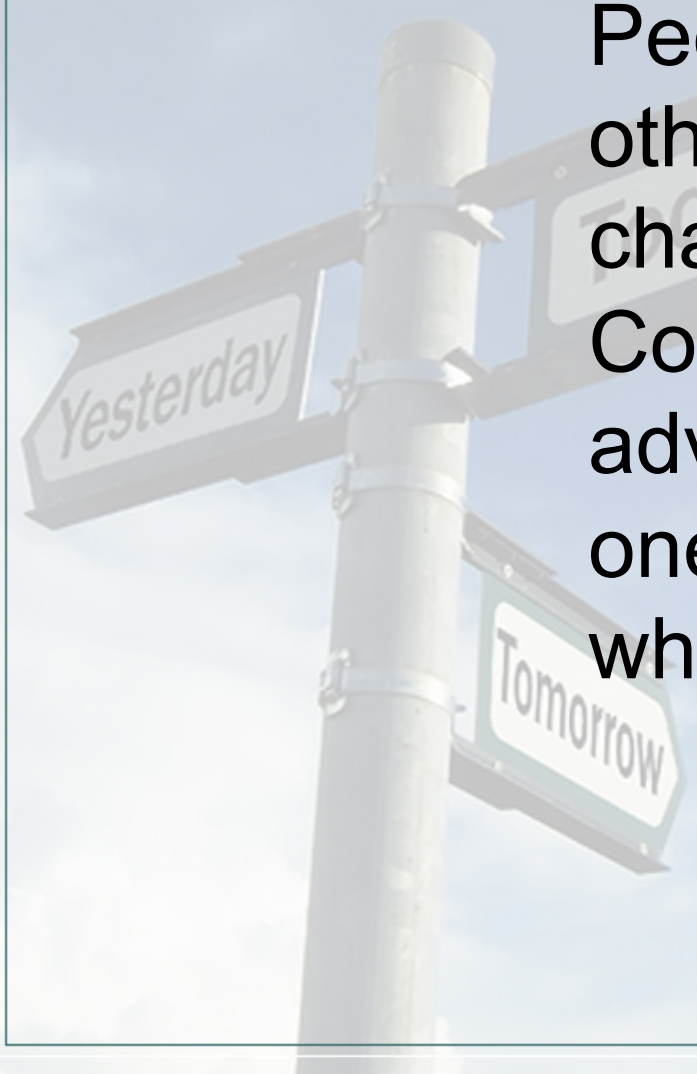
Health Insurance

- Special issues of contract employees
- Deductibles
- Coverage Gaps
- Strategy
  - Medicaid buy-in for working people with disabilities
  - Extended period of eligibility

Trust

Peers gaining the trust of staff. This hurdle will probably be experienced by most peer providers, even when staff has been adequately prepared. Not all staff will embrace the concept of peer provided services. The Planning and Advisory committee can provide support to the peer provider. This committee can also identify ways to work with resistant staff. Peer employees may learn to work closely with staff that are supportive and wait for others to follow when they are ready.

Working alone

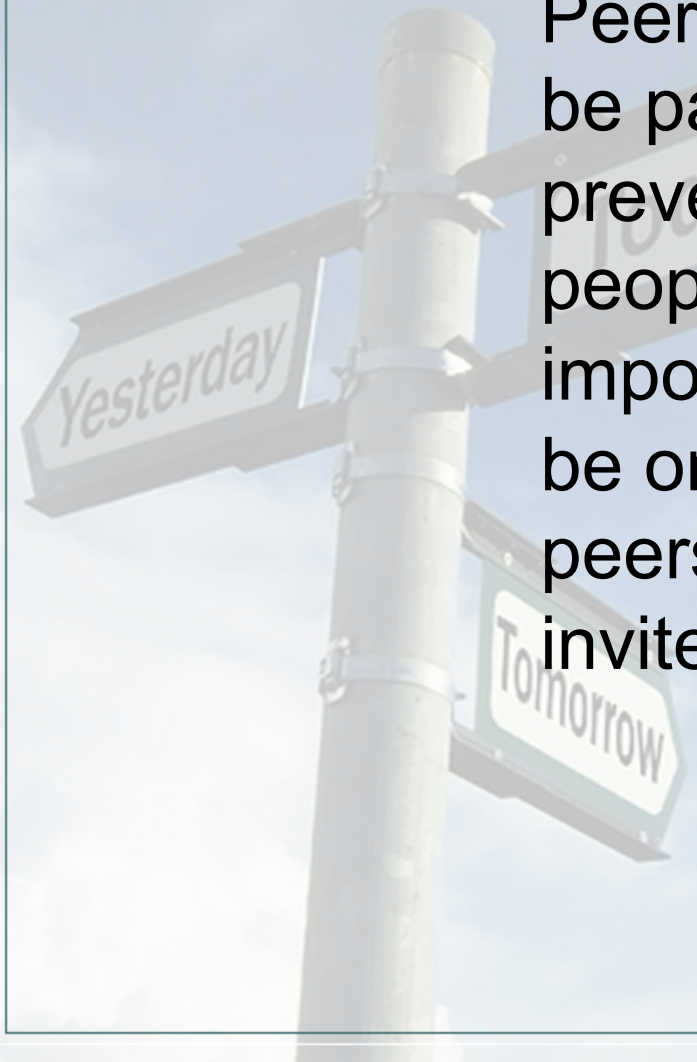


Peers working alone without other peer providers can be a challenge for many. Consequently, it is always advisable to have more than one peer provider on staff whenever possible.

Overworked, Overtired, Over-extended

Many peers work too many hours and do not take enough time to rest and relax. Often peers take on too many responsibilities or they don't know how to pace themselves. It will be important for supervisors to assist individuals with their workload and help a peer provider that might be experiencing difficulties such as "letting go" of a situation or person.

Serving on too many committees



Peer employees are often asked to be part of every committee, which prevents them from interacting with people whom they are serving. It is important that they not be asked to be on every committee but that other peers in the community could also be invited to serve in this way.

Inflexible job duties

It is recommended that a job description include basic duties but that after someone is on the job for a sufficient time period, a work plan can be developed and reviewed periodically jointly by the peer provider and supervisor. A work plan should allow for flexible duties involving the peer employee's special interests, skills, and creativity.

Fear of speaking up

Peer providers may not always feel safe to speak up about observed mistreatment or abuse for fear of retribution or losing status. It is for this reason that there must be an administrator with whom they have easy access and can report problems confidentially.

Potential Traps

- Tokenism
- Spokesperson
- Cooptation
- Paternalism

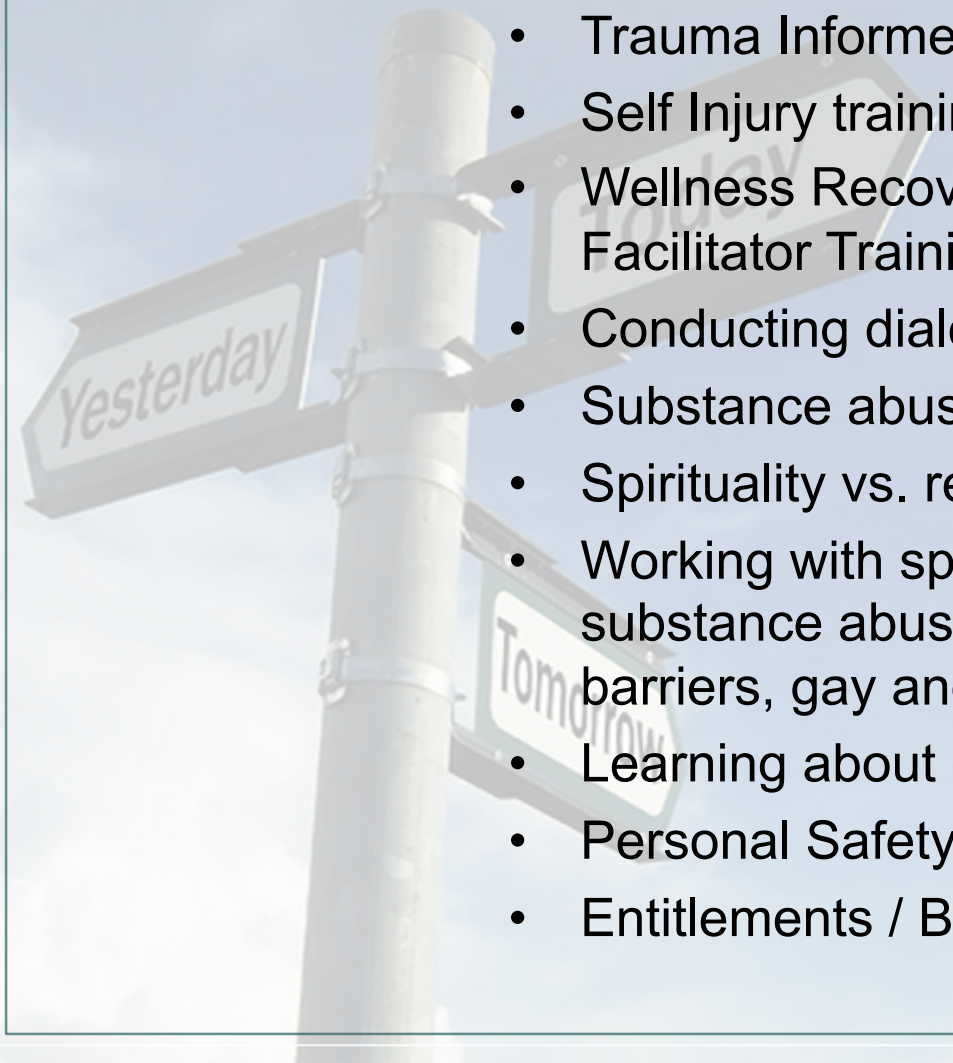
Ongoing Challenges

- Dealing with illness / time off
- Disclosure
- Boundaries
- Entitlements
- Pathologizing behavior

Core Competencies

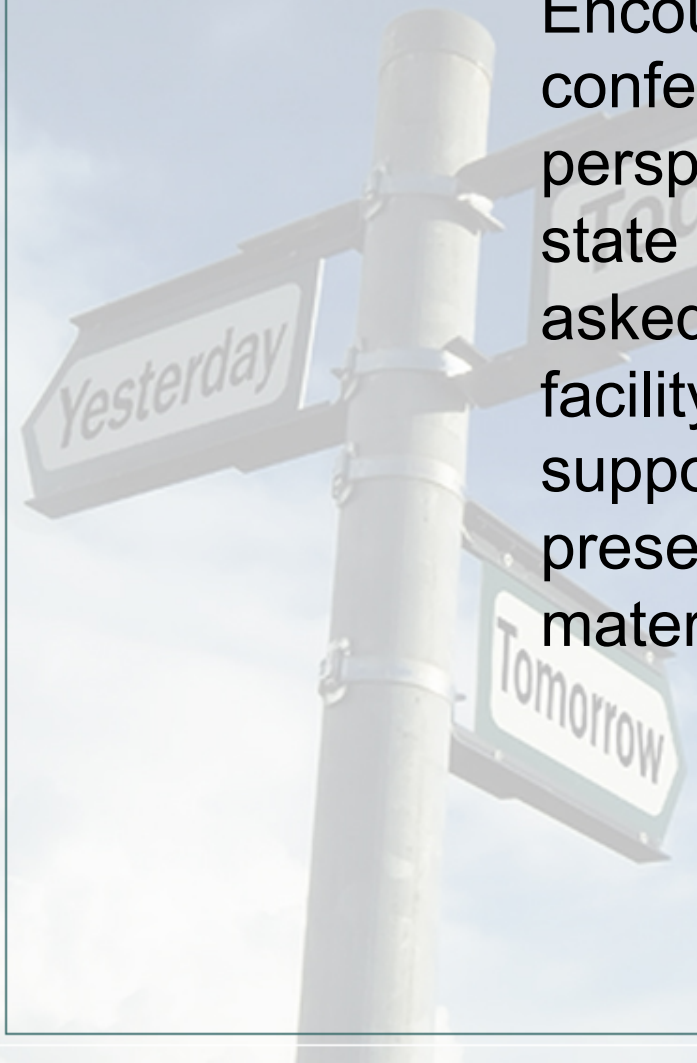
- Basic Recovery Concepts
- Assessment for crisis and risk of suicide; legal ramifications
- Ethics and Boundaries (can sometimes be more flexible for peer providers)
- Confidentiality
- Seclusion and restraint prevention
- Rights and Responsibilities
- Active listening and communication skills
- Reasonable Accommodations (ADA)
- Basic advocacy skills—helping an individual to self-advocate
- Medications, diagnoses, and treatments
- Group facilitation skills
- Understanding peer support, concepts and skills
- Cultural Competency
- Telling your story effectively and when appropriate (self-disclosure)

Ongoing Training



- Trauma Informed Care
- Self Injury training
- Wellness Recovery Action Plan (WRAP) Facilitator Training
- Conducting dialogues and role play skills
- Substance abuse issues
- Spirituality vs. religion
- Working with special populations, e.g., forensic, substance abuse, cultural differences, language barriers, gay and lesbian and transgender
- Learning about community resources
- Personal Safety Plans
- Entitlements / Benefits

Develop training that uses peer providers' expertise to train other staff on issues of recovery, trauma informed care, advocacy, wellness promotion and other related topics.

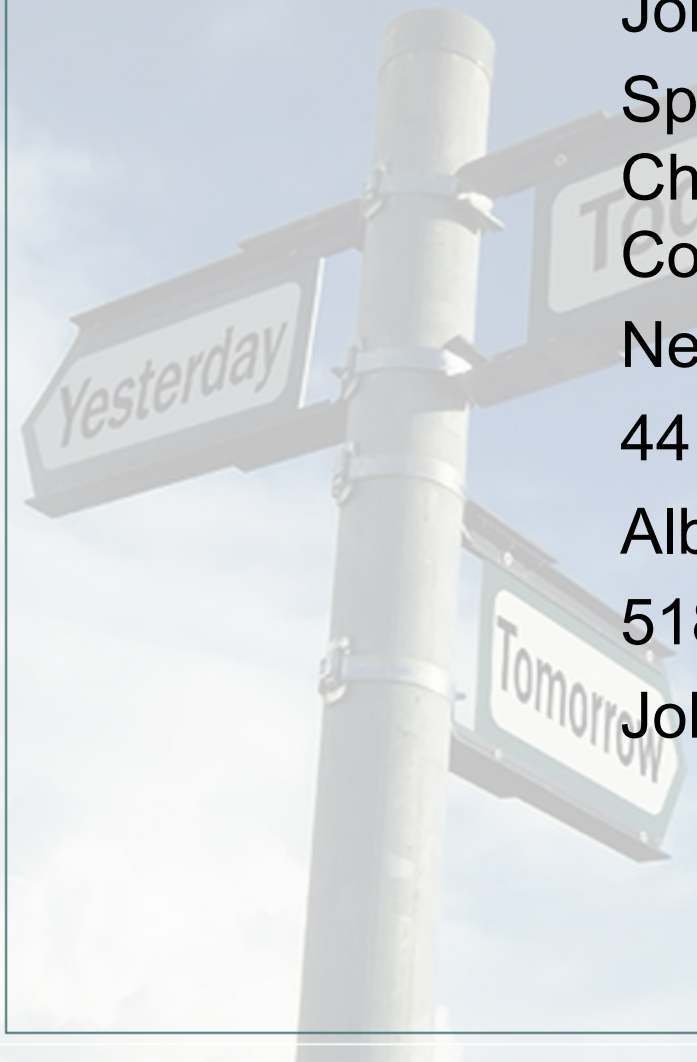


Encourage peer employees to participate in conferences that relate to consumer perspectives outside of the hospital, local, state and national. Often, peers will be asked to be workshop presenters; the facility can help by providing resources and support for them to develop their technical presentations (such as Power Point) or materials for this purpose.

Career Ladder

- Do we have professional growth and development opportunities for peer staff with an identifiable career ladder for them.

Questions????



John B. Allen Jr.

Special Assistant to the Commissioner / Chair Governors Employment First Commission

New York State Office of Mental Health

44 Holland Avenue

Albany, New York 12229

518-473-6579

John.Allen@omh.ny.gov