

**RIVERSIDE UNIVERSITY HEALTH SYSTEM –
BEHAVIORAL HEALTH**

POLICY NO: 164

SUBJECT: RECRUITMENT, PROMOTION AND TRAINING OF
PEER SUPPORT SPECIALISTS

REFERENCES: None

FORMS: None

EFFECTIVE DATE: August 3, 2018

POLICY:

It is the policy of Riverside University Health System – Behavioral Health (RUHS – BH) to hire Peer Support Specialists (PSS). As defined by the Department of Health Care Services (DHCS) “peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders.” In the RUHS-BH system, PSS are also self-identified family members/caregivers to an adult with a mental health and/or substance use challenge, and parents of minor children who experience behavioral health challenges.

PROCEDURE

Potential new PSS staff will be vetted by a Peer Policy & Planning Specialist (PPPS) who works in the same discipline in which the PSS applicant would work (i.e. Consumer, Family Advocate or Parent Partner). As with any other clinical discipline, peer support is a specialty mental health service that requires specific experience and training. PPPSs are responsible for providing quality peer support that is true to the recovery model system wide.

A. Conditional Offers

1. Lateral Reassignments of PSS Line Staff

- a. Lateral reassignment postings will be coordinated by the program or clinic supervisor.

- b. Supervisors will contact the PPPS when considering a lateral reassignment candidate.
- c. Due to the PSS job class, the PSS applying for a lateral reassignment may be requesting to move from one discipline to another (i.e. Consumer PSS to Family Advocate). This is a process that requires consultation with the PPPS, as PSS disciplines do not cross-train as a regular practice. In the example above, they may, indeed, have the lived experience of being a family member of an adult, but they may not have received the proper training to laterally move into the role of Family Advocate in the clinic setting.
- d. Transferring a PSS without proper consultation of the Peer Policy & Planning Specialist will result in delays and potential denial of transfer.
- e. Lateral reassignments requested by a Senior Peer Support Specialist (SPSS) or PSS employee before they have completed a full year of service in their current role must be reviewed on a case-by-case basis by the PPPS and the Program Administrators associated with a proposed reassignment.

2. Interviewing Potential Peer Providers

- a. Program and clinic supervisors will interview potential PSS candidates with the SPSS representing the specific discipline of peer support. SPSSs are the peer role model. They bring with them expertise in the best practices of peer support and peer leadership in their specific discipline. They are required to participate in the interview process of PSS line staff.
 - 1) Consumer SPSS attends and interviews candidates for PSS line staff positions.
 - 2) Senior Family Advocate attends and interviews candidates for Family Advocate line staff positions.
 - 3) Senior Parent Partner attends and interviews candidates for Parent Partner line staff positions.
- b. Standardized interview questions for each peer support discipline will be provided by the specific PPPS.
- c. Interviews of PSS line staff are to ascertain the candidate's self-identification of lived experience in behavioral health, determining whether they can appropriately be of service as a Consumer Peer,

Parent Partner or Family Advocate. Interview panels will not exceed 3 interviewing staff members. A typical panel for a PSS Trainee interview would include the Behavioral Health Services Supervisor (BHSS) and the SPSS in the specific discipline.

- 1) BHSS and Consumer SPSS for PSS Trainee – Consumer recruitment.
 - 2) BHSS and Parent Partner SPSS for PSS Trainee – Parent Partner recruitment.
 - 3) BHSS and Family Advocate SPSS for PSS Trainee – Family Advocate recruitment.
- d. All new PSS line staff will be hired at PSS Trainee level. Advanced step offers to new PSS line staff are approved by the PPPS.

3. Interviewing SPSS Candidates

- a. If the position of SPSS is not filled via lateral reassignment, the Job Gateway recruitment through HR will be initiated by the PPPS of the specific peer support discipline. Interviews for open recruitments will include the specific program Manager or Administrator.
- b. Only Administrators and Managers will interview SPSS candidates.
- c. Each program Administrator or Manager will partner with the PPPS to hold interviews.
- d. When opening a lateral reassignment for SPSS, Administrators and Managers will contact the PPPS for consultation.

B. PSS Training Requirements

1. The PPPS for each peer support discipline will mentor all new PSS staff in required trainings, prior to providing direct one-on-one services to consumers.
2. Consumer PSSs are required to attend and graduate a County-approved Peer Employment Training course within the first 90 days of employment.
3. Parent Partners are required to attend Parent Support and Training.

4. Family Advocates are required to attend and complete NAMI Family-to-Family training and complete the mentorship process with the Family Advocates Training Manual.
5. SPSSs will perform duties as outlined in the "SPSS Duty Statement" (Attachment A) and will receive specific mentoring and training by the PPS for their specific role in the service system.

C. PSS Trainee Advancement

1. The following areas of competence must be in place before a supervisor promotes a Peer Support Specialist Trainee (PSST) to the Journeyman level:
 - a. PSST has completed and passed a 6 month probationary period.
 - b. PSST has worked full time for RUHS – BH for a full calendar year.
 - c. PSST is in good standing in the following areas:
 - 1) Attendance.
 - 2) Direct service percentage is in reasonable range of program standards.
 - 3) Documentation is up to date in reasonable range of program standards where applicable.
 - 4) PSST annual evaluation reflects a "Meets Expectation" or higher rating.
2. All the above criteria must be in place to proceed with promotion of PSST to the Journeyman level. The supervisor will contact the HR Analyst and support staff to process the appropriate paperwork for promotion. Promotions occur on the one year anniversary of the employee's hire date when in good standing as indicated above. If employee is not in good standing in all areas, supervisors are expected to revisit the promotional opportunity within 6 months of the annual evaluation and every 6 months thereafter, until the promotion is approved.
3. If a PSST is not promoted to Journey level within the first 18 months of service, the Supervisor will contact the PPS to assist in facilitating additional training and support of the PSST in question.

D. Chain of Command

1. All SPSSs report to and are supervised by their discipline-specific PPPS.
2. SPSSs are not supervisors, they are “supervising peers.” They are mentors, trainers and leadership representatives of their division. Their role is to support the Peer Support Specialist (PSS), the clinics and programs to which they are assigned. Their role will never have punitive authority over any full time line staff member. All matters of professional development will be the responsibility of the PPPS.
3. All SPSS annual evaluations and progressive discipline are the responsibility of the PPPS. Annual evaluations will include feedback provided by the clinic supervisor and Program Administrator at the time of review.
4. As concerns may arise in the clinic setting, supervisors should consult with their Program Administrator and the PPPS to problem-solve any areas of concern. The PPPS, alongside the Program Administrator, will work jointly to devise action plans that best address those concerns. Resulting directives from those action plans will be delivered by the PPPS.

Approved by:  Date: 08.03.18
Director of Behavioral Health

Attachments:

Senior Peer Support Specialist Duty Statement, Attachment A

**RIVERSIDE UNIVERSITY HEALTH SYSTEM –
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SENIOR PEER SUPPORT SPECIALIST DUTY STATEMENT

Senior Peer Support Specialists (SPSS) are peer providers in leadership, who self-identify as consumers, family members, caregivers and parents of children who struggle with mental health and/or substance use challenges. They have a minimum of two (2) years practical experience utilizing specific skills in the evidence based practice of peer support.

These peer providers in leadership are experts in the areas of providing peer-to-peer support, recovery model concepts, state and federal guidelines for the practice of peer support and billing practices for peer providers. Their role in the service system is one of leadership and partnering with clinic supervisors and program administrators to support the continuum of growth and development for all staff in the Riverside University Health System – Behavioral Health (RUHS – BH) system. They are charged to assist every program and clinic to sustain mission standards of providing environments that reflect hope, wellness and recovery practices to the people we serve.

Administrators and Peer Policy & Planning Specialists (PPPS) partner to sustain department mission standards. All SPSSs report to and are supervised by their discipline-specific PPPS. SPSSs are not supervisors, rather “supervising peers.” They are mentors, trainers and leadership representatives of their division. Their role is to support the Peer Support Specialist (PSS), the clinics and programs to which they are assigned. Their role will never have punitive authority over any full time line staff member. All matters of professional development will be the responsibility of the PPPS. All SPSS annual evaluations and progressive discipline are the responsibility of the PPPS. Annual evaluations will include feedback provided by the clinic supervisor and Program Administrator at the time of review. As concerns may arise in the clinic setting, supervisors should consult with their Program Administrator and the PPPS to problem-solve any areas of concern. The PPPS, alongside the Program Administrator, will work jointly to devise action plans that best address those concerns. Resulting directives from those action plans will be delivered by the PPPS.

Though each assignment for SPSS varies due to program need, the expectation for all SPSSs that work for RUHS – BH are as follows:

1. Mentor PSSs in their specific region or program.
 - a. Assist in skill building to support the PSS in their practice of peer support to clinics.

- b. Empower PSS to sustain their efficacy on the treatment team.
 - c. Attend staff meetings and trainings to model recovery practices.
 - d. Model peer support, professionalism and leadership.
 - e. Communicate policy and procedure changes as soon as they are made available.
 - f. Conduct monthly regional or program specific PSS meetings focused on training and support.
 - g. Assist PSS with advocacy skills.
 - h. Meet with each PSS individually every month (weekly if time permits) to work on specific goals and skills.
 - i. Identify and problem-solve barriers to PSS when productivity challenges arise.
 - j. Encourage PSS to practice self-care, utilizing exploration and wellness tools to achieve and sustain wellness in the workplace.
 - k. Create collaborative working relationships with clinic supervisors and line staff to be “part of” the treatment team’s process.
 - l. Provide moral support and recovery coaching to PSS as challenges arise.
 - m. Use strengths-focused feedback at all times – always conveying what’s strong and not what’s wrong.
2. Partner with Clinic Supervisors
 - a. Meet with clinic/program supervisor a minimum of once a month.
 - b. Explore ways to support the supervisor’s needs with regard to:
 - 1) PSS job performance relating to the practice of peer support.
 - 2) Creating hopeful environments.
 - 3) Supporting optimal levels of productivity – exploring barriers, identifying solutions and setting goals.

- 4) Provision of additional training to all staff as needed, relating to recovery-focused service delivery.
 - c. Retain a supportive role, communicating potential activities and interactions with clinic staff.
 - d. Collaborate with supervisor to meet clinic needs and goals with regard to PSS line staff in areas of performance (i.e. support to increase productivity, support to improve attendance, etc.).
 - e. Advocate for recovery-focused interactions using the concepts of hope, personal responsibility, self-advocacy and support.
3. Implement and Coordinate Peer Support Specialist Volunteers (PSSV)
- a. Meet with potential PSSVs.
 - b. Process volunteer application paperwork and submit to designated personnel.
 - c. Manage PSSV work schedules.
 - d. In partnership with supervisors, provide material and workspace for PSSV.
 - e. In partnership with supervisors, delegate tasks to PSSV.
 - f. Mentor PSSV as they work toward specific personal and vocational goals.
 - g. Provide monthly trainings in peer support skill-building.
 - h. Conduct PSSV meetings once a month.
 - i. Conduct one-on-one monthly supervision meetings with each PSSV to work on specific goals.
 - j. Troubleshoot issues that arise and that require discussion with other staff.
 - k. Provide written PSSV status report to PPPS, supervisors, regional management and the Workforce Education and Training (WET) Volunteer Coordinator.
4. Implement and coordinate the Peer Support Specialist Intern (PSSI) Training Program

- a. Identify potential PSSIs.
 - b. Assist PSSIs in getting application process completed.
 - c. Mentor PSSIs as they prepare for the interview process.
 - d. Provide on-the-job training in the clinic setting, integrating with PSS and their daily activities, utilizing the PSSI Training Manual:
 - 1) Group facilitation.
 - 2) Department training programs.
 - 3) Medi-Cal documentation in electronic medical records system (ELMR).
 - 4) Peer support practices.
 - 5) Include in all monthly PSS meetings/community events.
5. Assist in improving contractor provided services to our consumers.
- a. Attend meetings with contractors with regard to delivery of peer program services.
 - b. Upon direction from the PPPS, meet with contractor supervisors to offer support and training to staff of peer support and recovery model practices.
 - c. Upon direction from the PPPS, offer training support to PSS employed by the contract service provider.
 - d. Provide “strength-focused” feedback when appropriate.
 - e. Be a partner in providing services, keeping in mind that the people we are serving are our peers.
 - f. Visit contract service locations on a regular basis (quarterly or as needed).
 - g. Compile and report strength-focused observations of contract services, aiming for mutual growth.
 - 1) To area supervisor.

- 2) To PPS.
 - h. Model recovery at all meetings and in all communications, living by example and mentoring staff in the provision of positive learning and healing environments.
 - i. Model professionalism.
 - j. Encourage PSS staff to refer our members to participate in contract provided services.
6. Provide mental health recovery information to surrounding communities within the region's program they represent.
- a. Take a lead role in developing, promoting, publicizing and facilitating quarterly regional information meetings for the people we serve and their families.
 - b. Work closely with other department outreach programs such as Consumer Affairs, Family Advocate Program, Cultural Competency Outreach and Engagement Coordinators, and Parent Partners to "get the word out" that programs are available to those seeking services.
 - c. Work with PPS to develop and publish written materials that promote peer support services, recovery-focused philosophies and how they work within the existing structure of RUHS – BH.
 - d. Represent the assigned discipline's division and their relating programs at public speaking engagements and conferences:
 - 1) Consumer SPSS represents Consumer Affairs.
 - 2) Parent Partner SPSS represents Parent Support and Training.
 - 3) Family Advocate SPSS represents the Family Advocate Program.
 - e. Participate in assigned division-specific sponsored training for all staff and the public.
7. RUHS – BH Peer Support Program Liaison
- a. Assists clinics, hospitals, other mental health service facilities, schools and public service partner agencies by being a liaison for clinic staff and the peer support programs.

- b. Provide trainings to all staff that promote a recovery environment among staff to reduce stigma and barriers to accessing services.
 - c. Work to ensure new clinics, hospitals and other mental health service facilities provide a welcoming environment that promotes recovery, which may include working with and making suggestions to planning staff.
8. Act as peer professional representing recovery and RUHS – BH to the public.
 - a. Attend and participate in county-wide and special events.
 - b. Speak at conferences.
 - c. Provide workshops and facilitate trainings for all staff within RUHS – BH and partner agencies.
 - d. Participate in state level conferences.
 - e. Participate in national level conferences.
9. Provide an accurate accounting of both time and activities, managing time effectively.
 - a. Utilize Outlook calendar, updating information daily.
 - b. Utilize e-mail and/or call chain of command with changes to regular schedule.
 - c. Contact program secretary to secure conference space in Rustin building and supervision time with PPS.
 - d. Sign in and out of every building visited.
 - e. Use swipe key card at RUHS – BH locations where applicable.
10. Comply with state and federal confidentiality regulations, mandated reporting laws and county policies.
11. Maintain and model ethical and professional standards of practice.
12. Actively seek supervision/consultation monthly or as needed.
 - a. PPS

- b. Regional Administrator.
13. Work closely with Quality Improvement, Family Advocate program, Parent Support and Training, Cultural Competency program and WET, thus ensuring knowledgeable and up-to-date skills in these areas.
 14. Attend regional supervisor's meetings.
 - a. Provide current information on peer support programming.
 - b. Receive feedback on success/challenges of program.
 - c. Provide consumer perspective at staff meetings.
 - d. Share staff successes and highlight positive consumer outcomes.
 15. Attend at least one regional Behavioral Health Commission meeting per quarter.
 - a. Upon request, provide current information about peer support programming.
 - b. Acquire information on the region's consumer needs.
 16. Attend special Advisory Committee meetings as needed.
 17. Other duties as assigned.

Further clarification of this duty statement can be provided by the appropriate PPS.