# Coffee & Networking

# Whole Person Care: The Essential Role of Community Health Workers & Peers

February 13, 2020

# Why are we here?

- Whole Person Care
  - Statewide, 5-year Medi-Cal program
  - County and community-based organizations work together to coordinate care for people with complex health and social needs
  - 25 pilots across CA (WPC Booklet)
- Critical juncture -- WPC ending 12/20
  - What has been most valuable and should continue beyond WPC?
  - Community Health Workers and Peers are essential
- Goal → Strengthen the CHW/Peer workforce by bringing together WPC pilots to share promising practices and learn from one another

# Defining our terms

- Using "CHW/Peer" broadly
  - No standardized language
    - 18 terms across 21 pilots (e.g., patient advocate, peer extension worker, peer housing navigator, street outreach worker)
    - Significant overlap
- Essential roles
  - Act as a bridge between clients and system(s) of care
  - Draw on personal experience/empathy to relate to and engage clients
- Overview of pilot approaches across 4 key areas: hiring, training, care team integration, and trauma-informed care (info sheet in packets)

# Welcome & Introductions

- Michelle Gibbons, County Health Executives Association of California (CHEAC)
- Elia Gallardo, County Behavioral Health Directors Association of California (CBHDA)
- Catherine Teare, California Health Care Foundation (CHCF)
- Rebecca Sax, The National Center for Complex Health & Social Needs / Camden Coalition
- California State Association of Counties (CSAC)
- County Welfare Directors Association of California (CWDA)

# Welcome & Introductions

- Find someone you don’t know
- Share:
  - Your name
  - Your role
  - 1 thing you did at work recently that you enjoyed or found rewarding
- 1 minute/person

# Agenda

| | | |
|---|---|---|
| 9:00 | **Welcome and Opening Remarks** | County Associations<br>The National Center/Camden Coalition<br>California Health Care Foundation (CHCF) |
| 9:30 | **Hiring and Workforce Development** | Camden Coalition , WPC Santa Cruz, WPC San Mateo |
| 10:50 | **Training and Capacity Building** | Camden Coalition, WPC Los Angeles, WPC Ventura |
| 12:00 | **Lunch** | |
| 12:50 | **Breakout Sessions:**<br>**A. Developing an Integrated Care Team with CHWs/Peers**<br>**B. Organizational Practices to Advance Trauma-Informed Care** | Joseph Calderon, Transitions Clinic Network<br>Shira Shavit, Transitions Clinic Network<br><br>Katy Davis, Women's HIV Program, UCSF |
| 2:20 | **Pathways to Sustainability for CHW/Peer Programs** | County Behavioral Health Directors Association of California<br>California Health Care Foundation<br>Los Angeles County Department of Mental Health |
| 3:30 | **Adjourn** | |

# Logistics

- Packets
  - Materials on SNI/WPC Support/WPC Resources
- **EVALUATIONS!**
  - Turn in to CAPH/SNI staff
- Restrooms
- WiFi
- Charging station
- Reimbursement form sent via email

***Thank you for sharing your materials!***

# CHW/PEER ADVISORY GROUP

SANTA CRUZ

- **Patrice Sovyak**, Director of Community Services, Front Street
- **Gabe Samara**, Peer Support Coach, Front Street
- **Emily Chung**, Whole Person Care Program Director

VENTURA

- **Jackie Villanueva**, Community Services Worker
- **Heather Te**, Community Health Worker Program Manager
- **Deanna Handel**, Whole Person Care Manager


LOS ANGELES

- **Leticia Rodriguez Avila**, Whole Person Care Director, Capacity Building
- **Ashley Turner**, Community Health Worker, Navigation and Support Program
- **Charlene Cline**, Director, Social Work

COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA (CBHDA)

- **Elia Gallardo**, Director, Government Affairs

# Hiring and Workforce Development

Victor Murray, Director of Field Building and Resources, Camden Coalition
Anna Muñiz, Community Health Worker, Care Management Initiatives, Camden Coalition
Patrice Sovyak, Director of Community Services, Front Street Inc.
Gabe Samara, Peer Support Coach, Front Street Inc.
Lucinda Dei Rossi, Health Systems Manager, WPC San Mateo
Jan Allen, Community Health Worker, Bridges to Wellness, WPC San Mateo

# Camden Coalition

February 13, 2020

Camden Coalition
of Healthcare Providers

# Our vision and mission is a transformed healthcare system to improve the well-being of individuals with complex health and social needs.

**Vision**: A transformed healthcare system that ensures every individual receives whole-person care rooted in authentic healing relationships.

**Mission**: Spark a field and movement that unites communities of caregivers in Camden and across the nation to improve the wellbeing of individuals with complex health and social needs.

# Building a trauma-informed care team

- Hire people who embody the organization's values and the values of trauma-informed care
- Provide organizational support to encourage self-care and prevent burnout
- Incorporate trauma-informed principles into each step of patient engagement

# The guiding principles of trauma-informed care

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment & choice
- Cultural, historical & gender issues

# Hiring a trauma-informed care team

Phase 1:

- Group interview
- Candidates watch a harm reduction documentary and then are asked various questions in response to what they viewed
- Work through a case study

Phase 2:

- Candidates interview individually with managers, and are asked a range of questions to assess emotional intelligence and  self-awareness.

Phase 3:

- Candidate shadows care team in the community for a half day
- Interview with departmental and organizational leadership

# Organizational support to encourage self- & team-care

- Flex time
- Behavioral health benefit
- Education and training
- Huddles and check-ins
- Team building
- Celebration of accomplishments

# Incorporate trauma-informed principles into engagement

- Remain mindful of possible triggers throughout the relationship
- Follow their lead by paying attention to verbal and nonverbal cues
- Ask for permission
- Maintain strong boundaries

# References


- Camden Coalition of Healthcare Providers. Trauma-Informed Care 101. 2018.
- Center for Health Care Strategies. Trauma-Informed Care Implementation Resource Center. https://www.traumainformedcare.chcs.org
- Luxenberg, T., Spinazzola, J., Hidalgo, J., Hunt, C., & van der Kolk, B. A. Complex Trauma and Disorders of Extreme Stress (DESNOS) Diagnosis, Part I: Assessment. Directions in Psychiatry. 2001: 395-415.
- Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

# Thank you!

**Camden Coalition of Healthcare Providers**

www.camdenhealth.org
@camdenhealth

800 Cooper St., 7th Floor
Camden, NJ 08102

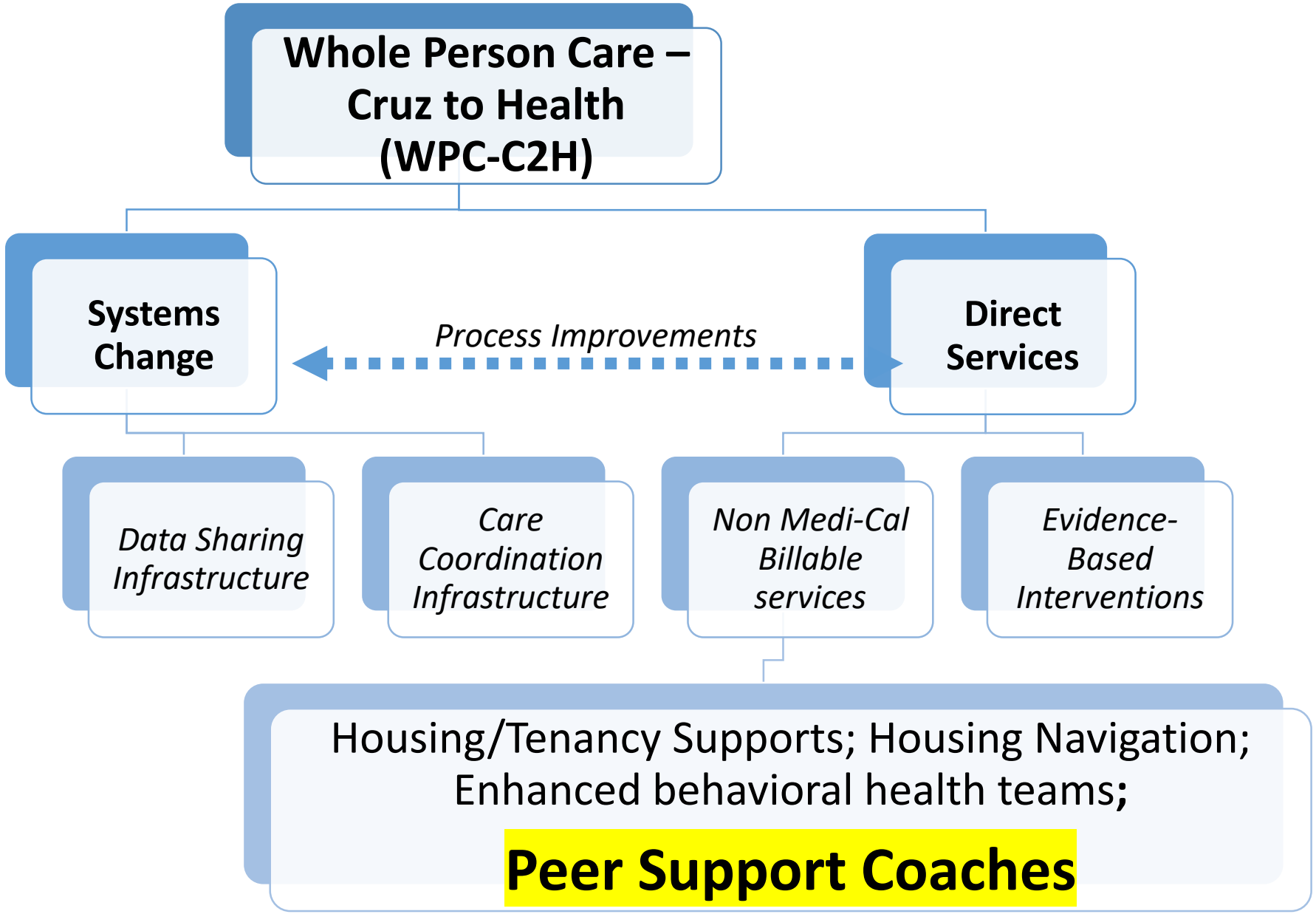
# WHOLE PERSON CARE-CRUZ to HEALTH:
## A project of Santa Cruz County Health Services Agency

### Providing Peer Support Services through a community partnership

Patrice Sovyak, OTR/L Director of Community Services,
Gabe Samara, Peer Support Coach
Front Street Inc.

Whole Person Care
The Essential Role of Community Health Workers & Peers
February 13, 2020

WHOLE PERSON CARE
CRUZ TO HEALTH


Whole Person Care – Cruz to Health (WPC-C2H)
Systems Change
Process Improvements
Direct Services
Data Sharing Infrastructure
Care Coordination Infrastructure
Non Medi-Cal Billable services
Evidence-Based Interventions
Housing/Tenancy Supports; Housing Navigation; Enhanced behavioral health teams;
Peer Support Coaches

# WPC-C2H and Peer Support Coach Target Population

- Behavioral health* and/or substance use diagnosis
- Conditions including: Chronic health conditions, homelessness, high utilization of psychiatric or medical hospitalizations, etc.
- Could benefit from support with activities of daily living, wellness, tenancy sustaining services, social connection

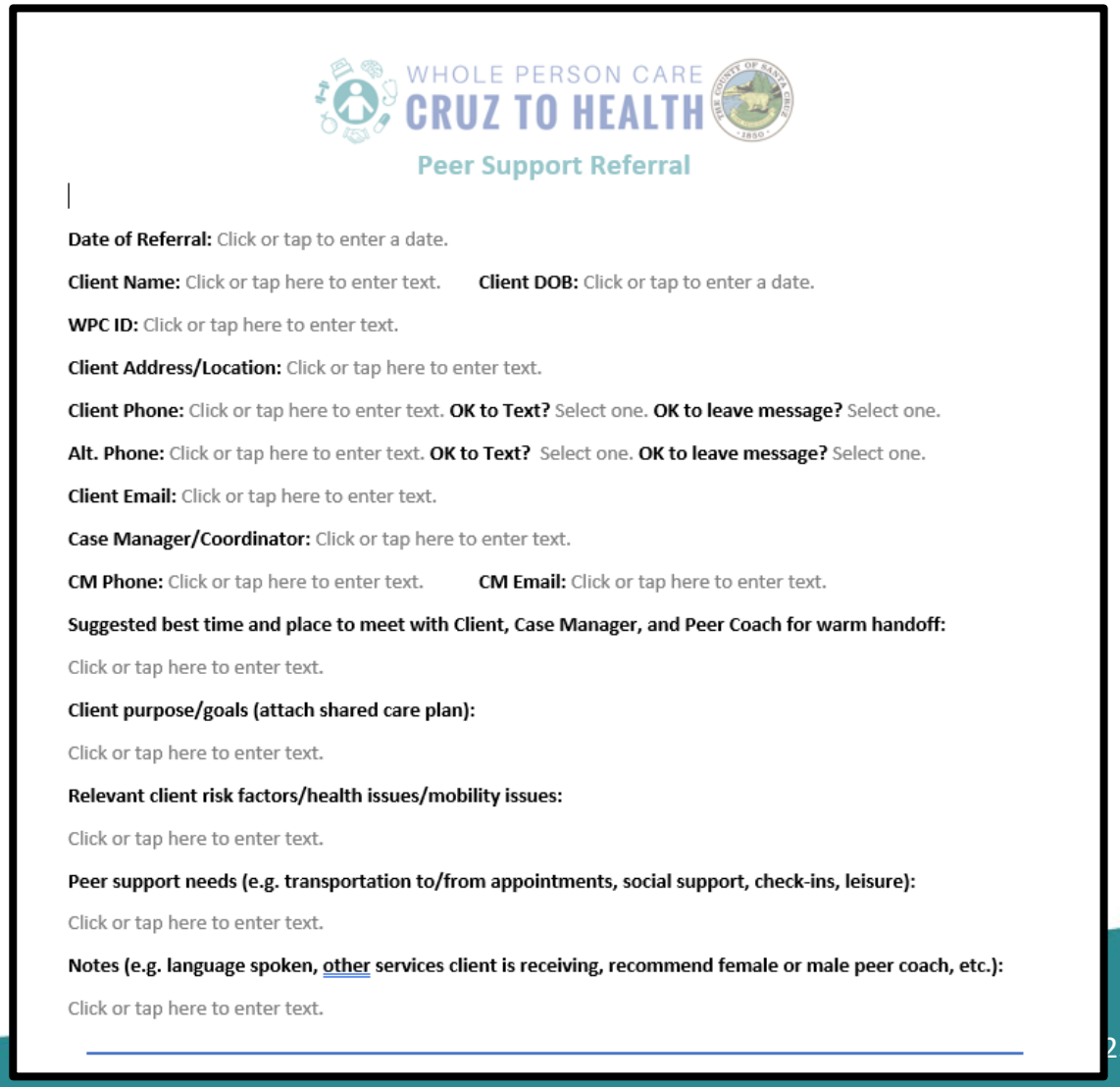
*Includes mild to moderate diagnoses

# Partnership with Front St. Inc.

Front St. Inc.
A Behavioral Health Agency

**Independent Contractor Agreement**

WPC-C2H team members can make a referral for Peer Support Coach Services after an intake assessment or at any point a need for services is identified.
FS HS and OAS teams also utilize peer supports.



WHOLE PERSON CARE
CRUZ TO HEALTH

Peer Support Referral

**Date of Referral:** Click or tap to enter a date.

**Client Name:** Click or tap here to enter text. **Client DOB:** Click or tap to enter a date.

**WPC ID:** Click or tap here to enter text.

**Client Address/Location:** Click or tap here to enter text.

**Client Phone:** Click or tap here to enter text. **OK to Text?** Select one. **OK to leave message?** Select one.

**Alt. Phone:** Click or tap here to enter text. **OK to Text?** Select one. **OK to leave message?** Select one.

**Client Email:** Click or tap here to enter text.

**Case Manager/Coordinator:** Click or tap here to enter text.

**CM Phone:** Click or tap here to enter text. **CM Email:** Click or tap here to enter text.

**Suggested best time and place to meet with Client, Case Manager, and Peer Coach for warm handoff:**

Click or tap here to enter text.

**Client purpose/goals (attach shared care plan):**

Click or tap here to enter text.

**Relevant client risk factors/health issues/mobility issues:**

Click or tap here to enter text.

**Peer support needs (e.g. transportation to/from appointments, social support, check-ins, leisure):**

Click or tap here to enter text.

**Notes (e.g. language spoken, other services client is receiving, recommend female or male peer coach, etc.):**

Click or tap here to enter text.

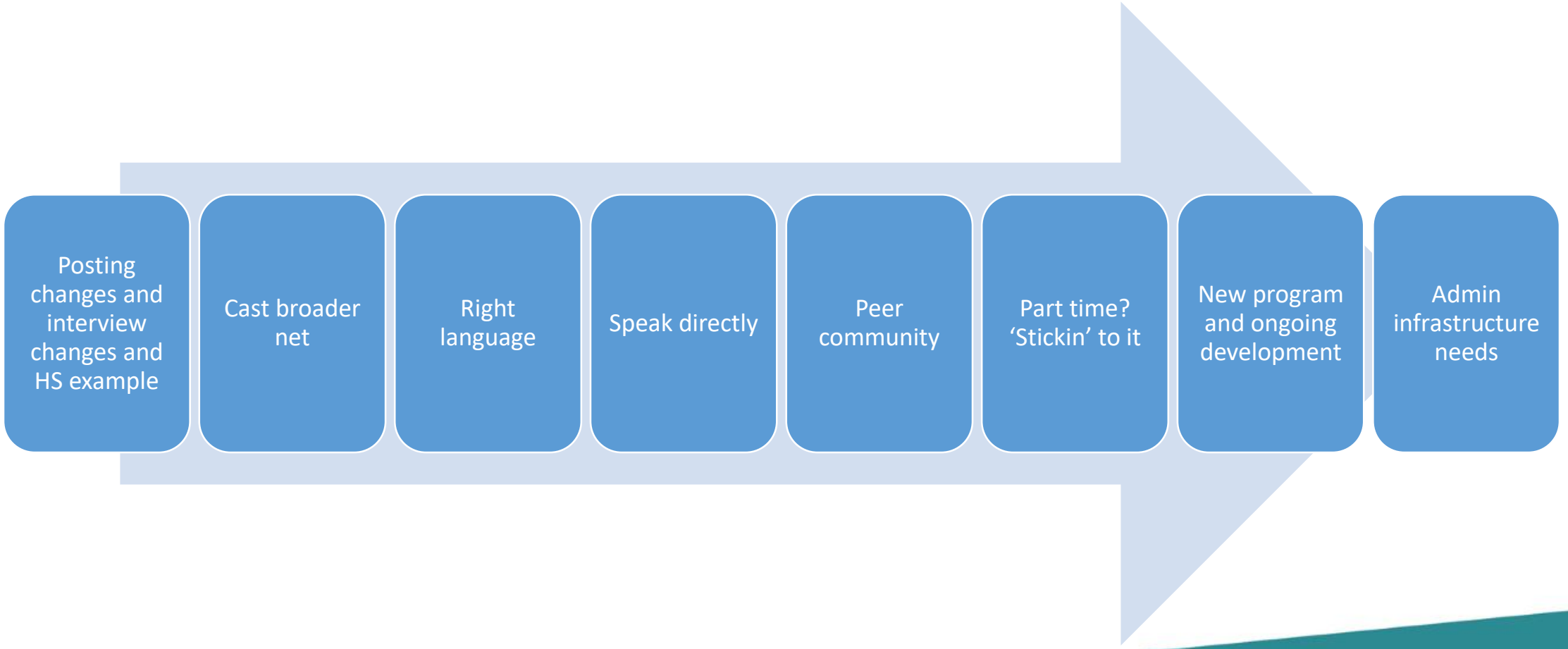
# Hiring and Recruitment: 7 positions

- Postings: Online, company website, county distribution lists, direct emails, in person (early on), NAMI, community agencies, referrals from providers, peer community
- Process: Multi prong – application review, phone interview, formal interview; and more recently, lead input, references
- Qualities: LIVED EXPERIENCE, good driving record, full time, skill set (independent and team oriented, communication/interpersonal, time management, self-care, etc.), longevity
- Desired: strong interest/passion, desire to work in field, recovery oriented, understanding impact of trauma, multi-dimensional diversity of team
- How: concepts of MH, recovery, wellness, TIC, goals

# Other considerations in Hiring Process

- **Employer**: what exactly constitutes lived experience?  Too little/too much? Who gets to decide?
- Utilization of phone interview and in person interview
- Lead and team input
- References: work or personal or even provider
- Fit (team and program) and diversity of team
- **Employee**: experience of interview/process
- Thoughts about applying/accepting
- Expectations: both looking for or met

# Changes, Lessons, and Challenges



# Job growth

- Lead peer position
- Coordinator position
- Welcome to apply!

# Feedback

- Direct client feedback
- Given to Case Managers
- To supervisor
- Reports from the field

# Reports from the Field

- Connection
- Perspective
- Refreshing
- Comradery
- Healing
- Trust
- Openness
- Supportive

# Valuing Lived Experience in Caring for Persons with Complex Needs

Bridges to Wellness
San Mateo County
Whole Person Care

Jan Allen – jcallen@smcgov.org
Lucinda Dei Rossi – ldei-rossi@smcgov.org

# Who We Serve

*Persons with multiple co-morbidities*

- Chronic physical health conditions
  - Heart disease, hypertension, diabetes, pain disorders
- Mental Health Challenges
- Substance Use Disorder
- Unhoused
- Criminal Justice involved

# Our Model

*Intensive Field-Based Care Management*

- Assist clients to identify and access needed care
- Coordinate care across systems
- Link clients to needed resources/services
- Assist client to self-manage
- Provide emotional and physical support
- Multi-disciplinary team including, care navigators, social work supervisors, Nurse Practitioner, RN, MD, and Manager

# Our Values

*Person-Centered and Trauma Informed Care*

- Everyone has a story
- Sympathy, Empathy and Compassion
- Sameness versus otherness
- Developing trust
- Offering hope

# Hiring Our Care Navigators

- Recruited from regular HR process and Peer-Operated CBO's
- Hired as County employees
- Utilized existing classification of Case Manager
  - Higher pay than Peer Provider classification
  - Experience with population required

# Hiring Our Care Navigators- How we Hired for Lived Experience

| | |
|---|---|
| Leadership values lived experience | Establishes a welcoming and inclusive environment |
| Interview Questions | "Why do you want to work with this population" |
| Phased hiring | Word of mouth recruitment by first hired staff<br>First hired staff participate in hiring selection |

# Survey on Client Experience

- Annual survey on client perception of service
- For 2019 researcher reached out to 122 clients with 61 responding and 59 included in survey results
- Quantitative and qualitative survey

# What Clients Report About the Service

| Question | Agree |
|---|---|
| I am satisfied with the help I receive from my Care Navigator. | 95% |
| My Care Navigator listens to what I have to say. | 97% |
| My Care Navigator helped me get the information and services I needed. | 90% |
| I am better connected to the care I need | 93% |
| In a crisis, I have someone I know I can go to for help and support. | 92% |

# What Clients Value in Their Care Navigator

**Relatable**

**Professional**

**Good Communicator**

**Trustworthy**

**Honest**

"He's a good person, I trust him, communication is magnificent. He is attentive when I call or if there is an emergency, He is very respectable and educated. I talk to him a lot about what I need."

"I have trust issues and (my Care Navigator) is someone I trust, which says a lot"

# What Clients Value in Their Care Navigator

**Non-judgmental**

**Able to manage complex life circumstance**

"She's phenomenal, (I have) eight (8) specialists I deal with, (and I had) open heart surgery."

"He listens and comes up with solutions for the problems that seem impossible to solve."

"I am disabled in a wheel chair and was homeless. My future is brighter. Without my Care Navigator I don't know where I would be. I think I would be dead."

# Hiring and Workforce Development

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# Table Discussions (20 mins)

- See the **YELLOW** Discussion Guide in your packet
- Guiding Principles**:**
  - Everyone has a responsibility to make sure everyone participates
  - Before asking the facilitator a question, group members must ask each other
- Select:
  - **Facilitator** -- Motivates, keeps group on task, makes sure everyone is heard, asks for consensus
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# Stretch Break

# Training and Capacity Building

Victor Murray, Director of Field Building and Resources, Camden Coalition
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Ashley Turner, Community Health Worker, Navigation and Support Program, WPC Los Angeles
Charlene Cline, Clinical Social Work Chief, WPC Los Angeles

# Camden Coalition

February 13, 2020

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of Healthcare Providers

## A relational coaching model designed to…

- ❖Guide the formation of authentic healing relationships with clients
- ❖Build resiliency and reduce burnout among frontline team members who are engaging complex clients
- ❖Provides guidance and teachable moments to frontline team members while building authentic healing relationships


What is

**RELATE?**

# **RELATE** Competencies

**R**elationship

**E**motion

**L**imits and boundaries

**A**gency

**T**eamwork

**E**co-system

## *Based on 15 years of training, and coaching on the engagement of complex clients*

***"Across a broad range of problems, settings, and cultures, there is something about a way of being with people that promotes change."***

-Stephen Rollnick and William Miller

- Developed as a companion to the COACH model
- For use across environments that are engaging individuals with complex needs
- Honors the importance of coaching, supervision and mentorship as critical to the development of an authentic healing relationship
- Supports a way of being with individuals that CANNOT be protocolized

# Administrative Supervision

- Authentic healing relationships
- Start with heart
- Be direct
- Don’t create your own story
- Frequency

VENTURA COUNTY
HEALTH CARE AGENCY

February 13, 2020

# VENTURA COUNTY WHOLE PERSON CARE PILOT

**Whole Person Care- The Essential Role of Community Health Workers & Peers**

**Presenters: Jackie Villanueva, Angela Gonzalez, Audrey Newman – Whole Person Care Community Service Workers**

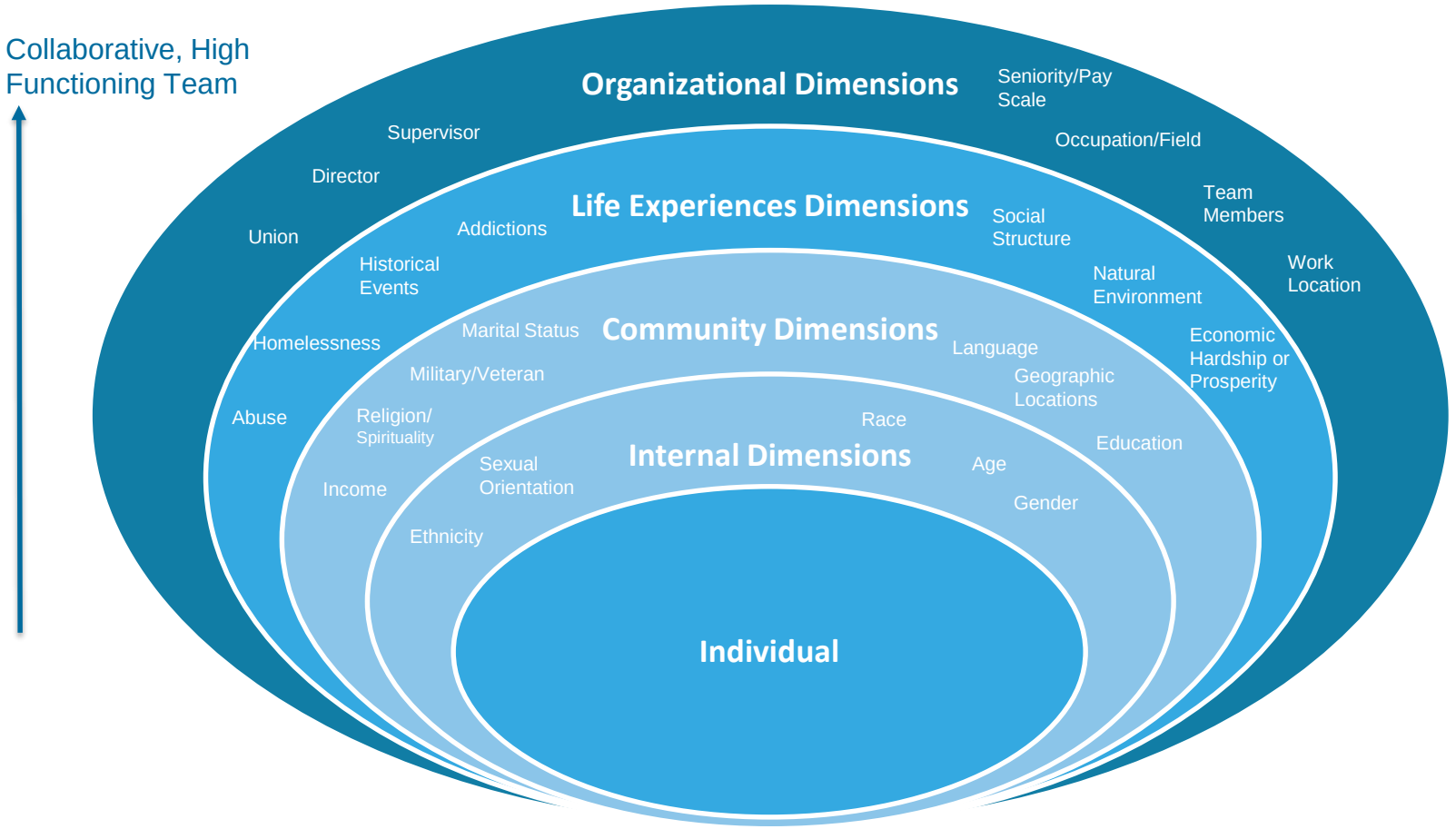
# The Role of a Community Health Worker

VENTURA COUNTY
HEALTH CARE AGENCY

# How does training support workplace culture?

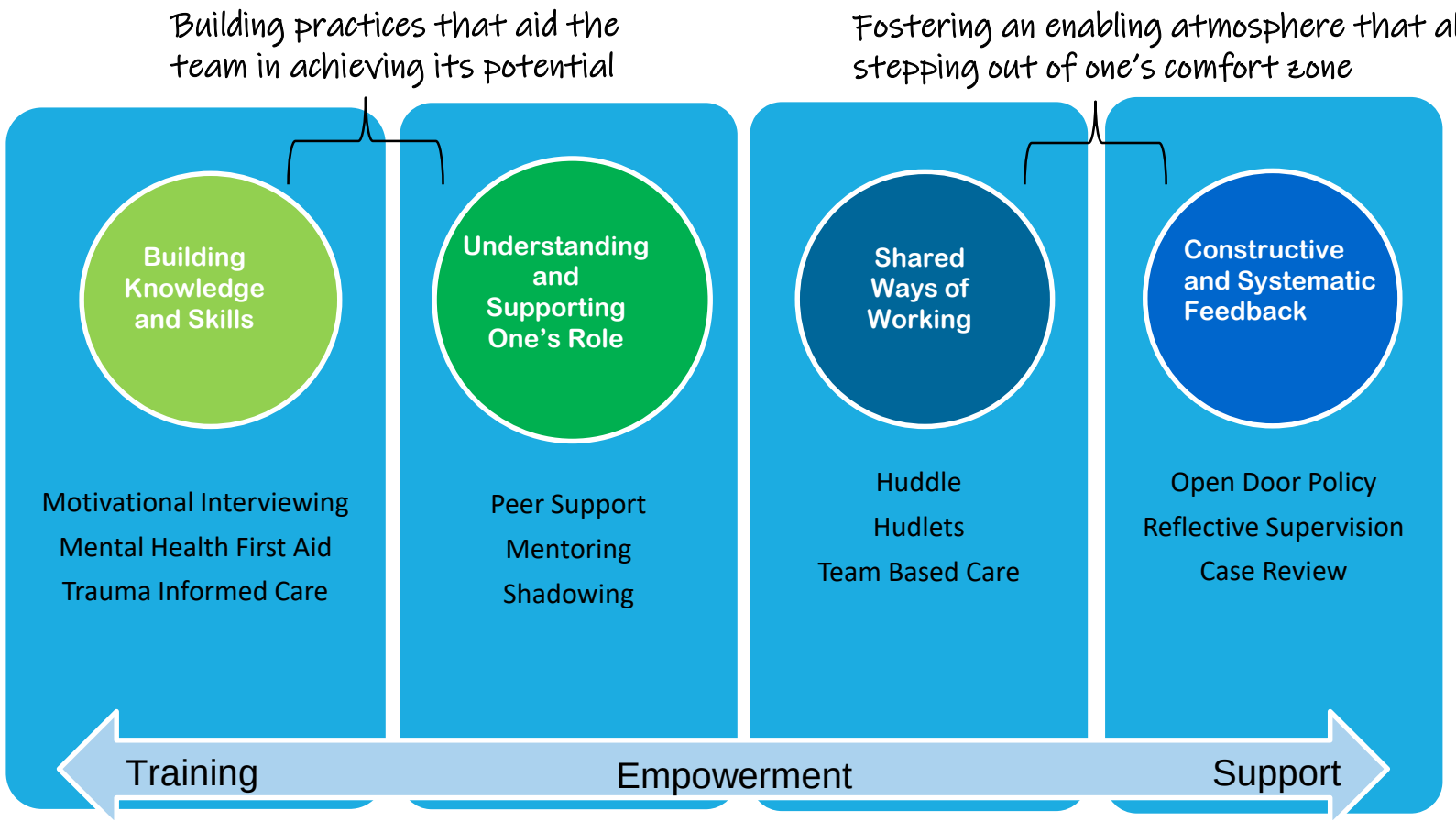

VENTURA COUNTY HEALTH CARE AGENCY

# Training to Support a Diverse Team




VENTURA COUNTY HEALTH CARE AGENCY

# Unlocking the Potential of a Diverse Team

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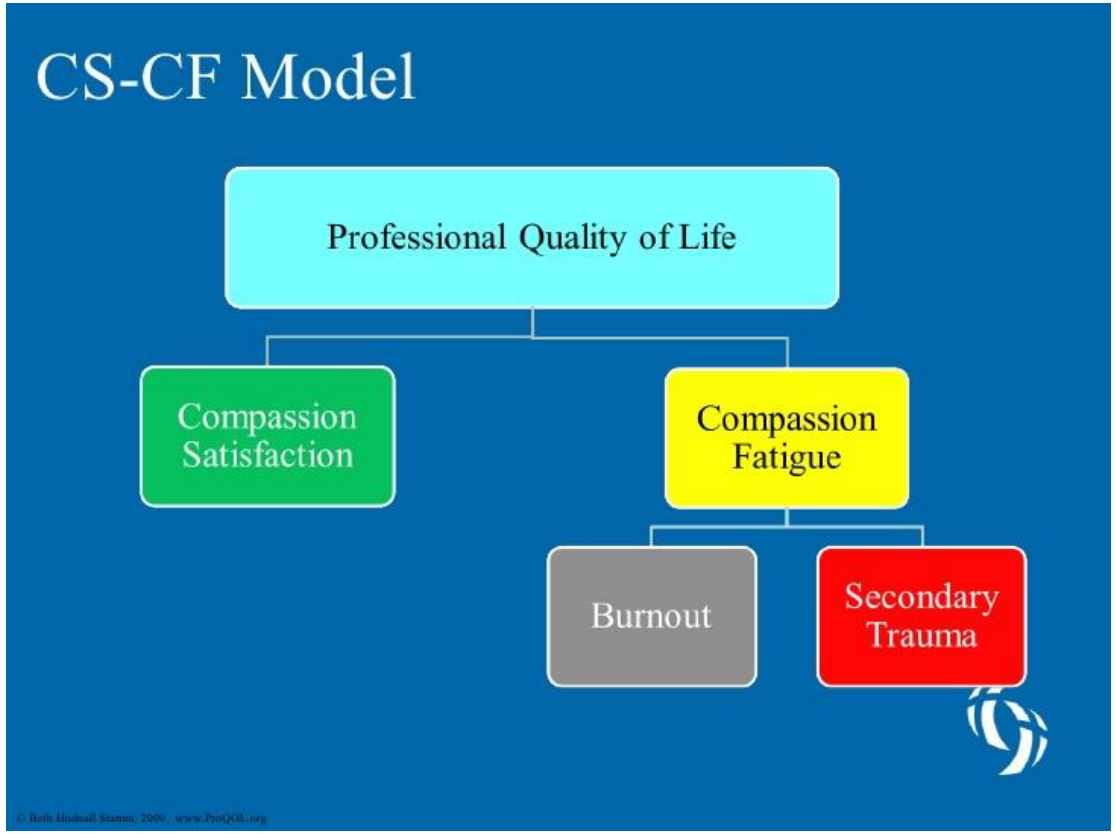
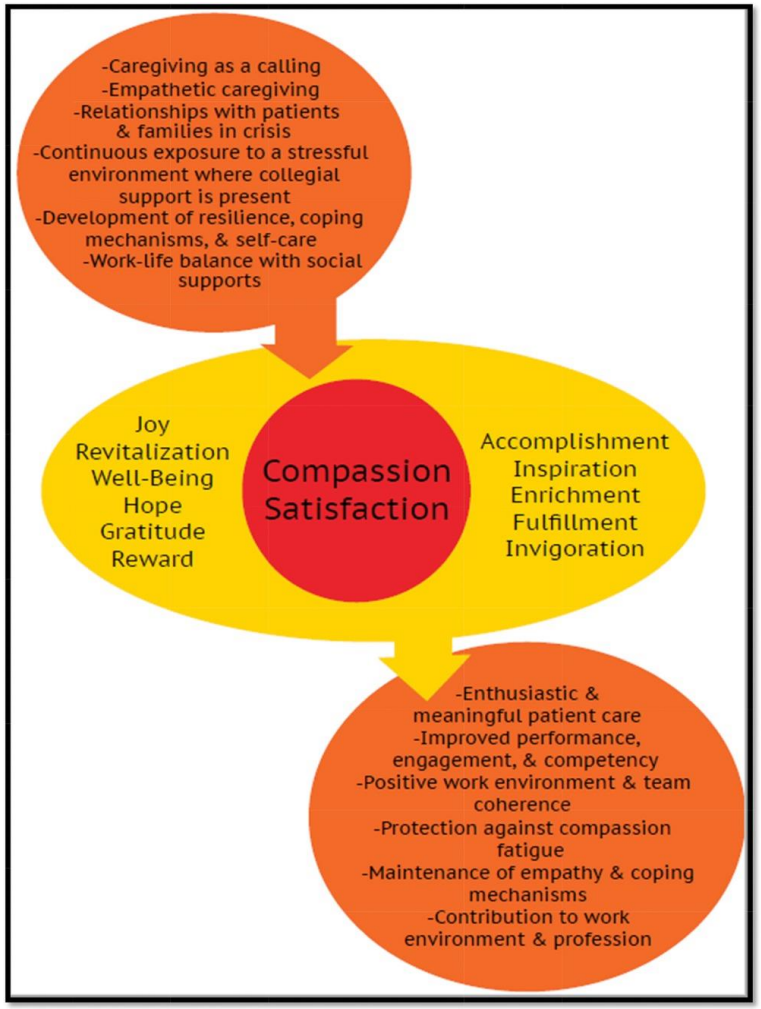
# Sustaining Compassion Satisfaction

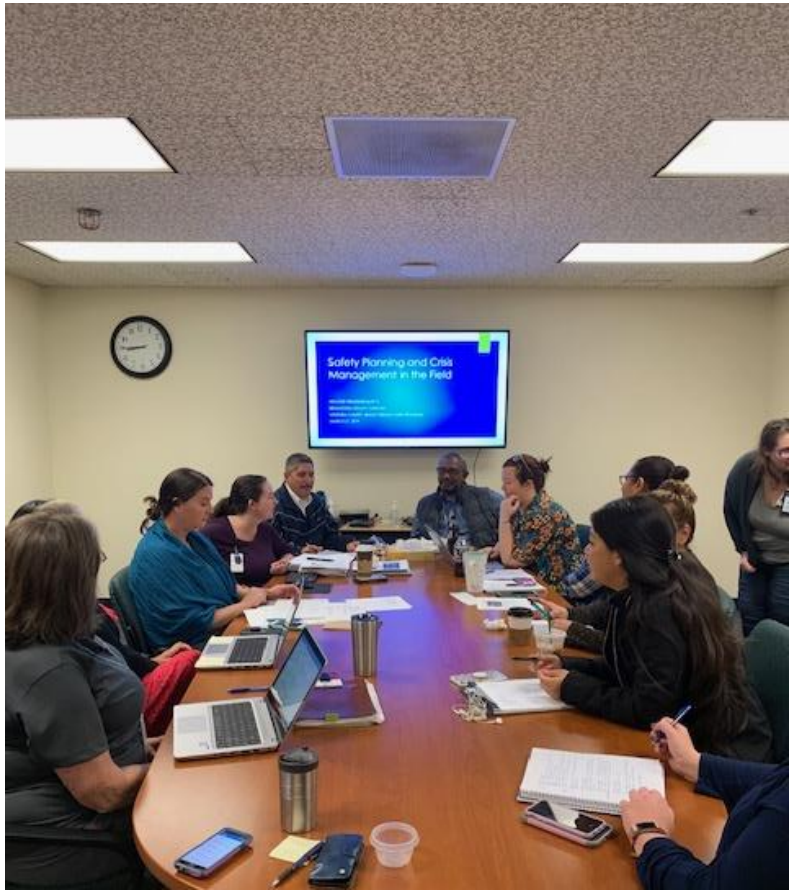



VENTURA COUNTY HEALTH CARE AGENCY

# Why Huddle?

- Team engagement
- Communication
- Knowledge sharing
- Backstopping
- Just-in-time training/skills development
- Check-in on goals
- Reinforce QI Processes
- Supports Team-Based Care
- Safety




VENTURA COUNTY HEALTH CARE AGENCY

# Burn Out Prevention

## Communication

- Having clear channels of communication among your Team and Supervisors will help in workflow, problem solving and create transparency in the workplace.


## Breaks and Lunches

- Making it a priority to take your allocated time for Lunch and Breaks will help with productivity in the workplace and give your body and brain a chance to recuperate.
- See if your workplace offers any wellness programs within the workplace

## Employee Assistance Program

- EAP  is a free confidential  program that employers pay for that helps employees deal with work life stressors, family issues, financial concerns, relationship problems and legal problems. Ask your employer if this service is available to you.

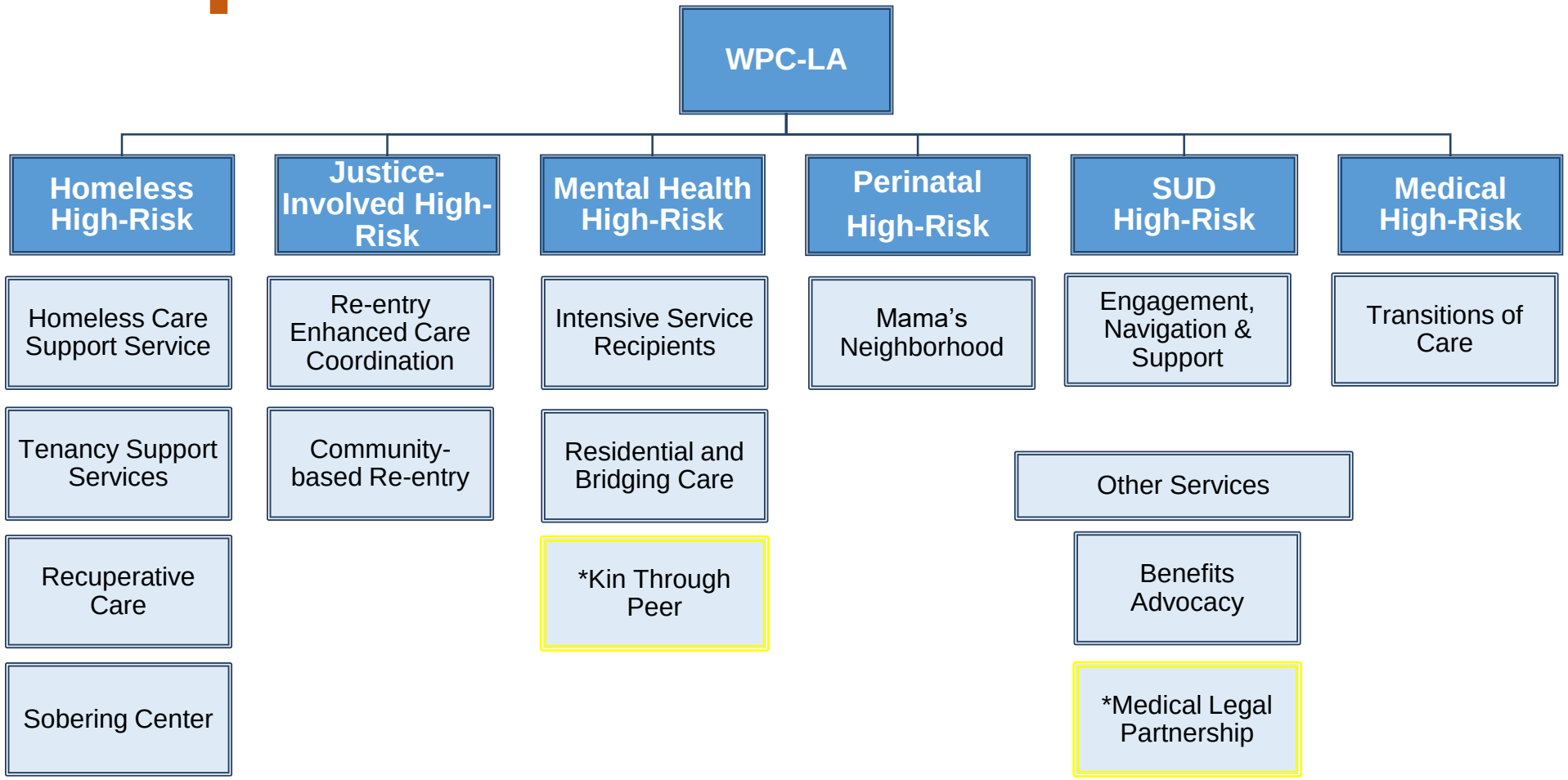
# In the eye of the beholder, this is what Resilience looks like…


VENTURA COUNTY
HEALTH CARE AGENCY

# Training and Capacity Building-Whole Person Care Los Angeles

Leticia Rodriguez Avila, Director, Capacity Building
Charlene Cline, Social Work Chief
Ashley Turner, Community Health Worker

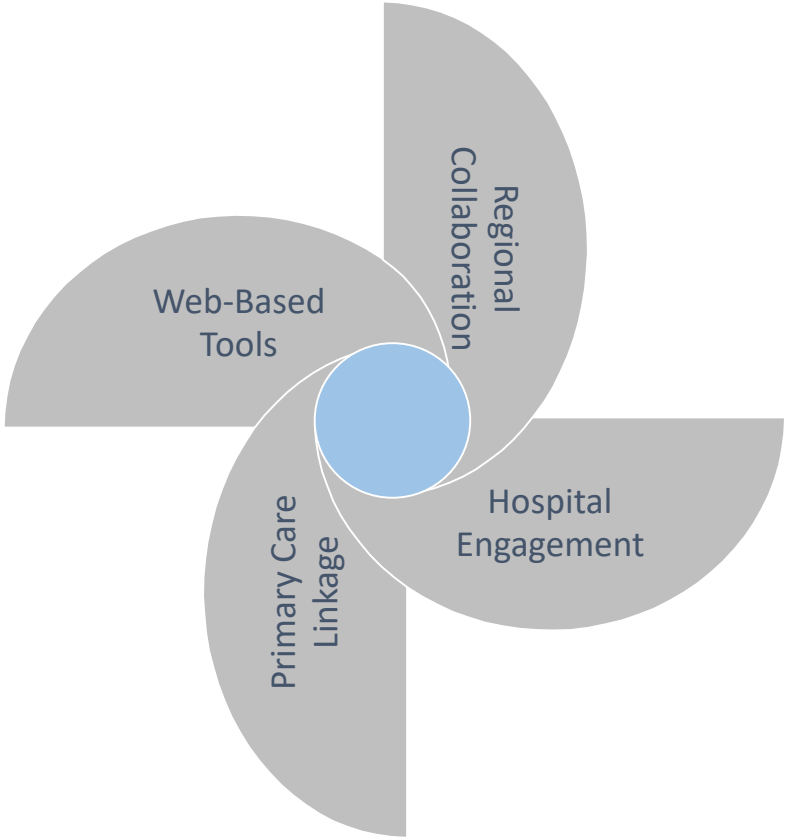
# Populations of Focus




**Add-on program – requires enrollment in at-least one other WPC-LA program*

# Regional Care Management Teams

- Consists of **supervising Licensed Clinical Social Worker** and **CHWs**
- Work closely with **hospital case management** and/or **hospital social work teams**
- Work closely with **participant's primary care team**
- Tools:
  - **CHAMP** – case management platform
  - **One Degree** – web-based community resource portal



# Experience and Skills

**Shared Lived Experience**

CHWs' expertise is based on their life experience rather than on formal degrees.

**Community Members**

Defined by shared or lived experience, race/ethnicity, sexual orientation, age, geography, disability status, other factors, or a combination of factors – CHWs are trusted community members.

**Capacity Building**

WPC-LA CHWs participate in capacity building sessions which further develop their ability to promote health and empower their own communities.


**Role**

CHWs support participants by providing:

- Social support
- Care coordination
- Health system navigation
- Outreach and advocacy
- Culturally appropriate health education

**Skills**

Depending on the setting in which they work, CHWs may possess skills in a variety of areas, including health education, care planning, motivational interviewing, chronic disease self-management, and community organizing.

**Qualities**

They possess qualities that can be strengthened but not taught, these include but are not limited to: empathy, compassion, open-ness, creativity., etc.


Local Places to go for Resources
Traumatic Events
Physical
Warning Signs

# Capacity Building

**The Capacity Building team consists of individuals that have experience in education, capacity building, popular (people's) education, and design, implementation, and evaluation of the CHW model.**

Seek to build on efforts to train CHWs and pro*motores/as de salud* that have been occurring in Los Angeles County for many years

Develop a high-quality core-curricula for CHWs across all eight Service Planning Areas and employed by WPC-LA

**Capacity Building Team**

Conduct initial and on-going training that utilize population (people's) education methodology

Develop capacity of Medical Case Workers (MCWs), and CHWs employed by contracted providers

# CHW Trainings

### 1) Orientation to the Health and Social Service System

- The Power of the CHW Profession
- Consents, Data Sharing and HIPAA
- Medi-Cal
- Housing and Health

### 2) Skill Base

- Motivational Interviewing
- Communication Skills
- Working with Multidisciplinary Teams
- Cross Cultural Skills and Understanding Biases
- Self-Care
- Safety Skills
- Medical Illnesses
- Primary Care Accompaniment
- Engagement, Care Planning, Case Notes, and CHAMP
- Mental Health First Aid

### 3) Populations of Focus

- Working with People who Identify as LGBTQ2I+
- Working with People with Disabilities and Different Abilities
- Mass Incarceration 101

### 4) Others

- Computer and Digital Skills
- Medications for Addiction Treatment
- Substance Use Education and Prevention
- Medical Legal Community Partnership
- Grief and Loss

# Supervisor Capacity Building

## Successes

- Supervision structure
- Weekly meetings
- 1:1 Supervision with SW Chief
- Clinical group supervision
- LA County and other Trainings

## Opportunities/Lessons Learned

- Trainings to support Supervisors supervising CHWs with lived experience (e.g. Trauma Informed Supervision)
- Additional coordination and collaboration with other SW Teams

# Ashley's Experience

## Most useful

- Motivational Interviewing
- Mental Health Refresher Trainings
- Suicide Prevention Training
  - Protocols
  - Facilitated in the huddles (small groups)

## Opportunity

- Working with People Experiencing Homelessness

# For More Information

- Website: www.wpc.dhs.lacounty.gov

- **Leticia Rodriguez Avila**, MPH
  Director, Capacity Building
  lrodriguezavila@dhs.lacounty.gov
  (213) 298-9087

- **Ashley Turner**
  Community Health Worker
  Aturner3@dhs.lacounty.gov
  (213) 246-9068

- **Charlene Cline**, MSW, LCSW
  Social Work Chief
  ccline@dhs.lacounty.gov
  (213) 370-7275

# Training and Capacity Building

Victor Murray, Director of Field Building and Resources, Camden Coalition
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# Lunch

# Breakout Sessions

**Developing an Integrated Care Team with CHWs/Peers**
Hollywood Room

Joseph Calderon, Lead Community Health Worker
Transitions Clinic Network

Shira Shavit, MD, Executive Director
Transitions Clinic Network

**Organizational Practices to Advance Trauma-Informed Care**
Burbank Room

Katy Davis, PhD, Director of Trauma-Informed Care, Women's HIV Program, UCSF

- ✓ *Take your belongings*
- ✓ *Your team may want to split up to attend both sessions*
- ✓ *Reconvene in City Ballroom at 2:20pm*

# Stretch Break

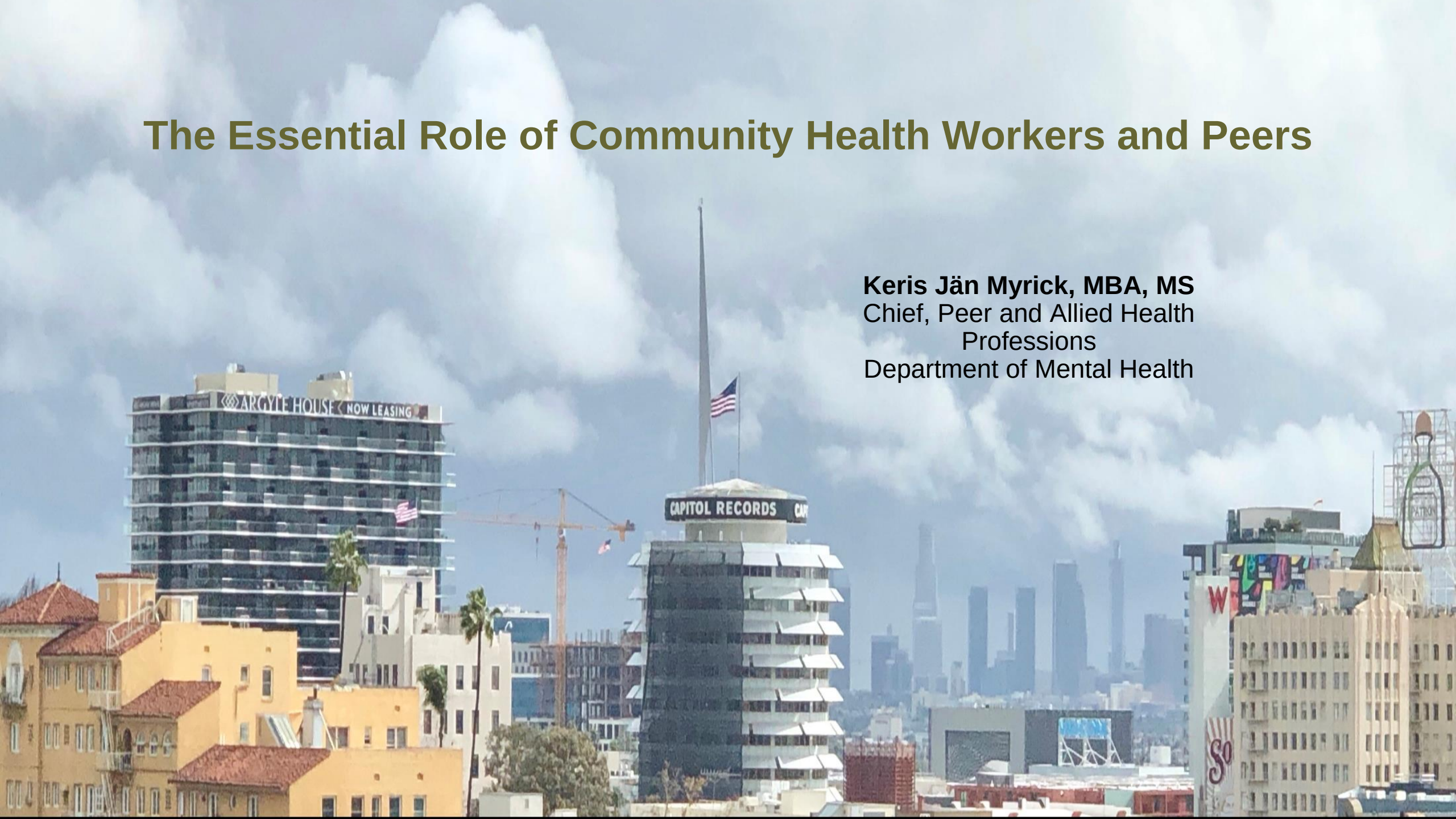
# Pathways to Sustainability for CHW/Peer Programs

Keris Myrick, Chief, Peer and Allied Health Professions, Los Angeles County Department of Mental Health

Elia Gallardo, Director of Government Affairs, County Behavioral Health Directors Association of California (CBHDA)

Carlina Hansen, Senior Program Officer, California Health Care Foundation (CHCF)

# The Essential Role of Community Health Workers and Peers




**Keris Jän Myrick, MBA, MS**
Chief, Peer and Allied Health Professions
Department of Mental Health


HELP
SUPPORT
ADVICE
GUIDANCE

# “I want a job, a house and a social life”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“The mystery of human existence lies not in just staying alive, but in finding something to live for. “
- Fyodor Dostoyevsky

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# “I want a job, a house and a social life”

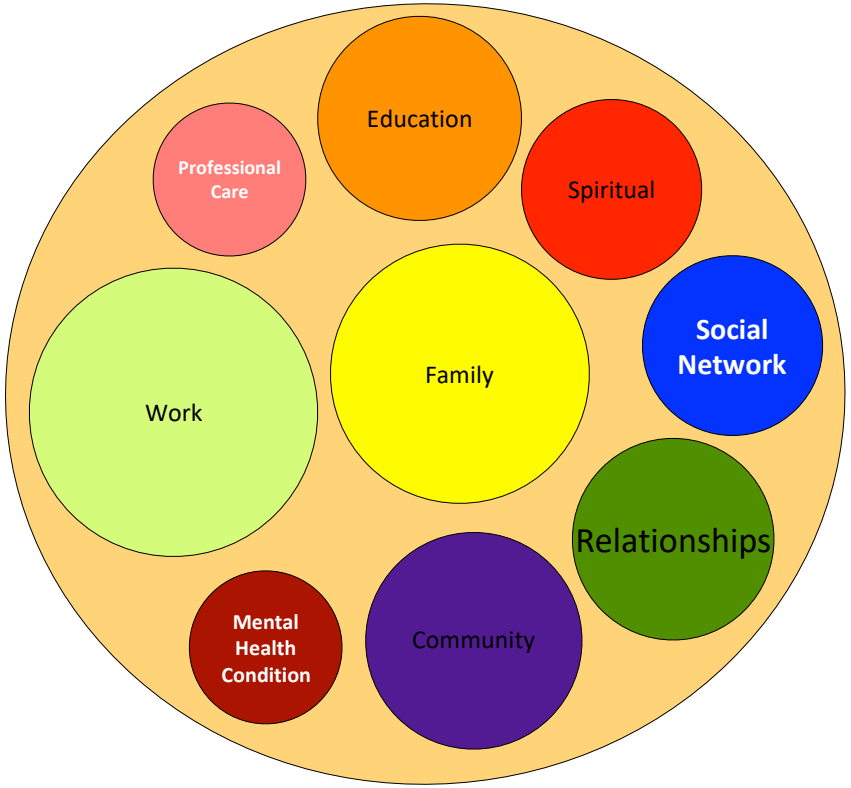
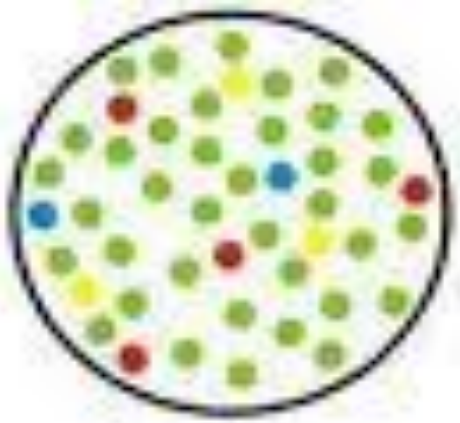
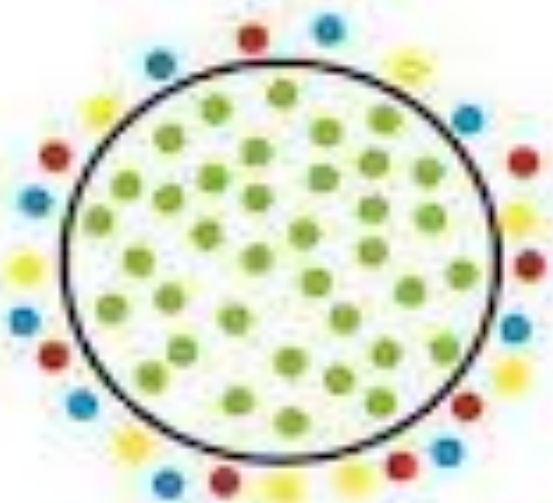




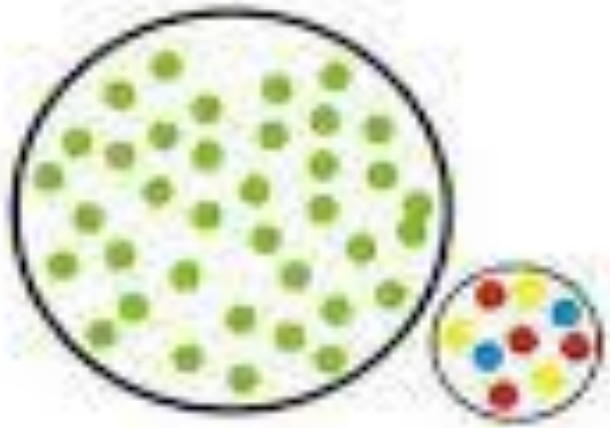

Illustration by Kathryn Durst



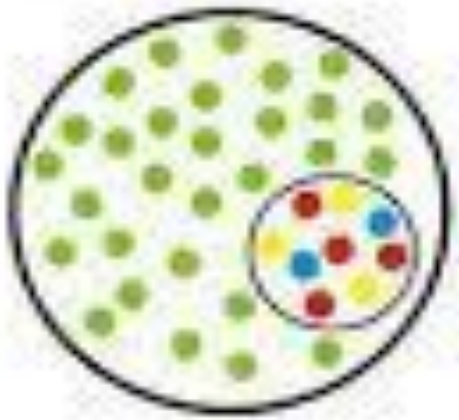
Inclusion



Exclusion



Segregation



Integration


Don't Expect
Everyone to
Understand Your
Journey, Especially
if They've Never Had
to Walk Your Path!

# Evolution of Certified Peer Specialists


- **1999:** First Medicaid billable Peer Support Service
- **2001:** Georgia first to develop Certified Peer Specialists (CPS) Program
- **2007:** CMS letter to State Medicaid Directors endorsing Peer Support
- **2012:** Georgia first to bill for peer support in whole health
- **2013:** CMS expanded peer support services for mental illness and substance use disorders
- **2014:** 36 states known to bill Medicaid for peer support services
- **2016:** 41 states and the District of Columbia have established programs to train and certify peer specialists
- **Today: GA has approximately 1700 CPSs**
- **Other agencies engaged in peer workforce efforts**

Source: Chapman, Blash and Chan (2015); Kaufman, Kuhn and Manser (2016)

United States Government Accountability Office

GAO

Report to Congressional Committees

November 2018

# MENTAL HEALTH

## Leading Practices for State Programs to Certify Peer Support Specialists

GAO-19-41

https://www.gao.gov/assets/700/695435.pdf

**Six Leading Practices for Programs that Certify Peer Support Specialists Identified by Program Officials from Selected States**


Source: GAO analysis of information from interviews with six selected states. | GAO-19-41

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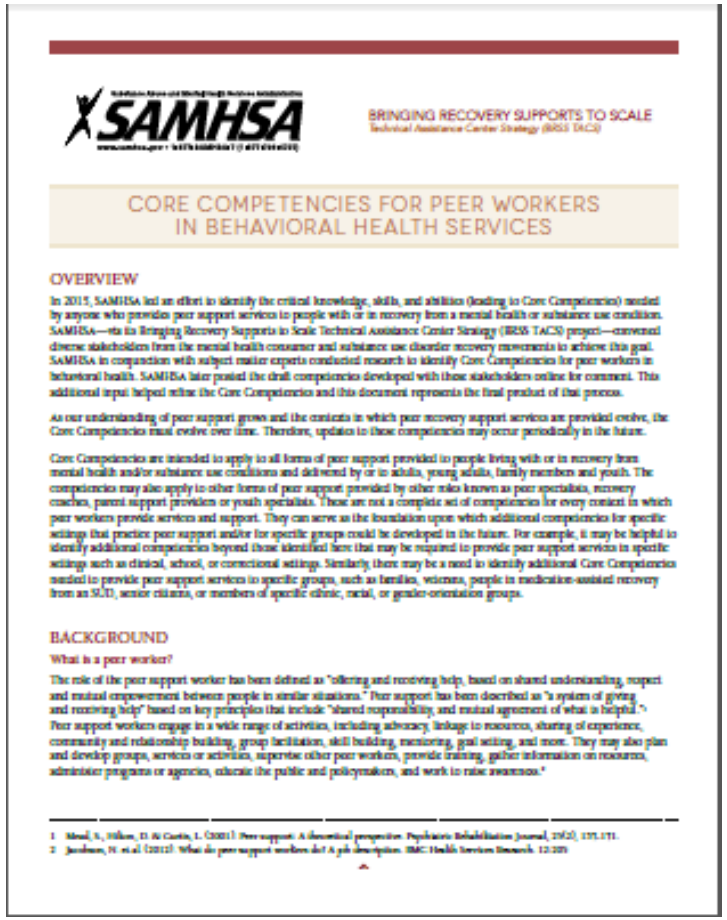
# Peer Workforce and Peer Core Competencies



SAMHSA

BRINGING RECOVERY SUPPORTS TO SCALE
Technical Assistance Center Strategy (BRSS TACS)

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

OVERVIEW

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

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

Core Competencies are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by other roles known as peer specialists, recovery coaches, parent support providers or youth specialists. These are not a complete set of competencies for every context in which peer workers provide services and support. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future. For example, it may be helpful to identify additional competencies beyond those identified here that may be required to provide peer support services in specific settings such as clinical, school, or correctional settings. Similarly, there may be a need to identify additional Core Competencies needed to provide peer support services to specific groups, such as families, veterans, people in medication-assisted recovery from an SUD, senior citizens, or members of specific ethnic, racial, or gender-orientation groups.

BACKGROUND

What is a peer worker?

The role of the peer support worker has been defined as "offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations." Peer support has been described as "a system of giving and receiving help" based on key principles that include "shared responsibility, and mutual agreement of what is helpful."[1] Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.[2]

1 Mead, S., Hilton, D. & Curtis, L. (2001) Peer support: A theoretical perspective. Psychiatric Rehabilitation Journal, 25(2), 134-141.
2 Jacobson, N. et al. (2012) What do peer support workers do? A job description. BMC Health Services Research 12:205

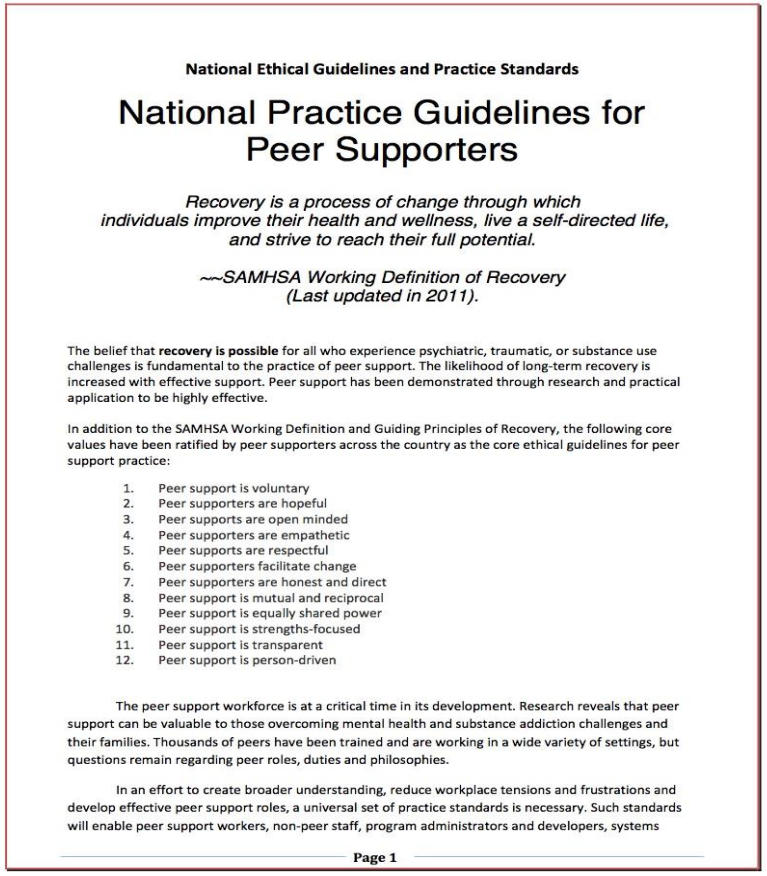
Core Competencies are intended to apply to all forms of peer support. They can:

- Apply to other forms of peer support provided by other roles
- Serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups

# Categories of the Core Competencies

- Engages peers in collaborative and caring relationships
- Provides Support
- Shares lived experiences of recovery
- Personalizes peer support
- Recovery planning
- Links to resources, services and supports
- Teaches information and skills related to health, wellness and recovery
- Helps peers to manage crises
- Communication
- Collaboration and teamwork
- Leadership and advocacy
- Growth and development

# Peer Practice Guidelines



National Ethical Guidelines and Practice Standards

National Practice Guidelines for Peer Supporters

*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.*

*~~SAMHSA Working Definition of Recovery (Last updated in 2011).*

The belief that **recovery is possible** for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addiction challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

In an effort to create broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems

Page 1

https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf

- Developed through a partnership between the Addiction and Mental Health Peer disciplines
- Operationalize peer performance expectations, skills and knowledge in the workplace

**40% of general population**
lacks skills, knowledge, and confidence to manage personal healthcare.

fail to take prescribed meds

skip appointments

return to hospital soon after discharge

Recovery to Practice
Resources for Behavioral Health Professionals

Hibbard, J. et al. (2004). Development of the Patient Activation Measure (PAM): Conceptualizing and Measuring Activation in Patients and Consumers. *Health Service Research, 39*(4 pt 1), 1005-1026.

SAMHSA

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# Access, Engagement, Activation

- We worry a lot about access but is the real issue Engagement and Activiation?
  - High rates of no shows
  - Intense concerns about adherence
  - One MCO – the average number of therapy sessions is 1.32
- Engagement:  When I go and see the clinician
- Activiation:  When I act on mutually agreed on treatment plans

# Value of Peer Support


**To access the Peer Support Briefs visit:**

**https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers**

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## HOW DOES PEER SUPPORT HELP?

The role of a peer support worker complements, but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team. Consider someone who received a prosthetic arm after an accident. Clinical staff would explain how the new arm works, how to take it off and put it on, and how to care for it. A peer supporter who shares the experience of losing a limb, however, would be able to empathize with the person about what it is like to receive a prosthetic arm, the experience of introducing it to one's family, and how it feels to go out in public with it.

Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

## DOES PEER SUPPORT MAKE A DIFFERENCE?

Emerging research shows that peer support is effective for supporting recovery from behavioral health conditions. **Benefits of peer support may include**

**Increased self-esteem and confidence** (Davidson, et al., 1999; Salzer, 2002);

**Increased sense of control and ability to bring about changes in their lives** (Davidson, et al., 2012);

**Raised empowerment scores** (Davidson, et al., 1999; Dumont & Jones, 2002; Ochoka, Nelson, Janzen, & Trainor, 2006; Resnick & Rosenheck, 2008);

**Increased sense that treatment is responsive and inclusive of needs** (Davidson, et al., 2012);

**Increased sense of hope and inspiration** (Davidson, et al., 2006; Ratzlaff, McDiarmid, Marty, & Rapp, 2006);

**Increased empathy and acceptance (camaraderie)** (Coatsworth-Puspokey, Forchuk, & Ward-Griffin, 2006; Davidson, et al., 1999);

**Decreased psychotic symptoms** (Davidson, et al., 2012); **and**

**Increased engagement in self-care and wellness** (Davidson, et al., 2012);

**Reduced hospital admission rates and longer community tenure** (Chinman, Weingarten, Stayner, & Davidson, 2001; Davidson, et al., 2012; Forchuk, Martin, Chan, & Jenson, 2005; Min, Whitecraft, Rothbard, Salzer, 2007);

**Increased social support and social functioning** (Kurtz, 1990; Nelson, Ochocka, Janzen, & Trainor, 2006; Ochoka et al., 2006; Trainor, Shepherd, Boydell, Leff, & Crawford, 1997; Yanos, Primavera, & Knight, 2001);

**Decreased substance use and depression** (Davidson, et al., 2012).

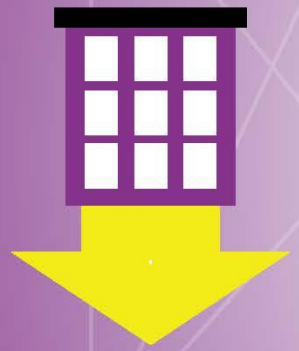
# IS PEER RECOVERY SUPPORT EFFECTIVE FOR PEOPLE WITH MENTAL HEALTH CONDITIONS?

The research on peer support in mental health systems is still emerging, but findings are promising. The research to date suggests that peer recovery support may result in:

Increased social functioning
(Walker & Bryant, 2013)

Increased empowerment and hope
(Chinman, et al., 2013, Cook, et al., 2010; Repper & Carter, 2011)

Increased quality of life and life satisfaction
(Bologna and Pulice, 2010; Felton, et al., 1995)



Reduced use of inpatient services (Chinman, et al., 2014; Min, et al., 2007; Sledge, et al., 2011)

Decreased costs to the mental health system
(Trachtenberg, et al., 2013)

Decreased hospitalization
(Davidson, et al., 2012)

Decreased self-stigma
(Corrigan, et al., 2013)

Increased community engagement (Min, et al., 2007)

Increased engagement and activation in treatment
(Druss, et al., 2010; Short, et al., 2012; Bellamy, et al., 2012)

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# WHAT ARE THE BENEFITS OF PARENT SUPPORT SERVICES?

Parent support services include the following benefits:

**Increased sense of collaboration:** Receiving skills training and support from parent support providers helps family members collaborate effectively with treatment professionals.

**Increased sense of self-efficacy:** Family support services increase family members' confidence in their abilities to care for their child.

**Increased empowerment to take action:** Receiving education about service systems, navigation skills, advocacy skills, and rights helps empower families to become active participants in their child's services.

*"I don't know what I would have done without our parent support provider. She understood what I was going through, and she didn't judge me. She was available whenever I needed her, not just during business hours. She helped my family get back on our feet."*

*—Stacey*

**Decreased internalized blame:** By providing education and connections with others, parent support services help family members reframe their experiences and debunk damaging myths about behavioral health conditions and emotional distress.

**Recognition of the importance of self-care:** Parent support providers help families increase their awareness of the need for self-care.

**Decreased family isolation:** Parent support providers assist family members with identifying and accessing community supports that help them feel less alone.

(Source: Obrochta et al., 2011)

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# IS PEER RECOVERY COACHING EFFECTIVE?

People who have worked with peer recovery coaches provide strong testimonies of the positive impacts of peer recovery support on their own recovery journeys. The research supports these experiences. While the body of research is still growing, there is mounting evidence that people receiving peer recovery coaching show reductions in substance use, improvements on a range or recovery outcomes, or both. Two rigorous systematic reviews examined the body of published research on the effectiveness of peer-delivered recovery supports published between 1995 and 2014. Both concluded that there is a positive impact on participants (Bassuk, Hanson, Greene, Richard, & Laudet, 2016; Reif et al., 2014).

More rigorous studies are needed to better understand the key elements of successful peer recovery support, especially as the field moves toward adopting evidence-based practices. Taken as a whole, the current body of research suggests that people receiving peer recovery support may experience:

Improved relationship with treatment providers

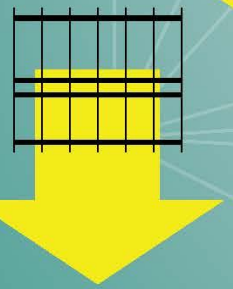
Increased treatment retention

Increased satisfaction with the overall treatment experience

Decreased emergency service utilization

Reduced re-hospitalization rates

Improved access to social supports



Decreased criminal justice involvement

Reduced relapse rates

Reduced substance use

Greater housing stability

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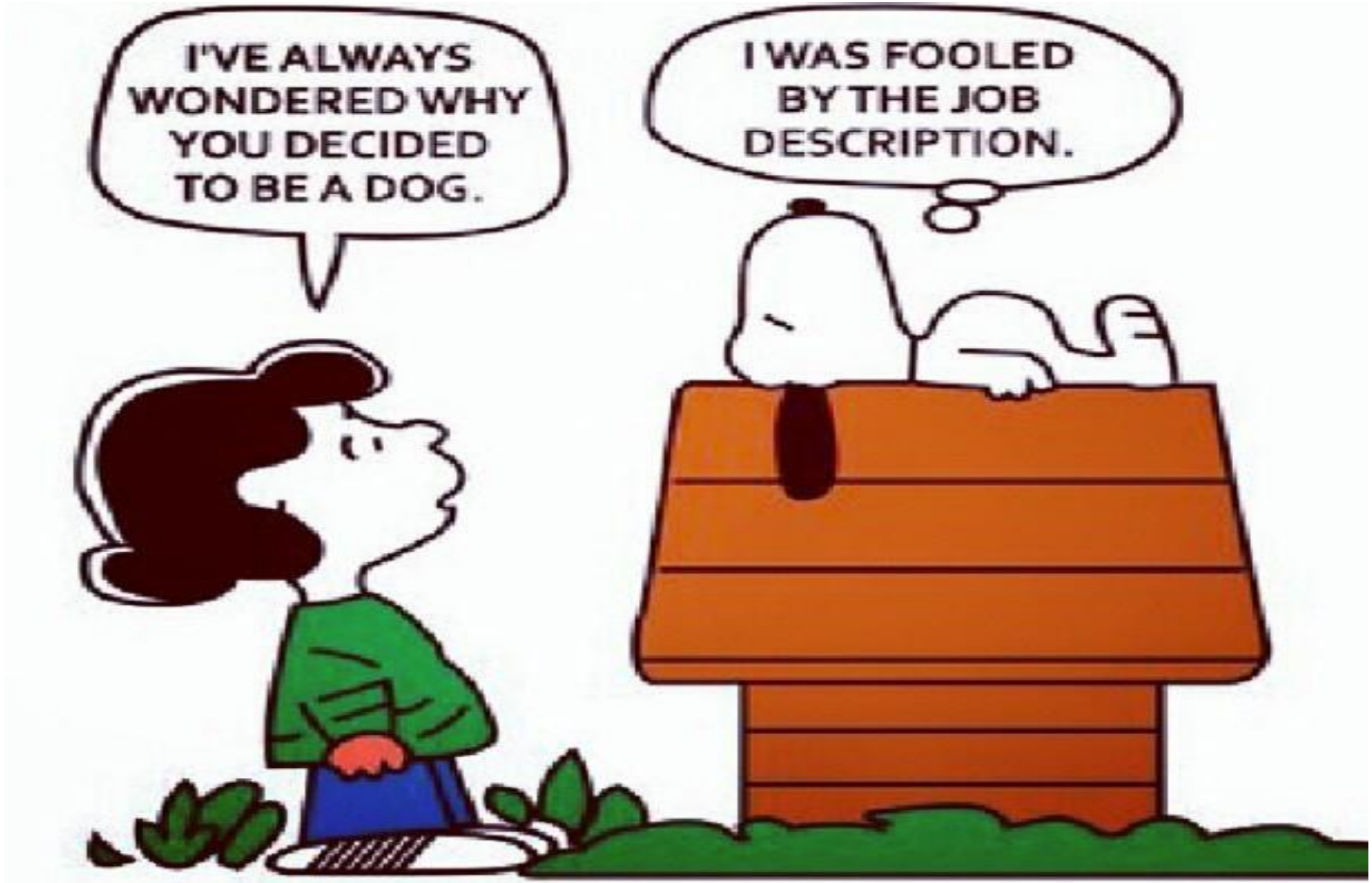
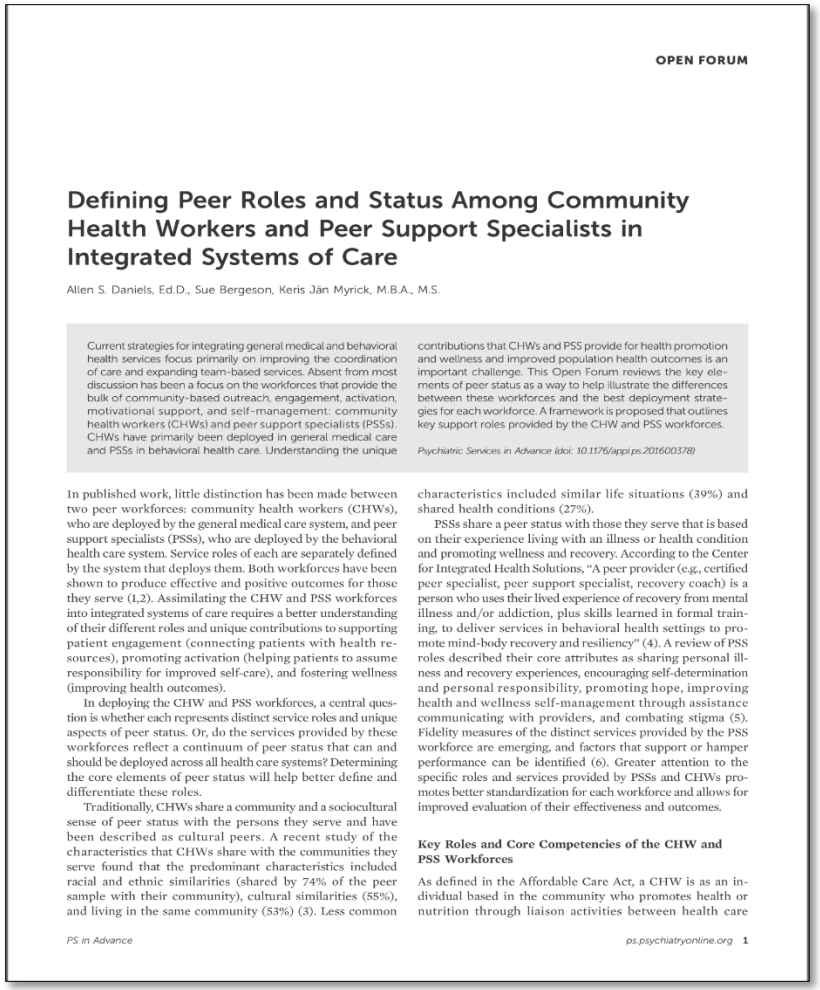

I'VE ALWAYS WONDERED WHY YOU DECIDED TO BE A DOG.
I WAS FOOLED BY THE JOB DESCRIPTION.

# Community Health Worker and Peer Supporters



OPEN FORUM

## Defining Peer Roles and Status Among Community Health Workers and Peer Support Specialists in Integrated Systems of Care

Allen S. Daniels, Ed.D., Sue Bergeson, Keris Jän Myrick, M.B.A., M.S.

Current strategies for integrating general medical and behavioral health services focus primarily on improving the coordination of care and expanding team-based services. Absent from most discussion has been a focus on the workforces that provide the bulk of community-based outreach, engagement, activation, motivational support, and self-management: community health workers (CHWs) and peer support specialists (PSSs). CHWs have primarily been deployed in general medical care and PSSs in behavioral health care. Understanding the unique contributions that CHWs and PSS provide for health promotion and wellness and improved population health outcomes is an important challenge. This Open Forum reviews the key elements of peer status as a way to help illustrate the differences between these workforces and the best deployment strategies for each workforce. A framework is proposed that outlines key support roles provided by the CHW and PSS workforces.

*Psychiatric Services in Advance (doi: 10.1176/appi.ps.201600378)*

In published work, little distinction has been made between two peer workforces: community health workers (CHWs), who are deployed by the general medical care system, and peer support specialists (PSSs), who are deployed by the behavioral health care system. Service roles of each are separately defined by the system that deploys them. Both workforces have been shown to produce effective and positive outcomes for those they serve (1,2). Assimilating the CHW and PSS workforces into integrated systems of care requires a better understanding of their different roles and unique contributions to supporting patient engagement (connecting patients with health resources), promoting activation (helping patients to assume responsibility for improved self-care), and fostering wellness (improving health outcomes).

In deploying the CHW and PSS workforces, a central question is whether each represents distinct service roles and unique aspects of peer status. Or, do the services provided by these workforces reflect a continuum of peer status that can and should be deployed across all health care systems? Determining the core elements of peer status will help better define and differentiate these roles.

Traditionally, CHWs share a community and a sociocultural sense of peer status with the persons they serve and have been described as cultural peers. A recent study of the characteristics that CHWs share with the communities they serve found that the predominant characteristics included racial and ethnic similarities (shared by 74% of the peer sample with their community), cultural similarities (55%), and living in the same community (53%) (3). Less common characteristics included similar life situations (39%) and shared health conditions (27%).

PSSs share a peer status with those they serve that is based on their experience living with an illness or health condition and promoting wellness and recovery. According to the Center for Integrated Health Solutions, "A peer provider (e.g., certified peer specialist, peer support specialist, recovery coach) is a person who uses their 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" (4). A review of PSS roles described their core attributes as sharing personal illness and recovery experiences, encouraging self-determination and personal responsibility, promoting hope, improving health and wellness self-management through assistance communicating with providers, and combating stigma (5). Fidelity measures of the distinct services provided by the PSS workforce are emerging, and factors that support or hamper performance can be identified (6). Greater attention to the specific roles and services provided by PSSs and CHWs promotes better standardization for each workforce and allows for improved evaluation of their effectiveness and outcomes.

### Key Roles and Core Competencies of the CHW and PSS Workforces

As defined in the Affordable Care Act, a CHW is as an individual based in the community who promotes health or nutrition through liaison activities between health care



Daniels, Allen, Bergeson, Sue and Myrick, Keris Jän. "Defining Peer Roles and Status Among Community Health Workers and Peer Support Specialists in Integrated Systems of Care". Psychiatric Services in Advance (2017): http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600378

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## Appendix 1. Primary Roles and Peer Status of CHW and PSS

| **Primary Roles of CHW and PSS** | Education and Connection to Treatment Services | Prevention to Avoid Illness | Addressing Hopelessness and Trauma of Illness Conditions | Activation to Support wellness and Health Improvement | Promoting Self-care, Shared Decision-making, and Care Plan Adherence |
|---|---|---|---|---|---|
| Community Health Worker (CHW) | CHW - Primary Roles and Peer-status High > Low | | | PSS - Primary Roles and Peer-status Low > High | |
| Peer Support Specialist (PSS) | | | | | |
| **Peer Status CHW and PSS** | Racial and Ethnic Similarities | Cultural Similarities | Living in the Same Community | Common Life Situations | Common Health Conditions |

Daniels, Allen, Bergeson, Sue and Myrick, Keris Jän. "Defining Peer Roles and Status among Community Health Workers and Peer Support Specialists in Integrated Systems of Care." Psychiatric Services in Advance (2017): http://ps.psychiatryonline.org/doi/full/10.1176/appi.ps.201600378

It is time for peer support to take the next step into its' future, full inclusion in the array of behavioral health services in a variety of roles.
Community Health Worker and Peer services need to be available no matter what door you enter through.

- Mental health and substance use services
- Primary care
- Emergency and crisis services
- Inpatient services
- Whole health care teams

- Entry level peer support
- Advanced level peer support
- Supervisory positions
- Administrative positions
- Management

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When 'I' is replaced by 'WE', even 'ILLNESS' turns into 'WELLNESS'

*-Malcolm X*

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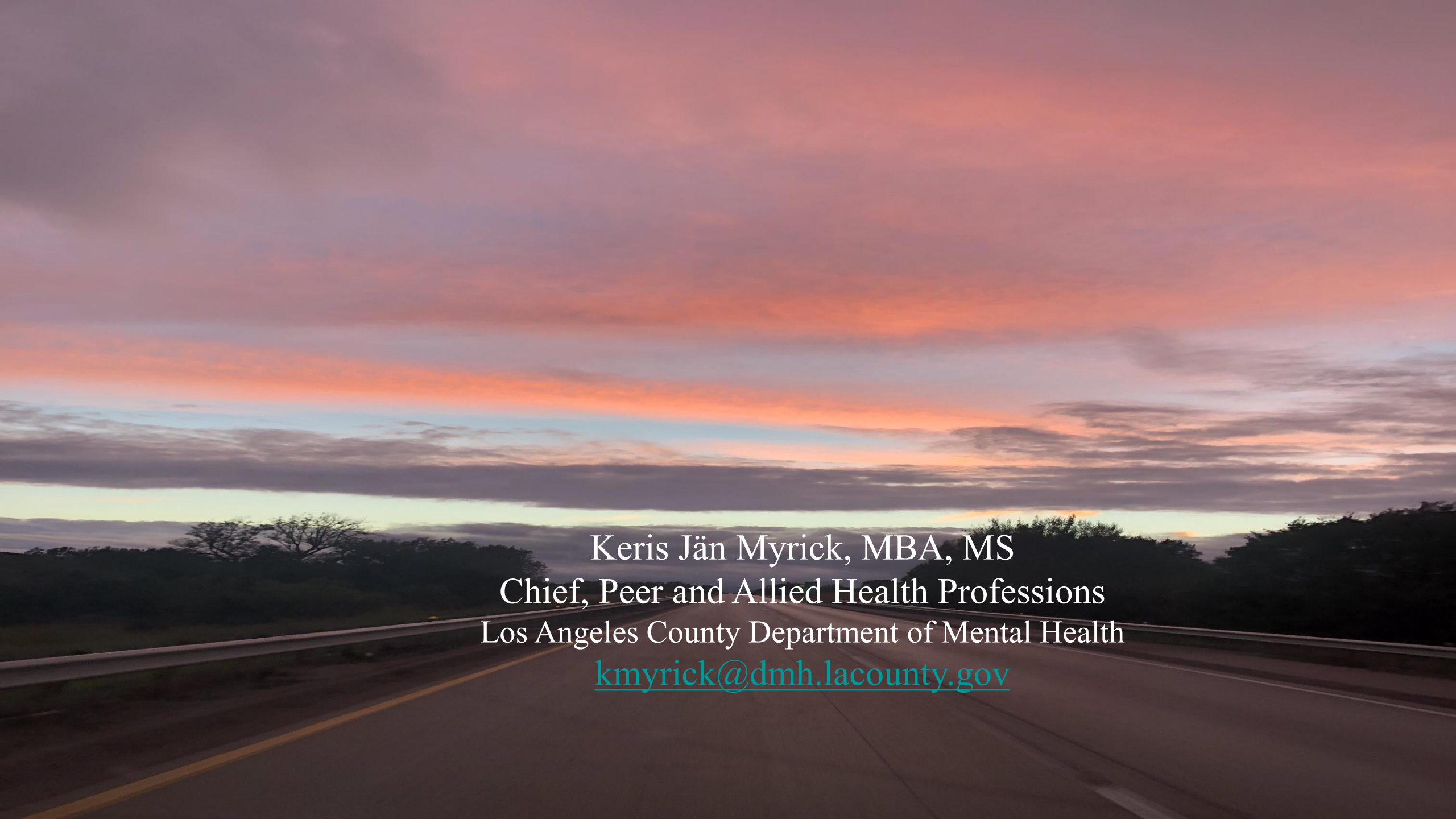

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# Core Competencies and Peer Support Infographics Reference:

- Use the following resources to learn more about the role that peers play in recovery. Please read the SAMHSA.gov Exit Disclaimer for more information on resources from non-federal websites.
- Peer Support Resources
- Peer Core Competencies
- Value of Peers – 2017 (PDF| 2 MB) describes how peer supports advance recovery and add value to behavioral health systems: Peer Support (PDF| 2 MB); Family, Parent, and Caregiver Peer Support in Behavioral Health (PDF| 846 KB); Peers Supporting Recovery from Mental Health Conditions (PDF| 2 MB); and Peers Supporting Recovery from Substance Use Disorders (PDF| 2 MB).

# SB 803 (Beall)
# Peer Support Specialist Certification Program Act of 2020
## Pathway to Sustainability for Peer Programs

Elia V. Gallardo, Esq.
Director of Govt Affairs
CBHDA

# Background

Peers in County Behavioral Health Today

- Medi-Cal Specialty Mental Health Services
  - “Other Qualified Provider” including those with lived experience and those without
  - Lived Experience not included in a covered benefit except for DMC-ODS

- Drug Medi-Cal Organized Delivery System
  - peer-to-peer substance abuse assistance services as a component of recovery services

# Background

## Peers in County Behavioral Health Today

- Mental Health Services Act
  - 3 Year Community Planning Process
  - Peer are part of 400 out of over 2000 programs statewide funded by MHSA

- SB 803 will not change anything that exists today

# Background

## Overview

- 2007 CMS Guidance on Peer Support Services (PSS)
  - Recognition of PSS as an evidence-based mental health model of care that is cost-effective and improves health outcomes

- CMS authorized State Medicaid agencies to include PSS as a Medicaid/Medi-Cal covered benefit

# Background

CMS Guidance

1. Supervision
2. Care-Coordination
3. Training and Credentialing

- 48 States and the Department of Veterans Affairs have a certification process in place or in development

# Background

Outcomes in Other States

- Georgia
  - Improvements in all clinical areas with peer support
  - Average costs reduced from $6491 in day treatment to $997

- New York
  - Hospitalizations reduced by 41% with peer support

# Peer Support Specialist Certification Program Act of 2020

- Establishes a statewide certification program for peer support specialist
- Peer Support Specialist as Medi-Cal billable providers and peer support services as a Medi-Cal covered benefit
- Maximizes federal matching funds for peer support services

# Peer Support Specialist Certification Program Act of 2020

- Defines a range of responsibilities and practice guidelines
- Specifies required training and continuing education
- Outlines clinical supervision
- Establishes a code of ethics

# Thank You

# Any Questions?

CHCF

# Enhancing Statewide Training Infrastructure for Community Health Workers and *Promotores*: A Stakeholder-Led Initiative

Carlina Hansen
Senior Program Officer
California Health Care Foundation
Whole Person Care Convening
February 13. 2020

# Problem: Workforce and Disparities

- California's population will grow to 44 million by 2030.
- There is an increasing shortage of primary care providers.
- Approximately 70% of those living in health professional shortage areas are Latino, Black, and Native American.
- 38% of Californians are Latino and 6% are Black, whereas 5% of California's practicing physicians are Latino and 3% are Black.
- People with low incomes, people of color, and those with language barriers experience social disadvantages that worsen health outcomes and reduce life expectancy.

# Opportunity

## Scale the engagement of community health workers, *promotores*, and peer providers:

"Community health workers and *promotores* (CHW/Ps) and peer providers can help **meet increasing demand for team-based integrated primary and behavioral health care, drawing on lived experience to support better outcomes for all.**"

California Future Health Workforce Commission (Recommendation 3.4)

# The lack of clarity and consistency in training is a barrier to scaled engagement of CHW/Ps in health and social service settings.

# California Future Health Workforce Commission Recommendations

- "Create consensus among CHW/Ps, advocates, health care employers, and payers on **core competencies** for optimal engagement and training of CHW/Ps"

- **"Establish a formal certification process for CHW/P training programs provided by community colleges and community-based organizations."**

# Debate: Standardization and Credentialing

**Arguments for:**

- Could make implementing sustainable funding mechanisms easier
- Could improve credibility and respect from other professions
- Including defined minimum qualifications that are transferrable to different employer settings could enhance career pathways
- Could assuage concerns over quality of care and liability
- Certification viewed as a way to guarantee a standard skill set and knowledge base for CHW/Ps
- Would bring greater consistency to a growing area of the health care workforce

**Arguments against:**

- Defining standards could lead to loss of authenticity, effectiveness, and trust in the community served – the very factors that make CHW/Ps unique
- Could create barriers to entry into the profession
- Would heighten chance for backlash among professions fearing encroachment

# What is different now?

- CHW/Ps are employed in large health care systems.
- CHW/Ps are a part of large-scale safety-net delivery system initiatives in California, such as the Whole Person Care pilots and Health Homes Programs.
- Other states are standardizing training or have implemented CHW/P innovations and have lessons learned that can be applied in California.
- California Future Health Workforce Commission recommendations have put a bigger spotlight on the CHW/P workforce.
- There is increased attention to social determinants of health.
- Medi-Cal Healthier California for All may create new opportunities to engage CHW/Ps.

# Engaging with Diverse Stakeholders to Standardize CHW/P Training

## Project Objective

To produce detailed recommendations for the standardization of CHW/P training, with a focus on health care settings, that is endorsed by a diverse stakeholder group, including CHW/P employers, CHW/P training and advocacy entities, and CHW/P representatives

## Outcome

Stakeholder participants and the selected oversight body are actively advocating for and implementing the recommendations to standardize CHW/P training, thereby creating a pathway for greater participation of CHW/Ps in the health care workforce.

# Elements of Recommendations

- Core competencies for CHW/Ps, including competencies for CHW/Ps working in health care settings
- Curricular components aligned with core competencies
- Design of a statewide training model (e.g., regional model, hubs, consortium of trainers)
- Training program eligibility and requirements
- Inclusion of an oversight body/bodies
- Consideration of training affordability and accessibility for CHW/Ps
- Policy considerations for certification plan implementation
- Consideration of the need to build the capacity of existing training programs, as necessary

# Key Considerations

- Existing training programs
- Accessibility of the training (e.g., cost, geography, language)
- Developing training that matches the needs of employers
- California: size and demographic diversity. Does one size fit all?
- Matching training requirements with the diversity of roles
- Financing of the workforce
- Sticky issue of credentialing

# Parallel Efforts at CHCF

- Understanding and advancing efforts to support financing CHW/P work
- Enhancing understanding of the CHW/P workforce in California to inform the work of the stakeholder group
- Listening to patients and to CHW/Ps
- Coalition building

# Estimated Timeline and Next Steps

**February/March 2020**
Finalize project design

**May/June 2020**
Identify and invite stakeholder group

**September 2020**
Stakeholder group kickoff

**September 2020–April 2021**
Stakeholder meetings

**Summer 2021**
Stakeholder recommendations finalized

# Pathways to Sustainability for CHW/Peer Programs

Keris Myrick, Chief, Peer and Allied Health Professions, Los Angeles County Department of Mental Health

Elia Gallardo, Director of Government Affairs, County Behavioral Health Directors Association of California (CBHDA)

Carlina Hansen, Senior Program Officer, California Health Care Foundation (CHCF)

# Next Steps

- ✓ 2-3 action steps to strengthen & sustain the work
- ✓ Pilots to connect with and continue the conversation
- ✓ Share with someone next to you

# Thank You!

Please complete the EVALUATION