hope
wellness
recovery

PEER SPECIALIST TRAINING AND CORE COMPETENCIES

SUMMARY OF FINDINGS

PEER SPECIALIST TRAINING & CORE COMPETENCY COMMITTEE

AND AGE-SPECIFIC WORK GROUPS

COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH

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WELLNESS · RECOVERY · RESILIENCE

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Executive Summary

The Mental Health Services Act (MHSA) calls for the development of programs which "emphasize client-centered, family focused and community-based services…" and includes "employment of mental health consumers and family members in the mental health system". In Los Angeles County, ongoing local implementation of this fundamental value of MHSA is supported by the ongoing development of strategies to promote the recruitment, hiring, training, support and retention of a multicultural workforce with "lived experience" as people with experience as clients/consumers/survivors, transition-age youth, family members, and parents/caregivers of youth and who – because of their lived experience – possess unique qualifications to support improvements in client and family-driven services.

In May 2012, the Program Support Bureau – in concert with the Workforce Education and Training Division and the Empowerment and Advocacy Division - of the County of Los Angeles Department of Mental Health (DMH) launched an effort to identify specific and generalized training to ensure broad-based core competencies of employees with lived experience within DMH and county contracted agencies who are engaged in providing peer specialist services. A Committee on Peer Specialist Training and Core Competencies was convened and, subsequently, expanded to encompass the development of age-specific work groups to gather and synthesize knowledge from county and county-contracted employees, agencies and stakeholders. In a January 2013 joint meeting, committee and work group members identified the overarching values and essential skills, knowledge, and specialized skills across the spectrum of age-groups as well as prioritized the four to five most critical values, skills and knowledge elements. These are listed below in order of priority.

VALUES

Principles of hope, dignity, respect, empowerment, self-advocacy, personal responsibility, support and self determination
The primary shared value which underscores the ability to "come alongside" a person/family to support others as they direct their own lives. These principles are foundational.

Life experience is crucial.
Peer providers recognize and are recognized for their significance of experience, their ability to relate to others and the value of their ability to be a role model for others. Essential experience includes a minimum of one year of self-help support group experience, receiving and/or participating in best practice peer services, and having prior job experience.

Relationship is primary.
Peer relationships are reciprocal, non-judgmental, trusting, egalitarian, and have a basis in equal human rights. Primary to this is establishing unconditional acceptance (love) and support through a trusting relationship between people who are equals with one another.

Sharing and connecting with others as Peers.
Establishing personal connectedness through language and listening and relating with another person through specific life experiences (e.g. the sharing of one's story) is imperative. The

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connection begins and remains with being present with other people according to where they are at, allowing that connection to be self-directed by others. It is patient and respectful of a person's pursuit of his/her own goals for wellness.

Cultural awareness.

Peer relationships incorporate respect and understanding for all people and celebrate the limitlessness of the potential and ability of each person. Cultural awareness means embracing the developmental stages and aging processes people experience, as well as the varied identities people have based on race, ethnicity, age, sexual orientation, gender and gender identification, religion, spirituality, and mental, emotional and physical differences in abilities.

Values aligning with one's lived experience as a peer employee, such as that pursuit for individual wellness and recovery, resiliency and discovery, may be most critical to share with others seeking their own path of wellness but who, because of challenges, may lack hope. Priority values also indicate peer relationships should be built upon trust, respect, and reciprocal support so Peer Specialists may "be alongside a person in their wellness journey as opposed to directing a person in their care or supporting a person as a non-peer." In fact, identified priority values represent bona fide qualities of peer specialists that may enhance a person's experience in seeking help and provide an opportunity to have an alliance with others who have shared similar experiences and achieved personal wellness goals.

SKILLS AND KNOWLEGE

Basic skills set

The basic skills set enables a person to maintain safety, understand their scope of practice, complete documentation, manage time effectively, avoid power struggles, practice nonviolent communication, recognize when personal triggers occur and have a process to resolve those triggers effectively. Essential basic skills also include the ability to educate others about confidentiality and their rights, provide resources and referral, and assess the person/family strengths and challenges as well as assist people in developing self-directed plans for their wellness (e.g. WRAP, goal setting, advanced directives and crisis planning).

Ability to develop rapport and demonstrate good interpersonal skills

This includes being a bridge-builder and team player; meeting people where they are at; demonstrating a positive respect for the person and/or family; being able to disclose personally and tell one's story to meet others' needs; and the ability to deliver attention, affection and approval to others.

Knowledge of systems

Systems knowledge includes the demonstrated understanding of basic mental health and co-occuring substance use issues, education, social services, protective services, developmental services system, substance use recovery services, employment/vocational development, justice systems, and medical systems.

Knowledge of key concepts and principles
These key concepts and principles relate to the broader concepts of recovery, resiliency, and human rights. From a practice perspective, these also include peer best practices and approaches that are strength-based, trauma-informed, and holistic as well as address developmental stages and stages of change, and attend to legal and ethical issues.

Prioritized essential skills and knowledge for Peer Specialists are basic skills in general work practices in order to complete tasks such as documentation, time management, maintaining safety, operating within scope or work, having the ability to develop rapport, and being able to relate well with others. Other prioritized skills include understanding how systems work as well as key concepts and principles. Such skills and knowledge involve an ability to "walk in both worlds" of peer and non-peers and embrace the role as a "bridge builder" and "translator" between these worlds. For Peer Specialists, there is a unique ability and responsibility to simultaneously possess these skills while also drawing upon one's lived experience in service to others; in this regard, their "personal" experience becomes "professional". In fact, it is this unique ability to be a *peer* provider that is consistent with prioritized essential values.

Work groups were formed according to the age-related system of care (Child, Youth (Transition Age Youth), Adult and Older Adult). Responses to the Age Specific Peer Specialists Group Worksheet revealed more similarities than differences in the category of values. An example of this would be the value of one's "lived experience" as crucial to providing Peer Specialist services. Some skills also were deemed necessary across the age-specific work group; for example, knowledge of key concepts and principles of wellness, recovery and resiliency. In the category of specialized skills, each age-related work group emphasized differences, some of which were related and others were unique. For example, the Children's work group determined "we advocate when parents cannot (this is adversarial)" whereas the Older Adult workgroup maintained that "the Older Adult age work group's concept of recovery and resiliency vary according to each cohort (i.e. baby boomers, 85+ year old members or the "old old").

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Introduction

In May 2012, the Program Support Bureau – in concert with the Workforce Education and Training Division and the Empowerment and Advocacy Division - of the County of Los Angeles Department of Mental Health (DMH) launched an effort to identify specific and generalized training to ensure broad-based core competencies of employees with lived experience within DMH and county contracted agencies who are engaged in providing peer specialist services. The DMH Workforce Education and Training Division convened managers and administrators from age-specific departments within DMH as well as county contracted agencies and partners who hold specific knowledge related to the employment of people who have "lived experience" with mental health challenges as individuals or who identify as family members and parents/caregivers of those who do. From this convening, the Committee on Peer Specialist Training and Core Competencies was created with a primary goal to support the development of age-specific training for Peer Specialists that would be sanctioned by DMH and county contractors and that would "align peer involvement" between systems of care and employers.

Age-specific work groups were convened from September through December 2012 to define core competencies and values associated with the duties and responsibilities of peer specialists, define any advanced or specialty trainings that may be specific to an age group, cultural group, or due to co-occurring issues, and to capture critical yet tangential issues that impact peer specialist employment. In essence, age-specific work groups shared their knowledge and information about what peers do and what skills are important in order to "do what they do" and were comprised of administrators, managers, peer providers, peer supervisors, stakeholders, peer volunteers and people receiving services within each age-specific group. The "Worksheet for Work Groups on Training Age-Specific Paraprofessionals" was developed to solicit information from work group members about values, essential skills, advanced or specialized skills and related issues; however, it also presented initial information to prompt group consideration of understanding of culture and cultural competency, co-occurring conditions and disorders, and recovery and resiliency terminology (See Addendum 1). Worksheet questions included:

- What qualities and values are essential to convey recovery and resilience as it relates to peer specialists and the core competencies they must possess?
- Are there any other principles or values that your group sees as relevant to peer specialists' core competencies from your age group?
- What are the essential skills that peer specialists need to have in order to perform work within your age group?
- What are specialized skills that peer specialists should have in order to perform certain jobs within your age group?
- What roles or duties are unique to peer specialists…?
- What should individuals applying for a peer specialist's position know about DMH or a contract agency culture that will support their employment success?
- Identify ways your group believes peer specialists are supported currently in the performance of their work.

- Are there other comments your group or individuals consider important with regard to peer specialists and their work?

Work group findings were shared with the committee and, at the completion of the work groups, committee and work group members alike convened to review the findings and draw correlations for cross cutting values, skills, and knowledge among peer specialists. The complete findings of those cross cutting elements may be used as a basis for establishing core competencies and are provided. Also provided are findings from each age-specific work group to illuminate the distinctions between age-groups in values and core competencies (skills and knowledge) and to recognize observations made by work group members they believed imperative in relation to peer specialists within their group. This *Summary of Findings* may be used as a basis (or tool) for creating or enhancing job descriptions for peer providers.

Section One: Cross Cutting Values, Skills and Knowledge, and Specialized Skills

The values, essential skills and knowledge, and specialized skills contained in this section exemplify those which cut across all age groups – Children, Transition-age youth (TAY), Adults and Older Adults. These are the basis of core competencies for peer providers. The following section (Section Two) provides age-specific details for each core competency skill.

Values

> **"Values address the question of what people need to believe in order to be an effective peer specialist."**
>
> [Older Adult Age-Specific Work Group]

Age-specific work groups were provided a worksheet to guide them in discussions and give input about qualities and values relative to peer specialists. In this regard, values are traits or qualities that are considered worthwhile; they represent an individual's highest priorities and deeply held driving forces. Values reflect a person's sense of right and wrong or what "ought" to be. The assumption of values can be the basis for ethical action. However, for the purposes of the summary of finding, "values" may be best defined as members of the "Older Adult" work group defined them: as being the basis of what people believe in order to be effective. Following is a comprehensive list of all cross cutting values, in order of priority, as defined on January 8, 2013 in a joint meeting of the Committee on Peer Specialist Training and Core Competencies and age-specific work group members:

- **Principles of hope, dignity, respect, empowerment, self-advocacy, personal responsibility, support and self-determination.** Values are based upon these principles and underscore the ability to "come alongside" a person as a supporter and supporting another person's ability to direct their own life. These are those principles that peer specialists live by in order to support their own wellness. In this way, these principles are foundational for what peer specialists offer others.
- **Life experience is crucial.** Peer providers recognize and are recognized for their significance of experience, their ability to relate to those supported, and of the value of their role as a model for others. At least one year of self-help support group experience is key as is experience in receiving and/or participating in best practice peer services. Prior job experience is essential.
- **Relationship is primary**. A peer relationship is one that is reciprocal, non-judgmental, and trusting and provides connectedness. Furthermore, that relationship is egalitarian and has a basis in equal human rights between people. There is no hierarchy, power differential or privilege evident. The primary goal is to establish unconditional acceptance (love) and support through a trusting relationship between people who are equals with one another.
- **Sharing and connecting with others as peers.** Values considered imperative include establishing personal connectedness through language and listening as well as relating to another person through specific life experiences such as grieving or the

sharing of one's story. This human connection begins with and remains with being present according to where a client/family is at and allowing that connection to be self-directed by the client/family. It includes demonstrating patience and respectful support as a person pursues his/her own goals for wellness.

- **Cultural awareness**. Cultural awareness is based upon an understanding of and respect for the specific cultures of people and includes celebrating the limitlessness of the potential and ability of all people. Cultural awareness includes developmental stages and aging processes that people experience and is broadly inclusive of the multiple identities people have based on race, ethnicity, age, sexual orientation, gender and gender identification, religion, spirituality, and mental, emotional and physical differences in abilities. Cultural awareness also includes a person's multiple service needs related to co-occurring issues, medical care, mental health care and trauma. Ultimately, cultural awareness includes possessing an understanding of peer interventions which will work best with different demographic groups and respect each person as the unique individual they are.

Essential Skills and Knowledge

> **"Essential skills address the question of what people need to be able to do in order to be an effective peer specialist."**
>
> [Older Adult Age-Specific Work Group]

Age-specific work groups also asked to provide input regarding the essential skills and knowledge of peer specialists. "Essential" was conveyed as referring to skills or abilities that someone must be able to do due to the critical connection to the function of the job. Members of the "Older Adult" work group offered their interpretation of "skills" which, unlike values, are more concrete and practical. Following is the comprehensive list of all cross cutting essential skills and knowledge, as identified in order of priority, at the January 8, 2013 joint meeting of the Committee on Peer Specialist Training and Core Competencies and age-specific work group members. While all were considered essential, participants considered these aspects as the most essential on a regular basis for all peer specialists:

- **Basic skills set.** A basic skills set is one that enables a person to maintain safety, understand their scope of practice, complete documentation, manage time effectively, avoid power struggles, practice nonviolent communication, recognize when personal triggers occur and have a process to resolve those triggers effectively. Essential basic skills also include the ability to educate others about confidentiality and their rights, provide resources and referrals, and assess the person/family's strengths and challenges as well as assist people in developing self-directed plans for their wellness (e.g. WRAP, goal setting, advanced directives and crisis planning).

- **Ability to develop rapport and demonstrate good interpersonal skills.** This includes being a bridge-builder and team player; meeting people where they are at; demonstrating a positive respect for the person and/or family; being able to disclose

personal information and tell one's story to meet others' needs; and the ability to deliver attention, affection and approval to others.

- **Knowledge of systems.** Systems' knowledge includes the demonstrated understanding of basic mental health and co-occurring substance use issues, education, social services, protective services, developmental services system, substance use recovery services, employment/vocational development, justice systems, and medical systems.

- **Knowledge of key concepts and principles.** These are concepts and principles that differ from those principles that influence how one is in a relationship with others and with oneself such as honesty, hope, respect and empowerment. These key concepts and principles relate to the broader concepts of recovery, resiliency, and human rights. From a practice perspective, these also include peer best practices and approaches that are strength-based, trauma-informed, and holistic as well as address developmental stages and stages of change, and attend to legal and ethical issues.

- **Communication.** Literacy skills as well as oral and written abilities that enable peer providers to complete tasks such as documentation, participation in team meetings, advocacy and [team] facilitation of groups were identified as essential. Active and reflective listening are also essential as are supportive communication styles (e.g. use of "I" perspective, avoiding labels, non-judgmental, able to offer explanations). The ability to tell one's own story in service of the person being supported is essential and includes knowing when it is appropriate and when it is not.

- **Cultural awareness.** Cultural awareness skills and knowledge include: the active use of cultural resources for people based upon race, ethnicity, age, sexual orientation, gender and gender identification, religion, spirituality, mental, emotional and physical differences in abilities, and co-occurring medical and mental health needs. This includes the employment of work and solution focuses that reflect cultural sensitivity and concepts, and the ability to provide services that are linguistically and culturally competent.

- **Outreach and collaboration.** Skill and knowledge related to outreach and collaboration means a person is able to engage people and expand resources. These include abilities to provide resource and referral (e.g. identify and use community outreach sites; ability to network effectively with other professionals and organizations), identify and link with resources – to "be a connector" to the community (faith, social support groups, recreation as well as mental health, housing, legal and medical resources). An ability to promote respect and stigma reduction is critical.

- **Demonstration of key principles.** Demonstration of principles often occurs in concert with other critical skills such as communication and interpersonal relationship building. It includes conveying hope, respect, empowerment, empathy, self-advocacy, "peerness", and wellness and self-care as well as being strength-based and having love of others.

- **The use of language and jargon.** In addition to general communication skills is the need to use system language that is conducive to peer services such as "recovery" and "resiliency" as well as language that is non-specialized or for a "layperson". Additionally, possessing knowledge of professional or "system" language in order to explain and interpret to people receiving services as well as to educate colleagues is essential.

- **Knowledge of Policies.** Policy knowledge is important as it relates to demonstrated knowledge of county and agency policies and procedures, codes of conduct, code of

ethics, and accountability, as well as understanding one's scope of work (e.g. limitations, how to use supervision, how to self-advocate in professional settings and when to ask for help).

- **Education and support for individuals, families, and parents/caregivers.** There is an emphasis on possessing the ability to create a "safe space" and to provide targeted education to address multiple health issues for people, including: health 101, lifestyle changes, self-help, co-occurring substance use, support groups, basic medical, sexuality, trauma, healing relationships, the "journey of recovery, resiliency and discovery", basic child development and expected life milestones.

- **Participation in Professional Development Activities and Training.** Possessing an ability to participate in conceptual training on peer and mental health specific topics or that addresses job orientation was considered essential.

- **Participation in Job Description and Performance Reviews.** This is related to having the ability to participate in self-assessment and a review of one's performance. This would be based upon supervision that includes regular 1:1 strength-based supervision, review of job expectations and progress, participation in provider teams, peer team review of ongoing support and training needs, celebration of peer successes related to the mission of the organization, and dedicated leadership development activities.

Specialized Skills

While specialized skills were discussed and identified, there was not a prioritization of those skills and knowledge due to the unique nature of how they are utilized across age-specific systems as well as how peer specialists may be utilized to assist others. Additionally, there were many skills agreed upon as essential and non-specialized, but which could actually be considered specialized because of how training would need to be tailored for the different age-group employees.

- **Knowledge of legislation.** Having the skills to understand legislation was considered critical by all; however, it was acknowledged as a specialized skill in terms of when and how peer specialists may use such knowledge. Legislation addressing the Mental Health Services Act (MHSA), national legislation, and related advocacy efforts were examples of the types of legislation that are considered important.

- **Knowledge of advocacy.** On a legislative, national, state, organizational, local/grassroots, and community organizing level, advocacy is considered an essential method for empowerment, reducing stigma, and increasing the voice of all people.

- **Community education.** There is a sense that not all peer specialists may engage as community educators; however, this is an essential specialized skill to develop. Community education encompasses providing presentations, developing educational resource materials, developing events that support wellness, social media aptitude (using chat rooms, blogging and being internet-savvy), and possessing computer program skills. It may also include being able to address specific topics such as: "death and dying", "survival skills", paraprofessional counseling, exercise activities, education resources on financial and disability services, basic living skills, specialized advocacy (e.g. patients' rights), educational systems, and disability resources.

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These cross-cutting values, skills, and knowledge are imperative for peer specialists to use to guide them and draw upon in performing their jobs. Age-specific work groups revealed unique meaning for these overarching elements and for how they may be operationalized.

Section Two: Age-Specific Work Groups

Age-specific work groups were formed to intentionally engage peer providers, peer volunteers, and those who supervise peers and manage programs that employ designated peer positions. This was considered fundamental for empowering peer employees to speak on their own behalf about their jobs as well as to empower Los Angeles County DMH and contracted agencies to be empowered through the benefit of their expertise.

Age-specific work groups convened both individually and collectively in meetings with the committee. While individual work groups were able to delve into specific nuances of how peers operate within each age group, there was a marked awareness in the collective meetings of how meaningful it was for participants to have the opportunity to "cross walk" values, skills, and knowledge between age groups and among the broad spectrum of peer employees, supervisors, managers, and administrators from both county and county-contracted programs.

> **Empowerment**
>
> **"The process of enabling or authorizing an individual to think, behave, take action, and control work and decision making in autonomous ways. It is the state of feeling self-empowered to take control of one's own destiny."**
>
> [Older Adult Age-Specific Work Group]

One participant stated she had never witnessed such sharing across the age-specific groups before, while others remarked the richness of information shared made them eager to hear more. While they generally have a perception of operating in age-specific "silos", many participants commented this experience illuminated their sense of seeing how peer specialists transcend systems of care in terms of employment potential - just as clients and families may move between different systems of care. There was an overriding commitment to learning from one another and recognizing the depth of value and service that peer specialists provide within Los Angeles County.

Data collected from each work group is provided here to honor the wealth of information that resulted from each age-specific work group. Essential Skills are listed for each age group under the headers of those which expand upon a cross-cutting skill or knowledge identified in Section One. In addition to reflecting values, skills, and knowledge (general and specialized), "Parking Lot" issues arose during the work groups, which participants conveyed were critical to consider in terms of peer employment. Those are referenced in the following section, "Additional Considerations".

Children's Work Group

The Children's work group was comprised of Parent Advocates, Parent Partners and Parents in Partnership from within DMH, county-contracted providers and the Department of Child and Family Services. Work group discussions addressed overall competencies necessary for Parent Advocates and Parent Partners to possess and focused particular attention on specifying how to qualify and quantify the critical "lived experience" that Parent Advocates should possess in order

to be most successful. For purposes of this report, the term Parent Advocates is used for anyone in a parent provider position in the Children's System of Care..

Overall Competency

In order for Parent Advocates to have competency, the work group stated individuals need to have direct experience in raising children as biological parents, adoptive parents, legal guardians or relative caregivers. Fundamental to overall competency also involves the language used to address the goals of children and their families when experiencing mental health issues. For parents, the word "recover" is not a good fit for children, which is an observation supported by research. "Recovery" can be applied to someone who is recovering from drug addiction and, in a youth's age group, this word can have a a similar definition and shouldn't be used as it would mislead both youth and perhaps families. The word "resilience" may be a more appropriate word; however, many in the children's sector believe since the brain is stilll developing in the child, that "living to their potential", whatever their disability is, is a better phrase. One participant stated, "[use] another word for recovery… such as healing, managing… why not use a word such as 'discovery stage'."

There is another aspect of competency that – while it is elaborated upon under "skills and knowledge" – bears repeating to reinforce its importance as demonstrated by the number of times it was raised by this work group: Parent Advocates must have at least six to twelve months experience navigating one or more of the following systems: Department of Child and Family Services (DCFS), the Department of Mental Health (DMH), Probation or Juvenile Justice, Special Education and Individualized Education Plans (IEPs), and the Regional Center (for services regarding developmental disabilities) as well as have familiarity with navigating a number of different systems such as pre-school, grade school, middle school, high school, Women Infants and Children (WIC), child care, medical care for children (pediatricians), and other multiple medical specialty systems.

Qualities of Parent Advocates

When asked to address those qualities necessary of Parent Advocates, work group members provided ample information. Parent Advocates should be able to share personal experiences, utilize a language a person can understand, avoid labels, be able to role model responsibility, understand and respect someone else's cultural experience, respect other cultures, sexual orientation, and spiritual beliefs, encourage and empower others to self advocate, have an outlook on life that inspires empowerment and hope, and possess authenticity of true life experience.

Values of Parent Advocates

Values are those qualities that suggest a guiding principle for how one does what they do. For Parent Advocates, the following represent such essential beliefs:

- o Connect with parents/caregivers through their own experience.
- o Life experience is the most valuable.

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- o Non judgemenal – "do not bring your own biases to the parent/caregiver or family you are working with."
- o Using another word for recovery or resiliency such as healing, managing, or discovery.
- o Culturally aware of family culture and respect for and between all people.
- o Supporting choice and options.

Essential Skills and Knowledge of Parent Advocates

Parent Advocates were mindful of other systems that may impact the ability of children and their families/caregivers to receive care, and this work group stated it is **critical** for Parent Advocates to be both aware and practically knowledgeable about those systems. Equally important is having the ability to connect with children and their families/caregivers (and allies if we consider the systems children are served by). See box below for essential skills and knowledge.

Essential Skills and Knowledge
Basic Skills Set
• Identification of community resources
• Explain limits of confidentiality, and inform and review their rights
• Explain scope and availability of services in different programs that apply
• Explore with parents or primary caregivers possible plans of action
• Navigational skills when working with different systems
Ability to develop rapport and demonstrate good interpersonal skills
• Interpersonal skills to develop rapport and develop a working team approach
• Ability to empathize with those needing support and develop a solid rapport including:
o Appropriate storytelling of personal experience
o Establish rapport, trust, empowerment
Knowledge of systems
• Identification of community resources
• Collaboration with other systems
• Outreach and engagement (identifying outreach locations including locked facilities)
• Explain scope and availability of services in different programs that apply
• Navigational skills when working with different systems:
o Pre-school, grade school, middle school, high school and Special Education
o 0-3 years old - Regional Center
o Women Infants and Children (WIC) and Child Care
o Department of Child and Family Services (DCFS)
o Department of Mental Health (DMH)
o Probation/Juvenile Justice/Children's Court
o Pediatricians and Multiple medical issues
Knowledge of key concepts and principles
• Knowledge of recovery and resiliency principles
Communication
• Able to effectively communicate relating to and acting on behalf of children, youth, parents/caregivers and families

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Essential Skills and Knowledge
• Written and oral skills to participate in treatment teams, speak as an advocate publically • Ability and willingness to participate in documentation per treatment plans • Group facilitation skills to lead support groups **Cultural awareness** • Collaboration with other systems • Understanding of the unique "culture of family" as children live within a family • Different abilities, diagnosis, and issues of developing sexuality in children **Outreach and collaboration** • Identification of community resources • Collaboration with other systems • Outreach and engagement (identifying outreach locations including locked facilities) **Demonstration of key principles** • Establish rapport, trust, empowerment **The use of language and jargon** • Written and oral skills to participate in treatment teams, speak as an advocate publically • Ability and willingness to participate in documentation per treatment plans **Knowledge of policies** • Knowledge of policies and legislation, including MHSA • Ability and willingness to participate in documentation per treatment plans • Explain limits of confidentiality, and inform and review their rights **Education and support for individuals, families and parents/caregivers** • Group facilitation skills to lead support groups • Provide a safe secure physical environment for emotional expression • Appropriate storytelling of personal experience • Education of extended family about mental illness and stigma • Helping parents deal with isolation/being ostracized from extended family • Different abilities, diagnosis, and issues of developing sexuality in children • Helping parents understand grief and loss issues regarding their child's mental illness

Specialized Skills of Parent Advocates

In the detailed notes from one work group with Parent Advocates, there was one statement emphasized with bolded type. It seemed to encapsulate well the role of who Parent Advocates serve and how they function: "Parent Partners are there for PARENTS. They are not intended to be first responders to crises on their own. They may do this, as part of the treatment team, [however they do so] in support of the parent."

Specialized Skills

Basic Skills Set
- Computer knowledge such as excel
- Have crisis training
- Assist parents and primary caregivers in prioritizing their major issues

Ability to develop rapport and demonstrate good interpersonal skills
- Incorporate experience as parent and primary caregiver in the role as a parent partner (recognize personal experience is not universal)
- Must be a team player
- Offer parent-to-parent support

Knowledge of systems
- Assist, support and attend in the development of IEP's and related school based services;

Communication
- Educate, advocate and mentor parents and primary caregivers in navigation of systems and community services
- Follow through on written and verbal contracts with parents, primary caregivers and family members (i.e. court, residentially based services, wraparound, children system of care, TBS)
- Develop and expand parent advocate and parent partner network

Outreach and collaboration
- Educate, advocate and mentor (parents and) primary caregivers in navigation of systems and community services
- Develop and expand parent advocate and parent partner network
- Able to develop a support system for individuals

Knowledge of policies
- Knowledge of HIPPA law
- Follow through with policies and procedures
- Knowledge of mental health laws and rights

Education and support for individuals, families and parents/caregivers
- Lived experience
- Leadership skills
- Brainstorm options and solutions with family
- Educate, advocate and mentor parents and primary caregivers in navigation of systems and community services
- Able to develop a support system for individuals

Transition-Age Youth (TAY) Work Group

The TAY work group organized as both a work group and conducted focus groups reaching out to community programs serving TAY to gain information from peers and youth who were unable to convene for logistical reasons via formal meetings.

Overall Competency

Overall, TAY work group discussions about core competencies equated to TAY needing to be able to demonstrate: professional skills and awareness, always maintaining one's "peerness", remembering "we are they" and "they are we," and that no one has authority or better expertise than the person. When discussing the use of language, the following offerings were made for adopting a "TAY savvy" language in lieu of "recovery" and "resiliency":

- ♦ Red Road to Recovery
- ♦ Wellbriety
- ♦ Spirituality and religion
- ♦ "Agreement" is used for Rules
- ♦ Recovery
- ♦ "Overcoming" is used for recovery
- ♦ "Better Self"

Qualities of Peer Specialists

The TAY work group expressed qualities aligned with having "lived experience" as did other age-specific work groups. The following fall within the comprehensive list of Cross Cutting Values, Skills and Knowledge: (e.g. Relationship is Primary, Life Experience is Crucial, Able to Share with and Connect with Others as Peers, Key Principles of Hope… Recovery, Basic Skills Set, Communication, Establishing Rapport and Education and Support for the Individual)

- o Experience in self-help
- o Have been exposed to self-help groups
- o Should be able to disclose (share) their personal experience
- o Know when and how much to share, and share in a way that communicates relatedness
- o Minimize authority or the assumption of authority
- o Be honest with their own recovery by not giving in to peer pressure
- o Have passion within themselves in order to convey to others
- o Have self-awareness
- o Boundaries need to be set
- o Patience – always be there for the consumer
- o Have a skill of listening and not always trying to "fix"
- o Give them room to experience that they are not going to have the outcome that they expected
- o Demonstrate through action
- o Know when to tell your story.
- o Create a non-judgmental environment and listen
- o Must be goal oriented

- o Have respect and dignity toward the consumer
- o Be emotionally aware, be approachable, and be empathic
- o Provide mentoring to a consumer… who helps in return (help yourself by helping other)
- o Create connections, both in the local community and with people to self-help supports
- o Timeliness
- o Establish and maintain trusting relationships
- o Support them through their own empowerment
- o Listening, assessing experience ("ok to make mistakes"), and empathetic

Values of TAY Peer Specialists

The TAY workgroup next elaborated upon those qualities that translate into values they believed essential for **all** peer specialists and, in doing so, appear to have become much more specific in those values (e.g. someone who works for a peer run organization)

- o A peer specialist is someone who is working in an organization that is run by peers
- o People who are recovering and that have personal experience.
- o Meet the person where they are and be able to see their potential and have a strength-based perspective
- o Have self-advocacy in every area
- o Have hope and have a unique way to convey hope to others
- o Lead by example (e.g. exhibits resiliency and recovery)
- o Role of support is very important
- o Create a system that becomes a community of helping
- o Self-care
- o Self-efficacy
- o Self-directed recovery
- o Supporting self-direction
- o Not everyone takes the same path
- o Patience is important = remembering what it was like

Values identified as being **TAY-specific** appear rooted in the reality that the TAY experience and in the self-reflections of work group members and focus groups. There is a sense of flexibility to accommodate those TAY seek to support, an awareness of their own need to practice self-help, have support, and be a champion for others without a voice. In one joint meeting of work groups and committee members, TAY raised the issue of having the capacity to use "love" with peers. While this term spawned a long discussion on empathy, respect, concern, being "at the place of the person", and unconditional acceptance, ultimately the full group strongly embraced the use of a term that resonated with the TAY work group.. This highlights that sense of peers "walking a line" whereby colleagues may not embrace such a familiar term as "love", but instead distance themselves from the emotion attached to love. That TAY move towards such a term speaks to their lack of lines, which as said previously is likely rooted in the alignment with others as….peers!

- o Connect people to help in the community - link them to more resources
- o Be able to change the way you communicate with them

- o Professional/Peeress
- o Maintaining Peer-ness - use it to build trust
- o Cultural competence and awareness
- o "Can you help others if you haven't helped yourself?"
- o Advocacy, ethnic-specific or otherwise, and understand that people "lack a voice"
- o Honest and aware with self where you are
- o Ability to keep boundaries
- o Having own social group

Essential Skills and Knowledge of TAY Peer Specialists

Essential skills, as identified by the TAY work group, convey a sense of the generalized skills for being with a person and having an ability to relate and nurture a person and be present as a person with another.

Essential Skills and Knowledge
Basic Skills Set
• Convey feeling of safety Self-care: must be able to take care of self
Ability to develop rapport and demonstrate good interpersonal skills
• Good communication/giving feedback when solicited/understanding
• Communicate that person is in control (self-directed)
• See potential in a person. See their strengths and help them develop the skills to recover/reintegrate
• Verbalize potential you see in them ("I know you are capable"/positivity, follow-up)
• "Pure relationship is one of longevity"/be supportive by not judging today by what happened yesterday/"Don't judge the present by the past"
Knowledge of key concepts and principles
• Capacity to Use love ("Love People Better")
• Facilitation of person - seeing their own potential, recognition, activation, and realization
Communication
• Listening – actively and reflective
• Good communication/giving feedback when solicited/understanding
• Writing down what someone says or behavior (validation via documentation)
Demonstration of key principles
• Capacity to Use love ("Love People Better")
• Communicate that person is in control (self-directed)
• See potential in a person. See their strengths and help them develop the skills to recover/reintegrate
• Give person more responsibility, duty, assignment, role (demonstrates seeing potential)
• Facilitation of person - seeing their own potential, recognition, activation, and realization
• Demonstrating their strengths – give evidence
Education and support for individuals, families and parents/caregivers
• Convey feeling of safety
• Demonstrating their strengths – give evidence

Essential Skills and Knowledge
• Verbalize potential you see in them ("I know you are capable"/positivity, follow-up)

Specialized Skills of TAY Peer Specialists

Specialized skills, on the other hand, indicate a concrete reality of needs that TAY Peer Specialists seek to support others in – and for which their own life experience may in fact have prepared them to understand intimately. Specialized skills may also be characterized as those skills that allow a person to support others in addressing basic human needs for food and shelter, navigating life and community, and addressing the developmental issues that emerge as well as rites of passage that occur for TAY.

Specialized Skills
Basic Skills Set   • TAY-specific life issues, knowledge and experience (having lived experience as a TAY)   • Conflict resolution skills   • Knowing the environment   **Ability to develop rapport and demonstrate good interpersonal skills**   • Connecting as an equal   • Community building, personal relationship, knowledge, and curiosity of other issues and other lived experiences   **Knowledge of systems**   • Understanding bureaucracy!   • TAY-specific life issues, knowledge and experience   ▪ Drugs / college / becoming a parent / becoming an adult / relationships / family issues / emancipation / transition in many forms / identity and sexual orientation / cultural identity / acculturation, assimilation, individual   **Knowledge of key concepts and principles**   • TAY-specific life issues, knowledge and experience (having lived experience as a TAY)   **Communication**   • Literacy - in order to help others   • Bilingual capacity   • Language related to age group   • "I" Statements (not blaming)   **Cultural awareness**   • Bilingual capacity   • Language regarding to age group   • TAY-specific life issues, knowledge and experience   • Identity and sexual orientation / cultural identity / acculturation, assimilation, individual   **Outreach and collaboration**   • How to find someone / where people hang out / the scene / neighborhood / hot spots   • Knowing resources - program vs. survival skills / individual

Specialized Skills
- Hot meals, clothes, deals, unlisted help, phone lists, support network, self help support groups (ICKYPA – TAY alcoholic anonymous), chat rooms, services thru digital media)   - Find, organize, and acquire relevant resources. Use available resources and navigation, and know how to connect (being a "Connector")   **The use of language and jargon**   - Literacy - in order to help others   - Language regarding to age group   **Education and support for individuals, families and parents/caregivers**   - Developing life skills   - Help others develop coping skills   - Social media / language / navigation / outlets / protocols   - Walking, breathing exercises, peer participation (positive peer pressure), mentor relationships   - WRAP plans

Comments embedded in work group notes often allude to the hopes and needs that need to be well heard: "TAY may not be 'in recovery' as others define it…but have experienced serious mental health issues, etcetera and need guidance"; "This is how **our** [TAY peer specialists] identify development time"; and "This job is huge and needs a specialized person…not an entry level job!" Indeed, the TAY work group was a work group that emphasized the job of a TAY peer specialist is **not an entry-level position**.

Adults

Overall Competency

Adult work groups that convened to address the role of peer specialists were comprised of representatives from county and county-contracted programs operating as Peer Specialists and one Family Advocate. The work group paid particular attention to the role of culture as it impacts how to "be" the Peer Specialist with people of different ethnicities, cultures, and sexual orientations, and noted this through statements such as "San Julian is not San Julian." By this, they inferred one person may know a city in Mexico by this name while another person may know this to be the "main street Skid Row in downtown Los Angeles". This sense of being aware of how others may perceive language and wellness translates over as well to the way peer specialists may be perceived by those they seek to provide support for. Thus, cultural competency was a strong component of the input from this work group and, in fact, prompted a rich discussion in larger joint meetings with all work groups and the larger committee. To acknowledge the overarching impact of culture, the comments of the Adult Peer Specialists work group are provided first.

Cultural Issues

The tone of the comments about culture address themes of cultural awareness: 1) the alignment of certain cultures and practices with the concept of recovery, 2) the philosophical conflict that

may occur culturally when individuals are recognized as separate from the communities they may be part of; and 3) for many people, their cultural identity may have led to an experiencing of stigma and discrimination apart from any treatment for their mental health condition. The work group acknowledged the concept of *holistic approaches* to wellness; for instance, that recovery supports are aligned with American Indians' spiritual practice about restoring balance and harmony to a person's life to produce comprehensive health. As such, mental health is not separate from physical, emotional, and spiritual well-being. In fact, certain cultural practices such as ceremonies are used to heal illnesses, strengthen weaknesses, and give vitality to individuals to restore beauty, harmony, balance, and health. Recovery is seen in this context: restoring balance.

Another part of culture for different people includes the ideas of collectivism (whereby one is seen as a part of a larger body) as opposed to individualism (where one is seen as a separate entity apart from a large group or even one's family). An emphasis on recovery as "person centered" care then may seem juxtaposed against cultural norms that promote an individual as part of a larger group. As one member of the work group noted, if we consider the often celebrated mantra, "'you're nothing about us, without us', this is an individualist idea that may not resonate with those from Asian, Hispanic, and Middle Eastern [cultures]." For the American population, however, self-responsibility, individuality, and taking action for oneself are in alignment with "person centeredness". The term resiliency is similarly problematic. Resiliency may be different depending on what a person's baseline of functionality may be and can be interpreted one way culturally and yet another way from an individualized perspective. A more acceptable way of understanding for some cultures may be "drawing up on that which helps one move forward".

In summary, the Adult Work Group believed what is critical for peer specialists to embrace is an "open[ness] and focus on the specific needs based on how that person defines their culture." That "cultural sensitivity cannot be generalized and [must be] based on how the individual defines culture for themselves" and that there are "many paths to recovery and my way (peer specialist or system) is not necessarily the right way."

Values and Qualities of Adult Peer Specialists

Essential values and qualities for *all* Peer Specialists were grouped collectively by members of the work group and include empathy, compassion, peerness, the Helper Principle (one gets just as much as the other when they "help" others], self- determination, voluntary, non-coercive, and person-first. Additionally, they indicated values and qualities include: culturally and ethnically based perspectives of recovery, the notion of "many paths to wellness", "meeting people where they are at," accountability and responsibility to the job role, the ability to do strength-based work, and possessing self-control and boundary awareness.

Peer specialists and stakeholders also enumerated on those values and qualities they believed were specific to Adult peer specialists. Those are:

- o   All peer are created equal
- o   Peers give and receive help and support

- Welcoming – open to opportunity, able to engage with people
- Honesty
- People are more similar than different
- Strength-based, being open to opportunities
- Peers give and receive emotional support
- Reciprocal relationships [are] important to the work of peer specialists
- Everyone has something to offer
- Consistency, flexibility
- The idea that everyone can change
- Past behavior does not predict future behavior
- Value cultural diversity
- Value self-care
- Advocate for self and others
- Trust
- Shared experience is valued
- Avoid "stage taking"
- Non-judgmental attitude and vocabulary
- Recovery is always possible
- Forgiveness
- Never disparaging
- Listening skills
- Meeting people where they are at
- Focus needs to be on the other
- Need to believe that change can occur
- Diversity in peers and staff – everyone has something to offer
- Role model and mentoring
- Ability to talk to the individual from their "reality perspective"

Essential Skills and Knowledge of Adult Peer Specialists

Essential skills the work group identified for peer specialists were lengthy and are represented in the section on Cross Cutting Values, Skills, and Knowledge, Basic Skills Set, Communication, Knowledge of Systems. However, unlike other age groups, the Adult work group identified several essential and specialized skills that involve professional development of specific best practices.

Essential Skills and Knowledge
Basic Skills Set   • Boundaries of Peer-to-Peer assessments   • Moderation management   • Ability to work with non-clients (general public)   • De-escalation techniques that do not use power, authority or coercion; and conflict resolution

Essential Skills and Knowledge

- Self care or self maintenance - learning how to take care of yourself
- Linkage access – how to affectively locate community resources
- Articulate resources to help overcome mental illness
- Problem solving
- Learning how to take care of yourself

Ability to develop rapport and demonstrate good interpersonal skills

- Boundaries of Peer-to-Peer assessments
- Ability to work with non-clients (general public)
- Compassion and empathy
- Work successfully with families
- Trustworthy skills
- Leadership skills

Knowledge of systems

- Basic understanding of the mental health system
- Basic hospital information on linkages to housing, medical care and other resources
- Information on how to apply for a job

Knowledge of key concepts and principles

- Trauma informed care
- Client-run centers are different because wellness focuses on community integration role modeling versus billing
- Helper therapy principles
- Role model development

Communication

- Documentation for client run
- De-escalation techniques that do not use power, authority or coercion, and conflict resolution
- Active listening - do not interrupt someone's story and do not react
- Advocacy – how to advocate effectively for oneself and others
- Communicate across cultures including between peer and professional
- Being able to read and write for progress notes
- Advocacy roles (to affect stigma and discrimination)
- Facilitation skills
- Leadership skills

Cultural awareness

- Spirituality, mindfulness, and meditation training as it applies to a recovery
- Communicate across cultures including between peer and professional

Outreach and collaboration

- Facilitation skills
- Ability to work with non-clients (general public)

Essential Skills and Knowledge
• Linkage access – how to affectively locate community resources
Demonstration of key principles
• Using peer best practices – self help groups, 12-step program, Recovery International, and Emotions Anonymous
The use of language and jargon
• Communicate across cultures including between peer and professional
Knowledge of policies
• Knowledge of next level of care and when to access it
Education and support for individuals, families and parents/caregivers
• Working with co-occurring disorders or substance abuse
• Good understanding of diagnosis with the associated symptoms "Mental Health 101"
• Grief/loss, post traumatic stress – to train people in trauma informed care
• Spirituality, mindfulness, and meditation training as it applies to a recovery
• Recovery International (Self-help CBT)
• eCPR – emotional, Connectivity, emPowering, Resilience
• Health 101 and life style changes – blood pressure, medications, weight gain, and other issues
• Non-12 step substance abuse
• Peer Motivational Interviewing
• Learning how to take care of yourself

Specialized Skills of Adult Peer Specialists

The skills the work group members identified as specialized included cross-system collaboration, best practice skills that require in-depth training, elements of supervision of others, ability to bill for services, and working with families and integrated health care skills. They follow below:

Specialized Skills
Basic Skills Set
• Field safety – working in the field with programs that are field-based
• Case management skills and knowledge
• Benefits establishment
• Supervising volunteers
• Training health navigators – tracking work being done with consumers
• Training in COS and/or medical billing
Ability to develop rapport and demonstrate good interpersonal skills
• How to work with families – avoiding power struggles Peer bridgers – move people out of IMD successfully into the community or to transition from one place to another place.

Specialized Skills
• Supervising volunteers • Training health navigators – tracking work being done with consumers **Knowledge of systems** • Basic hospital skills – hospital procedures and ways to support people in the hospital • Jail and IMD procedures • Peer bridgers – move people out of IMD successfully into the community or to transition from one place to another place. • Housing establishment and placement • Veterans **Knowledge of key concepts and principles** • WRAP-trainer specialty - acknowledge someone who has gone through training for WRAP **Communication** • Bilingual (e.g. Native American) • Facilitating a group – establishing a process of having the whole group train on each other • Good writing skills **Cultural awareness** • Bilingual (e.g. Native American) • Working with special populations – gay & lesbian, transgender, older adults, and Latino • Veterans **Demonstration of key principles** • WRAP-trainer specialty - acknowledge someone who has gone through training for WRAP **Education and support for individuals, families and parents/caregivers** • Facilitating a group – establishing a process of having the whole group train on each other • Parenting skills • Wellness Recovery Action Plan (WRAP) • Employment • Spirituality

During the final meeting of work groups and committee members, there was a suggestion made by one participant that underscores the historic mistreatment many have experienced and which they both carry with them and work to support others as peer specialists who have experienced similar atrocities:

> "[We might] have an event called 'Truth and Reconciliation' as reparation to those involuntarily treated over time…and still."

Older Adults

The Older Adult Work Group was comprised of people working as Service Extenders as well as managers, supervisors and administrators of both DMH and county-contracted providers. The input they provided was prefaced by the observation that "competencies" are demonstrated in the qualities, values and skills one possesses and demonstrates. Of particular note was one remark that referenced the hope that Service Extenders hold for others due to age:

> **"Extenders support [and] counter the 'foreclosure'**
> **of hope and dreams [of older adults]."**

Qualities of Service Extenders

Those essential qualities address many of those qualities suggested by other age-specific work groups: compassion, empathy, the ability to share one's story, daily work skills such as problem solving and communication abilities, and more. These are:

- Ability to function as a positive role model
- Ability to assume and effectively coach/model self-responsibility (e.g. task for help as needed)
- Compassion, empathy, trust, and self-awareness
- Patience/willingness to work with consumers from diverse backgrounds and in the field
- Able to manage healthy boundaries
- Ability to communicate their own lived experience in a way that is relevant and meaningful
- Ability to work as a team and with other professionals
- Bilingual language skills in some instances is necessary
- Willingness/availability to attend classes related to present position and future goals
- Listening skills – listen reflectively and non-judgmentally
- Able to manage emotions and stressors.
- Vigilance – ability to pick up on words or behavior that may be dangerous
- Willingness to learn and openness to belief that people with psychiatric diagnoses can and do get well using a variety of treatment options or regain a sense that life can get better no matter how old they are.
- Perseverance and ability to learn and grow from setbacks and to model such
- Effective problem solving skills
- Understanding of mental health issues and of the mental health system.
- Understanding client confidentiality and legal and ethical issues in client care
- Aware of the resources in the area and in surrounding areas of client's community
- Prepared to serve as a bridge or conduit to resources
- Able to communicate both verbally and in written format to both client and clinician
- Have clear understanding of the limits of their role and when to seek assistance

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- Ability to provide insight to non-peer staff of consumer perspectives
- Ability to advocate for organization change regarding amplifying the consumer voice

Values of Service Extenders

The values identified by the work group were succinct in terms of what is important for all peers to embody: to understand the journey of recovery; assume a role of reciprocity in terms of who is helping who as Service Extenders; self-care; hope and optimism; and specifically the belief that people with psychiatric diagnoses can and do get well using a variety of treatment options, or regain a sense that life can get better no matter how old they are!

Specific values the work group participants believe Service Extenders hold were equally succinct, yet profound:

- Must value the dignity and experience of older adults and understand the conflicts in older adults between self-determination and multiple losses related to normative and/or atypical aging.
- Understand the differences between normal and atypical aging to some degree [with] at least a baseline knowledge of typical physiological and psychological issues faced by older adults especially delirium, dementia and depression.

Essential Skills and Knowledge of Service Extenders

When the Older Adult Work Group considered skills and knowledge, there was an attention to many skills identified as essential in providing peer services within other age-specific groups.

Essential Skills and Knowledge
Basic Skills Set
• To evaluate physical safety
• Problem solving skills
• The ability to develop work habits that will support their desire to work
• To evaluate and prioritize a consumer's needs
• Must be flexible and adaptable in varied situations
Ability to develop rapport and demonstrate good interpersonal skills
• Ability to give hope, inspire, and have a sense of humor
• Diligence and consistency
• Ability to aid someone in taking small steps
• The ability to relate to others with patience, care and concern
• Ability to reserve judgment, validate progress, and have active listening skills
• Understand the concept of boundaries and how that applies in the work environment (e.g. to disclose personal stores/"lived experience" in an appropriate manner)
• To understand the words and what is behind them
• To behave in a respectful, responsible manner so that relationships are based on trust
Knowledge of systems

Essential Skills and Knowledge

- Knowledge and understanding of mental health systems

Knowledge of key concepts and principles

- The knowledge that as people age:
    - they may start to deal with multiple medical problems
    - it may take longer to accomplish certain tasks
    - loss is a common issue for any older adult
    - sometimes as people age their social circles get smaller
    - symptoms that older adults experience may go unrecognized both by the older adult and their care providers

Communication

- Ability to work effectively and collaboratively with other professionals
- Ability to reserve judgment, validate progress, and have active listening skills
- First and foremost, the ability to document their activities
- Listen and comprehend what is being said in person and on the phone
- To understand the words and what is behind them
- To behave in a respectful, responsible manner so that relationships are based on trust

Cultural awareness

- The knowledge that as people age:
    - they may start to deal with multiple medical problems
    - it may take longer to accomplish certain tasks
    - loss is a common issue for any older adult
    - sometimes as people age their social circles get smaller
    - symptoms that older adults experience may go unrecognized both by the older adult and their care providers
- To be able to assist in completing an Advance Directive (end of life and psychiatric)

Outreach and collaboration

- Ability to work effectively and collaboratively with other professionals
- To behave in a respectful, responsible manner so that relationships are based on trust

Demonstration of key principles

- Ability to give hope, inspire, and have a sense of humor
- To focus on the current situation and be in the moment with the client
- To demonstrate from personal experience the steps involved in developing a modified Wellness and Recovery Action Plan (WRAP)

The use of language and jargon

- To be able to assist in completing an Advance Directive (end of life and psychiatric)

Knowledge of policies

- Understanding of confidentiality, legal, and ethical issues in client care
- To be able to assist in completing an Advance Directive (end of life and psychiatric)

Education and support for individuals, families and parents/caregivers

- Understand the concept of boundaries and how that applies in the work environment (e.g. to disclose personal stores/"lived experience" in an appropriate manner)
- To demonstrate from personal experience the steps involved in developing a modified

Essential Skills and Knowledge
Wellness and Recovery Action Plan (WRAP) • Ability to drive is a plus

Specialized Skills of Service Extenders

Those specialized skills of Services Extenders were those that may be considered less intuitive and require new learning, such as learning patience or motivational skills. The specialized skills identified are as follows.

Specialized Skills
Basic Skills Set • Flexibility both in time scheduling and thinking processes • Paraprofessional counseling skills • Good observational skills and ability to report and document what they saw • Computer capability (preferable) **Ability to develop rapport and demonstrate good interpersonal skills** • Motivational skills to help the client believe in recovery • Patience • Ability to appreciate the difficulty others may be experiencing • Ability to check in with others when things don't go as expected **Knowledge of systems** • Knowledge and understanding of older adults' public benefits • Familiarity with specialized advocacy organizations such as Adult Protective Services or Patients' Rights **Knowledge of key concepts and principles** • To know importance of "integrity vs. despair" and support peers choosing integrity over despair • Understanding of physiological and psychological changes associated with the aging process (e.g. the three D's (depression, dementia, delirium)) • Knowledge/understanding of healthy diet and exercise related to older adults **Communication** • A willingness to be a voice for others • Group facilitation skills • Good observational skills and ability to report and document what they saw • Computer capability (preferable) **Cultural awareness** • Bi-lingual (preferable) **Outreach and collaboration** • Connection and/or knowledge of community resources available for older adults and ability to direct and refer **Demonstration of key principles**

Specialized Skills
• Support peers choosing integrity over despair **Education and support for individuals, families and parents/caregivers** • To be able to discuss death and dying openly and compassionately if peer wishes to do so • To visit peers, if invited, and when necessary accompany them to appointments • Knowledge of activities related to older adults to enhance quality of life • Shopping skills – nutrition awareness and sales shopping • Availability to travel by any means for meetings, classes, visits

A the value of the Service Extender role according to the work group:

"People blossom where opportunities exist."

Section Three: Additional Considerations

At the inception of meetings of the Peer Specialist Training and Core Competency Committee as well as with age-specific work groups, it was acknowledged many issues may arise in the course of the work members were engaging upon. When those issues were not directly related to the gathering of information for purposes of establishing understanding of core competencies, members were invited to document those for future consideration by the Workforce, Training and Education Division, the Empowerment and Advocacy Division, and Los Angeles County DMH. Many issues and comments did arise about peer employment in general as well as designated versus non-designated position titles for peers. Summarized and direct comments of workgroup members are provided here:

'Peer' designated positions
➢ Reconsider the "Separate but equal" approach?
➢ Recognize value to designated positions for "opening up opportunities that value lived experience?"

Supervision
➢ "Supervisors may…fail to put in place (in tandem with Human Resources) a reasonable accommodation that could help the employee with lived experience be successful on the job."
➢ Clarification on what services and activities can be billed for by MediCal, PEI, etc.

Human Resources
➢ Ensure accessibility to reasonable accommodations to supervisors and employees
➢ "What does the law and Human Services allow for a lower age limit? Can TAY peer providers be 16-25 or 18-29?"
➢ "A train the trainee model as they are getting trained would help to learn the job"
➢ Risk Management issues
➢ Expansion of duties/responsibilities beyond peer support
➢ "After completing peer specialist training, perhaps have a list of where they are hiring for the position or where they are going to be placed?"

Career Training and Advancement
➢ Wages → Parity is sought….doing case management work and not getting paid for it
➢ Peer Specialists need supportive, continuing education in dealing with clients
➢ Negotiate raises/increases in wages/stipends for peer workers including Service Extenders
➢ Career pathways are critical or we may feel and be stuck
➢ Employment opportunities/notifications about job availability

Organization Culture
➢ Stigma reduction
➢ "Initiate change to promote full inclusion" – role confusion can be averted with clear duties

Conclusion

At the onset of this process, committee members were asked to consider the following question: **In what way do you believe the work this group is engaged in will contribute to the hopefulness of employees and/or service recipients and, if so, how?** A sampling of responses are provided that reflect that hope is alive.

> "A reason for hope is that with our new leader there is a person with lived experience who can guide and lead our efforts and be a role model…to look up to."

The findings within this report suggest Los Angeles County DMH and county-contracted providers are providing robust and critical services through peer providers who operate in every system of care. Those providers – TAY Peer Specialists, Peer Specialists, Parent Partners, Parent Advocates, Parents in Partnership and Service Extenders – have all articulated those qualities, values, and essential skills they share as well as those which may be specialized.

> "The group will contribute to the hopefulness of employees and service recipients if we are able to address the challenges and dynamics of supporting, mentoring, training, and supervising individuals with lived experience… and if we support peers and professionals **alike** in addressing issues related to co-occurring mental health **and** substance use recovery…"

There is a strong foundation for moving forward by using this document to guide job development of peer providers across age-specific systems of care, provide comprehensive training to fortify the consistency among these paraprofessionals and illuminate the expertise peers hold or should be supported in attaining. It is critical such efforts incorporate the impact of co-occurring substance use on mental health across age groups and the importance of incorporating ways peers can contribute to the integration of health, mental health, and substance use recovery services in the future, and do so in ways that demonstrate cultural competence. Through the identification of additional considerations, peer providers have also relayed related priorities. It is incumbent we continue to explore these in order to fully support peer employees.

The process of committee and work group members has indicated the lived experience of individuals with mental health challenges in recovery and their family members, parents and caregivers may be neither understood nor celebrated and yet their expertise is integral to supporting others. There may also be a perceived culture clash as peer specialists fulfill their roles guided by primary values that may be considered non-traditional by non-peer professionals (e.g. a blurring of traditionally held boundaries). It is this aspect though that provides one the unique ability to be a *peer* provider by definition.

The efforts and findings of the Committee for Peer Specialist Training and Core Competencies as well as members of age-specific work groups are exciting and fruitful. It is now essential to ensure these identified and prioritized values, skills and knowledge guide training and professional development for Peer Specialists and celebrate their collective ability to excel at being "peers". The resulting outcome may indeed bolster the abilities of peer specialists to be supported in their current positions and in expanded professional development opportunities that promote using one's "peerness" to its fullest.

County of Los Angeles – Department of Mental Health
Program Support Bureau

AGE-SPECIFIC PEER SPECIALISTS WORK GROUP WORKSHEET

The purpose of the Age-Specific Peer Specialist Work Groups is to establish core competencies, specialty/advanced trainings and values relevant to Peer Specialist or volunteer (working in a capacity as a Peer Specialist) work in the County of Los Angeles. Peer Specialists are defined as individuals with personal experience having mental health or wellness challenges, as well as parents, family members and caregivers, who utilize their lived experience to provide services in the public mental health system.

The Age Specific Peer Specialist Work Groups are co-led and facilitated by the Department of Mental Health Empowerment/Advocacy Division, Workforce Education and Training Division, Age Group Lead Staff from the Children's Systems of Care, Transition Age Youth Division, Adult Systems of Care, and Older Adult Systems of Care Bureau; a scribe will be available for note taking for the work groups. Meeting times will be determined by the work groups with submission of recommendations based upon completion of worksheets expected by January 2013.

Objectives:
- Define core competencies and values with awareness of diversity, incorporating co-occurring disorder issues, culturally relevant concerns including "peerness", and integrated care priorities.
- Define core competencies and values associated with the duties and responsibilities of Peer Specialists, which support MHSA's core tenets of recovery and resilience for individuals with mental health, as well as co-occurring mental health and substance use, disorders.
- Define any advanced/specialty knowledge that may be specific to an age group.

Parameters for the Age-Specific Work Groups:
- All Work Groups are to respond to questions which solicit a discussion of core competencies and values.
- Work Group Co-Leads will submit summarized meeting notes at the end of each work group session to the contact listed below.
- Information that is volunteered that participants feel strongly about – but which do not are not necessarily related to the group consensus on core competencies - may be documented on a "Parking Lot" or "Additional Notes" section of meeting notes.
- Work Groups are expected to meet once a month, beginning in October 2012 through January 2013 - or more frequently - as determined by Work Group members. Each Work Group meeting is expected to last approximately 2 hours in duration.

Work Group co-leads are to forward all summaries of meeting discussions to Mira Kim, LCSW mkim@dmh.lacounty.gov on or before January 2013.

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CORE COMPETENCY WORK GROUP WORKSHEET

In your work groups, as you discuss the age-specific core competencies of Peer Specialists, keep in mind MHSA core tenets of recovery and resilience, and improved access and services for individuals from under and un-served cultural communities including people with co-occurring conditions or disorders. The definitions of culture, cultural competency, co-occurring, and recovery and resilience are provided below as a point of reference.

"Culture" and "Cultural Competency" are defined by the California Department of Mental Health and the Child and Adolescent Service System Program Technical Assistance Center at Georgetown University as:

1) Culture

> The integrated pattern of human behavior that includes thought communication, actions, customs, beliefs, values and institutions of a racial, ethnic, religious or social group. Culture may involve parameters such as ethnicity, race, language, age, country of origin, acculturation, gender, socioeconomic class, disabilities, religious/spiritual beliefs and sexual orientation.*

*Source: California Department of Mental Health

2) Cultural Competency - Individual Level

> Refers to a set of congruent attitudes, knowledge, and skills that enable the person or individual to interact effectively in cross-cultural situations.**

3) Cultural Competency - Organization Level

> Refers to the existence of policies, procedures, practices, and organizational infrastructure to support the delivery of culturally and linguistically sensitive and appropriate health care services where culture is broadly defined.**

**Source: Cross, T.L., Bazron, B.J., Dennis, K.W., and Issacs, M.R. (1989). *Towards a culturally competent system of care.* Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center

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The Substance Abuse and Mental Health Services Administration (SAMSHA) references "Co-Occurring" conditions as follows:

- "Mental and substance use conditions often co-occur."
- "Individuals with substance use conditions often have a mental health condition at the same time and [vice versa]."
- "Integrated treatment or treatment that addresses mental and substance use conditions at the same time is associated with lower costs and better outcomes such as: reduced substance use; improved psychiatric symptoms and functioning; decreased hospitalization; increased housing stability; fewer arrests; and improved quality of life. SAMHSA supports integrated treatment for co-occurring disorders."

"Co-occurring Disorders" (COD) refers to co-occurring substance use, abuse or dependence and mental health disorders.

- In other words, consumers with COD have one or more issues related to the use of alcohol and/or other drugs of abuse and one or more mental health issues.
- 60-80% of most DMH consumers have at one time in their lives been impacted by Substance Use issues.
- We must be able to address Substance Use with all our consumers in order to increase the effectiveness of their recovery, as well as integrated mental health and primary care services.
- COD is challenging because the vast majority of people with a mental illness may also be challenged with illicit drug or alcohol use and are unaware of the problem or do not feel they need help.

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The Substance Abuse and Mental Health Services Administration (SAMSHA) defines "Recovery" as:

"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's Recovery Support Strategic Initiative identifies four major dimensions that support a life in recovery according to researchers.

- Health – overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way
- Home – a stable and safe place to live
- Purpose – meaningful daily activities, such as a job, school, volunteer, family caretaking or creative endeavors, and the independence, income and resources to participate in society
- Community – relationships and social networks that provide support, friendship, love and hope

The Center for Innovative Practices defines "resiliency" as:

"An innate capacity that when nurtured empowers children, youth and families to successfully meet life's challenges with a sense of self-determination, mastery and hope."

In a resilience-oriented mental health system, the following principles are embraced:

- Resiliency is a belief that all children, youth and families have strengths and are capable of overcoming challenges.
- All children have a right to hope and success starting at birth and lasting a lifetime.
- A resiliency-oriented mental health system provides access to a complete continuum of care that addresses mental health promotion, education and intervention across developmental ages and stages.

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I.   What are the qualities and values that are essential to convey recovery and resilience as it relates to Peer Specialists and the core competencies they must possess?

_____
_____
_____
_____
_____
_____
_____
_____

Some cultures and communities may have different words they use to refer to concepts such as "recovery" and "resilience". Does this apply to Peer Specialists working in your age group? If so, please explain.

_____
_____
_____

II.   Are there any other principles or values that your group sees as relevant to Peer Specialists' core competencies from your age group? If so, please list them here and describe them briefly.

    a. Principle/Value:_____
_____
_____
_____

    b. Principle/Value:_____
_____
_____
_____

    c. Principle/Value:_____
_____
_____
_____

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III. Core competencies involve an understanding of certain skills or abilities, in addition to the previously discussed values. Discuss core competencies important to the work of peer specialists; keep in mind how these core competencies uphold MHSA's core tenets of **recovery** and **resilience**.

"**Essential**" refers to skills or abilities that someone *must* be able to do.
"**Specialized**" these skills may be unique to certain positions or specific for an age group.

Examples of Essential skills might be:
- To listen and comprehend what is being said in person and on the phone
- To understand the concept of boundaries and how that applies in the work environment
- To disclose personal stories /"lived experience" in an appropriate manner

Examples of Specialized skills might be:
- To identify and navigate resources relevant to age specific group (Regional Center for Children and TAY).
- To assist consumer in job search efforts.
- To be able to communicate with families who may only speak a non-English language

What are the **essential** skills that Peer Specialists need to have in order to perform work within your age group in LACDMH?

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

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What are **specialized** skills that Peer Specialists should have in order to perform certain jobs within your age-group in LACDMH? Please indicate if these are also essential skills with a "check mark" √

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____
9._____
10._____

IV. Core competencies also involve functioning in a particular role, while using certain skills and maintaining certain values. What roles or duties are unique to Peer Specialists and in what programs?

Peer Specialist Position	Program	Unique Role/Duties Performed

V. What should individuals applying for a Peer Specialists position need to know about DMH or a contract agency culture that will support their employment success?

_____
_____
_____
_____
_____
_____

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VI. Please identify ways your group believes Peer Specialists are supported currently in the performance of their work:

_____
_____
_____
_____
_____
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_____
_____
_____
_____

VII. Are there other comments your group or individuals would like consider important with regard to Peer Specialists and their work?

_____
_____
_____
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_____
_____
_____

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

AGE-SPECIFIC PEER SPECIALIST WORKGROUP MEETING PARTICIPANTS

OLDER ADULT

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ADULT

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COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

AGE-SPECIFIC PEER SPECIALIST WORKGROUP MEETING PARTICIPANTS

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