Integrating Peer/Consumer Services: A Handbook


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Particular recognition goes out to Deborah Craig, Tiffany Sturdivant, and Amber Takes, champions of our transition age youth services and drivers of our consumer integration; Patrice Robinson and Diana Rose, our Family Support Specialists, and Charmaine Kimble, our Transitions Peer Outreach Worker; and Nikayla and Diane Morris, the inaugural chairs of our youth and parent councils, respectively.

The primary model behind our consumer work has been the Transition to Independence Process, implemented in consultation with Rusty Clark, Ph.D. and the Stars Training Academy. This consultation was made possible by the Emerging Adults/Healthy Transitions Initiative through the Substance Abuse and Mental Health Services Administration. We also received invaluable training on implementing peer services from Lacy Kendrick Burk and Eric Lulow.

Trauma-Informed Care has also played a significant role in how we approached, developed, and maintained our consumer services. Viewing all things through a lens of trauma, and providing choice, safety, collaboration, empowerment, and trust whenever possible have been key factors to our success. Patsy Carter and the late Robyn Boustead, with the state of Missouri, and Marsha Morgan, COO of Truman Medical Center Behavioral Health, have been our Trauma-Informed Champions.

The Missouri Department of Mental Health have long been supporters of peer/consumer services, and have advocated for and created policy change to allow us to do something different.

LuAnn Reese, Statewide Family Coordinator for the Missouri Department of Mental Health, has provided technical assistance in the implementation of peer services, and we have learned much in our collaboration with her.

Last but not least, we have learned the most from our advisory councils, Helping Our Peers Excel (H.O.P.E.), youth and young adults changing attitudes toward mental health because we are more alike than different, and Families Advocating and Inspiring Through Hope (F.A.I.T.H.) a collective of parents, friends, and families who are advocating for our youth and young adults at the local, state, and federal levels to ensure quality mental health care.
INTRODUCTION

Like many organizations, Truman Medical Center Behavioral Health has offered consumer councils off and on over the years, with limited success and even more limited integration into its operations. We knew the benefit of consumer councils, both to consumers and to the organization. However, recruiting for consumer councils tended to consist of overworked staff posting flyers, and case managers perhaps mentioning the council to a few of their clients. Consumers would attend, but without clearly defined goals and perceived lack of involvement or follow-through by the organization, attendance would dwindle to the faithful few until eventually the consumer council would take a hiatus until we started the cycle all over again.

We knew we wanted more consumer involvement and collaboration within our organization. We had many discussions and strategy sessions. But with overworked staff and lack of a clear model, our discussions remained just that—abstract ideas and desires. However, in 2009, the Futures Program at Truman Medical Center partnered with the State of Missouri and was one of seven states awarded the Emerging Adults Initiative (aka Healthy Transitions Initiative) grant from the Substance Abuse and Mental Health Services Administration (SAMHSA). Through the Emerging Adults Initiative (EAI), we started working with Transition Age Youth (TAY) in designing services, policies, and even the development of transitional living apartments and our new office building. The Futures Program built upon this momentum and the partnerships we were developing within the community to launch our peer advisory council and, two years later, our parent advisory council. Our peer council recently celebrated its 3rd anniversary, and our parent council its 1st anniversary. We also created a TAY peer and two family peer positions, who have now been employed with us two years and five years, respectively.

With the flexibility afforded us by the EAI and guidance provided by the Transition to Independence Process (TIP) and Trauma-Informed Care models, we realized we had done something special by creating two consumer councils that were not only thriving, but two councils that were active in both our organization and in the community. What was different this time? What made these consumer councils unique? More importantly, we wanted to identify those elements that made our councils successful and generalize them so that others could use them to develop—not just consumer councils and peer staff—but a wide spectrum of collaborative consumer activities. We wanted to share a method for increasing consumer collaboration and partnerships that could be applied to developing focus groups, informal support groups, recruitment of peer staff or volunteers, consumer participation on committees, consumer voice in policy development, etc. This manual was developed to be flexible enough to be applied across settings and to many levels of consumer involvement, to meet the needs of both the organization and the consumer. We recognize that for services to be truly consumer-driven, consumers need to be involved at all levels. By developing this manual, we have created a tool anyone can use in promoting and sustaining meaningful consumer involvement in a manner that fits with their organization’s mission and values.

*A note on the use of terms peer, consumer, and client in this manual: “Consumer” is the preferred terminology. However, when a consumer is acting in an employee or volunteer capacity and working with another consumer receiving services, the latter will be referred to as “client” to distinguish the roles and avoid confusion. “Peer” refers to a peer specialist.

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A RATIONALE FOR PEER/CONSUMER INTEGRATION

There are clear benefits to increasing peer and consumer involvement within your organization, whether you provide direct consumer care, or otherwise interface or consult with organizations that provide consumer care. The most obvious benefit is “Nothing about me without me.” Corporations who conduct focus groups and who solicit consumer interaction and feedback via social media know the importance of consumer opinion and voice in the development and dissemination of their product.

Some may say the provision of behavioral health services is no different. However, we have more at stake. Our consumers have long been disenfranchised and retraumatized by the mental health system. In order to provide ethically responsible services that are truly helpful, it is imperative that we involve consumers in making decisions about their care, not just on an individual level, but at a systemic level as well.

But before going all in, an organization must take a full inventory of both the benefits and risks of increasing peer/consumer involvement. As with anything worth doing, there will be road blocks along the way. In order to make a commitment to increasing peer/consumer involvement, an organization must be prepared to meet those risks as they arise. The list below is just an example of some benefits and risks associated with increasing consumer involvement. As each organization is different, we encourage you to take some time to create your own benefits/risks assessment before proceeding.

<table>
<thead>
<tr>
<th>BENEFITS</th>
<th>RISKS</th>
</tr>
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<tbody>
<tr>
<td>Improved Treatment Outcomes</td>
<td>Unanticipated Stress → Increased Symptoms</td>
</tr>
<tr>
<td>Increased Consumer Engagement</td>
<td>Consumer May Not Be Ready</td>
</tr>
<tr>
<td>Fidelity to Trauma-Informed Care</td>
<td>Consumer Tokenism</td>
</tr>
<tr>
<td>Improved Staff Morale</td>
<td>Decreased Staff Morale, if not integrated well</td>
</tr>
<tr>
<td>Consumer Perspective Added to the Team</td>
<td>Increased Time Spent Supervising/Training</td>
</tr>
<tr>
<td>Consumers Have Opportunity to Learn Advocacy &amp; Leadership Skills</td>
<td>Increased Time in Advocating for Peer/Consumer Needs</td>
</tr>
</tbody>
</table>
DEVELOP A PEER/CONSUMER INTEGRATION PLAN

So you know you want to integrate consumers into your organization. You are confident in the benefits. You’ve weighed the risks and know you and your staff can overcome them. Now what? Set a Wednesday night meeting, put up a flyer or two, and wait for the consumers to show up? Unfortunately, driving consumer involvement is not a case of “Build it and they will come.” You know that, or likely you wouldn’t have read this far.

There are a multitude of ways peers and consumers can become involved in an organization and much of what you will do should depend on what your consumers tell you. Your first step should be talking to your consumers. Second, find out what other organizations are doing. Third, determine your goals for consumer involvement. These three things will come together to form your plan for increasing peer/consumer involvement. And you might be surprised at what you come up with.

GATHER DATA

At this point, your primary goal is to answer the question, “How do I want to integrate peers/consumers into my organization?” Do you want to gather the occasional focus group as the need presents itself? Maybe you’d like to see informal, consumer-run support groups or perhaps involve consumers in your interviewing and hiring process. Or maybe you’d like to have consumers working in your agency as volunteers or employees—but doing what? Office work? Peer specialists? Van drivers for your psychoeducational groups? Maybe you’re thinking of having consumer representation on your committees or want their voice when it comes to developing policies and procedures. You could be thinking of having consumers involved in any number of other activities or roles.

But if you want to increase consumer involvement in your organization, the very first thing you should do is . . . involve the consumer in answering the question “How can peers/consumers be integrated into this organization?”

You aren’t just asking a consumer to come to a meeting or two. Or attend a council one night a month. Increasing consumer involvement requires planning and strategy, but will require a culture change. In order to achieve a culture where consumer voice and choice is valued, you have to start at the very beginning. You may have grand ideas about how you want consumers to be involved in your organization. But if the consumer isn’t interested in that level of involvement, you have already failed. Your first task is to find out how the consumer wants to be involved in the organization.

You can obtain this information formally. Create surveys. Host focus groups. You can also just start having conversations with consumers on an informal basis. As you run into them in the waiting room, the elevator, hallway, parking lot. Request your staff to start asking the questions before and after sessions. Informal conversations require less time and money and you are more likely to get spontaneous and heartfelt responses. And if your employees are having the conversations, you are well on your way to having staff buy-in to increased consumer involvement (it’s true, clinical staff aren’t always 100% invested in consumers having an active role in the organization—more on that later).

Data doesn’t have to mean numbers in a table. Data simply means information. Start talking with consumers and find out what they want.
EXISTING MODELS

Work smarter, not harder. Don’t reinvent the wheel. Successful peer and consumer-guided programs exist across the country and probably in your community. Or maybe other organizations near you are on the same journey and you can combine resources and knowledge to achieve similar goals.

Below are some models that were helpful guides as we developed our advisory councils and our peer services. While these models were helpful for us, use them as a springboard to identify models that will be useful for your organization and consumer needs.

<table>
<thead>
<tr>
<th>MODEL NAME</th>
<th>DESCRIPTION</th>
<th>MORE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transition to Independence Process (TIP)</td>
<td>An evidence-supported practice that demonstrates improvements in real-life outcomes for youth and young adults with emotional/behavioral difficulties.</td>
<td>tipstars.org</td>
</tr>
<tr>
<td>Youth M.O.V.E.</td>
<td>A youth led organization devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and child welfare.</td>
<td>youthmovenational.org</td>
</tr>
<tr>
<td>Trauma Informed Care</td>
<td>Trauma-informed organizations, programs, and services are based on an understanding of the vulnerabilities or triggers of trauma survivors that traditional service delivery approaches may exacerbate, so that these services and programs can be more supportive and avoid re-traumatization. Seeks to change the paradigm from one that asks, “What’s wrong with you” to one that asks, “What happened to you?”</td>
<td>samhsa.gov/nctic</td>
</tr>
</tbody>
</table>
| Stages of Group Development     | 1. Forming  
2. Storming  
3. Norming  
4. Performing | A Google search for “Tuckman stages of group development” returned 34,000 results |
## Integrating Peer/Consumer Services: A Handbook

<table>
<thead>
<tr>
<th>Organization/Program</th>
<th>Description</th>
<th>Website/Resource</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Federation of Families for Children’s Mental Health</td>
<td>A national family-run organization focused on the issues of children and youth with emotional, behavioral, or mental health needs and their families. Advocates for and provides technical assistance for peer staff. Offers a Certified Parent Support Provider. Affiliated with Youth M.O.V.E.</td>
<td>ffcmh.org</td>
</tr>
<tr>
<td>RESPECT Institute in Missouri</td>
<td>Teaches individuals who have mental illness to share their personal stories of recovery with public audiences, leading to a better public understanding of mental illness and related issues. Available only in Missouri, but principles are to help a person understand how to tell their story.</td>
<td>dmh.mo.gov/constituent services/respect instituteinmissouri.htm</td>
</tr>
</tbody>
</table>
Below are different types and levels of consumer participation. These are only a few examples.

<table>
<thead>
<tr>
<th>TYPE OF PARTICIPATION</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Committees</td>
<td>A full contributing member of a committee or workgroup. You may have more than one consumer sitting on any given committee. Because the number of consumers are often outnumbered and in an effort to give the consumer voice equal weight, some organizations have the consumer vote count as two votes.</td>
</tr>
<tr>
<td>Boards</td>
<td>A full contributing member of an executive board. Additionally, consumer groups may also have a board of directors.</td>
</tr>
<tr>
<td>Outreach and/or Education</td>
<td>Provide outreach to consumers within the program and those considering engaging in the program’s services. Provide education to community organizations to reduce stigma as well as those providing services to potential consumers. Provide Mental Health First Aid training.</td>
</tr>
<tr>
<td>Advisory Council</td>
<td>Provide feedback and be involved in organization initiatives, change processes, and policy development. Assist with recruitment, interviewing, and training of new employees.</td>
</tr>
<tr>
<td>Advocacy Group</td>
<td>Advocate within the organization, at the local, state, and national levels on issues that impact them and quality of care.</td>
</tr>
<tr>
<td>Support or Psychoeducation Group</td>
<td>Peer-run support groups. Peer-run psychoeducational groups.</td>
</tr>
<tr>
<td>Peer Specialist</td>
<td>Use lived experience to assist others on their road to recovery. May be a peer to a consumer of any age (adolescent through geriatric) or peer to a parent/caregiver of a consumer.</td>
</tr>
<tr>
<td>Volunteer or Paid Employee</td>
<td>May volunteer their time or be paid, anywhere from an hour a week to a full-time position.</td>
</tr>
<tr>
<td>Sky is the Limit!</td>
<td>How can consumer involvement benefit your organization? Just because you’ve always done something a certain way doesn’t mean there’s a rule behind it. Instead of saying “We can’t,” start asking “Why not?”</td>
</tr>
</tbody>
</table>
DETERMINE YOUR GOALS

Decide on your purpose in having or increasing peer/consumer involvement in your organization. After talking with consumers, you should have an idea of their purpose in becoming involved with the organization. By knowing what both you and what consumers want to accomplish, you can further define how you want to get there. Take a moment, think about how you would like consumers to be involved in your organization, and write down your reasons for seeking increased consumer involvement—what will they do for you?

My goals for consumer involvement are:

Now take a moment and think about the consumers. Why do they want to be involved with your organization?

My consumers’ goals for being involved:

Are your goals compatible? Who will benefit—you, the consumer, or both?

TMC Behavioral Health started its youth advisory council because we wanted, among other things, a body of consumers we could seek input from on various issues as they arose. How should we market our services? How can our intake process be improved? What types of groups would appeal to young people?

The best laid plans of mice and men…

We decided early on that our advisory council would be youth-guided. The youth determined their mission and goals. We found out quickly that their goals did not align with our goals. They chose a name: Helping Our Peers Excel (HOPE). And a mission statement: Helping Our Peers Excel by changing attitudes towards mental health through creating awareness and building knowledge. (The mission statement has since been revised: youth and young adults changing attitudes toward mental health because we are more alike than different.) At no time did they decide they existed for the purpose of helping the Futures program provide a better service for its consumers. Their goal extended beyond the department into the community.

When our goals began to diverge, we had a choice to make. We could rein them in and provide structure and guidance. Or we could walk the walk and allow them to be truly consumer-guided. I think we made the right choice.
Youth M.O.V.E. is a national youth-led organization “devoted to improving services and systems that support positive growth and development by uniting the voices of individuals who have lived experience in various systems including mental health, juvenile justice, education, and welfare.” Youth M.O.V. E. has provided valuable technical assistance for our youth council and knowledge that we’ve been able to transfer to other areas of consumer involvement. One such tool is Hart’s Ladder of Youth Involvement—which could really be called the Ladder of Consumer Involvement.

**LADDER OF CONSUMER INVOLVEMENT**

1. **Consumer Initiated and Directed**
   Designed and run by consumers and decisions made by consumers

2. **Consumer Initiated, Shared Decisions with Staff**
   Designed and run by consumers who share decisions with staff

3. **Consumer and Staff Initiated and Directed**
   Designed and run by consumers and staff in full partnership

4. **Staff Initiated, Shared Decisions with Consumers**
   Minimum consumer participation, designed and run by staff who share decision-making with consumers

5. **Consulted and Informed**
   Designed and run by staff who consult with consumers, consumers make recommendations that are considered by staff

6. **Assigned and Informed**
   Consumers do not initiate, but understand and have some sense of ownership

7. **Tokenism**
   Symbolic representation by few, may not have genuine voice, may be asked to speak for the group they represent

8. **Decoration**
   Adults use consumer to promote or support a cause without informing consumer

9. **Manipulation**
   Consumers are not involved in design or decisions; consumer involvement used by staff to communicate staff message

Where do you want to be on the ladder? Realistically assess your organization readiness level. You can always develop a plan for moving up the ladder.
Whether you are seeking consumers to be involved as volunteers or as paid employees, you’ll need to actively recruit the peer/consumer positions you are seeking to fill. Consumer involvement at any level is critical to the health and success of your organization, and care should be taken with the recruitment and selection process. You’ll want to ensure that consumer voice is accurately represented. You can do this by knowing your organizational values, knowing when a consumer is ready to take a more active role, and networking with both colleagues and consumers. More practical concerns include knowing how to market yourself to the consumer, knowing the barriers to taking a more active role in the organization, and developing interview questions and job descriptions that will lead you to the right candidates for the right consumer roles.

WHAT TYPE OF EMPLOYEE IS A GOOD FIT WITH YOUR ORGANIZATION?

Know the culture of your department and organization. What organizational values are deal-breakers when it comes to consumer involvement; that is, are you ready? Where does the organization need to be challenged or gently pushed into a new way of thinking?

<table>
<thead>
<tr>
<th>OLD SCHOOL</th>
<th>NEW SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess and Recommend</td>
<td>Shared Decision Making</td>
</tr>
<tr>
<td>What’s wrong with you?</td>
<td>What happened to you?</td>
</tr>
<tr>
<td>Tell me everything. Now. Tell it again.</td>
<td>Engage at the consumer’s pace.</td>
</tr>
<tr>
<td>Office-based</td>
<td>Where would the consumer like to meet?</td>
</tr>
<tr>
<td>Rigid boundaries</td>
<td>Role of self-disclosure</td>
</tr>
<tr>
<td>Consumer is the patient</td>
<td>Consumer as the teacher/provider</td>
</tr>
<tr>
<td>Face to face interventions</td>
<td>Technology in treatment</td>
</tr>
<tr>
<td>One hour a week, in the office</td>
<td>In-vivo opportunities</td>
</tr>
</tbody>
</table>
If you have potential consumers identified, are they ready to get involved? How will you know a consumer is ready to take an active role in the organization?

<table>
<thead>
<tr>
<th>READY TO GO</th>
<th>NOT JUST YET</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a passion to lead and create change based on their positive and/or negative experiences.</td>
<td>Still angry with “the system.”</td>
</tr>
<tr>
<td>Accepted what they have been through. Can use their experience to role model and create change. If they are still angry, can use that energy assertively.</td>
<td>If they are still angry about experiences with a clinical staff or family member or peer, their anger gets in the way of trying to be assertive.</td>
</tr>
<tr>
<td>Able to separate personal life circumstances from that of their clients.</td>
<td>Difficulty generalizing their experiences, difficulty understanding why someone may choose a different path, wants to be “too” helpful</td>
</tr>
<tr>
<td>Understands when to strategically use their life story.</td>
<td>Telling their life story as a means of catharsis, is reliving the experience as with PTSD, or for secondary gain.</td>
</tr>
<tr>
<td>Has coping skills to manage secondary trauma.</td>
<td>Work stress is close to potential stressors at home, difficulty separating the two.</td>
</tr>
</tbody>
</table>
TALK TO YOUR CONSUMERS

Think about consumers you know who are in recovery and might be able and willing to share their story. Do you have someone who has “graduated” from treatment, but is reluctant to leave? Maybe your organization is a safe place for them and they have a level of investment already, potential waiting for the right opportunity.

Who are your squeaky wheels? Some of those wheels already are great advocates, and some may need just a bit of coaching.

Chat with consumers as you have the opportunity. In between sessions. In the hallway. It takes just a few seconds to ask, “Hey, we’d really like to get people more involved in how we do things around here. What do you think? How could we do that?”

Hold focus groups. Decide on a goal, series of questions, and facilitator. Decide where the focus groups should be held and who should attend. Determine if attendees will need support to get to the focus group and/or support while at the focus group.

TMC Behavioral Health had an opportunity to work with a local architect and real estate developer to create transitional living apartments for youth age 16 to 25. All stakeholders were in agreement: consumers themselves should tell us what type of housing they wanted. We decided the most efficient way to get consumer voice at the table was to hold a series of focus groups.

We needed a location for the focus groups. We wanted somewhere relaxed, informal, easy to get to, and not associated with “treatment.” We chose a neighborhood coffee shop.

We needed a wide representation of youth voices. We had representation from community mental health and a homeless shelter. We wanted a more diverse representation, and so we invited youth from a new partnership we were developing with a private community not-for-profit serving at-risk youth.

We needed the right people to ask the right questions to get the right information out of the focus groups. The architect created a computer-generated mock-up of the apartments, generated a list of questions, and facilitated the focus group. Staff from each of the agencies were present to provide support for the youth. We provided food and fellowship to create a comfortable and informal environment to encourage honest communication.

And transportation. We provided transportation.

We hosted two focus group sessions, and a third follow-up based on recommendations from the first two focus groups. The feedback was used to design a 10-unit apartment complex with lots of natural light, plenty of parking, outside entrances to each unit, and a common area where residents could come together to socialize.
TALK TO PROFESSIONALS

A colleague can be a great referral source. They may be familiar with the consumer’s history and current place in recovery. The colleague may be familiar with the culture of your organization and know if the consumer would be up for the opportunity. If they have a clinical relationship, the colleague may also be a source of support for the consumer.

However, a professional recommendation alone doesn’t mean that person will be a good fit with your organization. They may be a good advocate or community organizer. They may be advanced in their recovery. But none of those things necessarily mean they are right for the position you are recruiting for.

Special Consideration—Stage of Recovery: At some point, you will need to decide what stage of recovery is the best fit for your consumer roles, or if stage of recovery will be a factor at all. If you will consider consumers currently in treatment, are you comfortable working with consumers of your own organization, or should they be consumers of other organizations only? If you recruit a consumer from within your organization, consider how your staff will integrate. We’ll talk later about training staff on boundaries between treatment and work. If you limit consumer participation to a particular stage of recovery, work now to operationally define that stage. For example, if you will require consumers to be in active recovery, how will you define “active recovery?” Six months post-treatment? One year? What if they have a relapse?

*Transition of Youth and Young Adults with Emotional or Behavioral Difficulties* (Clark & Unruh, 2009) discusses various approaches to employing peer consumers. One program employs current consumers at all stages of recovery through a tiered mentoring and training approach. Other approaches discussed include peer consumers who are “graduates” of services, having consumer advisory councils, and having consumers involved in policy and program development.

WHY SHOULD CONSUMERS WORK FOR YOU?

What’s in it for them? This is the biggest question you’ll need to answer, particularly if you are requesting consumers to donate their time. What is the real world, concrete, immediate benefit to them for participating in your organization? It might be as simple as a meal, or as complex as a social outlet or a chance to have their voice heard.

By integrating peers and consumers into your organization, you are asking for the consumer voice; when the consumer offers up a voice, be prepared to follow through on what is given to you! Don’t forget to round back to the consumer on any action or considerations taken based on their feedback.

Despite best intentions on both sides, consumers will have very real barriers to active participation in your organization, whether it is on a volunteer or paid basis. Barriers will vary based on geographic location, population, and local and organizational regulations. You will save time and headache for both you and your consumers by identifying and planning for these barriers ahead of time. The list below is by no means comprehensive, but represents some common barriers you may experience. What other barriers might you anticipate?
## BARRIERS

<table>
<thead>
<tr>
<th>TYPE OF BARRIER</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Background Checks</td>
<td>Many organizations require employees to complete a background check, and screen out for any number of things, including abuse, assault, drug charges, etc. The reality is that some consumers who will be excellent candidates for volunteer or paid positions may have a legal history associated with their mental illness. If your organization has such a policy, will this hinder your recruiting efforts? Should you advocate for exceptions, or are these all valid reasons for ruling out a candidate?</td>
</tr>
<tr>
<td>Discrimination</td>
<td>The very nature of having a peer/consumer position may open your organization up to potential discrimination issues. Is it okay to rule out a candidate based on age if you are recruiting a TAY peer specialist, or for not having a mental illness? How do you determine a person has a mental illness or disability? Do you require them to disclose their treatment history during the interview? Specific wording of job descriptions may be useful. Designation a specific peer position to have an advanced knowledge of youth culture and be relatable to youth between the ages of 15 and 25, or to have lived experience personally of a mental illness or a first degree family member with mental illness may help you narrow down your search criteria.</td>
</tr>
<tr>
<td>Transportation</td>
<td>Transportation is a barrier for many consumers. Some consumer positions require a driver’s license and reliable transportation, some do not. How flexible are you able to be when it comes to your peer/consumer’s ability to be resourceful when it comes to their own transportation?</td>
</tr>
<tr>
<td>Part-time or Full-time</td>
<td>Part-time or volunteer work may conflict with other jobs. Peer positions are considered professional positions, and may be sustainable as full-time work. Yet several consumers choose part-time work because they are in school, they desire to maintain entitlements, or for any number of other reasons. Decide if you want to offer opportunities that are a few hours a week, part-time only, full-time only, or some mix of the three. Can a position be part-time for one person but full-time for another?</td>
</tr>
<tr>
<td>Other barriers?</td>
<td></td>
</tr>
</tbody>
</table>
Sometimes, the first time we meet a consumer candidate is at the interview. The right job description is important to elicit a good pool of candidates; consumer roles are widely varied and a well-crafted job description is important to minimize confusion and clarify expectations. The right interview questions are essential not only to elicit the qualities you are looking for in a successful consumer candidate, but to communicate to the consumer that we value this position and see it as having a professional role within the organization.

SAMPLE INTERVIEW QUESTIONS AND JOB DESCRIPTIONS

Interview Questions, developed by Luann Reese, Statewide Family Coordinator, Missouri Department of Mental Health:

- What do you know about [Job Title] and why have you chosen to interview for this position?
- Tell me about a time when you were involved in a grassroots project.
- Describe a major challenge you have faced and how you dealt with it. What did you learn from that experience?
- How do you react to stress or pressure?
- What does the word "empower" mean to you?
- If a consumer you are supporting desires educational programming or a housing situation that you feel is not appropriate or in their best interest, how would you handle that?
- What are your salary requirements/expectations?

SAMPLE JOB DESCRIPTION WORDING

A Family Support Specialist has the unique role of having lived experience of being a parent or family member of a youth or emerging adult with a mental health or substance abuse diagnosis [specifies parental role, not just any family member, specifies the age of the family member]. They are able to be empathic and relate to our parents/caregivers as a result of their lived experience [parent/caregiver of youth with MI] and have the unique role of supporting them to find their voice to become effective advocates [candidate in recovery].

A Transition Age Youth Peer Specialist can relate to young people and share experiences with them that parents and other formal providers cannot effectively communicate [MI/disability], as they are successful in engaging youth and young persons for the reason that their cultural similarity earns them a foot in the door with their peer cohorts [age]. They provide a collective voice for those in recovery [MI] or just setting out on their journey to adulthood [age] [candidate in recovery].
TRAIN

Training is key for both your current staff and your consumer staff. Training for your current staff should communicate the value of the consumer role. Staff will need to know consumers will integrate into their day to day work, and how they can support consumers to be successful in their roles.

Consumer staff will benefit from training geared toward helping them know what to expect, what level of support and supervision they will be receiving, and how their role fits within the larger scope of the organization.

TRAIN STAFF

Have a conversation with your staff prior to initiating peer/consumer involvement. Talk with them about why consumer involvement is important. Get input from staff as to what needs they see for consumer involvement. What are your expectations of staff through the recruitment process, consumer training, and beyond? If your peers/consumers will be current clients, train ahead on boundary-setting.

Treatment is Treatment, Work is Work.

<table>
<thead>
<tr>
<th>BOUNDARY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment vs. Work</td>
<td>Discussions regarding treatment are made during scheduled appointments, not “on the clock.”</td>
</tr>
<tr>
<td></td>
<td>Confidentiality laws and policies still apply.</td>
</tr>
<tr>
<td></td>
<td>--Only the treatment team accesses health records and only as needed for treatment</td>
</tr>
<tr>
<td></td>
<td>--Only treatment team and support members identified by the consumer are in attendance at treatment meetings</td>
</tr>
<tr>
<td></td>
<td>--Treatment consultations are not in locations that can be overheard</td>
</tr>
<tr>
<td></td>
<td>--All policies that would apply with any consumer</td>
</tr>
<tr>
<td>Coworker vs. Treatment Provider</td>
<td>The consumer and treatment provider should identify and develop a plan for potential dual-role situations in advance.</td>
</tr>
<tr>
<td></td>
<td>--Office Celebrations</td>
</tr>
<tr>
<td></td>
<td>--Happy Hour</td>
</tr>
<tr>
<td></td>
<td>--Informal/Impromptu Get-togethers</td>
</tr>
<tr>
<td>Coworker vs. Consumer</td>
<td>Just as Coworker/Treatment Provider is a dual role, so is Coworker/Consumer a dual role for the peer staff.</td>
</tr>
</tbody>
</table>
Train staff on how to support consumers. We’ll talk about meetings before the meetings and meetings after the meetings in the next section.

Clarify the role of the peer/consumer and how they will add value to what the staff are already doing. Spend some time on the non-clinical nature of the consumer role. The reality is some staff may need more assistance than others in integrating the work of the peer/consumer into the day-to-day flow of the organization. Clarify that although the peer/consumer is not a clinical role, they are still a professional rather than a paraprofessional position.

Re-visit staff education and training as needed to reinforce and maintain the culture change.

**TRAIN PEERS/CONSUMERS**

Many states offer a peer specialist training. The National Federation of Families for Children’s Mental Health offers a Certified Parent Support Provider Certification. [https://www.ffcmh.org/certification](https://www.ffcmh.org/certification)

You may not be able to access formal training for peer/consumers, however. Most of the training will (and should) rely on your organization. The peer specialist training and CPSP may be useful, but they target a narrow scope of how peers/consumers could be integrated into an organization. We have found it beneficial to take advantage of trainings that exist, but know when to tailor or supplement to meet our individual needs.

Areas of additional focus should include:

<table>
<thead>
<tr>
<th>TRAINING TOPICS</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer Support</td>
<td>Consumers should know from the outset that they will be supported throughout the process. Talk about meetings before the meetings and meetings after the meetings. This would be a good time to talk with the peer/consumer about what type of support works best for them. You may also want to talk about who they want on their support team.</td>
</tr>
<tr>
<td>Soft Skills</td>
<td>The peer/consumer may arrive with varying levels of “soft skills” and may need some coaching in these areas. Teach them about your company culture and expectations. Is the coffee in the break room for everyone or only those who contribute money? Is all the food in the refrigerator cleaned out every Friday? Are you an email-heavy organization or do people communicate by phone? Other soft skills may come in the area of assertiveness, particularly if the consumer is an active client within your organization. It is okay to disagree with a colleague, to ask for what you need from a clinician or psychiatrist, and it is okay to say ‘no.’</td>
</tr>
<tr>
<td>Self-Advocacy</td>
<td>We have found that, with the increasing emphasis on consumer involvement, if you have one or two peer/consumer employees or regular volunteers, they tend to get volunteered for everything. Need a consumer on a committee? Ask John. Need a consumer to</td>
</tr>
</tbody>
</table>
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| Roles and Expectations | attend Friday night’s fundraiser? Just ask John. Need a consumer to present at a conference? I’m sure John would jump at the opportunity. Instead of being resourceful and recruiting other consumers, it is easier and quicker to look to the consumer who is already in the building.

Help your peer/consumer be able to say ‘no’ when they need to. But also allow them to say ‘yes’ when they want to, and respect their decision. Being overprotective of them is paternalistic and always offering them up as the token consumer is exploitative—both have potential to be damaging.

| Help the peer/consumer be clear on their role in the organization. What are their expectations? They may not know the jargon (but they might!). Help them understand not only the acronyms, but the purpose of meetings they may be attending. Help them understand the difference between a clinician, a professional, and a paraprofessional, and where they fall on the spectrum.

We’ve already gone over the boundary between treatment time and work time for those who may be current consumers. Check in as needed to make sure the peer/consumer is comfortable with the boundary that has been set.

The peer/consumer may have no exposure to a code of ethics (ACA, NASW, APA, etc) or be comfortable with the idea of being a mandated reporter. Use training and supervision time to assist them with a deeper understanding of these expectations. |
SUPPORT

The most significant amount of support you can invest into maintaining your consumer involvement initiatives is time. Any support, formal or informal, provided to consumers will require staff time, knowledge, and skill. Whether meeting with clients to prep before meetings and events, to process after meetings and events, knowing the role a service provider may play on the support team, accounting for unique considerations when providing direct supervision, or providing support for potential travel, maintaining a thriving level of consumer involvement requires time from staff who are dedicated and understand the unique needs of consumer employees, advisors, and volunteers.

MEETINGS BEFORE THE MEETINGS. MEETINGS AFTER THE MEETINGS.

What are these mysterious meetings before the meetings and meetings after the meetings? Help the consumer prep before the meeting by knowing what to expect and preparing personally for the meeting. Time is used after the meeting to decompress and take away any lessons learned.

Before the meeting:

- Who will be there?
- Goals and purpose of the meeting
- What does the consumer want to say/contribute?
- Practice and role play
- Develop and practice coping skills specific to this meeting or event
- Identify potential triggers. Develop responses in advance.
- It's okay to excuse yourself. Practice how to do so.
- Getting a word in edge-wise aka making yourself heard
After the meeting:

**Process**

**Process**

**Process**

**Praise**

**What went well?**

**What would you like to try next time?**

**Any feedback for staff?**

**SUPPORT FROM SERVICE PROVIDERS**

Does the peer/consumer have a current service provider? The consumer is not required to disclose this information, but may choose to let you know. If the service provider works at your organization, maintain open communication about boundaries. And acknowledge the weirdness. This dual role may be an adjustment for both the consumer and the service provider.

If the service provider is from another organization, what communication, if any, will you have? You don’t necessarily need to be in contact with the service provider, but you may consider educating the consumer on the meetings before the meetings and meetings after the meetings interventions and suggest the consumer pass this along to their service provider.

If the service provider is within your organization, they should understand that they remain the clinical provider, whether the consumer is a paid employee or a volunteer. They are not the supervisor, and neither is the supervisor the clinical provider. Service providers should treat the consumer’s involvement with the organization as any other life domain activity. As the organization, your responsibility is to provide the tools the consumer needs to perform the functions of their role; if the consumer requires support related to their mental health or disability, the employer or activity sponsor should encourage the consumer to seek that support from their service provider.

Having said that, what role does the sponsor or employer have in providing support? You should make sure the consumer is introduced in group settings. Does the consumer have an understanding of acronyms and jargon; if not can those things be avoided? Perhaps check in with the consumer a little more often. Provide opportunities for the consumer to speak, or otherwise have their voice heard. Prep and distribute meeting materials ahead of time. If you are facilitating a meeting or sponsoring an event, set time aside before and after to briefly check in with the consumer. These aren’t hard and fast rules, but they give you an idea of the extra support a peer/consumer might need from you as an employer that you may not provide to a non-consumer staff person.
## Supervising Peers/Consumers

<table>
<thead>
<tr>
<th>Considerations</th>
<th>Approaches</th>
</tr>
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<tbody>
<tr>
<td>Supervisor, Not Therapist</td>
<td>As a supervisor, make allowances for the fluid nature of recovery. Be cognizant of your own boundaries so you don’t become the therapist. However, your expectations of consumer staff should be no different than other staff. The art of supervision then becomes being flexible and providing the extra support necessary for consumer staff, but also holding them to the same expectations as any other staff.</td>
</tr>
<tr>
<td>Self-Disclosure</td>
<td>Self-disclosure is an intervention that even seasoned clinicians can struggle with. Help your peer/consumer understand when to strategically share their story. What is the purpose of sharing their story with this person at this time? And by sharing their story in this particular moment, are they meeting the consumer’s needs or their own?</td>
</tr>
<tr>
<td>Documentation</td>
<td>If the peer/consumer is required to document, remember they are not providing a clinical service. However, they may still need to meet regulatory guidelines regarding timeliness and content, and should still write in a professional tone. The temptation, to meet rules for medical necessity and other regulatory rules, will be to teach to clinical language. The challenge is to teach the peer/consumer to document in a way that is professional, meets all standards, and yet retains the consumer voice. The role of the supervisor is critical to the successful development and implementation of peer services. The type and style of supervision may be very different than how you supervise other roles in the organization. It is important that the supervisor have a solid knowledge of the peer/consumer positions and clearly understand how the functions may differ from traditional employees.</td>
</tr>
<tr>
<td>Unspoken Rules of the Workplace</td>
<td>Is this their first job? Discuss appropriate dress, time management; have your own meetings before the meetings to ensure they feel confident and competent; discuss etiquette for various situations they may find themselves in (conference calls, meetings with the COO vs dept staffings, off-site trainings). Explain that supervision time is for speaking about the people they are working with, but also that you will inquire from time to time about how they are doing, as it relates to their job (as you would for any staff, ensuring this topic does not dominate your supervision time).</td>
</tr>
</tbody>
</table>
Professional vs. “Being Real”

Let the peer/consumer know we all get frustrated at work or sometimes feel disrespected by others; coach them on how to handle these situations. Talk about the difference between how they may have handled a similar situation personally versus professionally.

Triangulation

If your peer/consumer staff will work with other consumers, it is important that they understand the nature of triangulation, how to recognize it, what to do about it, and not to take it personally. Help them know that the clients are not being manipulative but instead are doing what they know best in terms of getting their needs met. However, help the peer/consumer understand the damaging effect that triangulation can have on communication efforts and the treatment process.

Boundaries

Boundaries again! This time we’re talking about boundaries between the peer/consumer and their clients.

How should the consumer establish a peer relationship with their clients and maintain their boundaries? Do those boundaries look different from traditional clinical boundaries? Should they identify themselves as friends? (probably not.) How are after hour calls handled?

How does the peer/consumer support a client yet not be viewed as “being in her personal business?”

The consumer may receive services in the same organization in which they are employed. A structure must be developed to clarify roles and establish a separation in time between personal services and professional matters. For example, a peer/consumer should schedule a time to meet with their service provider. Otherwise, communications during work hours should pertain to work matters. Also ensure clinical staff do not attempt to speak with the peer/consumer about therapeutic issues just because they are together.

Mandated Reporting

If peer/consumer staff meet criteria for mandated reporting, they will need to know when to report, how to report, and strategies for making a report while maintaining a relationship and rapport with those they are working with.

Advocacy

If the peer/consumer is working with clients, they must understand that they have the responsibility to help advocate during team meetings, which can be a daunting prospect. However, this is one of
the greatest benefits of having peer/consumers within your organization. To put it bluntly, we can acknowledge that while we may tell a client something 20 times, that same message may only need to come from a peer staff once to have meaning and be accepted. Conversely, in a client staffing, the client may be telling us clinicians the same thing 20 times 20 different ways, but the peer staff may step in to advocate for the client, say it once, and we finally “hear” it.

Travel and Reimbursement:

Understand that the peer/consumer may not have sufficient income to pay travel expenses up front and wait to be reimbursed by their agency.

They may not have reliable transportation that will allow them to travel outside their community.

The peer/consumer may have never traveled outside of the region/state/community, and may require additional coaching and support. This may include:

- **Family:**
  - Providing enough time for them to make arrangements for the care of their children.
  - Addressing how they may feel if it is their first time being separated from their children.
  - Ensuring they have a way to call their children a minimum of once daily while away.

- **Preparing to travel:**
  - Addressing any anxiety i.e. it may be their first time flying.
  - Assisting with packing and understanding FAA regulations.

- **Meetings before the meeting:**
  - How to participate in the meeting/conference/workshop/workgroup.
  - Understand their role, expectation, level of engagement.
  - How will meals be handled—provided by the facility or on your own, will we eat as a group or solo, banquet-style or table service. Etiquette if formal meals are planned.
You’ve determined that increasing consumer involvement is right for your agency, developed a plan, recruited consumers, and trained staff. Now comes the hard part. Now that you have consumers taking an active role in your organization, the focus becomes nurturing and sustaining the level of involvement you and the consumers have created.

INVESTMENT OF RESOURCES AND TIME

Be prepared to devote significant amounts of staff time. Whether you are developing a council or bringing on one staff or volunteer, you will need to set aside time for planning and support of the peer/consumer.

Identify staff who have a passion for bringing peers/consumers into the work you do, who are motivated to give consumers a voice in their treatment, who are already “there” when it comes to patient-centered and patient-guided care. Of those identified, further narrow the list down to those staff that have the time and energy to devote to this ongoing project.

If you assign this task to someone who isn’t 100% dedicated, it will fail. Unless you have the luxury of assigning a staff person whose full-time job is peer/consumer engagement, you are adding these responsibilities on top of what they are already doing. If you plan to implement a council or some sort of consumer group, it is likely this staff person(s) will work overtime and nontraditional hours to make this project a success.

Staff responsible for implementing peer/consumer integration will need guidance and support. They are blazing a new trail, and will need freedom to determine what works and what doesn’t, and the ability to advocate for something different.

Be there at evening and weekend meetings and events. Nothing communicates an organization’s investment to the consumer more than when management comes in on their own time, not because they have to but because they want to. And consumers can tell the difference.

TECHNICAL ASSISTANCE

Technical assistance is really just a fancy way of identifying who is going to provide support to the organization throughout this effort. If you are in the sustaining phase, it is likely you have identified other organizations within your community, geographically or professionally, who have likeminded goals when it comes to consumer involvement. Utilize each other as informal means of technical assistance.

Appendix A provides a list of resources that may be helpful in sustaining your peer/consumer programs. Although a resource may focus on a population that is different from yours, they may still provide materials and knowledge that may be adaptable.

MONEY. IT’S ALWAYS ABOUT THE MONEY.

Is your peer/consumer activity billable? If it is billable, is it enough to cover your costs? A Return On Investment (ROI) analysis may be part of your planning process.
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Even if the activity is billable, you may choose not to bill or to rely on the income. For example, some advisory councils meet criteria for a reimbursable psychoeducational group. Other organizations choose not to bill for the activity because their group is not structured as a treatment group. Some organizations have peer staff on a revenue standard, others follow a model where their peer staff are also involved in advocacy work or do not carry a defined caseload and so are not required to meet a standard.

Our organization has designated funds to support our youth and advisory councils. If your consumer activities require funding to overcome consumer barriers or otherwise encourage engagement, consider how that funding will be obtained. If you are relying on grants, develop a sustainability plan should grant funding not be available in the future.

Some organizations are able to utilize peer/consumer integration in a manner that is directly self-sustaining financially. Others support the work indirectly via other revenue-producing activities. But all organizations with successful peer/consumer integration know that there is a financial component and plan for it.

I THOUGHT I WAS DONE RECRUITING

Organizations with a successful peer/consumer component are always recruiting for new consumers, even when they are at capacity. Why?

- Young people move away. Go to college. Placement gets disrupted.
- Adults have other commitments. They find full-time work. They were in school and graduate.
- Your program is growing and so is your capacity for consumer involvement.

Ongoing recruitment efforts can follow the same plan established when you first started, although plans may have to be adjusted from time to time. However, now that you have active consumer involvement, you have other recruitment opportunities.

One scenario may be that you have identified a consumer with potential, but they are still in the “not ready yet” stage when it comes to active consumer involvement. If they are interested in taking a more active role in the future, take this time to check in periodically as they advance into recovery. Consider developing a mentoring program, formal or informal, to assist them in developing the skills they would need to take a more active role within your organization.

Keep talking with consumers and asking them the questions. Your current peer/consumer staff are great resources in terms of identifying potential consumer employees or volunteers. At some point, of anyone in the organization, they will know the job best and what type of person it requires.
CONCLUSION

In short, three things are essential to increase consumer involvement at any level in any organization.

1. Time.
2. Address the barriers.
3. Ask the consumers.

Be willing to devote staff time and resources to nurture and develop the level of consumer involvement you would like to see in your organization. Be sure you have the right staff dedicated to the project(s). Advocate for leadership support of consumer involvement, because you will need significant resources to make it happen.

Find out what barriers would keep a consumer from being involved with your organization. Once you identify the barriers, determine if your organization is able or willing to devote the resources required to overcome those barriers. Don’t forget the biggest barrier (besides transportation): What’s in it for the consumer? Why would they want to be involved in your organization?

Finally, at all stages in the process, ask the consumer. Ask them what they want. Ask them how they want to be involved. Ask them how they want to participate in the planning and development of your peer/consumer services. Ask them what would keep them from being involved. Ask them how they want to be supported. Ask them who they want to provide the support. Ask them at any opportunity you have.

Just ask them. They’ll tell you.
RESOURCES

Trauma Informed Care

SAMHSA National Center for Trauma Informed Care: http://beta.samhsa.gov/nctic
National Association of State Mental Health Program Directors: http://www.nasmhpdp.org/TA/nctic.aspx

Transition to Independence Process (TIP)

TIP Stars and the TIP Model: http://tipstars.org/
Overview of TIP: http://tipstars.org/OverviewofTIPModel.aspx

Peer Services

Youth M.O.V.E. National: http://www.youthmovenational.org/
National Federation of Families for Children’s Mental Health: https://www.ffcmh.org/
Certified Parent Support Provider: https://www.ffcmh.org/certification

Background Checks


Interview Questions and other Pre-Employment Practices