

Supervisor Guide:
Peer Support Whole Health and
Wellness

This manual was developed as a resource for a Transformation Transfer Initiative (TTI) funded by National Association of State Mental Health Program Directors (NASMHPD). NASMHPD awarded a TTI grant to the Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) to collaborate with the Georgia Mental Health Consumer Network

The following individuals contributed ideas and editorial comments.

Mark Baker, Georgia DBHDD

Debbie Strotz, Cobb and Douglas Community Service Boards

Citation: Tucker, S. J., Tiegreen, W., Toole, J., Banathy, J., Mulloy, D., & Swarbrick, M. (2013). *Supervisor Guide: Peer Support Whole Health and Wellness Coach*. Decatur, GA: Georgia Mental Health Consumer Network.



DBHDD



Table of Contents

Introduction	4
Section 1 Foundations of Peer Support Whole Health and Wellness	5
Section 2 Peer Support Whole Health and Wellness Scope of Practice	8
Section 3 Peer Support Whole Health and Wellness Coach Skills and Ethics	12
Section 4 Peer Support Whole Health and Wellness Coach Roles and Responsibilities	15
Section 5 Supervision	25
Section 6 Special Issues	34
Section 7 Career Development and Advancement	37
Section 8: Summary	42
Appendix A Summary of Medicaid State Plan Language	43
Appendix B Quality Improvement/Evaluation Tools and Resources	44
Appendix C Elements of a Good Job Description	48

Introduction

The Peer Support Whole Health and Wellness service is an important resource that can help people in recovery to lead a longer more satisfying life by promoting recovery, wellness, and healthy lifestyles; reducing identifiable behavioral health and physical health risks; and increasing the healthy behaviors that are likely to prevent disease onset. The Peer Support Whole Health and Wellness Coach is the practitioner trained to deliver this important new service. Practices conducive to effectively integrating Peer Support Whole Health and Wellness Coaches as staff of community behavioral health agencies include: a clearly defined job structure, adequate training, support and guidance regarding disclosure of peer status and personal experience, and opportunities for networking and social support. This manual contains information, resources, and strategies that supervisors and managers of community behavioral health agencies can use to successfully introduce the Peer Support Whole Health and Wellness service and the Wellness Coach role into the Georgia service delivery system.

The sections of this manual outline the essential foundations of the Peer Support Whole Health and Wellness Coach Role, including the scope of practice, key roles, responsibilities, and tasks. The purpose of supervision is discussed, along with the processes for setting up a relationship between the supervisor and the Peer Support Whole Health and Wellness Coach. Strategies for integrating the Coach into the team/agency culture and important supervision issues are highlighted. Quality improvement and program evaluation tools and processes are suggested to examine how well the Peer Support Whole Health and Wellness services promote healthy lifestyle goals and address personal and environmental obstacles to health care access. The final section highlights the importance and benefits of helping the peer providers in terms of personal and career development.

Section 1 Foundations of Peer Support Whole Health and Wellness

A large number of adults living with mental illnesses are becoming seriously ill and dying at a premature age, even while receiving support from the mental health system. These individuals are living with chronic medical diseases that significantly shorten their lives. Many experience undiagnosed and/or untreated medical conditions that often lead to premature mortality and/or poor quality of life. A man supported by the public mental health system can expect to live to 53 years of age, whereas a woman can expect to live to 59. This represents a 25 year shorter average lifespan than the general population.

Many premature deaths are due to medical conditions such as cardiovascular disease, pulmonary disorders, and infectious diseases. The following are troubling conditions that affect the quality of life and quantity of years lived: circulatory disease, metabolic conditions (including diabetes), obesity, hyperlipidemia, osteoporosis, chronic pulmonary disease, HIV-related illnesses, and dental disease.

Of particular concern among this group of people is the occurrence of the metabolic syndrome. The *metabolic syndrome* is a cluster of symptoms that increases an individual's risk for diabetes mellitus and coronary heart disease¹. These symptoms include abdominal obesity (increased waist circumference), elevated triglycerides, elevated high density lipoprotein cholesterol disorder, hypertension, and elevated fasting glucose.¹

These serious health problems are frequently caused or worsened by lifestyle factors such as lack of physical activity, smoking, limited access to adequate healthcare and prevention services, poor diet and nutrition, substance abuse, and residence in group living situations with the consequent exposure to infectious diseases.

Peer specialist roles have been evolving, as people who have lived experience offer a potent resource to help other peers who are facing these health concerns through *education*, *support*, and *coaching*. Peer specialist roles evolved within the context of emerging “recovery-oriented” mental health system and Georgia has taken a leadership role with using peer specialists to focus on the whole health and wellness needs.

¹ Kelly, D. L., Boggs, D. L., & Conley, R. R. (2007). Reaching for wellness in schizophrenia. *Psychiatric Clinics of North America*, 30, 453-479.

The Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD) was the first state to receive Medicaid Fee-for-Service reimbursement for Peer Support. Since that time, it has created a workforce of more than 1000 Certified Peer Specialists (CPSs) who have infused recovery principles into the traditional community mental health system. Beginning in 2007, Georgia began to consider health and wellness by introducing health/wellness into its Peer Support definition. In 2009, Georgia received a grant to create pilot programs for Peer Support Whole Health and, through this grant, demonstrated the positive impact that CPSs can have when working with individuals on developing motivation, setting goals and achieving positive outcomes.

The Georgia Mental Health Consumer Network (GMHCN) has been a partner throughout this policy conversation and has complemented this work using grants that have allowed Georgia consumers to have opportunities to learn about whole health through its annual Consumer Conferences. Since 2006, the Consumer Conference has had keynotes and learning tracks to promote healthy lifestyles and wellness. GMHCN has also been the recipient of Consumer Networking grants, which have supported Peer Support Whole Health, including the Self-Directed Recovery Project/Wellness Recovery Action Plan (WRAP) training, a peer wellness project that included introductory training to CPSs and individuals served regarding self-directed mind, body, spirit, and wellness; and the Georgia Peer Support Whole Health Resiliency Project, which is training CPSs and individuals served to consider resiliency factors and commitment to wellness goals.

The Peer Support Whole Health and Resiliency (PSWHR) training was developed in Georgia by Larry Fricks and Ike Powell of the Appalachian Consulting Group (ACG) in collaboration with the Georgia Mental Health Consumer Network (GMHCN) as part of a National Association of State Mental Health Program Directors (NASMHPD) Technology Transfer Initiative (TTI) grant. Some of the tools are adapted from the *Health and Recovery Peer Project (HARP)*, based on the Chronic Disease Self-Management Program (CDSMP) developed at Stanford University and the *Relaxation Response* from the Benson-Henry Institute for Mind-

Body Medicine at Massachusetts General Hospital. PSWHR is a person-centered planning process that helps people with a mental health condition examine their health life-style; focus on their strengths, interests, and natural supports; and create and sustain personally defined healthier life-style habits and disciplines.

PSWHR is built on the premise that people should not be forced or coerced to change their unhealthy lifestyle habits; rather they should be supported to examine their interests and strengths and to cultivate supports for long-lasting positive changes. Peers support peers to create new habits on a weekly basis to facilitate effective changes. PSWHR focuses on healthy eating and physical activity; restful sleep; stress management/relaxation response; spiritual beliefs, involving a sense of meaning and purpose and service to others; and developing a support network. PSWHR helps peers set and achieve a person-driven self-defined small achievable goal.

Additionally, the GMHCN and the Georgia DBHDD were instrumental in a national Pillars of Peer Support conference in 2011, organized to consider opportunities for Peer Support Whole Health and Resiliency. The leadership built upon the foundation of PSWHR. On June 6, 2012, the Centers for Medicare and Medicaid Services (CMS) approved Georgia as the first state to have Medicaid-recognized whole health and wellness peer support provided by certified peer specialists (CPSs). Georgia's newly approved Medicaid service, Peer Support Whole Health and Wellness, will be delivered by Peer Support Whole Health and Wellness Coaches certified in Whole Health Action Management (WHAM), a training developed by the Center for Integrated Health Solutions that promotes outcomes of integrated health self-management and preventive resiliency.

Section 2 Peer Support Whole Health and Wellness Scope of Practice²

Definition of Service: Peer Support Whole Health and Wellness is a service in which a Wellness Coach assists an individual with setting his/her personal expectations, introduces health objectives as an approach to accomplishing overall life goals, helps identify personal and meaningful motivation, and supports health/wellness self-management. The individual served should be supported to become the director of his/her health through identifying incremental and measurable objectives and action steps that make sense to the person and that can be used as a benchmark for future success.

Health engagement and health management for the individual are key objectives of the service. These should be accomplished by facilitating health dialogues; exploring the multiple choices for health engagement; supporting the individual in overcoming fears and anxiety related to engaging with health care providers and procedures; promoting engagement with health practitioners, including, at a minimum, participating in an annual physical; assisting the individual in finding a compatible primary physician who is trusted; and other engagement activities as needed.

Another major objective is promoting access to health supports. This is accomplished by using technology to support the individual's goals; providing materials that assist in structuring the individual's path to prevention, healthcare, and wellness; partnering with the person to navigate the health care system; assisting the person in developing his/her own natural support network that will then promote that individual's wellness goals; creating solutions with the person to overcome barriers that prevent healthcare engagement (e.g.,

² The content of this service as described in this manual is subject to change. Refer to the following link for updates:
<http://dbhdd.org/files/Provider-Manual-BH.pdf>

transportation, food stamps, shelter, medications, safe environments in which to practice healthy choices, etc.); and linking the individual with other health and wellness resources (e.g., physical activity, fitness, healthy/nutritional food).

The Peer Support Whole Health and Wellness Coach and supporting nurse also provide the following health skill-building and supports:

- share basic health information that is pertinent to the individual's personal health;
- promote awareness regarding health indicators;
- assist the individual in understanding the idea of whole health and the role of health screening;
- support behavior changes for health improvement;
- make wellness tools available (e.g., relaxation response, positive imaging, education, wellness toolboxes, daily action plans, stress management, etc.) to support the individual's identified health goals;
- provide concrete examples of basic health changes and work with the individual in his/her selection of incremental health goals;
- teach, model, and demonstrate skills such as nutrition, physical fitness, healthy lifestyle choices;
- promote and offer healthy environments and skill development to assist the individual in modifying his/her own living environments for wellness;
- support the individual as s/he practices creating healthy habits, personal self-care, self-advocacy, and health communication (including, but not limited to, disclosing history, discussing prescribed medications, asking questions in health settings, etc.);

- support the individual to identify and understand how family history, genetics, etc. contribute to his/her overall health picture;
- support the individual in understanding medication and related health concerns; and
- promote health skills, considering fitness, healthy choices, nutrition, healthy meal preparation, teaching early warning signs/symptoms indicating a need for health intervention, etc.

Specific interventions may include supporting the individual in being able to have conversations with various providers to access health support and treatment and assisting individuals in gaining confidence in asserting personal health concerns and questions, while also assisting the person in building and maintaining self-management skills. Health should be discussed as a process instead of a destination.

Assistance will be provided to the individual to facilitate his/her active participation in the development of the Individualized Recovery Plan (IRP) health goals, which may include, but are not limited to, attention to dental health, healthy weight management, cardiac health/hypertension, vision care, addiction, smoking cessation, vascular health, diabetes, pulmonary function, nutrition, sleep disorders, stress management, reproductive health, human sexuality, and other health areas.

These interventions are necessarily collaborative and require partnering with health providers and partnering with the individual served in dialogues with other community partners and supporters to reinforce and promote healthy choices. The Peer Support Whole Health and Wellness Coach must also be partnered with the identified supporting nurse and other licensed health practitioners to access additional health support provided by the

organization or to facilitate health referral and access to medical supports external to the organization providing the Peer Support Whole Health and Wellness service.

The interventions are based upon respectful and honest dialogue supported by motivational coaching. The approach is strengths-based and involves sharing positive perspectives and outcomes about managing one's own health, what health looks like when the person gets there (visioning), assisting a person with re-visioning his/her self-perception (not as "disabled"), assisting the person in recognizing his/her own strengths as a basis for motivation, and identifying capabilities and opportunities upon which to build enhanced health and wellness. The peer-to-peer basis for the service allows the sharing of personal experience, including modeling wellness and offering mutual support that is also respectful of the individualized process and journey of recovery. This equality partnership between the supported individual and the Peer Support Whole Health and Wellness Coach should serve as a model for the individual as s/he then engages in other health relationships with health services practitioners. The identified nurse member of the team is in a supporting role to the Peer Support Whole Health and Wellness Coach.

A mind/body/spirit approach is essential to address the person's whole health. Throughout the provision of these services, the Peer Support Whole Health and Wellness Coach addresses and accommodates each individual's unique sense of culture, spirituality, and self-discovery, assisting individuals in understanding shared-decision making, and in building a relationship of mutual trust with health professionals.

Section 3 Peer Support Whole Health and Wellness Coach Skills and Ethics

Peer Support Whole Health and Wellness Coaches are trained in basic principles and skills and they are expected to follow a Code of Ethics. Many core skills are covered in the WHAM training manual.³

The following highlights six major Peer Support Whole Health and Wellness Coach skills:

- Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors
- Support the person in writing a whole health goal based on personal motivation and person-centered planning
- Support the person in creating and logging a weekly action plan
- Facilitate WHAM peer support groups that create new health behaviors
- Build the person's Relaxation Response skills to manage stress
- Build the person's cognitive self-management skills to avoid negative thinking
- Consult with behavioral health nurses as necessary for technical medical advice and referral support

³ http://www.integration.samhsa.gov/health-wellness/wham/WHAM_Participant_Guide.pdf

Certified Peer Specialist Code of Ethics

The following principles will guide Certified Peer Specialists in the various roles, relationships, and levels of responsibility in which they function professionally.

1. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all.
2. Certified Peer Specialists will maintain high standards of personal conduct and conduct themselves in a manner that fosters their own recovery.
3. Certified Peer Specialists will openly share with consumers and colleagues their recovery stories from mental illness and will likewise be able to identify and describe the supports that promote their recovery.
4. Certified Peer Specialists will, at all times, respect the rights and dignity of those they serve.
5. Certified Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
6. Certified Peer Specialists will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.
7. Certified Peer Specialists will advocate for those they serve that they may make their own decisions in all matters when dealing with other professionals.
8. Certified Peer Specialists will respect the privacy and confidentiality of those they serve.
9. Certified Peer Specialists will advocate for the full integration of individuals into the communities of their choice and will promote the inherent value of those individuals to those communities. Certified Peer Specialists will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
10. Certified Peer Specialists will not enter into dual relationships or commitments that conflict with the interests of those they serve.
11. Certified Peer Specialists will never engage in sexual/intimate activities with the consumers they serve.
12. Certified Peer Specialists will not abuse substances under any circumstance.
13. Certified Peers Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
14. Certified Peer Specialists will not accept gifts of significant value from those they serve.

Orienting people using services

The following statements might be included in an orientation by a Peer Support Whole Health and Wellness Coach for someone considering whether to use this service:

- When you work with a Peer Support Whole Health and Wellness Coach, you have someone who helps you focus on the goals you want to achieve and develop strategies to be sure you reach them. Peer support helps you take action in your life; so after each session you will apply what you learn and create something new in your career or in your life. With a Peer Support Whole Health and Wellness Coach, you will make clearer decisions and build a life that best matches who you really are. You gain clarity, focus and support to be the best you can be.
- As a Peer Support Whole Health and Wellness Coach, I partner with a peer to help deal with obstacles by choosing to emphasize strengths and focus on your overall wellness.
- When you work with a Peer Support Whole Health and Wellness Coach like me, you have someone who helps you focus on the goals you want to achieve and develop strategies to be sure you reach them.
- Whole Health and Wellness is about helping you to take *action* in your life; so after each session you will apply what you learn and create something new in your career or in your life.

Section 4 Peer Support Whole Health and Wellness Coach Roles and Responsibilities

The Peer Support Whole Health and Wellness Coach uses a set of strategies that engage, inspire, educate, and offer support to persons served in order to help them successfully set and work towards a health goal and connect to health services, including prevention, timely treatment, self-management, and follow-up. In order to be effective, a CPS needs certain core competencies—these allow the CPS to fulfill the key functions, roles, and responsibilities of a Peer Support Whole Health and Wellness Coach.

Core competencies include:

- **Communication Skills**
 - Competency in active listening and relationship-building
 - Ability to communicate with empathy and respect
 - Ability to bridge the communication gap between the health care system and the individual receiving the services
 - Ability to communicate orally and in writing
 - Ability to communicate with and facilitate dialogue between health care professionals, individuals, and their families
- **Knowledge of and competence in Peer Support Whole Health and Wellness Services**
- **Knowledge and competence related to health and wellness resources in the community**
 - Knowledge and ability to integrate health information into the culture and language of the community, including facts about prevention and management of disease and information about the health system
 - Ability to assist the individuals to use the health care system in a knowledgeable, empowered, and effective manner
 - Knowledge and ability to navigate the health care system
- **Ability to actively participate as a member of a health-care team**

Key functions include:

- Assist persons served in setting and achieving a goal related to wellness and a healthy lifestyle
 - share basic health information that is pertinent to the individual's personal health
 - promote awareness regarding health indicators
 - assist the individual in understanding the idea of whole health and the role of health screening
 - support behavior changes for health improvement
 - provide concrete examples of basic health changes and work with the individual in his/her selection of incremental health goals
- Support the individual as s/he practices creating healthy habits, personal self-care, self-advocacy, and health communication (including but not limited to disclosing history, discussing prescribed medications, asking questions in health settings, etc.)
- Teach/model/demonstrate skills such as nutrition, physical fitness, healthy lifestyle choices
- Promote and offer healthy environments and skills-development to assist the individual in modifying his/her own living environments for wellness
- Support the individual to identify and understand how family history, genetics, etc., contribute to his/her overall health picture
- Promote health skills, considering fitness, healthy choices, nutrition, healthy meal preparation; and teach early warning signs/symptoms indicating a need for health intervention, etc.
- Make wellness tools available (e.g., relaxation response, positive imaging, education, wellness toolboxes, daily action plans, stress management, etc.) to support the individual's identified health goals; and
- Support the individual in understanding medication and related health concerns

Key roles and responsibilities include:

- Engage persons served to complete an assessment of physical wellness strengths
- Assist the individual in understanding whole health and the role of health screenings
- Support individual to coordinate primary care physician visits and other medical appointments such as screening clinics, diagnosis centers, tech labs, and allied health services
- Assist in arranging transportation to and from medical services and in accessing and maintaining insurance coverage (collect medical, financial, and other forms that are necessary for health care access and services)
- Assist individual to coordinate care among providers, which may include facilitating communication with health care providers
- Provide wellness tools to the individual, based on needs and personal preferences
- Provide-emotional support to alleviate fears of and barriers to accessing quality health care
- Motivate and educate individuals and their family/caregivers about the importance of preventive services
- Employ strategies to engage peers who have challenges keeping important follow-up appointments to identify barriers and obstacles, and collaborate to find solutions
- Link peers to community-based support services
- Serve as a resource and wellness champion to the team to support and encourage access to health education and wellness promotion activities, resources, strategies, and tools
- Share basic health information pertinent to the individual's personal health
- Promote awareness regarding health indicators
- Regularly attend and participate in team meetings

Key outcomes indicating success:

Because the overall aim of Peers Support Whole Health and Wellness services is to help remove personal and environmental obstacles to health care access, individuals receiving this service should demonstrate the following outcomes:

- Improved access to treatment and self-care for medical conditions
- Decrease in use of emergency room services
- Decrease in symptoms of physical illnesses
- Regular physicals and follow through with medical and dental appointments
- Increased adherence to agreed-upon protocols, medication regimens, and/or wellness strategies
- Increase in the knowledge of the person served about his/her health conditions
- Increase in the knowledge of the person served about how to manage his/her physical and behavioral health conditions
- Increase in knowledge and use of prevention activities by the person served
- Improved feelings of wellness and improved quality of life indicators
- Increase in knowledge of the healthcare system(s)

Quality improvement

By developing quality improvement indicators and plans, organizations will be able to capture the outcomes and impacts of the Peer Support Whole Health and Wellness service. Documented outcomes provide value to the organization so it can justify continued funding and communicate successes to stakeholders. In addition, service providers experienced continued enthusiasm for their work when they have clear evidence of their effectiveness. The most basic indicator might be satisfaction survey data (see example on next page).

The **Peer Support Whole Health and Wellness Service Satisfaction Survey** is a 13-question survey consisting of 11 questions scored on a 5-point Likert-type scale, followed by two open ended questions (Swarbrick, 2013). This survey may be used without cost, provided the citation is included on the reprinted page.

Peer Support Whole Health and Wellness Service Satisfaction Survey⁴

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. My Peer Support Whole Health and Wellness coach treats me with courtesy, compassion, and respect.	1	2	3	4	5
2. My Peer Support Whole Health and Wellness coach treats me as a person, and helps me see my strengths objectively.	1	2	3	4	5
3. My Peer Support Whole Health and Wellness coach treats me as a person, and helps me see my challenges and concerns objectively.	1	2	3	4	5
4. My Peer Support Whole Health and Wellness coach communicates clearly when we are speaking.	1	2	3	4	5
5. My Peer Support Whole Health and Wellness coach paces the sessions so we remain accountable to reviewing goals, progress, and new steps.	1	2	3	4	5
6. My Peer Support Whole Health and Wellness coach effectively helps me review my personal strengths and areas for improvement.	1	2	3	4	5
7. My Peer Support Whole Health and Wellness coach is there to help me work on my concern as I see it, not his/her idea of what I need to work on.	1	2	3	4	5
8. My Peer Support Whole Health and Wellness coach helps me brainstorm ideas, problem solve and rarely offers advice.	1	2	3	4	5
9. My Peer Support Whole Health and Wellness coach is reliable with keeping appointment times, carrying out any “assignments,” etc.	1	2	3	4	5
10. My Peer Support Whole Health and Wellness coach helps me stay accountable to myself and my wellness plan.	1	2	3	4	5
11. My Peer Support Whole Health and Wellness coach Peer Support Whole Health and Wellness coach is someone I would recommend to others.	1	2	3	4	5

12. Please share the most important benefit you got out of working with your Peer Support Whole Health and Wellness Coach:

13. Please share anything else you would like regarding your experience working with your Peer Support Whole Health and Wellness Coach:

⁴ Adapted from Swarbrick, M. (2013) *Wellness Coaching Satisfaction Survey*. CSPNJ Institute for Wellness and Recovery Initiatives.

Various health and wellbeing processes and tools might be used for quality improvement or program evaluation planning (see Appendix B). For example:

- **The Duke Health Profile** is a 17-item questionnaire tool that has been in use since 1990, and is supported by over 60 articles in the peer-reviewed literature. Scoring supports sub-scaling for physical health, mental health, social health, general health, perceived health, self-esteem, anxiety, depression, anxiety depression, pain, and disability.
- **The Patient Activation Measure (PAM)** is a 13-item questionnaire supported by nearly 40 articles in the peer-reviewed literature. It is designed to assess individual's knowledge, skill, and confidence for personal healthcare self-management
- The **World Health Organization Quality of Life (WHOQOL-BREF)** instrument is comprised of 26 items that measure the following four broad domains: physical health, psychological health, social relationships, and environment.

http://www.who.int/substance_abuse/research_tools/en/english_whoqol.pdf

<i>Domain</i>	<i>Facets incorporated within domains</i>
1. Physical health	Activities of daily living Dependence on medicinal substances and medical aids Energy and fatigue Mobility Pain and discomfort Sleep and rest Work Capacity
2. Psychological	Bodily image and appearance Negative feelings Positive feelings Self-esteem Spirituality / religion / personal beliefs Thinking, learning, memory, and concentration
3. Social relationships	Personal relationships Social support Sexual activity
4. Environment	Financial resources Freedom, physical safety, and security Health and social care: accessibility and quality Home environment Opportunities for acquiring new information and skills Participation in and opportunities for recreation / leisure activities Physical environment (pollution / noise / traffic / climate) Transport

Metabolic risk factors can be tracked using various forms. The following is an excellent monitoring tool: http://www.cqaimh.org/pdf/tool_metabolic.pdf

Quality improvement and program evaluation efforts could also focus on specific health indicators. The following two pages provide sample questions that may be asked at certain intervals. For example, these questions might be asked when a person first begins to work with a Peer Support Whole Health and Wellness Coach. Following the first meeting, the questions might be asked at various intervals to determine whether people are receiving the services they need and want, and whether their access to health care has improved as a result of working with the Peer Support Whole Health and Wellness Coach.

1. **Have you ever been told by your doctor or health professional that you have or had one or more of these conditions?(check all that apply)**

___Diabetes

___Stroke

___Asthma

___High cholesterol

___Angina or coronary artery disease

___Anemia

___High Blood Pressure

___Heart Attack

Other (list)_____

2. **In the last 12 months, about how many times did you see your medical doctor or health provider in an office or outpatient setting for a physical health problem?**

3. **In the last 12 months, about how many times did you use an emergency room for physical health problems?**

4. **Was there a time in the past 12 months when you needed medical care but could not get it?**

Circle one: YES NO

5. **Would you say that in general your health is**

Circle one: Excellent Very Good Good Fair Poor

6. **Thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health NOT good?**

Circle one: 0 days 1-5 days 6-10 days 11-15 days 16-20 days 21-30 days

7. **Thinking about your mental health, which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health NOT good?**

Circle one: 0 days 1-5 days 6-10 days 11-15 days 16-20 days 21-30 days

8. **During the past 30 days, for how many days did poor physical health keep you from doing your usual activities, such as self-care, work, or recreation?**

Circle one: 0 days 1-5 days 6-10 days 11-15 days 16-20 days 21-30 days

9. **During the past month, did you participate in any physical activities or exercise, such as running, a sport, gardening or walking for exercise?**

Circle one: YES NO

10. **Do you smoke? (*check one*)**

- _____ No, I have never smoked
_____ No, but I used to
_____ Yes, but I want to quit
_____ Yes, and I am not currently considering quitting

Section 5 Supervision

Effective supervision is critical for successful employment of persons in recovery, as it is for any worker. Supervising people with disabilities is, in most ways, exactly like supervising people without disabilities. After recruiting, hiring, and orienting a new employee, any ongoing issues can be readily addressed in supervision, such as job and role clarification, expectations, and performance; confidentiality; disclosure; dual roles; and working as a team member⁵.

Supervision is a dynamic process by which a worker who has direct responsibility for carrying out a program in an agency is helped by a designated responsible staff person to make the best use of knowledge and skills so as to perform the requirements of the position effectively. In this context, the purpose of supervision is to help the Peer Support Whole Health and Wellness Coach to be resourceful and effective in performing his/her work duties and effectively fulfilling the requirements and duties of the position.

Supervision works well as a reflective process whereby the supervisor helps the Peer Support Whole Health and Wellness Coach to examine his or her performance and continue to develop and refine his or her abilities to perform all required duties as effectively as possible. In order to accomplish this, both the supervisor and the Peer Support Whole Health and Wellness Coach need clear expectations. Therefore, a *position description* or *job description* should be provided, and clear performance evaluation reviews should be performed at pre-determined intervals. Appendix C outlines elements of a good job description.

⁵ Gates, L., & Akabas, S. (2007). Developing strategies to integrate peer providers into the staff of mental health agencies. *Administration Policy Mental Health and Mental Health Service Research*, 34, 293-306.

The supervisor is responsible for creating an environment for learning and growth. The following supervisory tasks are used to accomplish this goal:

Supervisory Tasks
<ul style="list-style-type: none">• Fully understand the unique role of the Peer Support Whole Health and Wellness Coach and the CPS Code of Ethics• Create a supportive environment in which the Peer Support Whole Health and Wellness Coach is encouraged to learn and develop the capacity to apply and refine skills• Promote a stimulating environment that involves questioning and reflective practice• Help the Peer Support Whole Health and Wellness Coach to identify strengths and areas for growth• Assist the Peer Support Whole Health and Wellness Coach to set professional goals to develop and refine skills and abilities• Treat the Peer Support Whole Health and Wellness Coach with the respect due to any other mature responsible adult• Give regular constructive feedback, including highlighting strengths, and• Actively request-feedback from the Peer Support Whole Health and Wellness Coach

Supervision *is not* support, but supervisors can provide supervision supportively. The supervisor can make the Peer Support Whole Health and Wellness Coach feel comfortable in the work environment, so as to see it as a learning environment as well as a job. The effective supervisor will help the Peer Support Whole Health and Wellness Coach draw on personal experience and focus on developing relevant skills to meet the job requirements and to remain focused on the needs and preferences of the person served.

Supervisors in mental health and human service work are generally caring people who want to see a supervisee get help. It is important, due to workplace boundaries and privacy needs, not to address issues personally, but rather to follow company/agency policy and refer staff to an Employee Assistance Program (EAP) or outside service if a person is encountering health issues impacting the performance of work responsibilities. Even though the Peer Support Whole Health and Wellness Coach is known to be someone who has used mental health services, and the supervisor may be someone who has provided mental health services, it is not the job of the supervisor to address any personal or mental health issues, as this would create a stressful and unacceptable confusion of roles. Such a dual relationship would go against the Code of Ethics of most, if not all, helping professionals.

Supervision meetings often must address both administrative issues and reflective clinical issues relative to the ability of the Peer Support Whole Health and Wellness Coach to effectively work with persons served. The following are typical agenda issues for the supervision meeting:

- *Performance* - how things are going, what is working well, time management
- *Education/Growth* - skill development, sharing of resources, assistance with accessing resources, review of progress towards professional goals
- *Relationships* with co-workers
- *Management issues* - general agency policies and procedures
- *Personal Wellness* - any challenges getting in the way of performing duties or factors that can improve performance and wellness on the job

Peer Support Whole Health and Wellness Coaches may need to interact with health professionals, both *alongside* the people they serve, and sometimes on their behalf. An example of the latter is that a Peer Support Whole Health and Wellness Coach might ask a nutritionist whether a person's chosen diet sounds medically safe, or whether that person

needs help getting professional assistance. As a supervisor, together with your staff, you need to educate health professionals regarding:

- What the Peer Support Whole Health and Wellness Coach can and will do,
- The Peer Support Whole Health and Wellness Coach's role, which should not be overlapping or usurping the role of treatment professionals,
- The organization's commitment to using Peer Support Whole Health and Wellness Coach to support people served and improve outcomes, and
- Promoting how the Peer Support Whole Health and Wellness Coaches can and should be a valuable extension to their role.

In addition, both Peer Support Whole Health and Wellness Coaches and other health professionals need to operate on mutual respect. As the supervisor, you need to model and expect respect and cooperation.

Peer Support Whole Health and Wellness Coaches are members of a service delivery team who have defined responsibilities and roles, and who contribute to the bottom line of the team, which is providing efficient, effective, and appropriate services to service users. It is likely that maximum integration occurs when the Peer Support Whole Health and Wellness Coach is given clear and meaningful roles and responsibilities. Involving a Peer Support Whole Health and Wellness Coach in a meaningful role has the following advantages:

- Offers the team a special service from the lived experience of the Peer Support Whole Health and Wellness Coach,
- Increases the team members' sense of value and respect, and
- Sends a positive message to other team members regarding the belief in recovery and wellness.

Modeling is something that supervisors and colleagues all do, and probably will not be any different when supervising an employee who is assuming the Peer Support Whole Health and Wellness Coach role. Being professional, timely with deliverables, respectful of individuals, and respectful of oneself are characteristics that supervisors model for

supervisees and colleagues, which are not likely to change due to the presence of a Peer Support Whole Health and Wellness Coach. A Peer Support Whole Health and Wellness Coach is expected to arrive at work on time, meet deadlines, and be respectful—just like any other employee. Direct communication of job duties and expectation for the Peer Support Whole Health and Wellness Coach is essential, and represent good employment practice in general.

Peer practitioner employees are employees in a full sense. They should not be deprived of any participation offered to the other care providers on the team. Excluding Peer Support Whole Health and Wellness Coaches from a subset of team meetings, or from trainings open to all other team members, has the potential negative effects of demeaning the value of the Peer Support Whole Health and Wellness Coach, communicating disrespect, and perpetuating stigma.

Think of the “boundary” line for your supervision relationship, using the metaphor of a cell membrane. Some things need to pass through the cell membrane for the cell to stay alive, and other things need to be kept out or kept in. In order for this selective transmission to occur, the cell membrane is semi-permeable (some things pass through and some don’t). Similarly, the boundary of the supervision relationship needs to keep some things in (e.g., the principle of confidentiality) and keep some things out (e.g., restricting the focus to exclude overly personal issues). However the “semi-permeable” metaphor goes only so far, as you cannot necessarily include or exclude whole classes of content, because the supervisee’s stage of development, learning needs, and personal circumstances will influence your decision about what comes in and what goes out.

Content boundaries refer to the types of things that you deem eligible for discussion in supervision, whereas *process* boundaries refer to acceptable behaviors within the supervision relationship. Both sets of boundaries need to be clarified (minimally) at the beginning of a supervision relationship, as part of orienting the new supervisee.

The most obvious content boundary is deciding on the focus of supervision. Another type of content boundary is drawing the line between what is “supervision” and what is “therapy”—an easy conceptual distinction that can be difficult to draw in actual practice. Different theoretical models of counseling and supervision (e.g., behavioral vs. psychoanalytic) will draw this line in different places, and differences in placing this boundary also may exist across individuals, service organizations, professions, and academic training facilities. Regardless of where you, as the supervisor, draw this line, it needs to be explained fully to the new supervisee.

Most supervisors play multiple roles. Two roles are often seen as primary components of supervision in human services: administrative supervision and clinical supervision. These two roles are both complementary and contradictory. They are easy to distinguish in concept, but not so simple to disentangle in actual practice. Bradley and Ladany (2001)⁶ distinguish the two as differing in emphasis, but being “closely linked in daily practice” (p. 5). Administrative supervision, they say, focuses on organizational efficiency, with all of the performance measures and required tasks implied by concentrating on the organization or agency. Clinical supervision, on the other hand, focuses on the person using services and on the developing relationship between the supervisee (in this case, the Peer Support Whole Health and Wellness Coach) and the person using services.

⁶ Bradley, L.J., & Ladany, N. (2001). *Counselor supervision: Principles, process, and practice*. Philadelphia: Brunner-Routledge.

Again, the main role of a supervisor is to provide the Peer Support Whole Health and Wellness Coach with guidance and direction, not therapy, emotional support, or a waiver of job duties. A clear specific job description and an associated performance evaluation tool are critical for success. Job (or position) descriptions clarify the boundaries for the peer staff and the supervisor, and thereby should help the Peer Support Whole Health and Wellness Coach to competently perform duties and responsibilities. Expectations should be explicitly stated, recorded in writing by the supervisor, shared with the employee, and signed by both. The written job description and employment contract (if used) form the basis for structuring a supervision session and create the parameters for the relationship between the supervisor and the Peer Support Whole Health and Wellness Coach. Appendix C includes key factors in creating a good *Job Description*.

Team members, such as the nurse and other professionals, need to be accessible to the Peer Support Whole Health and Wellness Coach as a source of information and practical guidance. The Peer Support Whole Health and Wellness Coach is trained in such skills as listening and building motivation, but may not have in-depth knowledge of health conditions such as diabetes or COPD. On occasion, the Peer Support Whole Health and Wellness Coach may have doubts about whether someone's medical care is adequate, about the potential side effects of treatment, or about the specifics of self-care and disease management for a particular condition. The team members need to be available as resources and supports, and should collaborate fully with the Peer Support Whole Health and Wellness Coach to provide services that are well-integrated, seamless, and effective.

Treatment team meetings should include the Peer Support Whole Health and Wellness Coach as a full member of the team. Information about treatment plans and issues

will be important for the Peer Support Whole Health and Wellness Coach, especially when working with an individual with complex medical needs. As someone who knows the person using services very well, the Peer Support Whole Health and Wellness Coach is in a position to share information about that person's values and preferences, about any cultural considerations, and about how those factors might be relevant to developing or implementing the IRP. Of course, the decision to share that information with the team is ultimately the decision of the person served, but many people working with a Peer Support Whole Health and Wellness Coach may appreciate this opportunity to provide information directly to the treatment team.

As a Certified Peer Specialist, the Peer Support Whole Health and Wellness Coach has an ethical responsibility to advocate for the person served. Supervisors and team leaders must understand and respect this, and ensure that the treatment team gives the attention and respect due to the Peer Support Whole Health and Wellness Coach. Collaboration and negotiation are key skills for all team members. Conflict may occur within the team, yet a healthy team not only tolerates but encourages conflict, as sharing opinions and disagreements are a sign of trust within the team.⁷ While there are many sources of conflict and many barriers to conflict resolution that exist in the health care setting, effective conflict resolution strategies do exist, and can contribute to positive team relationships.⁸

The Peer Support Whole Health and Wellness Coach should be treated like any other employee, so it is expected that existing company/agency personnel policy, practices, and forms will meet these needs. The concept of universal design applies here. Universal design

⁷ Lencioni, P. The trouble with teamwork. <http://www.tablegroup.com/pat/articles/article/?id=5>

⁸ Brown, J., Lewis, L., Ellis, K., Stewart, M., Freeman, T. R., & Kasperski, M. J. (2011). Conflict on interprofessional primary health care teams—can it be resolved? *Journal of Interprofessional Care*, 25, 4-10.

is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialized design. The following are universal design principles⁹ as they relate to human resources policies and practices:

- *Equitable* - Relevant to all employees, regardless of position or background
- *Flexible* - Accommodates a wide range of needs
- *Simple and intuitive* - Easy to understand
- *Informative* - Explains how to implement the policy
- *Tolerance for error* - Minimizes misuse/abuse
- *Affordable* - Options provided are within budget

Reasonable accommodations may be needed by some individuals, but this does not mean waiving responsibilities. Rather, with such accommodations, an employee with a disability must be capable of doing all of the essential functions of the job. Supervisors may benefit from learning more about accommodations (see the next section).

The role of Peer Support Whole Health and Wellness Coach will be new to many people using services. Not only does the Peer Support Whole Health and Wellness Coach need to develop a sense of identity and confidence within the role, but s/he needs to be able to explain the role to professional colleagues, to external healthcare providers, to family members, and, most importantly, to persons served.

The supervisor plays a key role in Peer Support Whole Health and Wellness services. By attending to and supporting the professional development of the employees in the Wellness Coach role, supervisors contribute to both quality control and quality improvement. Supervisors influence organizational culture and contribute, for better or for worse, to employee morale and longevity on the job. A deep understanding of the Wellness Coach role will be essential to success.

⁹ adapted from *UD Principles* (Center for Universal Design, NC State University)

Section 6 Special Issues

Many common issues have been experienced by people in the field who have attempted to integrate peer providers into the staff of behavioral healthcare agencies and systems. Here are some frequently asked questions:

- When would it be considered crossing over the line of becoming the peer worker's personal therapist instead of his/her supervisor?
- What happens if you start receiving calls from the peer worker's therapist telling you that this job is destructive to his/her health?
- Is it OK, as the supervisor, to share my own personal information?
- What does it mean to be a role model/mentor while maintaining the integrity of the supervisory role?
- What about disciplinary action? When is it warranted?
- How do you set standards for reasonable accommodations for a peer worker when you have several working for you—all with different needs and backgrounds?

As stated in this manual, we strongly believe that supervising people living with a health condition or disability is very much like supervising people without disabilities. Supervisors and employees should be aware of the provisions of Title I of the American Disabilities Act (ADA), which require employers with 15 or more employees to provide qualified individuals with disabilities an equal opportunity to benefit from the full range of employment-related opportunities available to others. For example, the ADA prohibits discrimination in recruitment, hiring, promotions, training, pay, social activities, and other privileges of employment. It restricts questions that can be asked about an applicant's disability before a job offer is made, and it requires that employers make reasonable accommodation to the known physical or mental limitations of otherwise qualified

individuals with disabilities, unless it results in undue hardship. Basic elements of the protections of the ADA are that:

- Accommodations are individualized,
- Accommodations can be requested by an employee who discloses a disability, or can be proposed by an employer,
- There is no requirement for an employee to disclose a disability in advance of requesting an accommodation,
- Reasonableness tests are imposed, which generally rule out accommodations that cause undue hardship on the employer or change the essential nature of the job,
- Casual and common sense accommodations certainly can and should be sought at the front-line levels, and may not need the involvement of upper management and the personnel department, and
- Vocational rehabilitation professionals can play a role in developing accommodations, including job parsing and the selection, acquisition, and utilization of assistive technology.

Reasonable accommodations are an important part of good human resources practice, and also merit specific consideration. Offering accommodations can be very beneficial to agencies in retention of a well-performing employee. Flexibility and reasonable accommodations can improve the workplace and enhance staff motivation. These are generic accommodations that most good supervisors afford many employees (as with “universal design”), and benefit everyone, including those individuals who do not have a disclosed disability.

An employer resource on accommodations is the Job Accommodation Network, which provides information on job accommodations and the employment provisions of the ADA. A service of the Office of Disability Employment Policy, the Job Accommodation

Network¹⁰ (JAN) provides free consulting for employers in order to expand employment opportunities for individuals with disabilities. They offer individualized worksite accommodation solutions and technical assistance with understanding and applying the ADA and other disability-related legislation. JAN also educates about self-employment and small business ownership opportunities for individuals with disabilities.

Ongoing communication about ethical areas and common ethical dilemmas encountered can avoid confusion and help a Peer Support Whole Health and Wellness Coach to perform the role effectively. Providing education focused on the agency code of ethics and support for adhering to the **Certified Peer Specialist Code of Ethics** (page 13 of this manual) is an important supervisory task. Establishing a clear position description and performance evaluation process can be the key to effectively supporting peer providers. Regularly scheduled supervision that focuses on competency and growth will form the basis of a supervisor-supervisee relationship that aims to empower Peer Support Whole Health and Wellness Coaches in their role. In addition, organizations may need to review and strengthen their human resource policies and practices in general, and ensure that policies related to confidentiality are applied consistently and fairly to employees who are persons in recovery.

Every employer should have clear-cut guidelines for when to refer an-employee to the Employee Assistance Program (EAP) or other counseling, and when employee behavior should result in a mandatory referral. Neither an employee's disclosed psychiatric condition nor a supervisor's mental health credentials and experience is an appropriate reason for counseling to be given in-house when it should be referred outside of the organization.

¹⁰ See www.jan.wvu.edu Another useful resource is: <http://cpr.bu.edu/resources/reasonable-accommodations/frequently-asked-questions-from-employers>

Section 7 Career Development and Advancement

Ongoing education and training provide an excellent opportunity for peer providers to gain knowledge, skills, and support to contribute to the workforce effort to promote recovery, improved quality of life, and wellness. Learning does not stop after coursework is done or upon certification. Peer Support Whole Health and Wellness Coaches are expected to continually develop and refine the core skills: peer support, communications, coaching, and general knowledge of health, wellness, and available resources. Supervisors and administrators also should encourage peer providers to explore career development opportunities. Supervisors and administrators can provide a supportive environment where peer staff can grow personally and professionally.

As part of supervision and performance reviews, the Peer Support Whole Health and Wellness Coach should be encouraged to set goals and make plans for personal and professional advancement. Like most employees, most Peer Support Whole Health and Wellness Coaches will want to develop in their careers, both in-position (through developing and enhancing their skills and responsibilities) and potentially out-of-position (as they seek other positions in their current or other organizations to provide them challenge, satisfaction, increased responsibility, and increased compensation). Some peer providers have limited academic preparation. Pending regulatory changes, this may limit the positions they can hold in an organization. Others may have suitable credentials that might allow them to move quickly into other positions in the organization.

Peer Support Whole Health and Wellness Coaches, like all employees, have a reasonable expectation of being given the same career development support as any other employee. This includes inclusion in appropriate trainings, regular career development

reviews, tuition reimbursement, and any other career development support that their colleagues receive.

Like most employees, most peer providers want *careers* rather than *jobs*. It is reasonable for such individuals to consider their current role of Peer Support Whole Health and Wellness Coach as only one in a continuum of positions in the field. At the organizational level, it will be necessary to ensure that reasonable career ladders and opportunities at all levels are extended to peer providers.

A subset of people taking on new peer practitioner roles may not adjust well to their roles at first. Some may need the kind of additional training or mentoring you could apply for any employee. Some many need employee supports that are more disability-oriented, such as intensive job coaching, job modification, or assistive technology. Some may need to develop the competence and confidence needed on the road for a highly mobile position, or additional education and training.

It is possible that a small subset of new Peer Support Whole Health and Wellness Coaches may not be able to adjust to the position, regardless of additional training and accommodation, and may need to be replaced. Prior to terminating the person, it is essential to ensure that all ordinary personnel policies are followed, and that the person has been given adequate information, opportunity, and support to succeed in the job. If termination becomes necessary, it is advisable to proceed in a way that leaves the door open for future re-application, should the person's future capabilities and interests suggest it is time to try again. Whenever possible, explore other position vacancies in your organization that might be a better match for the person's skills and aptitudes. In addition, it is essential to conduct a thorough assessment of the work environment and team performance to ensure that any

performance issues are not the result of a lack of role clarity or poor treatment and stigma from colleagues.

Some agencies are likely to hire Peer Support Whole Health and Wellness Coach staff in part-time roles. This may suit some employees, while others may not be satisfied with limited hours and limited compensation. Ideally, the amount of work for Peer Support Whole Health and Wellness Coaches will expand at the same rate as the Coaches are ready to expand their hours. While it is not the supervisor's role to deal with any benefits issues that may contribute to a person's unwillingness to work full-time, it is certainly acceptable to suggest benefits counseling.

In dealing with the challenges of helping a Peer Support Whole Health and Wellness Coach to integrate and grow, it may be useful for the supervisor to focus on the multiple benefits of doing so:

- As part of a wellness and recovery transformation, we need more peer providers throughout the mental health system,
- Service users and their family members benefit from seeing the successful activities of peer providers,
- Agencies need competent and compassionate workers, and
- The individual who has joined your team wants and needs the job for financial and non-financial reasons.

Making a Peer Support Whole Health and Wellness *program* work requires the support of everybody involved, including:

- People served, who need to value the desired outcomes (health improvement), and be willing to take the time to work with the Peer Support Whole Health and Wellness Coach towards those outcomes,

- Professional and family/community supporters of the people you serve, who can obviously help increase or decrease acceptance by the person served,
- Other members of your team, who will play a key role both in creating referrals to the Peer Support Whole Health and Wellness Coach, and in providing him or her with practical support and a welcome place on a collaborative team,
- Your upper management and personnel department, who will help create the climate and secure the resources, and
- You, the supervisor, who will be the person to keep all of this going.

Clear communication will be an important part of sustaining or building increased use of a Peer Support Whole Health and Wellness Coach. It is entirely possible that people in all of the roles above have limited or no knowledge of the:

- impact that health and wellness factors are having on the lives and lifespan of people living with a mental and/or substance use disorder,
- extent to which these factors can be addressed, in part, through lifestyle changes, and
- increased prevalence of peer providers throughout the mental health system.

As a supervisor, you may find yourself conveying this information through a variety of means, such as staff trainings, articles in the organization's newsletters, or short talks at various get-togethers. You can help and encourage the Peer Support Whole Health and Wellness Coach to take on many of these activities in marketing the service.

Whether at your level and/or at an organizational level, changes in **processes** can play an important part.

- Are health assessments a part of all intakes?
- Should the results of some health assessments result in referral to your Peer Support Whole Health and Wellness Coach, or should the Wellness Coach be doing those assessments as part of every intake?

- Are the services of the Peer Support Whole Health and Wellness Coach considered a first-line choice for helping someone who is already using the agency's services deal with a lifestyle-related health or other wellness issue?
- Do your Peer Support Whole Health and Wellness Coaches speak regularly to your treatment groups, alumni groups, family groups, etc.?
- Does your new employee orientation include information about the services?
- Are Peer Support Whole Health and Wellness Coaches seen as an asset to aid not only the people you serve, but members of your workforce experiencing health or other wellness issues that could benefit from lifestyle change?
- Is an attention to wellness part of everything you do? Is your agency prepared to make cultural changes to support health and wellness?

Section 8: Summary

Wellness is both a service focus and a frame of mind. As the supervisor of a Peer Support Whole Health and Wellness Coach, you bring certain knowledge, attitudes, and expertise that you can use in this role. However, given that the role is relatively new, you will likely find that you have a lot to learn—about health promotion, about wellness coaching, about the advantages of employing peer providers, and about the many challenges faced by peer providers working within a mental health service system.

Peer Support Whole Health and Wellness services are built on the premise that people should not be forced or coerced to change their unhealthy lifestyle habits; rather they should be supported to examine their interests and strengths and to cultivate supports for long-lasting positive changes. The emphasis on strengths, on choice, and on continuously building on incremental successes provide a foundation for the service and represent a way of interacting with people using services that may be significantly different from how services have been provided in the past. Many mental health clinicians have been trained to focus on illness rather than wellness, and some may not believe that recovery is possible for people with significant mental health challenges. These discrepant perspectives can make the work environment especially challenging for the Peer Support Whole Health and Wellness Coach.

Your responsibility, as the supervisor, may need to go beyond professional development and guidance to one or more individual employees. You may find that your work must have a broader scope, including service provider education about the wellness coach role and about the need to attend to existing physical health concerns, disease prevention, and health promotion. You may need to do team building, to advocate for the Peer Support Whole Health and Wellness Coach, and to work closely with your human resources staff to ensure fair (and legal) treatment of valuable employees who may happen to have a disability.

As Georgia continues as an innovator and national leader in this important area, your role is critical—not only to your supervisees, but to the broader success of this initiative across the state and beyond.

Appendix A Summary of Medicaid State Plan Language¹¹

The state plan includes the following CMS-approved definition elements.

Goal	<p>To ultimately extend the members' lifespan by:</p> <ul style="list-style-type: none"> • Promoting recovery, wellness, and healthy lifestyles • Reducing identifiable behavioral health and physical health risks • Increasing healthy behaviors intended to prevent disease onset • Lessening the impact of existing chronic health conditions
Interventions	<ul style="list-style-type: none"> • Supporting the individual in building skills that enable whole health improvements • Providing health support and coaching interventions about daily health choices • Promoting effective skills and techniques that focus on the individual's wellness self-management and health decision making • Helping individuals set incremental wellness goals and providing ongoing support for the achievement of those goals
Technical Elements	<ul style="list-style-type: none"> • Requires professional supervision in accordance with CMS-SMDL #07-011 • Requires a related goal(s) on the official treatment (recovery) plan • Requires health-related certification • Uses the WHAM training, which provides Peer Support and Whole Health and Wellness Coaches with six major skills to: <ol style="list-style-type: none"> 1. Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors 2. Support the person in writing a whole health goal based on personal motivation and person-centered planning 3. Support the person in creating and logging a weekly action plan 4. Facilitate WHAM peer support groups which create new health behaviors 5. Build the person's Relaxation Response skills to manage stress <ul style="list-style-type: none"> • Build the person's cognitive self-management skills to avoid negative thinking • Allows Peer Support and Whole Health and Wellness Coach to provide the service with technical medical advice and referral support from behavioral health nurses, as necessary
Billing Detail	<ul style="list-style-type: none"> • HCPCS (Healthcare Common Procedure Coding System) Billing Code: Health and Wellness Supports, H0025 • Rate for 15 minute unit: Ranges from \$15.13 to \$24.36 depending on CPS experience and education and location of service

¹¹ This description is subject to change. Refer to the following link for updates: <http://dbhdd.org/files/Provider-Manual-BH.pdf>

Appendix B Quality Improvement/Evaluation Tools and Resources

*Measurement of Health Status for People with Serious Mental Illnesses*¹² is a report developed in 2008 jointly by the National Association of State Mental Health Program Directors (NASMHPD) Medical Directors Council, the National Association of State Mental Health Program Directors Research Institute, Inc. (NRI, Inc.) and the Center for Mental Health Services (CMHS) of the Substance Abuse and Mental Health Services Administration (SAMHSA).

This report was based on a relevant literature review, work-group meetings of the Medical Directors Council, and a two-day meeting of medical directors, peers in recovery, NRI researchers, SAMHSA representatives, academic researchers, and other technical experts. This report outlined suggestions for a standard set of health indicators that could be gathered regularly and used to inform the care as well as aggregated to provide population health data.

The report reviews how surveillance tools currently in use within the field of public health can be used for mental health surveillance. The report suggests that the following key indicators for data collection should include:

1. Personal History of Diabetes, Hypertension, Cardiovascular Disease and Pulmonary Disease
2. Family History of Diabetes, Hypertension, Cardiovascular Disease
3. Weight / Height / Body Mass Index (BMI)
4. Blood Pressure
5. Blood Glucose or HbA1C
6. Lipid Profile
7. Tobacco Use / History
8. Substance Use / History
9. Medication History / Current Medication List, with Dosages
10. Social Supports

¹²http://www.nasmhpd.org/general_files/publications/med_directors_pubs/NASMHPD%20Medical%20Directors%20Health%20Indicators%20Report%2011-19-08.pdf

The Duke Health Profile¹³ is a 17-item questionnaire tool that has been in use since 1990, and is supported by over 60 articles in the peer-reviewed literature. Scoring supports sub scaling for physical health, mental health, social health, general health, perceived health, self-esteem, anxiety, depression, anxiety depression, pain, and disability.

The profile form is included on the next page.

¹³ Parkerson, G. R. Jr., Broadhead, W. E., and Tse, C. K. (1990). The Duke Health Profile. a 17-item measure of health and dysfunction. *Medical Care*, 28, 11, 1056-1072.

Duke Health Profile

INSTRUCTIONS: Below are some questions about your health and feelings. Please read each question carefully and place a check mark in the column which matches your best answer. You should answer the questions in your own way. There are no right or wrong answers.

	Yes, describes me exactly	Somewhat describes me	No, doesn't describe me at all
1. I like who I am.			
2. I am not an easy person to get along with.			
3. I am basically a healthy person.			
4. I give up too easily.			
5. I have difficulty concentrating.			
6. I am happy with my family relationships.			
7. I am comfortable being around people.			
TODAY would you have any physical trouble or difficulty:	None	Some	A Lot
8. Walking up a flight of stairs.			
9. Running the length of a football field.			

DURING THE PAST WEEK: How much trouble have you had with:	None	Some	A Lot
10. Sleeping.			
11. Hurting or aching in any part of your body.			
12. Getting tired easily.			
13. Feeling depressed or sad.			
14. Nervousness.			

DURING THE PAST WEEK: How often did you:	None	Some	A Lot
15. Socialize with other people (talk or visit with friends or relatives).			
16. Take part in social, religious, or recreation activities (meetings, church, movies, sports, parties).			

DURING THE PAST WEEK: How often did you:	None	1-4 Days	5-7 Days
17. Stay in your house, a nursing home, or hospital because of sickness, injury, or other health problem.			

The Patient Activation Measure (PAM)¹⁴ is a 13-item questionnaire supported by nearly 40 articles in the peer-reviewed literature. It is designed to assess individual’s knowledge, skill, and confidence for personal healthcare self-management.

Patient Activation Measure – 13 (responses are given on 1-100 scale)
1. When all is said and done, I am the person who is responsible for managing my health condition.
2. Taking an active role in my own health care is the most important factor in determining my health and ability to function.
3. I am confident that I can take actions that will help prevent or minimize some symptoms or problems associated with my health condition.
4. I know what each of my prescribed medications do.
5. I am confident that I can tell when I need to go get medical care and when I can handle a health problem myself.
6. I am confident I can tell my health care provider concerns I have even when he or she does not ask
7. I am confident that I can follow through on medical treatments I need to do at home.
8. I understand the nature and causes of my health condition(s).
9. I know the different medical treatment options available for my health condition.
10. I have been able to maintain the lifestyle changes for my health that I have made.
11. I know how to prevent further problems with my health condition.
12. I am confident I can figure out solutions when new situations or problems arise with my health condition.
13. I am confident that I can maintain lifestyle changes like diet and exercise even during times of stress.

¹⁴ Hibbard, J. H., Mahoney, E. R., Stockard, J., & Tusler, M. (2005). Development and testing of a short form of the patient activation measure. *Health Services Research, 40, 6 Pt 1*, 918-1930.
 Hibbard, J. H., Stockard, J., Mahoney, E. R., & Tusler, M. (2004). Development of the Patient Activation Measure (PAM): conceptualizing and measuring activation in patients and consumers. *Health Services Research, 39, 4 Pt 1*, 1005-1026.

Appendix C Elements of a Good Job Description

A job description provides a summary of the primary duties, responsibilities, and qualifications of a position. It is important to reflect priorities and current expectations.

Components of the job description:

Function:

Summarize the main purpose of the position within the department/organization in one sentence.

Reporting Relationships

Describe the “chain of command” and the types of supervision the employee will get and will give, indicating the specific job titles of the supervisors and the positions supervised.

Responsibilities

List 4 to 6 core responsibilities of the position and identify several specific duties within each of the core responsibility areas.

Qualifications/Competencies

List required and preferred qualifications, credentials, and competencies in order of importance. These might include educational requirements (e.g., a high school diploma or equivalency), training or certification as a peer specialist, or specify that the employee must be a person in recovery (e.g., “Be a self-identified current or former user of mental health or co-occurring services who can relate to others who are now using those services”).

Employment Conditions

Describe any relevant circumstances, such as any physical requirements (e.g., standing, lifting), environmental conditions, unusual work schedule (e.g., rotating shift, on-call hours), and any other requirements (e.g., driver’s license, background check, random drug screen).

Tips from the Small Business Association¹⁵ (<http://www.sba.gov>):

- A good job description begins with a careful analysis of the important facts about a job, such as tasks involved, methods used to complete the tasks, and the relationship of the job to other jobs.
- It’s important to make a job description practical by keeping it dynamic, functional, and current.
- Don’t get stuck with an inflexible job description! A poor job description will keep you and your employees from trying anything new and learning how to perform their jobs more productively. A well-written, practical job description will help you avoid hearing a refusal to carry out a relevant assignment because “it isn’t in my job description.”

¹⁵ http://www.sba.gov/smallbusinessplanner/manage/manageemployees/SERV_JOBDESC.html