

# Healthy Transitions

INITIATIVE

The following are lessons learned regarding peer supports that were identified by Truman Medical Center Behavioral Health and incorporated into training that has been presented at both the state and national levels. The following information was gathered from Truman's Family Support Providers, Peer Specialist and Clinical Team Leader.

## **Hiring Family Support Providers (FSP) and Transitional Age Peer Specialists (PS)**

- Job Descriptions
  - An issue arises when hiring for Peer Specialists related to potential discrimination based on age or issues related to disabilities. The program model would include hiring a person in the age range of a young adult and with a mental health diagnosis. These are questions or qualifications that are outside of the traditional human resource legal procedures.
  - The candidate should understand youth culture, including comfort with preferred forms of communication such as texting.
- Lived mental health experience. Is the person ready to be an FSP/Peer Specialist? What does that look like?
  - Many work settings have constant changes in expectations as an organization grows or adopts new initiatives. Will this constant change in expectations create unanticipated stressors for the FSP/Peer Specialist?
  - Inquire about how they adapt to change.
  - How does the candidate deal with stress?
  - Are they able to separate their personal life circumstances from their client-parent or client-YP? Are they able to understand when to strategically use their personal story?
  - Can they deal with the stress at work and then deal with the potential stressors at home with their own child or young adult and their peers?
  - Does the FSP/Peer Specialist have a passion to lead and create change based on their positive or negative experiences or are they angry with “the system.”  
Have they accepted what they have been through? Can they use their experience to role model? For example, if they had a negative experience with a clinical staff or family member or peer, can they use that to create change or are they still angry? If they are angry, can they role model being assertive or does their anger get in the way?

- When hiring an FSP/Peer Specialist from within the agency, consider the advantages and disadvantages. If the FSP/Peer Specialist is an internal candidate, you **may** have to assist clinical staff with shifting their perspective of the FSP/Peer Specialist as being “only a client.”
- Salary/benefits
  - Advocate for the FSP/Peer Specialist’s salary. Their personal experience should be equivalent to a TF’s school experience.
  - Medicaid billable: After attending the FSP/ Peer Specialist training, their service is recognized by Medicaid and they are eligible to bill Medicaid.
- Sample FSP Interview Questions Developed by Luann Reese, Statewide Family Coordinator, DMH
  - What do you know about Family Support 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 parent you are supporting desires educational programming or a housing situation that you feel is not appropriate or in the child’s best interest, how would you handle that?
  - What are your salary requirements/expectations?

### **Making Referrals to Peer Services**

- Create a referral process specifically for FSP/Peer Specialist.
  - The FSP/ PS is automatically listed on the CPR treatment plan and the FSP/PS assesses and determines with the YP/family if the role is needed.
- “Our” Wraparound: Asking the youth and young adult, not just the parent, who they would like to have at the table for their meeting. The young person is driving this meeting.

- Treatment plan/Quarterly Reports: FSP/Peer Specialist is a listed intervention on the treatment plan (if the parent/YP would like to have this service.)
  
- Outreach
  - FSP/Peer Specialist may be the first contact at “the front door” when needed.
  
- Too many supports?
  - When working with multiple professionals, scheduling appointments and having multiple meetings can be difficult for families. Communication and coordination of appointments are critical. How can many supports work together?
  
- Barriers to Referring
  - Territorial clinical staff
    - A prior barrier was clinical staff not wanting to refer to the FSP service because they had to split billing (No longer a barrier).
    - Older clinical staff who may be parents themselves and desire to work directly with the parents.
  
- Shifting perspective of the FSP/Peer Specialist in the Agency or Department
  - Although the FSP/Peer Specialist’s role is not clinical, they should be and feel respected within the clinical environment.
  - Business cards for your peer staff
  - Private place to work with their clients
  - Having their own work space
  - Having their own phone line

## **Documentation**

- FSP/Peer Specialist may struggle with documentation:
  - Training is needed to follow Department of Mental Health specific rules regarding how to write progress notes.
  - Completing documentation within 24-72 hours.
  - Using proper grammar and vocabulary.
  - “Sounding professional”.

- Not using clinical language
  - When the FSP/Peer Specialist is documenting their intervention do not attempt to “make them clinical.” Coach the FSP/Peer Specialist in describing what the parent/Young Person (YP) is sharing or feeling within their progress note. When documenting medical necessity, the FSP/Peer Specialist must also show how their intervention relates back to the identified client.
  - If the parent or young person uses a “clinical term” during their visit with the FSP/Peer Specialist, ensuring they use quotes in their documentation.

## Supervision

- 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 other roles in the organization. It is important that the supervisor have a solid knowledge of the peer positions and clearly understands how the functions may differ from traditional Transition Facilitators (mental health case managers.)
- Ensuring that the supervisor does not make peer services clinical in approach. Understanding the support of the supervisor may look differently for a Family Support Provider (FSP) and Peer Specialist.
- FSP/Peer Specialist: Is this their first job? Discussing appropriate dress, time management; having meetings before the meeting to ensure they feel confident and competent; conference etiquette and general etiquette. Explaining supervision time is for speaking about their clients, but also inquires how **they** are doing, as it relates to their job (As you would for any staff ensuring your FSP/Peer Specialist’s treatment does not dominate your supervision time.)
- Remember that this is a new experience for clinical staff too so be prepared to reframe any negative perceptions.
- Professional vs. “Being Real”
  - Coaching how an FSP/Peer Specialist must remain professional when parents/young adults do not follow through with their appointments or when they are verbally disrespectful. Providing coaching regarding professional etiquette, ensuring they understand the difference between how they may have handled a similar situation personally versus professionally.

- Triangulation
  - Recognizing and handling triangulation is important for FSP/Peer Specialist. This is an important area for training and ongoing coaching.
- Boundaries
  - Boundaries are a significant area for clarification for the FSP/Peer Specialist roles within an organization. Clarity should be provided around the following questions:
  - How should the FSP/Peer Specialist establish a peer relationship with their families and young adults and maintain their boundaries? Do those boundaries look different from traditional clinical boundaries? Should they identify themselves as friends?
  - How does the FSP support the mother yet not be viewed as “being in her personal business?” How are after hour calls handled?
- Learning how to balance the role of FSP/Peer Specialist as staff person while a client themselves.
  - FSP/Peer Specialist may receive services in the same agency 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, an FSP/Peer Specialist will schedule a time to meet with a member of their treatment team; otherwise client communications will pertain to their mutual client. Also ensuring clinical staff does not attempt to speak with the FSP/Peer Specialist about therapeutic issues just because they are together.
- Child Abuse and Neglect Hotlines
  - It is critical for FSP/ Peer Specialist to understand why they may need to call to hotline a family they are working with and then coach them to ensure they have the skills to maintain a relationship with the family after making the call.
- Advocacy
  - An FSP/ Peer Specialist must understand that they have the responsibility to help advocate during team meetings.
- Communication with the Psychiatrist.
  - Empowering your FSP/Peer Specialist with the knowledge they may communicate with any treatment team provider, including the Psychiatrist.

Providing in-vivo coaching modeling communication, including assertively asking questions, request changes in service and expressing when they do not agree with the psychiatrist.

### **Travel to Conferences**

- Understanding that the FSP/Peer Specialist may not have sufficient income to purchase meals and pay for transportation and wait to be reimbursed by their agency.
- FSP/Peer Specialist may not have reliable transportation that will allow them to drive out of the city.
- FSP/Peer Specialist may have never traveled outside of the city, and may require additional coaching and support. This may include:
  - Emotional support.
  - Providing enough time for them to make arrangements for their children's care and/or time off from work. 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.
  - Preparation for the trip/conference.
  - Addressing any anxiety i.e. it may be their first time flying.
  - Assisting with packing and understanding FAA regulations.
  - Coaching about how to participate in a conference and expectations.
  - Breakfast/lunch/dinner etiquette and place settings.

### **Supporting Clinical Staff within the Culture Shift**

- Before clients come on board:
  - Addressing clinical staff who feel "I already do this"
  - How will current staff be involved in the recruitment process? In the training?
- Boundaries:
  - If PS/FSP is an employee where they receive services, ensuring you (supervisor /staff) are not looking in the chart, etc.
  - Just because the peer staff are upset, not assuming "Oh, you need to talk with your therapist. Are you relapsing?"
  - Talk about any apprehension - "They're clients. Why are they at this meeting?"  
  
"That's my client; this is a dual role, and a little weird."
  - Educating staff and Youth Advisory Council members attending staff retreats that personal treatment issues are not discussed.

- Revisit training periodically and become open to concerns/questions or setbacks.

### **Supporting Peer Staff within the Culture Shift**

- How can you support your peer staff in the development of their Soft Skills within company culture and expectations
  - How is coffee provided (does everyone chip in)
  - Email/ phone/computer
  - How to be assertive with coworkers, doctors, etc
  - Work is Work / Treatment is Treatment and should be kept separate
  - May not have been exposed to your agency's Code of Ethics or Mandated Reporter expectations

### **What is your role?**

- When attending events in the community....inquire if the Family Support Provider/Peer Specialist would like to attend as a parent/young adult or as an agency member.
- Young adults advisory council- as a young adult or as an agency representative

### **Meetings Before &After the Meeting**

- Goals and purpose of the meeting
- What does the Peer staff want to contribute/say?
- How to make yourself heard
- Any feedback for staff
- What would you like to say next time