

CORE COMPETENCIES FOR AGENCIES THAT EMPLOY PEER SUPPORT WORKERS

The Substance Abuse and Mental Health Services Administration (SAMHSA) recognizes that over the past decade, behavioral health systems across the United States have begun to move toward more recovery-oriented approaches to help people with mental health and substance use conditions recover and gain access to important community roles. It is insufficient to offer recovery-oriented services within a traditional service system. Instead, it is necessary to change the service system structure to bring about a truly recovery-oriented service system.

The core competencies all organizations must possess to ensure the success of peer-provided services include:

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

RECOVERY-ORIENTED WORK CULTURE

A recovery-oriented work culture – arguably, the most important of the above elements – is explained in greater detail below:

- Services focus on reducing disability, and improving quality of life (not merely eliminating all objective symptoms of a particular disorder/diagnosis)
- Encourages individuality
- Promotes accurate and positive portrayals of psychiatric disability, while fighting discrimination
- Focuses on strengths
- Uses a language of hope and possibility
- Offers a variety of options for treatment, rehabilitation, and support
- Helps people develop valued social roles, interests, and hobbies

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- Effectively engages stakeholders
- Actively involves service users, family members, and other natural supports in the development and implementation of programs and services
- Encourages user participation in advocacy activities
- Builds buy-in and facilitates connections amongst groups representing various interests

IMPLEMENTING ESSENTIAL ORGANIZATIONAL CHANGES TO SUCCESSFULLY INTEGRATE PEERS

SAMHSA has provided recommendations on exactly **how** to accomplish the integration of peer support workers into traditional behavioral health settings. Most notably, the integration and inclusion of peer staff should be accomplished thoughtfully and systematically, to ensure all actors within the existing workplace are aware of these changes and the goals served by the incorporation of peers. When the agency's vision for transformation is not adequately communicated and sufficient buy-in is not generated **before** peers come aboard, organizations will likely expend valuable time and precious resources addressing the problems that will inevitably result from the lack of thoughtful prior planning.

The culture of the entire organization is impacted when peers are hired. Change is hard and takes time and consistent effort to accomplish. There will always be individuals who are more comfortable with the status quo. But change is a necessary component of growth and systems improvement. Introducing peers into an organization is often challenging. To successfully integrate peers, it is important to follow some guidelines:

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

Planning for organizational transformation must address all aspects of the current system to identify potential barriers and anticipate objections. System-wide planning ensures the agency is truly committed to the onboarding of peers and making necessary changes so peers are welcomed and supported as vital contributors. For example, policy, workforce development practices, peer staff training and education, data collection, outcomes and performance management, and communication methods should all be evaluated prior to implemented changes.





LAYING THE FOUNDATION

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

POLICY

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

WORKFORCE DEVELOPMENT

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





PEER LEADERSHIP

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

RESEARCH AND OUTCOMES

- Create a mechanism for peers and people in recovery to define outcomes and train people to understand them;
 - Ensure data collected captures desired recovery outcomes;
 - Increase the accessibility of data by using creative ways to share the information (e.g., fact sheets, intranets, podcasts);
 - Establish new data systems which are integrative to create concurrent monitoring and data collection;
 - Increase funding for research into recovery-oriented practices and peer-provided services.
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AGENCY POLICIES AND PRACTICES THAT ADDRESS THE 13 PSYCHOSOCIAL RISK FACTORS AT WORK

The 13 organizational factors below have been identified by researchers at Simon Fraser University and are shown to have the greatest impact on organizational health, the health of individual employees, and organizational costs, including the way work is carried out and the context in which work occurs.

PSYCHOLOGICAL SUPPORT

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

POSITIVE ORGANIZATIONAL CULTURE

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





CLEAR LEADERSHIP & EXPECTATIONS

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

CIVILITY & RESPECT

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

GOOD PSYCHOLOGICAL JOB FIT

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

GROWTH & DEVELOPMENT

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

RECOGNITION & REWARD

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

INVOLVEMENT & INFLUENCE

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

WORKLOAD MANAGEMENT

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

EMPLOYEE ENGAGEMENT

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

WORK-LIFE BALANCE

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





PSYCHOLOGICAL PROTECTION

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

PHYSICAL SAFETY

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

CORE PRINCIPLES AND VALUES OF PEER-PROVIDED SERVICES

SAMHSA has developed a list of principles or values that guide the way in which identified core competencies are to be performed by peer workers. All competencies are to be performed in a manner that aligns with the principles of recovery-orientation, person-centered, non-coercive, trauma-informed, and relationship-focused. These principles of peer support are a synthesis or summary of principles and values that have been described in various documents about peer support.

RECOVERY-ORIENTED

- Peer support provides a hopeful framework for the person to envision a meaningful and purposeful life, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED

- Peer support is directed by the person participating in peer support service. Peer support is personalized to meet the specific hopes, needs and goals of an individual.

NON-COERCIVE

- Peer support never involves force and participation in peer support is always voluntary.

RELATIONSHIP-FOCUSED

- Peer support centers on the affiliation between peers. Characteristics of the relationship are: respectful, empathetic, and mutual.

TRAUMA-INFORMED CARE

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