Behavioral Health & Wellness Program

University of Colorado Anschutz Medical Campus
School of Medicine

DIMENSIONS: Peer Support Program Toolkit

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The DIMENSIONS: Peer Support Program Toolkit was developed by the University of Colorado Anschutz Medical Campus, School of Medicine, Behavioral Health and Wellness Program

June 2015

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Acknowledgements:

This project was made possible through funding provided by the Colorado Department of Public Health and Environment (CDPHE).

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Overview

1. Why Focus on Peer Support Programs?
2. About This Toolkit

Why Focus on Peer Support Programs?

Over the past decade, the concept of recovery has taken center stage in many arenas from the healthcare industry to social service organizations to the justice system. Recovery is defined as the process of returning to a normal state after a period of difficulty. Researchers have expanded upon this definition to capture the complex and encompassing nature of the recovery process. For example, recovery has been described as a "deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by illness."[1] Thus, recovery is the process of demonstrating resiliency through the recognition that life is broader and more meaningful than any one condition, illness, or circumstance.

As organizations change their focus to recovery and resiliency, there is a corresponding shift towards the engagement of individuals as informed and decisive directors in their lives. For example, within the healthcare system, the more "activated" a person is, the better able they are to manage their conditions. This can lead to better health, a higher quality of life, and more satisfaction with their care.[2,3,4] This approach, often called "self-management," recognizes an individual's ability to choose behaviors that support their health and well-being.

This self-management approach has been successfully implemented in the treatment of a variety of chronic physical health conditions,[5] behavioral health conditions,[6,7,8,9] comorbid medical conditions among individuals with behavioral health conditions,[10] as well as with specific populations including justice involved individuals[11,12,13] and the military.[14,15]

About This Toolkit

Who is this toolkit for?
This toolkit is designed for use by a broad spectrum of organizations, including hospitals, healthcare clinics, and community agencies. Organizations that serve populations that would benefit from a peer support program, such as behavioral health, chronic medical conditions, justice-involved, military, and homeless are encouraged to utilize this toolkit. These materials are intended for administrators, healthcare providers, support staff, and, of course, peer specialists.

The information in this toolkit is based on the most up-to-date research in the field as well as the collective expertise of the BHWP team who have helped successfully develop and expand peer support programs in physical and behavioral healthcare settings and other community agencies across the U.S.

How do I use this toolkit?
This toolkit contains evidence-based information about the effectiveness of peer support programs, the important role peers can plan in an organization as well as step-by-step instructions to create a successful and sustainable peer support program. Use the worksheets contained within this toolkit to support your organization's process as you develop and implement your peer support program.

This shift in attention toward recovery and self-management highlights the important role that individuals play in their own recovery as well as in the recovery journeys of their peers. After all, if we believe that individuals need to be active change agents to achieve recovery, then it follows that these individuals are uniquely positioned to inspire and empower people with a shared experience. Peer specialists are people who are trained to use their recovery experiences to help guide others who are not as far along in their own journeys towards wellness.

While many organizations may recognize the value and importance of incorporating peer support personnel into their teams, strategies to create effective and sustainable programs are less well known. The purpose of this toolkit is to provide evidence-based information to help individuals and organizations understand the value of adding peer specialists to their teams. Additionally, this toolkit provides practical tools and step-by-step instructions to plan for, implement, and sustain a successful peer support program.

Peer support services are considered "evidenced-based" by the Centers for Medicare and Medicaid Services and a "critical pathway" of increasing client involvement in behavioral healthcare by the New Freedom Commission on Mental Health.

PROGRAM PLANNING TOOLBOX

The Program Planning Toolboxes contain activities to engage you in the process of implementing a peer support program. Take time to complete these activities. The information you gain can provide insight and awareness, direct your focus, and guide your actions.

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What is a Peer Specialist?

1. Principle Activities of a Peer Specialist
2. Core Concepts

What is a Peer Specialist?

The Substance Abuse and Mental Health Service Administration (SAMHSA) provides the following definition: "A peer specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency."[1]

While this definition focuses on those in the behavioral health or addictions treatment settings, peer specialists may work in a variety of other settings, provided that they have core experiences in common with the population served (e.g., chronic health conditions, justice involved, homeless, military). Thus, a broader description may refer to specially trained or certified individuals who have committed to and maintained recovery from their condition(s) for a period of time, often over one year.

This does not necessarily mean that the peer specialist is free from all symptoms or problems. Rather, their symptoms do not significantly impact their daily functioning. Other markers of recovery that suggest an individual is appropriate for a peer specialist position include:

1. Independent living;
2. Engagement in meaningful relationships;
3. Effective management of health and mental health conditions;
4. Maintenance of sobriety;
5. Participation in practices that support self-care, health, and overall well-being.

Peer specialists may be found in settings such as community mental health centers, homeless shelters, VAs, social service organizations, jails/prisons, addiction treatment centers, hospitals, and drop-in/community centers. Many states require peer specialists to engage in ongoing training or education (e.g., CEUs) to maintain certification.

Principle Activities of a Peer Specialist

While the role of a peer support worker varies based on the setting and its unique needs, peer specialists typically engage in the following activities:

Provide Support and Advocacy Peer specialists work with peers to connect them to resources in the community. They coach their peers around how to independently identify needs and access resources. In addition, peer specialists advocate for their peers in treatment settings and within the community.

Role Model Recovery Peer specialists have a wealth of experience navigating their own recovery journeys. By sharing their stories and modeling healthy, effective decision-making in peer relationships, they can inspire others to do the same.

Facilitate Positive Change The spirit of recovery and resilience is grounded in hope and optimism. As such, peer specialists work to motivate their peers through positive means, highlighting strengths and resources. They can facilitate change through goal setting, education, and skills building.

Role Model for Recovery

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. It is guided by the above principles.[2]

The peer support model is grounded in the belief that "significant interpersonal relationships and a shared sense of community lay the foundation for the process of healing."[3] At its best, a peer relationship can facilitate and enhance a person's recovery. It can also provide increased meaning and purpose in the life of a peer specialist.[4]

Since peer specialists freely identify as being in recovery, they actively work to reduce stigma and inspire others in their process of recovery. They strongly uphold the values of recovery and resiliency, and they serve as role models for wellness, responsibility, and empowerment. Throughout all interactions, peer specialists communicate warmth, empathy, and a non-judgmental stance. They provide support and guidance without telling their peers what they should do.

This unique relationship is considered "a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement on what is helpful."[5] While precise job descriptions vary widely across agencies, peer specialists focus heavily on the identification of strengths, skill building, effective symptom management, and goal setting among those with whom they work. In addition, they often provide outreach, advocacy, social and logistical support, and education.

Stigma and Peer Specialists

Stigma involves implicit and explicit stereotypes that people hold toward individuals. These stereotypes can lead to prejudice and ultimately, discrimination. There are two types of stigma for people in recovery, public stigma and self-stigma.

Stigma held by the general public towards people in recovery, or **public stigma**, is associated with avoidance, discriminatory practices, withholding help, coercive treatment, and segregated institutions.[6]

Self-stigma involves the internalized belief of a negative stereotype related to one's condition. The effect of self-stigma on a person's identity and self-image can lead to hopelessness that is often more disabling than the original condition. It can also negatively affect self-esteem, empowerment, and relationships, as well as an individual's ability to pursue meaningful life goals and/or engage in effective treatment.[7,8,9]

The most effective way to reduce stigma is through direct, personal contact with the stigmatized group.[10] As such, peer specialists can effectively reduce self-stigma through their peer support role. At the same time, they can reduce public stigma through advocacy and outreach efforts.

Titles and Settings for Peer Specialists

While peer specialist is a term commonly used in behavioral health settings, there are many titles for individuals who work in the peer support role. These titles often change based on the setting and community in which the peer works.

Alternative Titles:

Peer Support Specialist
Recovery Support Specialist
Healthcare Navigator
Whole Health Coach
Community Health Worker
Peer Navigator
Peer Advocate
Peer Mentor
Peer Educator
Peer Leader
Peer Counselor
Recovery Coach
Lay Health Advisor
Consumer Provider
Patient Navigator
Forensic Peer Specialist
Consumer Case Manager
Promotoras
Firestarters

Possible Job Settings:

Community Mental Health Centers
Vocational Rehabilitation Centers
Social Service Organizations
Behavioral Healthcare
Public Health Agencies
Shelters
Veteran's Affairs
Churches
Jails and Prisons
Addiction Centers
Primary Care Clinics
Hospitals
Drop-in Centers
Clubhouse
Community Centers

Core Concepts

As the field of peer specialists expands, questions have been raised about training policies and procedures. National standards and a unified credentialing process could increase legitimacy, professionalism, and/or competency in the field, although there may be some concern that rigorous guidelines could deter people from seeking certification and possibly detract from the uniqueness and personalization of the role.

To date, there are no national credentials for the field; however, the International Association of Peer Supporters (iNAPS) recently issued National Practice Guidelines for peer specialists in the behavioral health field in an effort to increase understanding of and appreciation for the peer support worker role, as well as work toward standardization among credentialing agencies. It could certainly be argued that these core ethical guidelines may be considered guiding principles, regardless of the specific setting or title of peer provider.

National Practice Guidelines for Peer Supporters

- Peer support is voluntary, mutual and reciprocal, equally shared power, strengths-focused, transparent, and person-driven.
- Peer supporters are open minded, empathetic, respectful, honest, and direct.
- Peer supporters facilitate change.

Visit this link to access a downloadable copy of the National Practice Guidelines for Peer Supporters: http://inaops.org/national-standards/

In addition to the National Practice Guidelines, there are a number of guiding principles that direct the practice of peer support.

Confidentiality

All peer specialists must adhere to strict confidentiality in their work. While the relationship between a peer specialist and client is open, honest, and transparent, it also falls under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This law mandates that the peer relationship is private and information cannot be shared with individuals outside of the system or organization without a signed release of information form.

Recovery

Recovery is a unique and personal process of reestablishing and/or developing new meaning and purpose in one's life after a period of illness or decompensation. It involves a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Precise definitions and elements of recovery vary widely, and it is important to note that current notions of recovery are based in European American notions of personhood that are both egocentric and individualistic. As such, much of the research and focus on recovery typically does not attend to social, cultural, and political contexts. For recovery to be fully realized, we must be considerate of the "social context and cultural systems of value and meaning," as well as pay close attention to "local contexts and values that define healthy and fulfilling life goals, roles, and trajectories."[11]

It is useful to think of recovery as not just the absence of illness but as achieving health across a multitude of dimensions. Whitley and Drake (2010)[12] promote a recovery model composed of five dimensions including:

- Clinical – reduction and/or control of symptoms
- Existential – hope, responsibility, self-direction, empowerment, spirituality
- Functional – effective participation in daily life domains, such as housing, employment, and education
- Physical – physical health and well-being
- Social – establishing and maintaining relationships, such as family, friends, peers, and co-workers

Social Connection

The need to belong and engage in healthy interpersonal relationships is important for all individuals. The lack of meaningful attachments can be linked to a variety of problems in health and well-being.[13] Evidence clearly suggests that social relationships and integration impact physical health, health habits, and mortality.[14,15] In fact, a recent review found that the influence of social relationships on mortality risk is comparable with other well-established risk factors: social isolation was found to be twice as harmful as obesity, more harmful than not exercising, and roughly equivalent to daily smoking.[16] Social supports have also been shown to buffer against the effects of stress and prevent behavioral health conditions such as depression and anxiety.[17] Social integration positively affects self-esteem and coping by providing emotional support and companionship.[18]

Some of the most difficult aspects of an illness or condition—particularly one that involves stigma, such as a behavioral health—can be the damage to self-esteem and the erosion of one's identity as an individual and in relation to others. Pettie and Triolo (1999)[19] suggest that rebuilding personal and social identity is a fundamental component in the recovery process. In essence, recovery can be understood as a social process.[20] And a vital piece of that process involves connecting people with their social world.[21] A peer relationship is often considered a safe place to begin this process, as there is typically a level of acceptance, understanding, and validation not found in many other relationships.[22]

Resilience

Resilience is the ability to adapt to life-changing situations and stressful conditions. It is the ability to "bounce back" in the face of a challenge, which can guard against feelings of hopelessness or defeat. This does not mean that an individual does not feel pain or experience trauma. Rather, it means that the individual is able to move forward with competence and hope despite discomfort and distress. Studies show that there is nothing extraordinary about those who demonstrate resilience. In fact, "resilience does not come from rare and special qualities, but from the everyday magic of ordinary, normative human resources."[23]

Furthermore, resilience is not a stable trait; it involves behaviors, thoughts, and actions that can be learned and/or enhanced by anyone. For example, making connections with others, taking care of oneself emotionally and physically, and setting/moving toward goals are all ways to build resilience. It is commonly understood that the presence of at least one caring and supportive relationship is one of the most important factors in fostering resilience among people. By definition, peer specialists embody the spirit of resiliency. In turn, they work to identify and enhance resilient traits in their peers.

> "To me, being recovered means feeling at peace, being happy, feeling comfortable in the world and with others, and feeling hope for the future. It involves drawing on all my negative experiences to make me a better person. It means not being afraid of who I am and what I feel. It is about being able to take positive risks in life. It means not being afraid to live in the present. It is about knowing and being able to be who I am."[24]

Self-Management

Self-management involves taking an active role in one's recovery and wellness. Self-management programs for people with chronic medical conditions have been touted by the Institute of Medicine (IOM) as a critical component of patient-centered care, and these programs have been shown to lead to a host of positive changes.[25] Similarly, the behavioral health field has implemented various programs, including the Illness Management and Recovery program (IMR) and Wellness Recovery Action Planning (WRAP). These programs are designed to empower clients in their recovery journeys. Research suggests that these programs can be quite successful, particularly when peer-led.[26]

Regardless of the setting or delivery method, successful self-management involves several skills, including: problem-solving, decision-making, resource utilization, forming consumer/provider partnerships, taking action, and self-tailoring.[27] A primary function of peer specialists involves modeling and fostering self-management skills amongst their peers. A recent cluster randomized, controlled trial in the Veterans Health Administration (VA) found that clients working with a peer specialist demonstrated significant improvement in activation – a measure of knowledge, skill, and confidence in health self-management – around their behavioral health condition.[28] Higher levels of activation lead to a variety of positive behavioral changes in self-management of chronic conditions,[29] adding to the literature that indicates peers improve treatment participation and outcomes.[30,31]

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Why Should We Hire Peer Specialists?

1. Benefits of Working With a Peer Specialist
2. Benefits of Working As a Peer Specialist
3. Common Myths about Peer Specialists

Why Should We Hire Peer Specialists?

Peer support programs are effective. Research reveals positive effects of these programs for both program participants and peer support providers.[1,2] Furthermore, peer specialists are equally as effective as other healthcare providers at stabilizing clients[3,4] and perhaps more effective at quickly engaging clients who are most resistant and/or alienated from the healthcare system.[5]

A literature review found that peer specialists are uniquely qualified to enhance several aspects of recovery including hope, empowerment, self-esteem, self-efficacy, social inclusion, and engagement.[6] They also reduce internalized stigma and promote empowerment and inclusion through the development of personal identity with peers.[7] As such, this has led to the classification of peer support as an evidenced-based intervention, as well as inclusion of peer support in various treatment settings both nationally and internationally.

Benefits of Working WITH a Peer Specialist

1. Increased engagement and activation in treatment;[8,9,10,11,12,13]
2. Increased empowerment and hope;[14,15,16,17,18]
3. Increased satisfaction with and quality of life;[19,20,21]
4. Decreased self-stigma;[22]
5. Reduced use of inpatient services;[23,24,25,26,27]
6. Increased social functioning;[28,29]
7. Increased community engagement;[30,31]
8. Decreased hospitalization.[32]

Benefits of Working AS a Peer Specialist

1. Increased knowledge;[33]
2. Increased sense of empowerment and self-worth;[34,35]
3. General improved quality of life;[36]
4. Increased stabilization and resilience;[37]
5. Increased financial independence and less reliance on benefits.[38]

The benefits of the peer relationship are reciprocal.[39,40,41] Peer specialists often facilitate their own recovery and deepen their sense of resiliency and self-efficacy as they pursue meaningful work and make a positive impact on others.[42] In fact, peer specialist training alone has been linked to positive shifts in empowerment, attitudes toward recovery, and self-concept.[43] Working as a peer specialist also increases the chances of continued work opportunities and enhanced personal recovery. Quite simply, hiring peer specialists is a win-win: both the program participant and the peer support provider benefit from the relationship.

Common Myths About Peer Specialists[44]

Myth: Peer specialists will relapse.

Fact: Peer specialists are no different than any other employee who is managing a chronic condition. They are held to the same standards of professionalism and provided the same benefits and independence in managing their health. Thus, if a peer specialist experiences symptoms that interfere with their ability to perform job expectations, the person will be afforded leave to attend to health needs. All members of a treatment team will be ill or take leave at some point during their tenure, and it is expected that co-workers and clients will accept this and adjust accordingly. There is no evidence that the demands of work exacerbate health conditions or lead to relapses among peer specialists. In fact, meaningful, competitive work may serve to enhance recovery. Research indicates that employment is linked to beneficial effects on clinical and social functioning.[45,46,47,48]

Myth: Peer specialists are fragile.

Fact: Peer specialists have typically overcome significant obstacles in their lives and shown incredible resilience. As Davidson and colleagues note, recovery is "hard, taxing, and ongoing work"[49] and certainly not for the faint of heart. Those who qualify for the role of a peer specialist have demonstrated stability and a strong commitment to their recovery. Working in a helping profession can be difficult and emotionally draining for anyone. Close supervision coupled with education and support can act as a buffer against burnout for peer specialists and other staff alike.

Myth: Peer specialists are inappropriate additions to treatment teams.

Fact: Peer specialists fulfill a unique role on a treatment team, one which is largely based out of lived experience and supplemented by didactic trainings. Peers are able to share distinctly different insights with the treatment team than other members. They also connect with clients on a different level, perhaps even forming deeper alliances with disengaged clients more quickly than other providers.[50]

Myth: Peer specialists cannot work due to benefits.

Fact: Many peer specialists receive benefits and employment may lead to a reduction in those benefits. Experts caution against making predetermined decisions about workload based on peer status and suggest that peers speak with a financial benefits counselor to make a fully informed decision prior to taking a job.[51] Of note, for those who express a desire and ability to work full-time, salaries often bring in more money than disability benefits alone.[52]

Myth: Peer specialists will not maintain appropriate boundaries.

Fact: All members of a treatment team are susceptible to poor decision-making in their professional relationships. Peer specialists are no more likely to demonstrate a problem in this area than anyone else. Close supervision and training will help to ensure that all members of the team maintain appropriate boundaries in their working relationships. In the event that boundary expectations are violated, all staff should be held accountable and treated in the same way.

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Creating a Peer Support Program in Your Organization

1. Assess and Plan Your Program
   Program Planning Toolbox: Assess Your Organization
2. Identify Peer Support Champions
   Program Planning Toolbox: Identify Peer Support Champions
3. Obtain Buy-In
   Program Planning Toolbox: Develop Your Message
4. Assess Diversity, Cultural Competency, & Inclusion
   Program Planning Toolbox: Cultural Self-Assessment
5. Identify Funding
6. Hire Peer Specialists
7. Engage in Educaiton and Training

Assess and Plan Your Program

Before beginning implementation of any program, it is important to assess the needs of your organization and plan your implementation strategy. It is imperative to understand the specific issues and needs of the organization, employees, and the people they serve.

As part of the assessment and planning process, leadership should consider the following:

Rationale for a peer support program

- Why is a peer support program important for our organization?
- What are the benefits of a peer support program for our organization?

Scope of work for the peer specialist

- What role will the peer specialist play at our organization?
- Are there specific gaps in service that the peer specialist can fill?
- What are the tasks that the peer specialist would engage in?
- How will the peer specialist role support other team members?
- Will the peer specialist provide any clinical services (e.g. run groups, individual motivational interventions, etc.)?

Funding for a peer support program

- Where will the funding for this program come from?
- Can we obtain grant funding for this program?
- Can we bill for the peer support services?

Structure of the peer support program

- How many peer specialists will be hired?
- How will the peer specialists be integrated into existing teams?
- Who will supervise these peer specialists?
- How will we provide individual and/or group supervision to peer specialists?
- What training and other resources are needed to support this program?

PROGRAM PLANNING TOOLBOX

Assess Your Organization

Provide your responses to the questions below. This activity will help you determine the current supports for implementing a peer specialist program and areas that need additional research and consideration.

	Yes	No	Don't Know
1. Does your organization currently have peer specialist programming?			
2. Has your organization's leadership considered implementing a peer specialist program?			
3. Is your leadership team in support of implementing a peer specialist program?			
4. Is a peer specialist program consistent with your organization's mission and values?			
5. Does your organization have identified champions of peer support?			
6. Do you believe a peer specialist program can have a positive effect on the outcomes of your programs and the people they serve?			
7. Would a peer specialist program benefit your organization's finances?			
8. Would a peer specialist program reduce staff burden at your organization?			
9. Do you currently have specific roles that a peer specialist can perform in your organization?			
10. Do the benefits of implementing of a peer specialist program at your organization currently outweigh the perceived barriers?			

For the questions with, "Yes," responses, these are the areas that support your organization's implementation of a peer specialist program.

For the questions with, "No," responses, these are areas that may need further assessment and consideration before implementing a peer specialist program.

For the questions with "I don't know," responses, these are areas that may require further research and inquiry as you consider the implementation of a peer specialist program.

Identify Peer Support Champions

Peer support champions are employees who are enthusiastic supporters of the peer specialist field.[1] They are invested in advocating for the inclusion of peer specialists in your organization and provide various levels of support (emotional, logistical, etc.) to facilitate this goal. These champions can be used as point people to answer questions and address any concerns that may arise, during and after the implementation process. Finally, champions can also help ensure that continued development of the peer workforce remains a priority for the agency.[2]

> Individuals need to be active change agents to achieve recovery. Peer specialists are uniquely positioned to inspire and empower people to take positive action that will benefit their recovery process.

PROGRAM PLANNING TOOLBOX

Identify Peer Support Champions

Use the table below to fill in each peer support champion's name, title, contact information and their role as a champion. Provide copies of this list to all peer support champions

Description of Role	Name	Title	Contact
☐ Clinical/Medical			
	Role:		
☐ Finance			
	Role:		
☐ Human Resources			
	Role:		
☐ Leadership			
	Role:		
☐ Peer			
	Role:		
☐ Program Manager			
	Role:		
☐ Staff			
	Role:		
☐ Staff			
	Role:		
☐ Supervisor			
	Role:		
☐ Supervisor			
	Role:		
☐ _____			
	Role:		
☐ _____			
	Role:		

Obtain Buy-In

The importance of obtaining "buy-in" for a peer support program cannot be overstated. While there may be many people in your organization that support the use of peer specialists in your programs, others may have concerns. Some typical concerns include:

- **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 the first positions to 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; 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.

Peer specialists are equally as effective as other healthcare providers at stabilizing clients[3,4] and perhaps more effective at quickly engaging clients who are most resistant and/or alienated from the healthcare system.[5]

PROGRAM PLANNING TOOLBOX

Develop Your Message

Answer these questions to help pinpoint why you believe that implementing a peer support program will benefit your organization.

1) What are the reasons your organization is considering a peer support program?

_____

_____

_____

2) Pick the two most important reasons. List them here and describe why they're important.

_____

_____

_____

3) How does implementing a peer support program benefit your organization?

_____

_____

_____

4) What makes the implementation of a peer support program personally relevant to you?

_____

_____

_____

Create a statement that incorporates your responses to the questions above. This statement will help you to develop a clear, concise message explaining why your organization is implementing a peer support program.

_____

_____

_____

_____

_____

Assess Diversity, Cultural Compentency, & Inclusion

How culturally competent is your organization? Cultural competence is the act of becoming aware of and addressing personal assumptions, biases and limitations related to cultural differences. Culturally competent professionals and organizations work to understand the worldview of culturally different populations as well as advocate on behalf of those for whom they work. They strive to create an inclusive environment where individuals are welcomed and valued for their unique experiences and perspectives.

We recommend that your organization assess itself for the current level of diversity and inclusiveness. Some things to consider include:

- What is the racial/ethnic/gender composition of your team(s)?
- Who holds positions of power?
- Who receives raises?
- How is bias and discrimination handled?

It is important to identify strengths and areas for growth/improvement as well as develop concrete plans to foster inclusion, recruiting, and retaining a diverse workforce.

PROGRAM PLANNING TOOLBOX

Cultural Self-Assessment

Use the ADDRESSING Model[1] to reflect on your understanding of the effect of diverse cultural influences on your worldview. Consider each question and complete your self-assessment in the space provided.

Cultural Influences	Questions to Consider	Your Self-Assessment
A Age and generational influences	When were you born? What generational influences have contributed to who you are?	
D Developmental disabilities	What experience do you have with developmental disabilities (for yourself or as a caregiver)?	
D Disabilities acquired later in life	What experience do you have with a disability acquired later in life (for yourself or as a caregiver)?	
R Religious and spiritual orientation	What was your religious (or spiritual) upbringing? What are your current beliefs and practices?	
E Ethnic and racial identity	How do you identify ethnically/racially? How does your physical appearance play a role in your identity or how others label you?	
S Socio-econonomic status (SES)	What is your current SES?* How does your current SES compare to that of your childhood?	
S Sexual orientation	What is your sexual orientation? What is your relationship status?	
I Indigenous heritage	Is an indigenous heritage part of your ethnic identity?	
N National origin	What is your national identity? How do you see it reflected in your environment? What is your primary language?	
G Gender	What is your gender identity and expression? What gender roles do you identify with?	

[1] Adapted from Hays, P. A. (2008). *Addressing cultural complexities in practice: Assessment, diagnosis and therapy* (2nd ed).
* As defined by your occupation, income, education, marital status, gender, ethnicity, community, and family name.

Identify Funding

Securing stable funding is an essential component to developing a peer workforce and retaining quality employees. It is recommended that an organization invest in their peer specialists as it would with any other providers or staff. Medicaid reimbursement is available in many states for peer services. There are also various funding sources available, including grants and programs on state and local levels.

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

http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/RSS_financing_report.pdf

Hire Peer Specialists

Hiring is the next step in the implementation process. In many respects, hiring peer specialists will mirror your human resources procedure for hiring any staff member. Generally speaking, the same policies and procedures will be followed. There are, however, some differences to consider and attend to in this process.

Number of Peer Positions

Hiring at least two peer specialists may be beneficial, if possible. Hiring more than one peer worker communicates a commitment to the inclusion of peers and will afford peer specialists the ability to share experiences and provide mutual support.[6]

Qualifications

What does "being in recovery" mean to your team? How long must someone have been in recovery to apply for the position? What type, if any, of work experience would you like ideal candidates to have? What is the educational background needed to apply for the position? Is experience as important as education? Can experience replace formal education? Does the applicant need to have a driver's license? Can the applicant have a criminal record? For some peer applicants, their background check will return with "adverse findings." Your team will need to decide the types of justice involvement that are acceptable within your organization.

Language

What terminology does your agency want to use when referring to your peer workforce? How do you want to refer to a history of involvement with mental health treatment, substance abuse treatment, homelessness, and/or the justice system, among others? Established programs have suggested that it is most useful to use language which communicates that having this lived experience is an attribute that is respected and valued.[7] Additionally, it is important to note that specific language must be used when making inquiries about mental health conditions. While asking someone if they have a mental health diagnosis is prohibited, it is appropriate to ask whether the person identifies as a person diagnosed with a mental illness and its related stigma.

Treatment and Other Services

Is it acceptable for the peer specialist to have received or presently be receiving treatment or other services in your organization? Many organizations have a specific individual identified for their peer specialist position and may prefer to hire someone who is a former or current client. If this occurs, it is important to consider the peer specialist's ongoing treatment needs and potential confidentiality concerns. When possible, work with the peer to explore alternate treatment settings or other services outside your agency. If this isn't possible, your organization will need to determine how the peer's confidentiality will be maintained, and how this expectation will be communicated to staff. It is important these issues are clarified prior to hiring the individual.

Income

If an applicant is receiving benefits, be aware that the amount of income the individual earns may affect their benefits. Given this, it is important to have a discussion with the applicant about their options and refer them to a benefits specialist as needed.

Self-Disclosure

Since self-disclosure is key to the peer specialist role, applicants should be made aware that this is an expectation of their position. They need to be comfortable with discussing their history and willing to disclose this information to their peers. However, even though staff will be aware of the peer's history that makes them appropriate for the peer specialist role, the individual should not be expected to disclose detailed information to co-workers.

Americans with Disabilities Act (ADA) Requirements

It is strongly recommended that ADA requirements are reviewed prior to advertising, interviewing, and hiring for peer specialist positions. For additional information, review "Special Topic: Americans with Disabilities Act."

Special Topic: Americans With Disabilities Act (ADA)

The ADA was signed into law in 1990. The law was modeled after the Civil Rights Act of 1964 and prohibits discrimination against people with disabilities in employment, state and local governments, and public accommodations. Essentially, it mandates equal opportunities for people with disabilities in the United States.

According to the ADA, a person is disabled if they have "1) a physical or mental impairment that substantially limits one or more major life activities; 2) a record of such impairment; or 3) are regarded as having such an impairment." A "mental impairment" is defined as "any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities."

It is important to note that not all of the conditions listed in the DSM-5 are considered "disabilities" by the ADA. Furthermore, a person who meets criteria for one of the covered conditions, such as major depressive disorder or schizophrenia, does not automatically receive coverage by the ADA. The condition must significantly interfere with at least one major life activity (e.g. learning, thinking, concentrating, sleeping, interacting with others) to be considered a "disability." Of note, a condition is considered a disability even if symptoms can be controlled by medications.

Do all employers need to comply with the ADA? No. The law applies to most employers, including private employers with 15+ employees, state and local governments, employment agencies, labor organizations, and management committees. The law also applies to all types of work situations including hiring, firing, promotions, harassment, training, wages, and benefits.

Who is covered under the ADA? The law covers "qualified individuals" with a disability, as defined by the ADA. The disability must substantially interfere with a major life activity for a period of at least several months. A qualified individual is someone who, with or without accommodations, can perform the essential functions of a job.

The ADA requires employers to provide "reasonable accommodations" to people with disabilities. What does this mean? Reasonable accommodations are changes to the job, work environment, and/or the way things are normally done. As an example, for people with behavioral health conditions, this may mean flexible hours or schedules, modified job duties, paid and/or unpaid leave for hospitalizations or periods of decompensation, increased supervision or support, among others. It is an employee's responsibility to ask for the changes needed and to note they are related to a medical condition.

Are there exceptions to the provision of providing reasonable accommodations? Yes. An employer is not required to provide reasonable accommodations if it places "undue hardship" on the business. Undue hardship applies if the accommodations are too costly, difficult, or disruptive. An employer may also decline to provide accommodations if the employee is determined to be a "direct threat" to their health and safety and/or the health and safety of other employees.

How are discrimination claims filed? If a person has been discriminated against based on the presence of a disability, a charge may be filed with the Equal Employment Opportunity Commission (EEOC) within 180 days of the act. The EEOC will then mediate and negotiate a settlement between the employee and employer. If this does not result in resolution, the EEOC may file a lawsuit on behalf of the employee or issue a "right to sue" letter that allows the employee to file a lawsuit in a federal court.

LINK: For additional information, visit the ADA website at:

http://www.ada.gov

Job Description

A clear, concise job description is key to implementing a successful peer program. One of the main criticisms leveled at existing programs has been the lack of a clear role and/or job description for peers.[8] This, in combination with unchecked stigma, has the potential to lead to an unproductive, unfulfilling relationship between the peer specialist and other team members. Peers working in settings without a clear role are often relegated to completion of tasks that do not involve interactions with their peers, such as filing, data entry, custodial duties, or security. The peer specialist role should include duties and responsibilities that involve direct contact with their peers and collaboration with the team. It is also important to detail relevant expected competencies as well as employment evaluation procedures.

The job description should reflect and honor the unique set of strengths and experiences that peer workers bring to a team. Hiring peer workers is a cultural shift in an organization. As such, other team members may need additional support to successfully make this shift. One way to accomplish this is to integrate team members in the process of developing and shaping the job description, expectations, and duties.[9]

Recruitment

The recruitment of potential applicants for a peer workforce often involves thinking creatively and being open to using novel approaches.[10] Some examples include support groups, vocational service providers, websites, and word of mouth. Be sure to recruit applicants from diverse backgrounds that mirror the experiences of the populations they will serve.

TIP: Peer Specialist Job Duties and Responsibilities

The list of potential job duties and responsibilities for a peer worker is extensive and varies based upon the setting. For this reason, it is essential to determine the goals of hiring a peer workforce, which can guide decision-making. Some potential job duties and responsibilities include:

- Facilitate community involvement and/or advocacy
- Provide outreach
- Connect with resources/benefits
- Facilitate groups
- Provide psychoeducation
- Assist with goal setting
- Teach problem solving skills
- Participate in treatment planning and team meetings

Selection and Interview

Review application materials with the team and facilitate mutual agreement on applicants that will be offered interviews. Applicants can be interviewed by members of the team in either structured, formal individual or group meetings or through a more casual interview process. As with any other interview, it is critical to allow potential applicants to ask questions of current staff members to determine goodness of fit. It is strongly recommended that other peers participate in the selection and interview process, if possible. All interview participants should be familiar with ADA provisions and be well informed about what questions are acceptable within these parameters.

Engage in Training and Education

As with all employees, initial training and ongoing education of peer workers will help to ensure a smoother transition into your organization as well as set them up for success. Training increases the effectiveness of peer-led interventions, adds legitimacy to the profession, and increases staff retention rates.[11,12] Some ideas and suggestions include:

Shadowing – With any new employee, including peer staff, shadowing can be a valuable experience. It is recommended that new hires spend several days shadowing various staff members. This will allow peer staff to gain a perspective of the "bigger picture" of the agency, helping them to understand the different roles and shared responsibilities of each member of a multidisciplinary team. This understanding may help to minimize confusion about roles and responsibilities in the future. If your agency already has peer specialists on staff, it is strongly recommended that a new hire spend several days shadowing someone in their specific role. This will be enormously helpful in terms of learning job duties, professional development, paperwork, and how to interact with peers.

Organization Meetings – All peer staff should be invited and expected to attend organization-wide trainings and meetings. Inclusion in these trainings and meetings is one concrete way to demonstrate that their role is equally valued and respected. On a more practical level, this ensures that peer staff have access to the same information and opportunities as their coworkers.

Specialized Training – Peer staff who work with specific groups (e.g., the elderly, people with developmental disabilities) should be offered additional training that addresses the special needs of these particular populations. Training in specialized or more advanced topics (e.g., tobacco cessation and weight management) would also augment the generalist training of most peer specialists.

Continuing Education – Continuing education is typically encouraged (if not mandated) for most providers, and peer providers should be no exception. Several agencies offer continuing education for peer specialists online and these courses can help fulfill requirements for continued certification, if applicable, as well as increase general knowledge.

Training increases the effectiveness of peer-led interventions, adds legitimacy to the profession, and increases staff retention rates.[13,14]

Training Your Peer Specialist: Core Curriculum

Peer specialist training programs vary widely from state to state. Check the curriculum of these programs to ensure key topics have been covered. If they have not been adequately covered, peer specialists may want to complete additional trainings. A core curriculum should include:

- ☐ **The Peer Specialist Role:**
  - Confidentiality
  - Recovery and Wellness
  - Resiliency
- ☐ **Ethical Guidelines for Peer Specialists**
- ☐ **Cultural Competence**
- ☐ **Basic Work Skills:**
  - Teamwork
  - Time Management
  - Communication
  - Problem-Solving
  - Professionalism
  - Supervision
  - Documentation
- ☐ **Healthy Boundaries**
- ☐ **Interpersonal Skills:**
  - Verbal and Nonverbal Communication
  - Active Listening
  - Barriers to Communication
  - Conflict Resolution
- ☐ **Motivational Interviewing**
- ☐ **Screening & Assessment**
- ☐ **Goal Setting**
- ☐ **Group Facilitation**
- ☐ **Teaching Skills:**
  - Trauma-Informed Environments
  - Teaching Tips
  - Sharing Your Story
- ☐ **Health Education**
- ☐ **Behavioral Health Conditions**
- ☐ **Substance Abuse and Addiction**
- ☐ **Trauma**
- ☐ **Coping Strategies**
- ☐ **Assessing and Dealing with Risk:**
  - Danger to Self/Others
  - Duty to Warn/Protect
  - Mandated Reporting
- ☐ **Self-Care**
- ☐ **Termination**

End Notes

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[12] Huff, M. A., Rapp, C. A., & Campbell, S. R. (2008). "Every day is not always jell-o": A qualitative study of factors affecting job tenure. *Psychiatric Rehabilitation Journal, 31,* 211-218.

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Sustain Your Peer Support Program

1. Supervision
2. Benefits
3. Continuing Education and Professional Development
4. Extra Support
5. Peer Drift
6. Termination
7. National Credentialing
8. Return on Your Investment

Sustain Your Peer Support Program

Perhaps one of the most frustrating outcomes of starting a new program is to watch it flounder or fade away. In order to prevent this from happening to your peer support program, it is critical to put mechanisms in place to help peer staff thrive and ensure long-term success.

Supervision

Aside from creating a receptive, welcoming community among existing staff, the provision of excellent supervision is arguably the most important aspect of sustaining your peer program. Good supervision allows peer specialists to identify and grow their unique strengths, effectively address areas for improvement, and truly flourish in their professional lives. Research also suggests that it contributes to staff retention.[1,2]

Supervision of peer staff should look similar to that provided to other staff. To this end, supervisors should take care to address their own biases about peers. Remember – even those of us with a strong knowledge base and egalitarian views often demonstrate unconscious, automatic biases. Be certain to not overstep supervisory boundaries through caretaking and/or the provision of therapy. Any symptoms experienced by peer workers must be treated similarly to any other medical or behavioral health condition(s), and they should be afforded the same level of privacy and trust in their ability to manage their health concerns.

There are two distinct types of supervision that should be provided, though they may be seamlessly blended together in some situations. First, a good supervisor will provide task-oriented supervision that is focused on administrative tasks. This type of supervision focuses on providing the peer specialist with the practical information and tools needed to successfully perform in their roles. This may include didactic instruction about how to document peer contacts, manage a task list, complete timesheets, etc. This is also a platform to discuss the roles of multidisciplinary team members, address clinical issues, provide guidance around resources and referrals, and engage in performance reviews.

The second type of supervision is process-oriented. This type of supervision focuses on providing support, primarily emotional support, in a reliable and consistent manner. Process-oriented supervision allows the individual to explore their personal reactions to their work, gain an understanding of their experience, and develop new approaches. Of note, process-oriented supervision should not be confused with therapy. Staff should feel free to discuss personal triggers or responses but this should always done in the context of the working relationship and not focused on personal therapy.

Finally, it may be useful for supervisors of peer specialists, particularly those new to this field, to share and process their supervision experience and address any issues that arise. "Supervision of supervision" can be a valuable tool that allows supervisors to identify problematic assumptions and patterns that interfere with the provision of quality supervision. Ideally, supervisors with less experience will be given the opportunity to meet with more seasoned professionals. Consider contacting other local agencies to find experienced peer supervisors if there are none available within your organization.

Effective supervision is arguably the most important aspect of sustaining a peer support program.

Benefits

Providing a livable wage and benefits, including flexible hours, is essential to creating a thriving peer workforce.[3] Oftentimes peer staff receive government benefits such as Social Security payments (SSI/SSDI), and these benefits will be impacted by taking a paid position in your agency. Advise peer staff to consult with a benefits coordinator or appropriate staff member to determine how their incomes may be affected in an effort to make informed decisions about hours to work.

Continuing Education and Professional Development

Another frequent critique of the peer workforce centers on the fact there are few opportunities for advancement in the field. Employers can address this concern by offering educational opportunities, such as providing support for continuing education classes and offering tuition assistance. In addition, supervisors should clearly address professional development issues in supervision and create detailed, concrete plans for growth and career advancement.

Special Topic: Confidentiality and Boundaries

Confidentiality and boundaries will likely be an area with one of the steepest and most critical learning curves for peer staff. It is key to start the ongoing discussion of this topic in new employee training and supervision.

Confidentiality – While peer specialists cultivate a uniquely transparent and open relationship with their peers, they are still bound by the same rules of confidentiality as other treatment providers. These relationships are governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), which mandates that provider/client interactions are private and confidential.

Boundaries – Boundaries are personally defined limits - emotional, material, and/or physical - that guide our interactions with others. New hires should be aware that some boundaries are never acceptable to cross in their new position. Peer specialists must never engage in abuse in any form or romantic/sexual relationships with the peers with whom they work. Training should also explicitly address other, less obvious boundary violations, such as spending too much time with a peer, meeting peers in inappropriate places, or giving away money or other personal resources.

Peer specialists should be well versed in confidentiality and boundaries prior to meeting with their first peers. This includes understanding personal and professional limits and expectations as well as how to address possible violations within the agency, including supervision and documentation.

Extra Support

Much of the effort that goes into creating a peer workforce entails making certain that the peer staff is treated and viewed the same as other members of a multidisciplinary team. In spite of this, peer staff may greatly benefit from various measures taken to provide them with extra support, particularly in the early stages of implementing a program. Ideas for providing extra support include:

- Hiring more than one peer staff member, which will ensure the peers have someone with whom to share and process the experience.
- Creating a support/process group for peer staff. This may take the form of a structured group, or it may be more informal, such as a casual meeting once a week or month.
- Providing mentors. Mentoring from those experienced in peer specialist programs may be an effective way to provide support, education, and guidance.

The development of a sustainable peer support program serves to re-establish wellness, hope, and empowerment among those being served.

Peer Drift

The role of a peer specialist is unique and unlike any other position in your agency. Peers are not therapists or case managers; the boundaries they set, approaches they adopt, and relationships they cultivate are grounded in shared life experiences. One of the challenges of many organizations that hire a peer workforce is honoring the distinctly different perspective from which peers work. Over time, peer providers may feel pulled to take on a decidedly more clinical role and begin giving professional advice and/or avoid sharing their recovery stories and identifying with their peers. This may happen as a result of a peer's internalized pressure and expectations to fit in with the team. Alternatively, it may be that the treatment team and supervisors do not understand or value the unique role of the peer specialist and consciously or unconsciously pressure them to conform to the standards and boundaries upheld by other clinical team members. Ellison et al. (2012) term this phenomenon "peer drift," which includes "discomfort or defensiveness utilizing one's recovery story and drifting toward a more distant and hierarchical approach to service provision."[4] Signs of peer drift may include focusing on symptoms and diagnoses rather than strengths and skills, encouraging peers to comply with advice rather than make their own decisions, and demonstrating shame and insecurity around the peer specialist role. Supervision with peers should be certain to acknowledge the potential for peer drift, particularly in medical settings.

Termination

In the event that a peer specialist is not performing up to expectation, supervisors are encouraged to follow the human resources policies of their organization in a stepwise manner. Some employers may be concerned about the legality of terminating an employee with a documented disability. It is a myth that the ADA prohibits firing an employee with a disability. Peer specialists should be held accountable with respect to their job performance. As noted in the ADA policy, employers can terminate workers with disabilities in three circumstances:

1. The termination is unrelated to the disability;
2. The employee does not meet requirements for the job with or without reasonable accommodations;
3. Because of the disability, the employee poses a direct threat to health or safety in the workplace.

National Credentialing

Currently, a national credentialing organization for peer specialists does not exist and states have differing requirements for peer providers. Some states have well-established and more rigorous training programs, while others have invested far less time and energy into peer workforce development. Organizations should investigate the requirements of their particular state and be certain that all peer specialists have received proper training.

LINK: Peer Specialist Training and Certification Programs

Visit this link for information about state training requirements and programs.

http://www.dbsalliance.org/pdfs/training/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview%20UT%202013.pdf

Return On Your Investment

While the investment involved in creating a sustainable peer support program is not insignificant, the establishment of a peer workforce is an exciting development that serves to re-establish wellness, hope, and empowerment among those being served. The addition of peer-run services is a shift that can benefit all involved by providing effective evidence-based interventions, support for workforce shortfalls, and a unique perspective that upholds the values of recovery and resiliency.

End Notes

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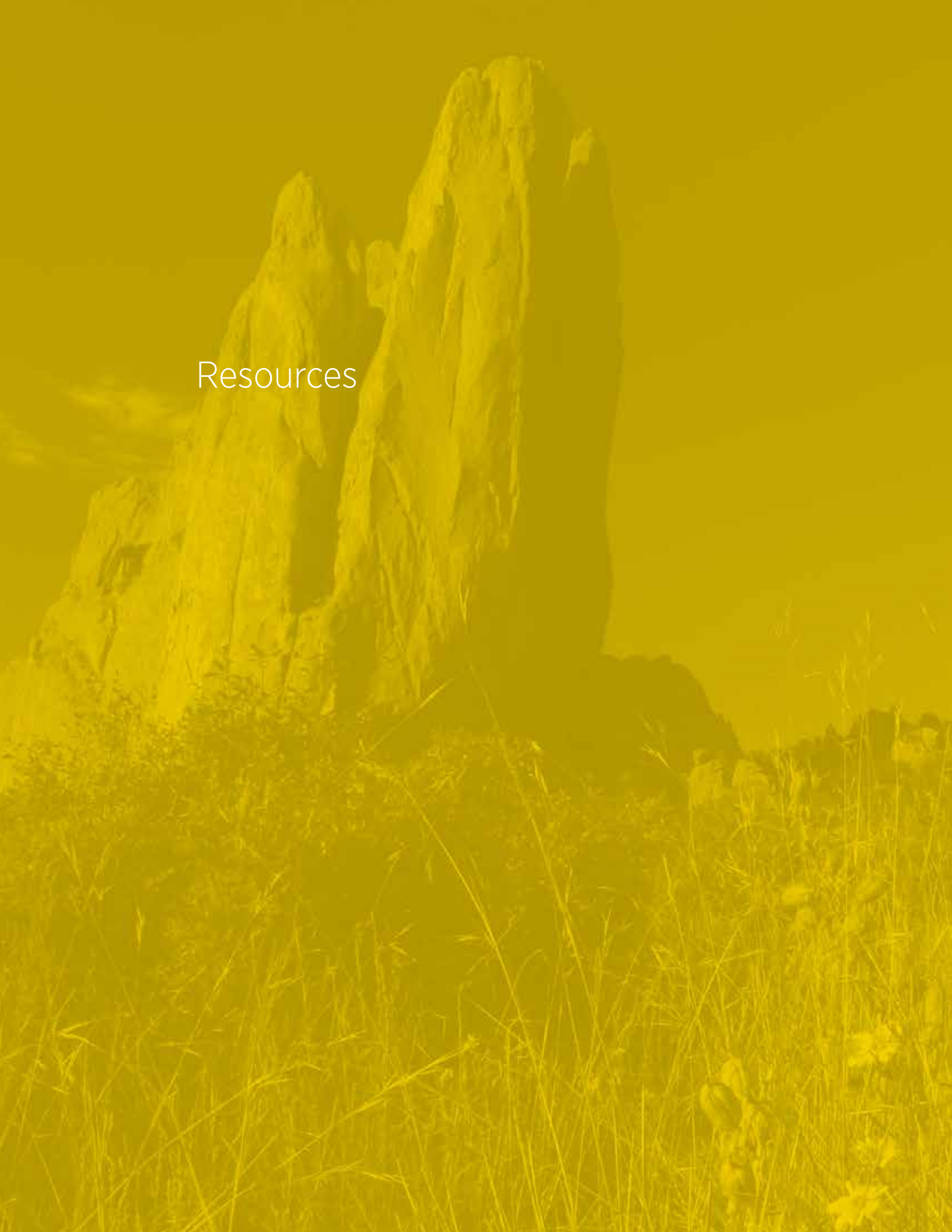

Resources

Program Development Resources

Program	Description and Resources
International Association of Peer Supports (iNAPS)	The iNAPS website includes the National Practice Guidelines for Peer Support Providers, free webinars for continuing education, newsletters, and the Next Steps curriculum. http://inaops.org/
Substance Abuse and Mental Health Services Administration (SAMHSA)	The report "Financing Recovery Support Services: Review and Analysis of Funding Recovery Support Services and Policy Recommendations" provides an in depth review about funding sources for peer specialist programs. http://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/RSS_financing_report.pdf
Americans with Disabilities Act (ADA)	It's important as an employer to comply with all ADA provisions, as they apply to specific situations. The ADA website provides information on all laws and regulations as well as technical assistance materials. http://www.ada.gov/index.html
National Association on Mental Illness (NAMI)	The NAMI STAR Center created the toolkit "Cultural Competency in Mental Health Peer-Run Programs and Self-Help Groups: A Tool to Assess and Enhance Your Services" to help assess the cultural competency of your peer-run group or program. http://www.power2u.org/downloads/CulturalCompetencyInMentalHealthPeer-runProgramsSelf-helpGroups.pdf
National Breast and Cervical Cancer Early Detection Program (NBCCEDP)	The NBCCEDP has created the "Handbook for Enhancing Community Health Worker Programs" to serve as a framework for developing and managing community health worker programs that cover a broad array of health issues. http://www.cdc.gov/cancer/nbccedp/training/community.htm

Credentialing/Certification Resources

Peer Specialist Training and Certification Programs: A National Overview	This report is a compilation of existing peer specialist trainings and certification (PSTC) programs in the United States as of 2012. http://www.dbsalliance.org/pdfs/training/Peer-Specialist-Training-and-Certification-Programs-A-National-Overview%20UT%202013.pdf
NAADAC, the Association for Addiction Professionals	Through standardized testing and portfolio review, the National Certification Commission for Addiction Professionals (NCCAP) provides credentials for peers as National Certified Peer Recovery Support Specialists (NCPRSS). http://www.naadac.org/NCPRSS

Peer Education Resources

Program	Description and Resources
AllCEUs	Courses are available for a monthly or yearly fee, or $3/credit. Topics include addictions and co-occurring disorders, administrative, mental health, and psychiatric nursing. http://www.allceus.com/
Behavioral Health & Wellness Program	BHWP offers a variety of training programs for peer workers including the DIMENSIONS: Peer Specialist Program, Tobacco Free Program, and Well Body Program. http://www.bhwellness.org
Depression and Bipolar Support Alliance (DBSA)	DBSA offers a list of peer specialist continuing education courses and programs to increase knowledge and skills of peer specialists. http://www.dbsalliance.org/site/PageServer?pagename=education_training_peer_specialist_advanced
Magellan Health	Continuing education hours/CE credits are offered as online courses and cover a variety of subjects, including peer support. Courses are free of charge and available on-demand for learning at your convenience. http://www.magellanhealth.com/training.aspx

Other Resources

Peer Support Resources	This website is used as a way to share resources with those interested in understanding, implementing, or working in peer-to-peer support roles. http://www.psresources.info/
State Refor(u)m	This website offers a summary table of community health worker models across the U.S., including financing, education and certification requirements, legislation, and roles of Community Health Workers. https://www.statereforum.org/state-community-health-worker-models
Peers for Progress	This website offers a number of tools, resources, trainings, and evidence for peer programs in a variety of settings. http://peersforprogress.org/

Resources for Specific Populations

Population	Description and Resources
Cancer	The Association for State and Territorial Health Officials (ASTHO) issued a brief and webinar on community health workers and patient navigators in cancer prevention and control. http://www.astho.org/Programs/Prevention/Chronic-Disease/Cancer/Patient-Navigation/
Criminal Justice	The Pennsylvania Mental Health and Justice Center of Excellence offers information on Pennsylvania's innovative program to prevent individuals with mental illness from entering or penetrating deeper into the criminal justice system. They offer both Pennsylvania and national resources for Forensic Peer Specialists and other related programs. http://www.pacenterofexcellence.pitt.edu/index.html Forensic Peer Specialists: An Emerging Workforce Policy Brief (2011) http://www.pacenterofexcellence.pitt.edu/documents/Policy_Brief_Jun_2011%20Forensic%20Peers.pdf SAMHSA GAINS Center for Behavioral Health and Justice Transformation provides resources and information on peer support for incarcerated individuals with behavioral health conditions. http://gainscenter.samhsa.gov/peer_resources/
Homeless	The National Health Care for the Homeless Council created the "Community Health Workers in Healthcare for the Homeless Guide for Administrators." http://www.nhchc.org/wp-content/uploads/2011/10/CHWguide1.pdf
Mental Health	The National Coalition for Mental Health Recovery website provides a list of resources promoting the use of peers in traditional systems. http://www.ncmhr.org/peer.htm
Military	Defense Centers for Excellence created the white paper "Best Practices Identified for Peer Support Programs" that examines the benefits of Community Health Workers/Peer Educators in military active duty or veteran settings. http://www.dcoe.mil/content/Navigation/Documents/Best_Practices_Identified_for_Peer_Support_Programs_Jan_2011.pdf

The Behavioral Health and Wellness Program's DIMENSIONS: Peer Support Program Toolkit is designed for use by organizations that serve populations that would benefit from a peer support program. The purpose of this toolkit is to provide evidence-based information to help individuals and organizations understand the value of adding peer specialists to their teams. The toolkit also provides practical tools and step-by-step instructions to plan for, implement, and sustain a successful peer support program. Contact the Behavioral Health and Wellness Program at bh.wellness@ucdenver.edu for more information.

Behavioral Health & Wellness Program

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