

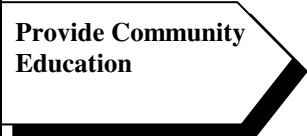
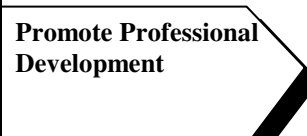
DACUM Competency Profile for a Behavioral Health Peer Specialist

A Behavioral Health Peer specialist is one who supports & educates clients/family members to

Duties

Tasks

A	Outreach to Prospective Clients/ Family members	A-1 Identify underserved, unserved & inappropriately served clients/family members in your community	A-2 Identify potential community outreach sites, including within locked facilities	A-3 Identify site specific outreach approaches	A-4 Initiate relevant contact with identified sites and/or individuals	A-5 Participate in clients/family members outreach activities
B	Engage Clients/Family members in wellness and recovery	B-1 Provide a safe secure physical environment for emotional expression	B-2 Establish rapport and trust	B-3 Explain limits of confidentiality	B-4 Inform clients/family members of relevant rights	B-5 Explore reason(s) for encounter
C	Assess Needs and Strengths of Clients/ Family Members	C-1 Obtain “snapshot” of natural supports & living conditions	C-2 Determine if (offsite) visit is appropriate, permissible and welcome	C-3 Identify issues and concerns	C-4 Determine if basic life needs are met	C-5 Prioritize major issue(s)
D	Assist in the Development of a Plan for Recovery	D-1 Reach agreement on shared decision making	D-2 Introduce problem solving strategies	D-3 Brainstorm options and solutions	D-4 Facilitate the formation of short-term objectives and long term goals	D-5 Assist clients/family members in identifying markers toward goal attainment
E	Provide Culturally Competent Services	E-1 Learn about clients/family members’ unique culture	E-2 Honor clients/family members core values	E-3 Provide services that are linguistically and culturally diverse	E-4 Work with health care interpreters	E-5 Utilize existing CBOs with cultural programs and services
F	Provide support and guidance in Clients/ Family Members plan implementation	F-1 Continue to assist clients/family members in achievement of stated goals	F-2 Broker with other staff specialists for most accurate information and resources	F-3 Broker with other agencies for programs and services	F-4 Provide information to clients/family members on available resources	F-5 Provide advocacy for clients/family members with the multidisciplinary team
		F-13 Provide life coaching/life management skills	F-14 Facilitate clients/family members in self-help training/ education	F-15 Promote self-advocacy skills	F-16 Assist with discharge/ transition planning	F-17 Maintain follow-up contact

G	 Provide Community Education	G-1 Promote recovery language	G-2 Respond to requests for presentations	G-3 Participate in positive media coverage (print, broadcast)	G-4 Assist in the development of special events to support wellness and recovery	G-5 Present client/family member perspective & wellness & recovery principles to community groups
H	 Promote Professional Development	H-1 Maintain peer quality in your role	H-2 Explore evolving duality of relationships	H-3 Model recovery resilience, wellness, and hope in your professional role	H-4 Learn and use recovery language	H-5 Attend to your self care
		H-13 Advocate for expansion of programs and resources for clients/family members	H-14 Be available to clients/family members	H-15 Follow through on verbal contracts with clients/family members	H-16 Keep promises with clients/family members	H-17 Represent MHSA principles at all community-based meetings

successfully navigate systems towards the goal of community integration and overall health and well-being.

A-6 Evaluate outreach results						
B-6 Explain scope and availability of service	B-7 Explore possible plans of action	B-8 Utilize relevant self disclosure	B-9 Utilize Harm Reduction Techniques	B-10 Complete initial contact sheet		
C-6 Validate prior attempts to solve problems	C-7 Assist in identification of clients/family members core gifts	C-8 Provide relevant referrals	C-9 Promote routine physical health care	C-10 Review clients/family members knowledge of relevant rights		
D-6 Determine depth of involvement of natural support systems	D-7 Initiate discussion about exiting or transitions	D-8 Obtain confirmation with clients/family members on true representation of plan	D-9 Submit plan of recovery services signed by clients/family members			
E-6 Maintain sensitivity to cultural differences in conflict resolution	E-7 Participate in ongoing training about issues of client culture and other diversities					
F-6 Provide advocacy for clients/family members plan with community services and agencies	F-7 Teach clients/family members to navigate systems (i.e. SSI, transportation, housing, legal schools, corrections)	F-8 Facilitate wellness/recovery support groups	F-9 Offer peer counseling	F-10 Act as a buddy in accessing services/systems	F-11 Provide emotional support to clients/family members in doing new things	F-12 Attend client/family members meetings (i.e. schools, criminal justice, behavioral health, discharge)

G-6 Present client/family member perspective & wellness & recovery principles in academic settings	G-7 Assist in development & production of educational materials	G-8 Distribute educational materials	G-9 Provide current information for websites	G-10 Assist in providing crisis intervention training		
H-6 Encourage a wellness lifestyle	H-7 Develop and maintain peer network	H-8 Develop mentoring and support systems	H-9 Adhere to established/ agency policies and procedures	H-10 Participate in development of peer code of conduct and/or code of ethics	H-11 Work towards reducing stigma and discrimination	H-12 Establish and periodically review job description with staff/supervisor
H-18 Review, implement and evaluate county MHSA plans and REPs	H-19 Assist in the development of peer support trainings	H-20 Provide ongoing education on value of peer support for staff (agency)				

DACUM Competency Profile for

BEHAVIORAL HEALTH PEER SPECIALIST

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General Knowledge and Skills

- Accessibility issues
- Active listening
- ADA training & Info
- Awareness of own cultural bias
- Basic literacy
- Boundaries
- Build rapport
- Civil Service training
- Computer literate
- Conflict resolution
- Crisis management/risk assessment
- Crisis training (CIT)
- Cultural competence/sensitivity
- Engagement skills
- Foundational communication resources
- HIPAA
- Hopeful
- How to work with an interpreter
- Know power of language
- Lanterman, Petris and Short (LPS)
- Mediation skills
- Mental health in general
- Mental health laws and patient rights
- Mental Health Services Act
- Navigational skills at various Mental Health organizations
- Openness to new ideas
- Peer Counseling
- Public Speaking
- Reflective Listening
- Self-Help Philosophy
- Self-advocacy skills
- Teach basic life skills
- Web savvy
- Wellness & Recovery Action Plan (WRAP)
- Wellness & Recovery Principles

Worker Characteristics and Behaviors

- Able to multi-task
- Able to teach
- Accepting
- Be available
- Cheerful
- Clean & Sober
- Creative
- Dependable
- Don't leave/stick with it
- Don't take self too seriously
- Empathetic
- Follow through
- Fortright
- Genuine
- Give yourself Permission to be Human
- Good listener
- Good role model
- Grounded
- Honest
- Hopeful
- In their own recovery
- Keep promises
- Kind
- Know your personal limitations
- Knowledgeable
- Optimistic
- Organized
- Patient
- Peacemaker
- Professional
- Responsible
- Self-care observant
- Sense of Humor!
- Team player
- Timely - Time management
- Trustworthy
- Welcoming
- Well-developed support group
- Willing to learn

Tools, Equipment, Supplies, and Materials

- Access to transportation
- Cell phone (Blackberry)
- Computer with internet access
- Computer programs, including Power Point
- Daily planner / PDA
- Dedicated work space (group capacity)
- Desk
- E-mail account
- Forms in PDF format
- Hot Line
- i phone
- Locked file
- Pager
- Resource materials (from NAMI, SAMSHA, CIMH, CA Network of Mental Health Clients, Mental Health Associations of CA, MHSA, United Advocates for Children and Families)
- Self-help materials
- Warm Line
- Water/food basics
- Wellness recovery materials

Future Trends & Concerns

1. Misusing Peer staff in other services & programs other than Peer
2. Dilution of Peer Role, as a team member
3. Differential of pay/salary to Peer staff
4. Assuring Peer-input/perspective in policy
5. The use of MHSA money for non-transformative programs & services
6. Electronic records – confidentiality
7. Peer staff being socially included in workplace
8. Regular MH services being cut – MHSA supplantation
9. Loss of privacy for Peer staff (i.e. their therapist is in their workplace)
10. Web as source of info/referral
11. Expanded role of peer staff
12. Develop job specs to hire clients/family & parents
13. Increase numbers hired
14. Increase understanding of recovery by all staff
15. Not lose sight of transformation
16. Peer Employee Organizations (like NASW)
17. Move to evidence-based or promising treatment