



Office of
Community Empowerment and Opportunity

Same Day Work & Pay **GUIDE**

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ABOUT SAME DAY WORK & PAY

Mission

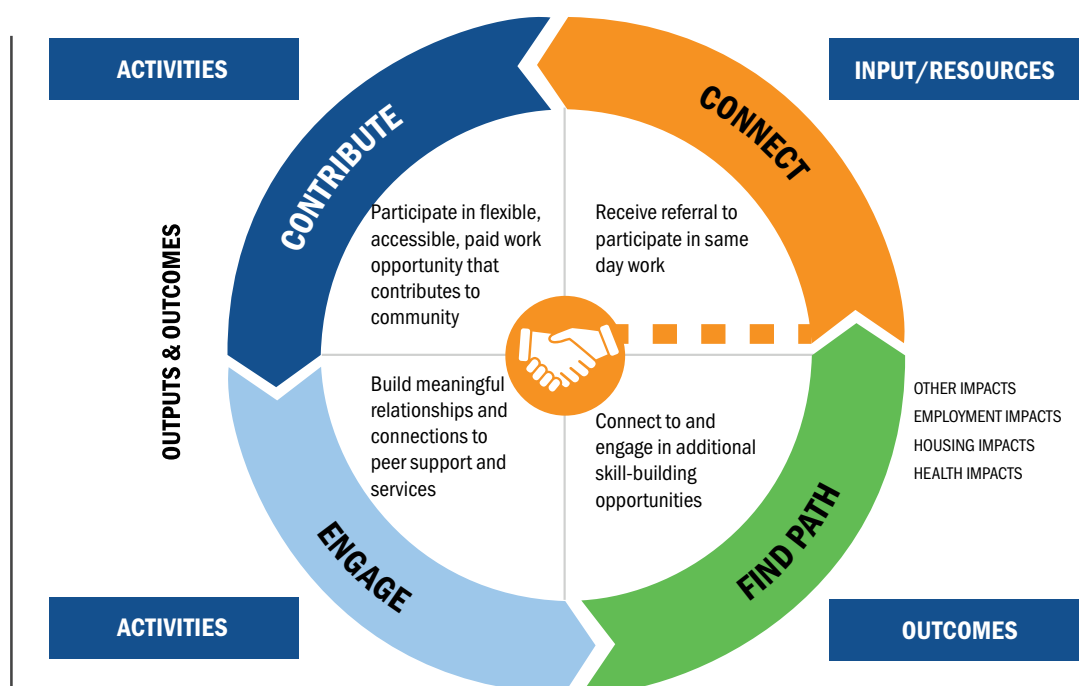
The mission of the Same Day Work Pay program is to provide a no to low barrier employment opportunity to vulnerable groups, while creating access to critical services and supports. It is within this mission the Same Day Work Pay program will seek to create an on-ramp to workforce training, sustainable employment, and increasing social capital to support long-term self-sufficiency and success for all individuals served through the Same Day Work Pay programs.

Purpose

The Same Day Work & Pay (SDWP) will provide a high-quality work engagement and entry point for attracting and supporting individuals who are experiencing economic instability and unemployment. The SDWP program will serve as a critical piece to the workforce continuum, particularly for vulnerable populations who require no or low barriers to employment and assistance with identifying next steps to temporary and long-term employment, job training, academic advancement and/or stability supports. The SDWP will serve as an "on ramp" to connect vulnerable economic disadvantaged individuals to employment as an initial first step and then connect program participants to supportive services and resources to support retention and long-term employment. The SDWP initiative will operate in accordance with the Theory of Change model below:

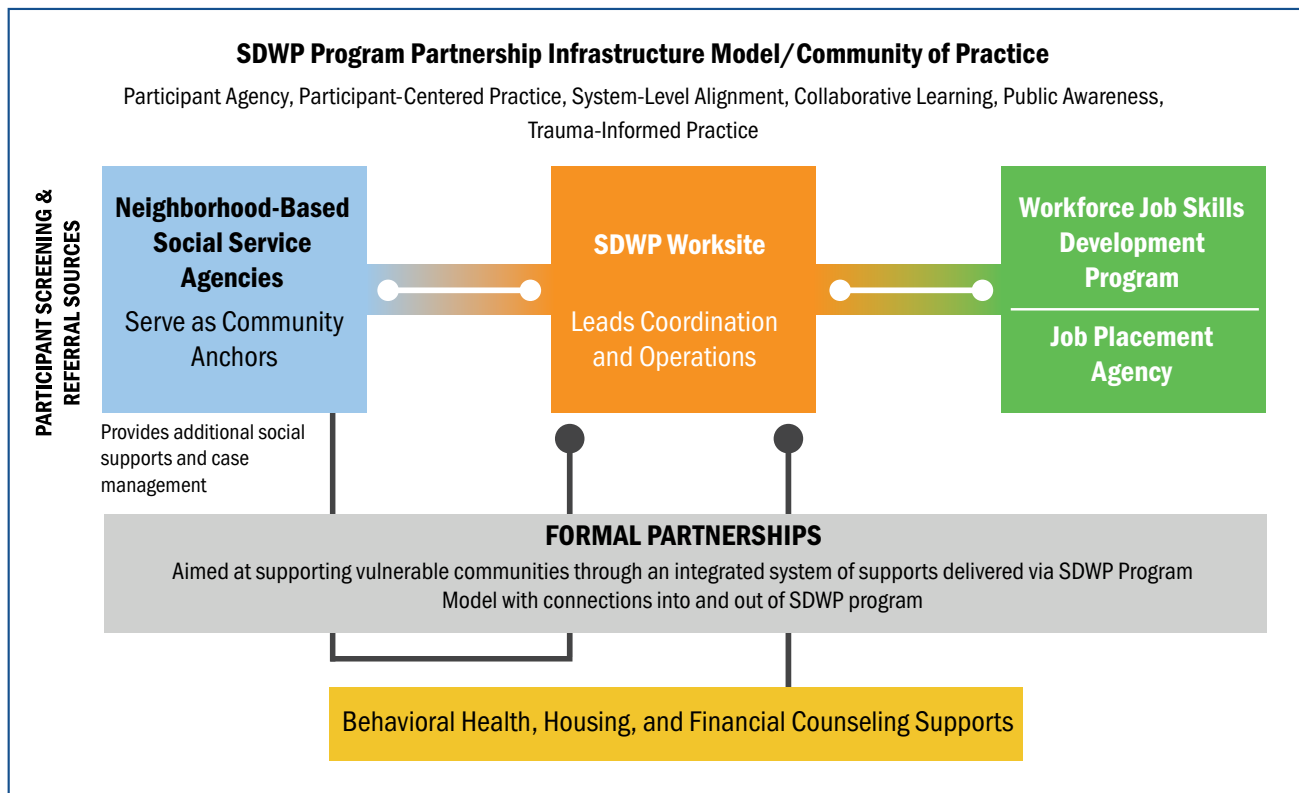
SDWP will operate as a no to low-barrier, trauma-informed paid work opportunity that connects individuals to supports, services, and next steps, inclusive of temporary and long-term employment, workforce development and job skills opportunities through a decentralized, community-driven community of practice model to better serve participants equitably and holistically.

Theory of Change & Logic Model



Program Description

The primary focus of the Same Day Work and Pay is to implement no to low barrier employment for vulnerable populations and transition program participants to long-term employment opportunities coupled with resource supports. The SDWP will use a community of practice model aimed to standardize the SDWP experience with the integration of a trauma informed approach, while maintaining a level of flexibility to meet individuals where they are. The SDWP/community of practice partners will be provided the opportunity to exchange information and best practices, participate in community of practice partner meetings, and provided resources to share with SDWP participants. This model allows each SDWP partner the opportunity to collaborate with organizations that best serve their respective SDWP programs and target populations and provides targeted services and supports to SDWP participants by partners.



ABOUT SAME DAY WORK & PAY (CONT.)

The model outline below presents the major elements of this SDWP community of practice model, which focuses on what resources and capacities the community of practice model would require as well as provides the foundational structure and activities needed for the core community of practice model for SDWP.

This model supports SDWP partners to expand and advance the following:

1. Greater and new partnerships with employers across key industries (Retail, Service, Hospitality, Manufacturing, Healthcare, Construction, and IT).
2. Strong collaborations between education and workforce programs,
3. The use of technology to better connect vulnerable jobseekers to employers,
4. Improve labor market intelligence to inform workforce investments, and
5. Innovative partnerships between local government, community, and arts/culture organizations.

EQUITABLE AND DIVERSE APPROACH

The SDWP program is committed to offering an equitable approach by providing access to employment among marginalized groups and within underserved communities. Providing employment is not only an initial step in meeting one's basic needs but serves in moving individuals toward building a future of economic stability long-term, and for many Philadelphia communities of color this will be critical to addressing unemployment disparities and addressing generational and high concentrations of poverty resulting from unemployment /underemployment and an unequal distribution of fiscal resources.



Target Population

The target population is for the Same Day Work Pay program are those persons who are experiencing economic instability and/or homelessness, and this may include but not limited to the formally incarcerated, homeless, or housing insecure individuals, veterans and or persons with a disability.

SAME DAY WORK PAY PARTNERS

Community Life Improvement Program (CLIP)

The Community Life Improvement Program (CLIP) supports and empowers Philadelphians to make and keep the City a more pleasant place to live. CLIP's mission is to target the following:

- Removal of graffiti vandalism from buildings, street signs, and other street fixtures;
- Enforce the City's regulations to ensure vacant lots are clean and maintained;
- Lend supplies and offer trash pickup for CLIP-coordinated neighborhood cleanups; and
- Provide adult non-violent offenders the opportunity to complete their community service sentences.

CLIP partners with residents, community groups, businesses, other city departments, and agencies to improve the quality of life in Philadelphia neighborhoods. There are three primary programs CLIP operates in fulfilling its mission:

#1

VACANT LOT PROGRAM

This vacant lot program targets vacant City lots and properties that are overgrown and full of litter/trash.

#2

COMMUNITY PARTNERSHIP PROGRAM

The Community Partnership Program (CPP) loans equipment and supplies for cleanup events, and coordinates bagged trash pick-up following a cleanup event within vacant lots, alleyways, parks, recreation centers, playgrounds, and residential blocks.

#3

COMMUNITY SERVICE PROGRAM

The community service program (CSP) supports non-violent offenders with community service sentences over the age of 18 to work with residents, businesses, and community organizations to clean up neighborhoods throughout Philadelphia inclusive of City facilities, underpasses, street sweeping, and designating individuals for community cleanups.

#4

GRAFFITI ABATEMENT TEAMS

The Graffiti Abatement Teams remove graffiti vandalism from street fixtures, private and public properties free of charge. Crews use several methods to remove the graffiti vandalism; 1) Power washing of natural brick, stone and concrete surfaces, 2) Color match paint overs of graffiti, and 3) Graffiti removal spray for signs, vehicles and other equipment/fixtures.

The SDWP CLIP program is based on a cohort model where participants work for two weeks at 3.5 hours and are compensated \$50 per day.

Mural Arts Philadelphia – Color Me Back (CMB)

The Same Day Work Pay program also known as Color Me Back (CMB) provides a no-barrier work opportunity for a disenfranchised and marginalized populations experiencing economic insecurity, substance abuse or behavioral health challenges, and/or homelessness. The CMB program is designed to offer a holistic approach to engagement, addressing barriers, and most importantly, building pathways to economic, housing, and overall stability. Facing ongoing persistent structural unemployment, systemic oppression, discrimination, and multiple traumas, over 60% of CMB participants have been Black males between the ages of 24-60.

Differing from most workforce programs, participants are accepted without conditions and work and are supported in a trauma-informed way to remove obstacles to regular employment. The program serves as an on-ramp, building not only participants' trust in others, but renewed confidence and trust in themselves. **SDWP participants are enrolled to fill a shift (Monday – Thursday) and will work 3.5 hours per day and compensated \$50 per day.**

Work focuses on community beautification efforts, either through mural making or site improvement efforts. SDWP participants are selected via a lottery system operating in the following:

- Everyone on-time for SDWP will receive a ticket stub with a series of numbers;
- Half of each ticket handed out (with the same numbers) will be placed in a clear container to be drawn;
- At 7:45 am 10 tickets will be drawn from the clear container and those individuals with the corresponding numbers will be selected to work a shift (Monday-Thursday 8am – 12pm); and
- The aforementioned process will take place weekly, however, if an individual selected for a shift does not show the selection process will occur as indicated to fill the vacant position.

CMB program staff and peer support specialists will support program participants with connection to services, benefits access, housing, engagement in professional development, and more long-term employment.

SAME DAY WORK PAY REQUIREMENTS

#1

ENROLLMENT

- Must be at least eighteen (18) years of age or older
- Must reside in the Philadelphia area
- There is NO ID required to enroll in Same Day Work Pay

#2

CODE OF CONDUCT AND PROGRAM RULES

- Good attitude and prepared to work (full 4 hours)
- Arrive on-time (recommend 7:45am for an 8am start)
- No-substance use prior or on work site detail
- Must contribute to the work
- Must use the provided equipment
- For safety proper clothing and footwear is recommended
- Respect staff, peers, and other workers
- Follow the direction of the site Supervisor and/or Crew Chiefs

#3

WORK HOURS AND COMPENSATION

- Work begins at 8am and ends at 12pm
- Workers will receive a 15-minute break daily
- Compensation for a day of work is \$50
- Compensation is dispersed daily between 12pm and 12:30pm

EMPLOYER PARTNERSHIPS AND RETENTION STRATEGY

Employer Partnerships

In an era of rapid technological change CEO in partnership with the SDWP partners will continue to build on its strong community based and employer partnerships in supporting SDWP participants transition to more long-term employment. To expand and advance the current SDWP initiative CEO in partnership with the SDWP partners will lead and implement the following:

#1 Support and Build Employment and Career Pathways for SDWP Participants

SDWP partners will ensure investments enable SDWP to access greater economic opportunities and build skills throughout their employment experience and transition to job training and/or longer-term employment.

SDWP partners will work to meet the need of the number of SDWP participants who access to the SDWP and transitioning to job training and/or job placement.

#2 Expand SDWP Partners and Employer Partnerships

SDWP partners will focus the investments and programs on building the SDWP initiative and employer partnerships. These partnerships are critical to building new employment opportunities for returning citizens, those experiencing homelessness, and others who are unemployed due to a variety of environmental or social circumstances, while increasing the number of individuals with an industry-valued post-secondary degree or credential.

#4 Strengthen Partnerships with the local Workforce Development Board (Philadelphia Works (PWI)) and Commerce.

Establish effective partnerships with PWI and Commerce are critical to increasing support for employing SDWP participants, leveraging the investment to aide in increased employment and ensuring the City's Workforce Continuum is inclusive of employment pathways for no to low barrier individuals.

#3 Strengthen Employment Training and Placement

SDWP partners are committed to supporting the SDWP partners to resource employment training and placement needs that enable SDWP participants to obtain new skills and employment.

#5 Ensure Program Integrity through Metrics and Transparency

To reflect the strategic priorities of workforce for vulnerable populations CEO will be applying measures to its workforce programs and collecting and analyzing the performance measures. SDWP partners will make performance data on the SDWP program accessible.

Retention

To ensure clear expectations are established within the SDWP partnership/collective and monitor progress toward meeting the needs and goals of the programs, SDWP partners will demonstrate their experience through the implementation of the following to ensure a more equitable approach:

#1 SDWP PARTICIPANT SOLUTIONS

SDWP participants through peer supports and worksite check-ins can set goals, acquire/share resources, and identify solutions to problems they face — from housing insecurity, medical needs, childcare, to banking needs.

#2 DATA COLLECTION

SDWP Partners will use a shared data system to standardize SDWP participant data regarding housing and employment needs, income, liabilities (fines/fees), social capital, and education level(s).

#3 DIRECT CAPITAL INVESTMENT

SDWP participants gain access to same day and receive resources on solutions to facilitate economic mobility.

#4 SHARED LESSONS

CEO and SDWP Partners will inform stakeholders — representative of foundations, policymakers, and private companies — in order to direct investments toward individual-driven solutions.

SAME DAY PAY DATA COLLECTION

Key Performance Indicators and Impact Measures

The data presented below will be collected in a single database known as Quickbase. The data collected from SDWP partners will be targeted to capture the key performance indicators (KPIs), and the Data Coordinator will play a critical role in working alongside SDWP partners to capture the data and ensure it is entered in the database system in accordance with the data indicators below.

Site-Level Data

- # and type of staff trainings held monthly/annually
- # and type of formal partnerships in place and newly established.
- Barriers to employment placement (i.e. No Identification, mailing address, bank account, housing, etc.).
- # Murals painted
- # Building or graffiti painting
- # Clean-up efforts
- # Landscaping projects

Participant-Level Data

HOW MUCH?

- # of unduplicated individuals served (**?? Target**)
- # of unduplicated individuals enrolled in SDWP program (**?? Target**)
- # of unduplicated individuals enrolled in SDWP program who are members of one or more of the following target groups: veterans, individuals living with disabilities (physical or mental), returning citizens, homeless, housing insecure, and/or recipients of TANF (**70% of SDWP Participants**)
- # of unduplicated individuals enrolled in SDWP with a high school diploma or GED (**5% SDWP Participants**)
- # of unduplicated individuals who received authorized identification card
- # of unduplicated individuals who received peer support services
- # of unduplicated individuals who were enrolled in at least one public benefit (**65% SDWP Participants**)

HOW WELL? (4+ TIMES ATTENDED)

- # of unduplicated individuals reporting increased feelings of trust (SDWP program), hope, dignity, belonging, and self-confidence; pride in work completed.
- # of unduplicated individuals reporting improvements in job-readiness skills.

HOW WELL? (12+ TIMES ATTENDED)

- # of unduplicated individuals who were unhoused and acquired shelter?
- # of unduplicated individuals who were homeless who acquired stable housing?
- # of unduplicated individuals who were housing insecure who acquired stable housing?

SAME DAY PAY DATA COLLECTION (CONT.)

- # of unduplicated individuals who enrolled in a drug recovery program?
- # of unduplicated individuals who transitioned to longer-term employment or a job training program **(70% of SDWP participants)**
- # of unduplicated individuals who completed an employer-demand driven job training program that support lower-skilled workers **(10%)**
- # of unduplicated individuals who completed a credentialing program **(5% SDWP Participants)**
- # of unduplicated individuals who enrolled adult literacy, high school diploma or GED attainment program **(5%)**
- # of unduplicated individuals who received an industry-recognized credential **(15% SDWP participants)**
- # of unduplicated individuals who were enrolled in at least one public benefit **(65% SDWP participants)**

IS ANYONE BETTER OFF?

- # of unduplicated individuals placed in a job following SDWP participation **(70%)**
- # of unduplicated individuals placed in a job who are members of one or more of the following targeted groups: veterans, individuals with disabilities [physical or mental], returning citizens and/or recipients of TANF **(70%)**
- # of unduplicated individuals placed in a job in which they earned a sustaining wage **(15%)**
- # of unduplicated individuals placed in a job connected to a career pathway **(15%)**

SAME DAY WORK PAY PARTNER ROLES AND EXPECTATIONS

Community Empowerment and Opportunity (CEO)

The City of Philadelphia Office of Community Empowerment & Opportunity (CEO) will ensure the quality of the SDWP programs and will work with SDWP worksites to provide the follow supports:

- Garner SDWP model buy-in throughout city leadership; provide regular updates to City leaders;
- Convene regularly with SDWP worksites and core partners to review structure and priorities of SDWP program;
- Establish and lead facilitation of Advisory Board;
- Establish program guide and rules of engagement (update as needed);
- Assess and increase staffing and capacity support for SDWP worksites;
- Identify funding opportunities;
- Increase role of employer partners and provide warm hand-offs and connections for SDWP participants;
- Establish a Uniformed Communications/Marketing Approach; and
- Increase SDWP Partner Engagement;
- Identify potential SDWP worksite leads and partner organizations throughout the city for replication;
- Assist with the identification and development of partnerships;
- Collaborate with workforce development partners to support and explore opportunities to incorporate short-term credentialing and light-touch exposures to various sectors within SDWP programs;

- Identify technical assistance needs annually and contract with external TA provider(s) to assist with model implementation; and
- Assist with setting up and maintaining data collection and reporting system and review participant data on quarterly basis.

Advisory Board

The Advisory Board will consist of up to 12 individuals that represent various sectors throughout the City of Philadelphia, including workforce development, social services, behavioral health, and philanthropy. Advisory Board members are expected to actively contribute their leadership, time, and talents to help the SDWP achieve its goals. Each individual Advisory Board member will be expected to:

- Learn about the SDWP's strategy, programs, and finances;
- Serve as key stakeholders and inform CEO of developments in the field and emerging opportunities or challenges;
- Review evaluation data on a regular basis and set annual goals for growth and financial sustainability.
- Prepare for and participate in Advisory Board meetings, including reviewing agendas, presented advisory board materials, and draft minutes;
- Represent SDWP participants and the initiative's values and work to the community;

SAME DAY WORK PAY PARTNER ROLES AND EXPECTATIONS (CONT.)

- Leverage personal networks to further the goals of SDWP;
- Foster an inclusive collaborative environment and community; and
- Acknowledge CEO's policies relative to SDWP.

Note: *Advisory Board Members Guide in appendix*

Workforce and Employer Partners

Workforce and employer partner agencies will commit to assessing and enrolling people into next steps opportunities. It is important to place participants in paid workforce training opportunities, and encouraged, when possible, for individuals to be hired for longer-term projects and employment through the worksite. Workforce and employer partners will:

- Advise on the hiring (labor force) and training needs of employers;
- Collaborate on the design of new on-ramp or bridge programs to support workers access to employment, including on-boarding new employees from SDWP program;
- Support the pipeline of SDWP participants into longer-term positions;
- Dedicate resources to skills development;
- Provide information on wages, benefits, schedules, and other workplace policies; and
- Commit to monitoring and tracking SDWP participant employment placed within company or worksite.

PEER SUPPORT

General Certified Peer Support Description

- Certified Peer Specialist (CPS) are people with lived experiences who have completed a 10-day or 75 hours of training to be certified by the Office of Mental Health and Substance Abuse Services (OMHSAS) and now the Pennsylvania Certification Board.
- Department of Behavioral Health and Intellectual Disabilities (DBHIDS) offers the CPS training and requires people to take a storytelling training prior to applying to its CPS Training because self-disclosure is the foundation of peer-to-peer support.
- Emerging research shows peer support is effective for supporting recovery from behavioral health challenges.
- DBHIDS has a rigorous application and interview process for the CPS Training.
- DBHIDS train approximately 80 people per year.
- CPS are required to take continuing education trainings to maintain certification.
- CPS are trained in the Wellness Recovery Action Plan (WRAP).

Certified Peer Support Role

- Engages peers in collaborative and caring relationships
 - » Person has choice
 - » CPS does not tell a person what to do
- Provides peer support and long or short-term mentoring
 - » Warm Handoffs
- Shares live experiences of recovery
- Supports recovery planning
- Links to resources, services, and supports
- Provides information about skills related to health, wellness, and recovery
- Help people to manage crisis
- Supports collaboration and teamwork
- Promotes peer leadership and advocacy
- Provide hope that people do recover
- Role model wellness and healthy behaviors
- Help person to complete their own WRAP plan
- Facilitate peer-to-peer recovery support groups
- Help people build their support network of natural supports

What Certified Peer Support Staff Are NOT

- Security Guards
- Doctors/Nurses
- Psychiatrists/Psychologists
- Therapists/Counselors
- Case Managers
- Twelve Step Sponsors
- Janitors

CAPACITY BUILDING

Technical Assistance

SDWP worksites will be provided various types of technical assistance (TA) in order to build the capacity and knowledge of program staff. Technical assistance, in general, will be focused on building and strengthening the services and skills of staff members for programs to better deliver and/or serve program participants and meet expected outcomes.

The Community Empowerment and Opportunity (CEO) will identify technical assistance providers who are experts in their respective fields to work with program staff through workshop sessions or on an on-going basis. This role of the technical assistance provider working alongside CEO will be critical to implementing the SDWP model for existing and new worksites. CEO will continually discuss program and staff needs with SDWP program leadership and staff to identify topics to assist the SDWP worksites in their success.

SDWP programs are expected to identify staff members to attend all the scheduled TA sessions. TA sessions will be delivered either virtually or in-person. TA session documents will be shared with all worksites following each TA session. Some TA informational sessions will be recorded, and those recordings will also be shared with worksites.

TA session topics initially identified in the strategic plan included: supports in planning for new worksites, trauma-informed practice, infusing essential skills in SDWP, de-escalation, collaboration, cultural competency, and other community of practice needs, including opportunities for cross-community of practice meetings and learning opportunities. TA will be provided to worksites so they are able to collect participant-level data effectively and efficiently on a regular and consistent basis. A TA calendar will be provided every quarter and will be updated based on the needs and schedules of worksites.

SAME DAY WORK PAY FILE ATTACHMENTS

Attachment 1:

Same Day Work Pay WorkSite Checklist

Attachment 2:

MOU Template – Same Day Work Pay Program Community of Practice

Attachment 3:

Advisory Board Members Guide

Attachment 4:

National Practice Guidelines For Peer Supporters

Attachment 5:

Core Competencies For Peer Workers In Behavioral Health Services

SAME DAY WORK PAY WORKSITE CHECKLIST

Focus Area: Community of Practice Partners	Level of Implementation				
	Fully implemented	Implemented but needs additional supports	In planning phase; Implementation to begin in next 6 months	No planning or implementation yet	Not applicable to worksite
Worksite has identified a "Community Anchor Referral"/recruitment partner and MOU signed.					
Worksite has identified workforce, job placement, or employer partner(s) and MOU signed.					
Worksite has identified other support partner organizations or agencies and MOU signed.					
Community of Practice partners meet at least annually.					
Intake Procedures					
Each new participant completes intake survey and readiness assessment.					
There is a plan for addressing immediate barriers to employment (e.g., lack of identification, a mailing address, or a banking account).					
Focus Area: Worksite Culture and Policies					
Developed on-site behavioral policies and expectations.					
Regularly reviews on-site behavioral policies and expectations with staff and participants.					
Maintains a flexible attendance policy that supports the success of individuals.					
Consistent work schedule.					
Organizational operations and decisions are conducted with transparency for all staff.					

SAME DAY WORK PAY WORKSITE CHECKLIST (CONT.)

Focus Area: Worksite Culture and Policies (cont)	Level of Implementation				
	Fully implemented	Implemented but needs additional supports	In planning phase; Implementation to begin in next 6 months	No planning or implementation yet	Not applicable to worksite
Offers at least two payment options of the following: Cash, Gift cards, Pre-paid credit cards, Checks, Cash App, Direct deposit to savings or checking account.					
Recruitment strategy, including maximum number of participants per day, waitlist guidelines and follow-up with interested individuals if max is reached.					
There is partnering and leveling of power differences between staff and clients and among organizational staff, from direct care staff to administrators; there is recognition that healing happens in relationships and in the meaningful sharing of power and decision-making.					
Program staff are clear and transparent regarding expectations and how participants are held accountable if they do not uphold the agreements.					
Practices are trauma-informed and the worksite actively moves past cultural stereotypes and biases (e.g., those based on race, ethnicity, sexual orientation, age, geography, etc.); offers gender responsive services; leverages the healing value of traditional cultural connections; and recognizes and addresses historical trauma.					
Focus Area: Day-to-Day Activities					
Each workday begins with brief morning meeting that reviews on-site behavioral policies and expectations.					
During morning meeting, participants and staff check-in using their name, gender pronouns, how they are feeling in that moment, one goal for the day, one thing they are going to do for their personal wellness, and who they are going to go to for support.					
There is an opportunity and option to work with certified peer specialists or other designated peer mentors each day.					
All participants are provided with all needed tools and materials needed to complete jobs safely, including any protective gear.					

SAME DAY WORK PAY WORKSITE CHECKLIST (CONT.)

Focus Area: Day-to-Day Activities (cont)	Level of Implementation				
	Fully implemented	Implemented but needs additional supports	In planning phase; Implementation to begin in next 6 months	No planning or implementation yet	Not applicable to worksite
At the end of each workday, staff, and participants complete daily jobs which include organizing supplies, disinfecting areas, mopping, and taking the trash out.					
On the final day of each work week, participants engage in reflection wherein they share one thing they learned during their work week, one thing they want to do again next time they work, whether they met their personal wellness goals or not, and then anything else they want to share with the group.					
Participant attendance is tracked daily.					
Participant assessments/surveys are given based on days attended: SDWP participants are surveyed/given a questionnaire at intake, at the end of their time with the program, and around the 3-month post-program completion mark.					
Participants are paid at the end of the workday.					
Focus Area: Peer Support Model (if applicable)					
Worksite explored or developed partnership with a behavioral health agency that has strong peer-support culture and places peer mentors.					
Worksite provides detailed job description, including day-to-day responsibilities, which may include: <ul style="list-style-type: none"> • Providing program staff additional layer of support during work day; • Providing support to workers through one-on-one conversations and check-ins; • Connecting participants to resources and information; • Overseeing work schedule breaks; • Facilitating reflection sessions. 					
Provides on-boarding and training with opportunities for continued Professional Development.					

SAME DAY WORK PAY WORKSITE CHECKLIST (CONT.)

Focus Area: Peer Support Model (if applicable) (cont)	Level of Implementation				
	Fully implemented	Implemented but needs additional supports	In planning phase; Implementation to begin in next 6 months	No planning or implementation yet	Not applicable to worksite
Provides on-site direct supervisor.					
Includes multiple peer support positions on one site.					
Next Steps Identified					
For individuals who need and want additional immediate physiological, behavioral, recovery needs met, partners can provide those supports as a next step.					
For individuals who attend regularly and are interested in moving on to employment-focused next steps, partners are in place to provide holistic set of supports around workforce development including, job-readiness skills trainings and adult literacy, sector-specific training, or job placement services.					

MEMORANDUM OF UNDERSTANDING TEMPLATE [1]

Same Day Work & Pay (SDWP) Program Community of Practice

I. **This Memorandum of Understanding sets out the principles** which will guide the activities of the Same Day Work and Pay (SDWP) Program. The mission of SDWP is to use a low barrier, paid work opportunity to connect vulnerable individuals to services and supports in order to increase their stability and self-sufficiency as well as build job-ready skills and make connections to job ready, job training opportunities. The SDWP Program model is carried out by various "communities of practice." Each Community of Practice (CP) is led by the worksite. The worksite will coordinate partner activities. Each CP will be convened by a group of "strategic partners" made up of City, philanthropic leaders, and other relevant partners. The strategic partners will also be charged with expanding and sustaining the work of SDWP, as well as ensuring quality through sharing of best practices, trainings, data collection and evaluation.

II. Project Partners

(This is a place to identify specific roles, contributions or expectations of each partner.)

The following organizations/entities are participating in [Worksite name] SDWP COP as partners. They are committed to the mission of SDWP CP and will work together to achieve its goals. [For each partner include a general timeline of when the partnership will begin and end. If unsure, include a timeline of how often this MOU will be updated and re-signed.]

Partners may be asked to fulfill the following duties:

- For organizations identified as "Community Anchor Organization:" lead participant recruitment and referral sources; conduct initial screening for SDWP-readiness; ongoing communication and case management with SDWP staff
- For workforce partners: Co-develop soft skill-building activities that provide a preparation and bridge to next steps; offer job readiness skill building; offer next steps sector-specific trainings, including adult literacy; offer longer term employment opportunity
- For individuals who need additional immediate physiological, behavioral, recovery needs met, partners would provide those supports as a next step.
- Partner agencies commit to assessing and enrolling "completers" into next steps opportunities, which may be workforce or additional supports for stability
- [Partner name] will dedicate at least XX staff member(s) X% of their time or [X proportion of] workday to supporting the SDWP COP through warm referrals or job readiness supports. (copy for each additional partner)

(List project partners, contact names, role of organization (e.g. social supports, community anchor, workforce, etc.))

Other organizations/entities may join the effort at any time, provided that they understand and support the goals of [Worksite Name] SDWP Community of Practice.

III. Communications & Meetings

The partner agencies will communicate any updates or changes to their roles & responsibilities via [add communication method] to the project contacts [indicate how far in advance].

If the partner organization can no longer fulfill its activities, [worksite] will be notified [indicate how far in advance].

MEMORANDUM OF UNDERSTANDING TEMPLATE (CONT.)

The [Worksite Name] SDWP Community of Practice will hold meetings every [How often are meetings held]. Who is responsible for attending meetings?

[Worksite name] is responsible for proposing agendas and sharing them at least one day in advance of the meeting via email. Meeting notes will be recorded on a rotating basis by project partners, and will be shared within ___ days/weeks after each meeting.

IV. Goal Setting and Decision-Making

Describe how the group will set goals. How often? In writing? When will you revisit them?

Describe here any other major activities the group engages in—how decisions occur and who is responsible for different parts.

V. Project Resources

How will the group raise funds for its work? How are decisions made about how funds will be spent (voting majority with a quorum, consensus)? Who is the fiscal agent? Who is responsible for financial tracking and reporting? Are these partners compensated for these functions?

VI. Data Sharing and Confidentiality

1. Data received from [SDWP Worksite] shall be treated as private, confidential information. Data shall not be copied or reproduced for sources outside the [Community of Practice] in any manner without prior permission of the [SDWP Worksite]. Data shall not be furnished to any other agency or individual unless permission is first received from the [SDWP Worksite] and [Partner Organization].
2. Data containing, or which could lead to, the identity of specific participants is strictly confidential and shall not be disclosed in any manner, unless formal permission/consent is granted by the individual.
3. Any and all reports produced utilizing data obtained under this agreement shall not contain individual names or other identifying information of any study subjects, nor shall information be reported in such a manner as to allow for identification of individual study subjects.
4. All data provided to the [SDWP worksite and its partners] shall be maintained securely.
5. The transfer of data shall be by secure means. Data containing identifying information shall not be transmitted via email without being encrypted and password protected.
6. All data located in computer files shall be password protected with access limited to the parties that have signed appropriate security agreements.

VII. Amendments to this Memorandum of Understanding

The partners may agree to amend this Memorandum of Understanding, provided that they support the incorporation of the amendment into this document. This Memorandum of Understanding will remain in effect until _____, or throughout the term of Project.

Signature:_____

Date:_____

(Signatures of individuals representing project partners)

[1] This MOU was adapted from a template provided by <https://www.lisc.org/our-initiatives/safety-justice/cbcr/resources/tools-templates/memorandum-understanding/>

SAME DAY WORK PAY

ADVISORY BOARD MEMBERS GUIDE

Same Day & Work Pay Project

The Same Day & Work Pay (SDWP) Program is designed to provide a no-to low-barrier employment opportunity to vulnerable groups, while creating access to critical services and supports. It is within this mission the Same Day Work & Pay program will seek to create an on-ramp to workforce training, sustainable employment, and increasing social capital to support long-term self-sufficiency and success for all individuals served through the Same Day Work & Pay programs. As part of the Advisory Board, you will be part of helping the Same Day Work & Pay partners fulfill this mission of serving some of Philadelphia's most vulnerable populations who require no or low barriers to employment and assistance with identifying next steps to temporary and long-term employment, job training, academic advancement and/or stability supports.

Advisory Board Member Role and Responsibilities

The SDWP Advisory Board will be comprised of approximately 10-15 members who represent key stakeholders in the community, including individuals from local government, philanthropy, community-based organizations, behavioral health, and social services. The role of the Advisory Board will be to support the Same Day Work & Pay initiative in achieving its objectives and serve as a resource to SDWP and its partners. The Board will also provide guidance to CEO as it relates to scaling and sustaining the SDWP program throughout the City.

In line with this role, the Advisory Board's responsibilities include:

- Serving as a sounding board for CEO and the SDWP worksite partners;
- Serving as an advocate, ambassador, and connector for SDWP in the community;

- Facilitating introductions to potential donors, collaborators, thought leaders, and other key stakeholders, including potential worksites and longer-term job placement partnerships;
- Reviewing branding and outreach strategies;
- Supporting CEO on fundraising efforts and/or activities; and
- Supporting CEO's oversight and review SDWP activities, operations, financial allocations, personnel, and other matters as requested by CEO.

Expectations of Individual Advisory Board Members

Advisory Board members are expected to actively contribute their leadership, time, and talents to help the SDWP achieve its goals. CEO expects each individual Advisory Board member will:

- Learn about the SDWP's strategy, programs, and finances;
- Serve as key stakeholders and inform CEO of developments in the field and emerging opportunities or challenges;
- Review evaluation data on a regular basis and set annual goals for growth and financial sustainability.
- Prepare for and participate in Advisory Board meetings, including reviewing agendas, presented advisory board materials, and draft minutes;
- Represent SDWP participants and the initiative's values and work to the community;
- Leverage personal networks to further the goals of SDWP;
- Foster an inclusive collaborative environment and community; and
- Acknowledge CEO's policies relative to SDWP.

Leadership and Subcommittees/ Working Groups

The Advisory Board members will coordinate with CEO to establish and appoint members to subcommittees of the board and/or smaller working groups to focus on particular SDWP issues, efforts and/or events. The following are subcommittees/working groups to be determined:

- a. Program Partner Relations
 - i. Workforce Partnerships, Training, and Placement(s)
 - ii. Behavioral Health/Well-Being
 - iii. Social Services & Resources
- b. Fundraising & Sustainability
- c. Worksite Operations
 - i. Program Budget & Accountability
 - ii. SDWP Digital Payment(s)
 - iii. Program Quality

Meetings

The Advisory Board will meet quarterly (four (4) times annually), and may choose to meet in person or virtually.

- a. Agenda: CEO will work with Advisory Board members to develop an agenda for scheduled meetings, and CEO will distribute the agenda and other written materials in advance of each meeting.
- b. Advising: Current Advisory Board members serve as Advisors providing guidance, feedback, and recommendations to CEO and its SDWP partners.
- c. Minutes: The Advisory Board will keep minutes of its meetings, and present to Advisory Board members in advance of the next scheduled meeting.

Communications and Records

- a. Project Reports: CEO will provide the Advisory Board with regular program, financial, fundraising, and operational updates.
- b. Email and Other Electronic Communication: All Advisory Board communications, including notices, consents, and distributions of materials, may be sent via email or other forms of electronic communication.
- c. Individual Communications: CEO or other Project team members may consult with any individual Advisory Board member.
- d. Records: CEO will maintain records relating to Advisory Board activities and communications. The records will be considered the property of CEO and will be accessible upon request.

Confidentiality

The Advisory Board may have access to confidential and proprietary information about SDWP, as defined by CEO. Advisory Board members will use Confidential Information only to the extent required by SDWP activities, in accordance with City of Philadelphia policies pertaining to confidentiality. These confidentiality obligations will remain in effect even if the Advisory Board is terminated or an Advisory Board member resigns or is removed. Advisory Board members who have any questions about confidentiality of information should speak to the CEO Executive Director and/or Deputy Managing Director of Health and Human Services. CEO may request that Advisory Board members sign nondisclosure agreements based on information presented/shared.

Conflicts of Interest

Advisory Board members are expected to use good judgment and avoid situations that create an actual, potential, or perceived conflict with the purposes and activities of SDWP or CEO. Please defer to the City's ethical guidance policies on matters that contains information about such conflicts.

National Ethical Guidelines and Practice Standards

National Practice Guidelines for Peer Supporters

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

*~~SAMHSA Working Definition of Recovery
(Last updated in 2011).*

The belief that **recovery is possible** for all who experience psychiatric, traumatic, or substance use challenges is fundamental to the practice of peer support. The likelihood of long-term recovery is increased with effective support. Peer support has been demonstrated through research and practical application to be highly effective.

In addition to the SAMHSA Working Definition and Guiding Principles of Recovery, the following core values have been ratified by peer supporters across the country as the core ethical guidelines for peer support practice:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supports are open minded
4. Peer supporters are empathetic
5. Peer supports are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-driven

The peer support workforce is at a critical time in its development. Research reveals that peer support can be valuable to those overcoming mental health and substance addiction challenges and their families. Thousands of peers have been trained and are working in a wide variety of settings, but questions remain regarding peer roles, duties and philosophies.

In an effort to create broader understanding, reduce workplace tensions and frustrations and develop effective peer support roles, a universal set of practice standards is necessary. Such standards will enable peer support workers, non-peer staff, program administrators and developers, systems

administrators, funders, researchers and policymakers to better understand peer supporter values, and the appropriate roles and tasks that can and should be carried out by peer support workers in a manner that benefits all.

Professional practice standards generally have three basic components: 1) practice guidelines, 2) identification and description of core competencies and 3) ethical guidelines or a code of ethics. This project focused on practice guidelines, which are being shared with other organizations with the intention of having them provide the remaining two components.

A consortium of stakeholder organizations, led by the International Association of Peer Supporters, has developed a draft of practice guidelines for peer supporters. The guidelines acknowledge the diverse settings in which peer supporters work and the wide variety of tasks peers are asked to perform, offering direction to an emerging peer support workforce and universally accepted guidance that is built upon the strengths and recovery principles peer supporters embody.

Vital to this process is a diverse advisory group that includes representatives from mental health and addictions fields as well as family support and cultural organizations.

The standards are value based; that is, they are directly derived from the values peer supporters agree on and hold most dear. The process to gather the values and develop these standards is intentionally inclusive and includes: 1) website solicitations for input, 2) newsletter and e-mail communication to solicit input and report progress, 3) focus groups, 4) surveys, 5) informal gatherings of peer supporters and 6) a literature search and review. Representatives from many stakeholder organizations are acting in an advisory or steering capacity.

Six focus groups have been conducted across the U.S. and more than 800 people have responded to surveys. Surveys have been translated into Spanish with outreach to the mental health, substance abuse, Latino, African-American and Military Veteran communities. Respondents have been remarkably consistent (98%) in their approval of key values for practice standards development. From these values, draft guidelines were written by members of the advisory group.

The draft guidelines were reviewed by peer supporters and underwent yet another review by the advisory group. The “solid” draft of practice standards is part of this document. The process, however, will remain dynamic for some time as ongoing review will likely result in modifications over time.

In addition to a value-based product, the guidelines will be framed in a human rights context. Below is a passage from the World Health Organization’s (WHO) QualityRights tool kit.

In many countries, the quality of care in both inpatient and outpatient facilities is poor or even harmful and can actively hinder recovery. The treatment provided is often intended to keep people and their conditions ‘under control’ rather than to enhance their autonomy and improve their quality of life. People are seen as ‘objects of treatment’ rather than human beings with the same rights and entitlements as everybody else.

They are not consulted on their care or recovery plans, in many cases receiving treatment against their wishes.¹

The preceding statement supports the need for change and also provides a framework for understanding the roles and functions of peer supporters. Ultimately, quality behavioral health care is a matter of social justice and peer supporters are playing a vital role in ensuring that quality.

Although the roles of peer supporters are many and diverse, within primary and behavioral healthcare, there are common values and practices for all. While language and some practice aspects may differ, fundamental values cut across all peer support.

The goals of national practice guidelines include:

- The identification of guidelines for developing appropriate and meaningful job descriptions.
- Providing a foundation upon which peer support core competencies can be identified.
- Creating a basis for peer support ethical guidelines.
- Creating a foundation for a potential national credential.
- Facilitating reciprocity policies (recognized in multiple states).
- Providing information that could be used to examine peer supporter training curricula.

PRACTICE GUIDELINES

With nearly 1,000 peer supporters responding to surveys and participating in focus groups, 12 key values were identified and validated as a basis for this work. Those values include:

ETHICAL GUIDELINES	PRACTICE GUIDELINES
<p>Peer support is voluntary</p> <p>Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support. The voluntary nature of peer support makes it easier to build trust and connections with another.</p>	<p>Practice: Support choice</p> <ol style="list-style-type: none">1) Peer supporters do not force or coerce others to participate in peer support services or any other service.2) Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.

¹ WHO QualityRights tool kit to assess and improve quality and human rights in mental health and social care facilities. Geneva, World Health Organization, 2012.

ETHICAL GUIDELINES	PRACTICE GUIDELINES
	<p>3) Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires.</p> <p>4) Peer supporters advocate for choice when they observe coercion in any mental health or substance abuse service setting.</p>
<p>Peer supporters are hopeful</p> <p>Belief that recovery is possible brings hope to those feeling hopeless. Hope is the catalyst of recovery for many people. Peer supporters demonstrate that recovery is real—they are the evidence that people can and do overcome the internal and external challenges that confront people with mental health, traumatic or substance use challenges. As role models, most peer supporters make a commitment to continue to grow and thrive as they “walk the walk” in their own pathway of recovery. By authentically living recovery, peer supporters inspire real hope that recovery is possible for others.</p>	<p>Practice: Share hope</p> <ol style="list-style-type: none"> 1) Peer supporters tell strategic stories of their personal recovery in relation to current struggles faced by those who are being supported. 2) Peer supporters model recovery behaviors at work and act as ambassadors of recovery in all aspects of their work. 3) Peer supporters help others reframe life challenges as opportunities for personal growth.
<p>Peer supporters are open minded</p> <p>Being judged can be emotionally distressing and harmful. Peer supporters “meet people where they are at” in their recovery experience even when the other person's beliefs, attitudes or ways of approaching recovery are far different from their own. Being nonjudgmental means holding others in unconditional positive regard, with an open mind, a compassionate heart and full acceptance of each person as a unique individual.</p>	<p>Practice: Withhold judgment about others</p> <ol style="list-style-type: none"> 1) Peer supporters embrace differences of those they support as potential learning opportunities. 2) Peer supporters respect an individual's right to choose the pathways to recovery individuals believe will work best for them. 3) Peer supporters connect with others where and as they are. 4) Peer supporters do not evaluate or assess others.
<p>Peer supporters are empathetic</p> <p>Empathy is an emotional connection that is created by “putting yourself in the other person's</p>	<p>Practice: Listen with emotional sensitivity</p> <ol style="list-style-type: none"> 1) Peer supporters practice effective listening skills that are non-judgmental.

ETHICAL GUIDELINES	PRACTICE GUIDELINES
<p>shoes.” Peer supporters do not assume they know exactly what the other person is feeling even if they have experienced similar challenges. They ask thoughtful questions and listen with sensitivity to be able to respond emotionally or spiritually to what the other person is feeling.</p>	<p>2) Peer supporters understand that even though others may share similar life experiences, the range of responses may vary considerably.</p>
<p>Peer supporters are respectful</p> <p>Each person is valued and seen as having something important and unique to contribute to the world. Peer supporters treat people with kindness, warmth and dignity. Peer supporters accept and are open to differences, encouraging people to share the gifts and strengths that come from human diversity. Peer supporters honor and make room for everyone’s ideas and opinions and believe every person is equally capable of contributing to the whole.</p>	<p>Practice: Be curious and embrace diversity</p> <ol style="list-style-type: none"> 1) Peer supporters embrace diversity of culture and thought as a means of personal growth for those they support and themselves. 2) Peer supporters encourage others to explore how differences can contribute to their lives and the lives of those around them. 3) Peer supporters practice patience, kindness, warmth and dignity with everyone they interact with in their work. 4) Peer supporters treat each person they encounter with dignity and see them as worthy of all basic human rights. 5) Peer supporters embrace the full range of cultural experiences, strengths and approaches to recovery for those they support and themselves.
<p>Peer supporters facilitate change</p> <p>Some of the worst human rights violations are experienced by people with psychiatric, trauma or substance use challenges. They are frequently seen as “objects of treatment” rather than human beings with the same fundamental rights to life, liberty and the pursuit of happiness as everyone else. People may be survivors of violence (including physical, emotional, spiritual and mental abuse or neglect). Those with certain behaviors that make others uncomfortable may find themselves stereotyped, stigmatized and outcast by society. Internalized oppression is common among people who have been rejected by society. Peer supporters treat people as human beings and remain alert to any practice (including the way people treat themselves) that is dehumanizing, demoralizing or degrading and will use their personal story and/or advocacy to be an agent for positive change.</p>	<p>Practice: Educate and advocate</p> <ol style="list-style-type: none"> 1) Peer supporters recognize and find appropriate ways to call attention to injustices. 2) Peer supporters strive to understand how injustices may affect people. 3) Peer supporters encourage, coach and inspire those they support to challenge and overcome injustices. 4) Peer supporters use language that is supportive, encouraging, inspiring, motivating and respectful. 5) Peer supporters help those they support explore areas in need of change for themselves and others. 6) Peer supporters recognize injustices peers face in all contexts and act as advocates and facilitate change where appropriate

ETHICAL GUIDELINES	PRACTICE GUIDELINES
<p>Peer supporters are honest and direct</p> <p>Clear and thoughtful communication is fundamental to effective peer support. Difficult issues are addressed with those who are directly involved. Privacy and confidentiality build trust.</p> <p>Honest communication moves beyond the fear of conflict or hurting other people to the ability to respectfully work together to resolve challenging issues with caring and compassion, including issues related to stigma, abuse, oppression, crisis or safety.</p>	<p>Practice: Address difficult issues with caring and compassion</p> <ol style="list-style-type: none"> 1) Peer supporters respect privacy and confidentiality. 2) Peer supporters engage, when desired by those they support, in candid, honest discussions about stigma, abuse, oppression, crisis or safety. 3) Peer supporters exercise compassion and caring in peer support relationships. 4) Peer supporters do not make false promises, misrepresent themselves, others or circumstances. 5) Peer supporters strive to build peer relationships based on integrity, honesty, respect and trust.
<p>Peer support is mutual and reciprocal</p> <p>In a peer support relationship each person gives and receives in a fluid, constantly changing manner. This is very different from what most people experience in treatment programs, where people are seen as needing help and staff is seen as providing that help. In peer support relationships, each person has things to teach and learn. This is true whether you are a paid or volunteer peer supporter.</p>	<p>Practice: Encourage peers to give and receive</p> <ol style="list-style-type: none"> 1) Peer supporters learn from those they support and those supported learn from peer supporters. 2) Peer supporters encourage peers to fulfill a fundamental human need -- to be able to give as well as receive. 3) Peer supporters facilitate respect and honor a relationship with peers that evokes power-sharing and mutuality, wherever possible.
<p>Peer support is equally shared power</p> <p>By definition, peers are equal. Sharing power in a peer support relationship means equal opportunity for each person to express ideas and opinions, offer choices and contribute. Each person speaks and listens to what is said. Abuse of power is avoided when peer support is a true collaboration.</p>	<p>Practice: Embody equality</p> <ol style="list-style-type: none"> 1) Peer supporters use language that reflects a mutual relationship with those they support. 2) Peer supporters behave in ways that reflect respect and mutuality with those they support. 3) Peer supporters do not express or exercise power over those they support. 4) Peer supporters do not diagnose or offer medical services, but do offer a complementary service.

ETHICAL GUIDELINES	PRACTICE GUIDELINES
<p>Peer recovery support is strengths-focused</p> <p>Each person has skills, gifts and talents they can use to better their own life. Peer support focuses on what's strong, not what's wrong in another's life. Peer supporters share their own experiences to encourage people to see the "silver lining" or the positive things they have gained through adversity. Through peer support, people get in touch with their strengths (the things they have going for them). They rediscover childhood dreams and long-lost passions that can be used to fuel recovery.</p>	<p>Practice: See what's strong not what's wrong</p> <ol style="list-style-type: none"> 1) Peer supporters encourage others to identify their strengths and use them to improve their lives. 2) Peer supporters focus on the strengths of those they support. 3) Peer supporters use their own experiences to demonstrate the use of one's strengths, and to encourage and inspire those they support. 4) Peer supporters encourage others to explore dreams and goals meaningful to those they support. 5) Peer supporters operate from a strength-based perspective and acknowledge the strengths, informed choices and decisions of peers as a foundation of recovery. 6) Peer supporters don't fix or do for others what they can do for themselves.
<p>Peer support is transparent</p> <p>Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. Peer supporters are <i>experientially credentialed</i> to assist others in this process. Transparency refers to setting expectations with each person about what can and cannot be offered in a peer support relationship, clarifying issues related to privacy and confidentiality. Peer supporters communicate with everyone in plain language so people can readily understand and they "put a face on recovery" by sharing personal recovery experiences to inspire hope and the belief that recovery is real.</p>	<p>Practice: Set clear expectations and use plain language</p> <ol style="list-style-type: none"> 1) Peer supporters clearly explain what can or cannot be expected of the peer support relationship. 2) Peer supporters use language that is clear, understandable and value and judgment free. 3) Peer supporters use language that is supportive and respectful. 4) Peer supporters provide support in a professional yet humanistic manner. 5) Peer supporter roles are distinct from the roles of other behavioral health service professionals. 6) Peer supporters make only promises they can keep and use accurate statements. 7) Peer supporters do not diagnose nor do they prescribe or recommend medications or monitor their use.

ETHICAL GUIDELINES	PRACTICE GUIDELINES
<p>Peer support is person-driven</p> <p>All people have a fundamental right to make decisions about things related to their lives. Peer supporters inform people about options, provide information about choices and respect their decisions. Peer supporters encourage people to move beyond their comfort zones, learn from their mistakes and grow from dependence on the system toward their chosen level of freedom and inclusion in the community of their choice.</p>	<p>Practice: Focus on the person, not the problems</p> <ol style="list-style-type: none"> 1) Peer supporters encourage those they support to make their own decisions. 2) Peer supporters, when appropriate, offer options to those they serve. 3) Peer supporters encourage those they serve to try new things. 4) Peer supporters help others learn from mistakes. 5) Peer supporters encourage resilience. 6) Peer supporters encourage personal growth in others. 7) Peer supporters encourage and coach those they support to decide what they want in life and how to achieve it without judgment.

GLOSSARY OF RELATED TERMS

In addition to identifying values upon which practice standards could be developed, it was necessary to define “peer support,” “peer supporter,” “peer” “peer support relationship” and “practice standards.” Using surveys, literature reviews and consultations with the advisory group, the following definitions were developed:

PEER SUPPORT

Peer support is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic or addiction challenges. This support is provided by peer supporters - people who have “lived experience” and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families. Peer support services are inherently designed, developed, delivered, evaluated and supervised by peers in long-term recovery.²

² Definition adapted from White, W. (2009). Peer-Based Addiction Recovery Support: History, Theory, Practice and Scientific Evaluation.

PEER SUPPORTER

A peer supporter is someone who has experienced the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. The peer support volunteers to share portions of his or her recovery experience in an appropriate and effective manner.

PEER

In the context of peer support, a peer is a person who has lived experience with a psychiatric, traumatic and/or addiction challenge, and may benefit from peer support.

PEER SUPPORT RELATIONSHIP

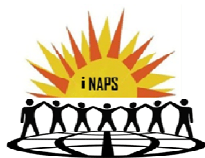
The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring challenges, and experience in the military or with the criminal justice system or any other identity-shaping life experience that increases common language, mutual understanding, trust, confidence and safety.

PRACTICE STANDARDS

Practice standards are rules or guidelines used as the basis for informed decision-making about acceptable work performance and practices. They are established by an authoritative entity through a collaborative process with input from a wide range of people who perform the work. Standards are based on values, ethics, principles and competencies.

Having a core set of standards is one important way to legitimize a field of practice.³ Practice standards generally have three basic components: 1) practice guidelines, 2) identification and description of core competencies and 3) ethical guidelines or code of ethics.

³ Adapted from Wilma Townsend, Presentation at Pillars of Peer Support (2012).



About the International Association of Peer Supporters (iNAPS)

Our name has changed, but our mission remains the same....

On January 1, 2013, the National Association of Peer Specialists (NAPS) was renamed the International Association of Peer Supporters (iNAPS) to reflect an increasingly global membership and correct a widespread misperception that NAPS was only for “certified” peer specialists in the mental health system. iNAPS is open to anyone who provides peer recovery support (paid or as a volunteer) for mental health, addiction, or trauma recovery; anyone who aspires to provide peer recovery support, or anyone who is a champion for recovery and the peer support movement.

Individual membership to iNAPS is available....

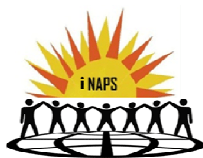
Benefits of membership include:

- Membership certificate
- Regular newsletter with periodic email updates
- Discount on registration fee to the annual National Peer Supporter conference

Membership applications are accepted by postal mail only. See next page or visit the iNAPS web site to download a copy of the membership form (<http://na4ps.wordpress.com/join-us>)

Visit us online:

- www.naops.org (home page, current events, quick access to forms and links)
- <http://na4ps.wordpress.com> (iNAPS main web site / wordpress site, includes detailed explanations of the International Association of Peer Supporters organization and its projects and initiatives)
- <http://na4ps.wordpress.com/7th-annual-national-conference/> (National Peer Supporter Conference web page - includes access to registration forms, travel and hotel information, program updates, and more)
- <http://na4ps.wordpress.com/national-standards/> (National Practice Standards site – information about the efforts to establish Practice Guidelines for peer support providers)
- <http://na4ps.wordpress.com/library/> (Resource Library with training materials and other resources that can be helpful for peer supporters and those who are receiving support)
- <https://www.facebook.com/NA4PS> (Like us on Facebook – and join the ongoing discussion about peer support!)
- <http://rtp4ps.org/> (Recovery to Practice page on the iNAPS web site, with information about the SAMHSA-Funded Recovery to Practice continuing education program for peer support providers)



International Association of Peer Supporters (iNAPS)

A non-profit organization

Membership Form

The Inter-National Association of Peer Supporters (formerly the National Association of Peer Specialists) welcomes all who support peer support in healthcare. We promote the use of peer support in a variety of settings, including but not limited to mental health and addictions. Members receive a certificate, e-mail newsletter, and registration fee discounts for the annual national peer support conference.

Join our ranks to be informed, involved and bring peer support to those who need it most!

To join, simply complete the following information form. The cost of membership is \$25 annually. If you do not have an e-mail address or would like to receive your quarterly newsletter in hard copy form, please check the box.

Please Print Clearly!

Name_____

Address_____

City_____ State_____ Zip_____

E-Mail _____

Amount Enclosed: \$_____

☐

Please mail me a "hard copy" version of the newsletter.

Please mail completed form to: iNAPS, 720 Clarkson Dr., Sparta, MI 49345

CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

OVERVIEW

In 2015, SAMHSA led an effort to identify the critical knowledge, skills, and abilities (leading to Core Competencies) needed by anyone who provides peer support services to people with or in recovery from a mental health or substance use condition. SAMHSA—via its Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) project—convened diverse stakeholders from the mental health consumer and substance use disorder recovery movements to achieve this goal. SAMHSA in conjunction with subject matter experts conducted research to identify Core Competencies for peer workers in behavioral health. SAMHSA later posted the draft competencies developed with these stakeholders online for comment. This additional input helped refine the Core Competencies and this document represents the final product of that process.

As our understanding of peer support grows and the contexts in which peer recovery support services are provided evolve, the Core Competencies must evolve over time. Therefore, updates to these competencies may occur periodically in the future.

Core Competencies are intended to apply to all forms of peer support provided to people living with or in recovery from mental health and/or substance use conditions and delivered by or to adults, young adults, family members and youth. The competencies may also apply to other forms of peer support provided by other roles known as peer specialists, recovery coaches, parent support providers or youth specialists. These are not a complete set of competencies for every context in which peer workers provide services and support. They can serve as the foundation upon which additional competencies for specific settings that practice peer support and/or for specific groups could be developed in the future. For example, it may be helpful to identify additional competencies beyond those identified here that may be required to provide peer support services in specific settings such as clinical, school, or correctional settings. Similarly, there may be a need to identify additional Core Competencies needed to provide peer support services to specific groups, such as families, veterans, people in medication-assisted recovery from an SUD, senior citizens, or members of specific ethnic, racial, or gender-orientation groups.

BACKGROUND

What is a peer worker?

The role of the peer support worker has been defined as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.” Peer support has been described as “a system of giving and receiving help” based on key principles that include “shared responsibility, and mutual agreement of what is helpful.”¹ Peer support workers engage in a wide range of activities, including advocacy, linkage to resources, sharing of experience, community and relationship building, group facilitation, skill building, mentoring, goal setting, and more. They may also plan and develop groups, services or activities, supervise other peer workers, provide training, gather information on resources, administer programs or agencies, educate the public and policymakers, and work to raise awareness.²

1 Mead, S., Hilton, D. & Curtis, L. (2001). Peer support: A theoretical perspective. *Psychiatric Rehabilitation Journal*, 25(2), 134-141.

2 Jacobson, N. et.al. (2012). What do peer support workers do? A job description. *BMC Health Services Research*. 12:205



As mentioned previously, the development of additional Core Competencies may be needed to guide the provision of peer support services to specific groups who also share common experiences such as family members. The shared experience of being in recovery from a mental or substance use disorder or being a family member of a person with a behavioral health condition is the foundation on which the peer recovery support relationship is built in the behavioral health arena.

What is recovery?

SAMHSA developed the following working definition of recovery by engaging key stakeholders in the mental health consumer and substance use disorder recovery communities:

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.³

Throughout the competencies, the term “recovery” refers to this definition. This definition does not describe recovery as an end state, but rather as a process. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. According to the SAMHSA Working Definition of Recovery, recovery can have many pathways that may include “professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches.” SAMHSA has identified four major dimensions that support a life in recovery:

1. **Health**—Learning to overcome, manage or more successfully live with the symptoms and making healthy choices that support one’s physical and emotional wellbeing;
2. **Home**—A stable and safe place to live;
3. **Purpose**—Meaningful daily activities, such as a job, school, volunteer work, or creative endeavors; and, increased ability to lead a self-directed life; and meaningful engagement in society; and
4. **Community**—Relationships and social networks that provide support, friendship, love, and hope

Peer workers help people in all of these domains.

What are Core Competencies?

Core Competencies are the capacity to easily perform a role or function. They are often described as clusters of the knowledge, skills, and attitudes a person needs to have in order to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job.^{4,5} This will be the first integrated guidance on competencies for peer workers with mental health and substance use lived experience.

Why do we need to identify Core Competencies for peer workers?

Peer workers and peer recovery support services have become increasingly central to people’s efforts to live with or recover from mental health and substance use disorders. Community-based organizations led by people who have lived experience of mental health conditions and/or who are in recovery from substance use disorders are playing a growing role in helping people find recovery in the community. Both the mental health consumer and the substance use disorder recovery communities have recognized the need for Core Competencies and both communities actively participated in the development of these peer recovery support worker competencies.

Potential Uses of Core Competencies

Core Competencies have the potential to guide delivery and promote best practices in peer support. They can be used to inform peer training programs, assist in developing standards for certification, and inform job descriptions. Supervisors will be able to use competencies to appraise peer workers’ job performance and peers will be able to assess their own work performance and set goals for continued development of these competencies.

3 Substance Abuse and Mental Health Services Administration. SAMHSA’s Working Definition of Recovery. PEP12-RECDEF, Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services, 2012.

4 Hernandez, R.S., O’Connor, S.J. (2010). Strategic Human Resources Management in Health Services Organizations. Third Edition. Delmar Cengage Learning. P. 83.

5 Sperry, L. (2010). Core Competencies in Counseling and Psychotherapy: Becoming a Highly Competent and Effective Therapist. Routledge. P. 5.



Core Competencies are not intended to create a barrier for people wishing to enter the peer workforce. Rather they are intended to provide guidance for the development of initial and on-going training designed to support peer workers' entry into this important work and continued skill development.

Core Competencies, Principles and Values

Core Competencies for peer workers reflect certain foundational principles identified by members of the mental health consumer and substance use disorder recovery communities. These are:

RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.



CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

1. Initiates contact with peers
2. Listens to peers with careful attention to the content and emotion being communicated
3. Reaches out to engage peers across the whole continuum of the recovery process
4. Demonstrates genuine acceptance and respect
5. Demonstrates understanding of peers' experiences and feelings

Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery
3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them



Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested

Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports
2. Participates with peers in discovery or co-learning to enhance recovery experiences
3. Coaches peers about how to access treatment and services and navigate systems of care
4. Coaches peers in desired skills and strategies
5. Educates family members and other supportive individuals about recovery and recovery supports
6. Uses approaches that match the preferences and needs of peers

Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments
2. Provides reassurance to peers in distress
3. Strives to create safe spaces when meeting with peers
4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5. Assists peers in developing advance directives and other crisis prevention tools

Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2. Uses active listening skills
3. Clarifies their understanding of information when in doubt of the meaning
4. Conveys their point of view when working with colleagues
5. Documents information as required by program policies and procedures
6. Follows laws and rules concerning confidentiality and respects others' rights for privacy



Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports
2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
3. Coordinates efforts with health care providers to enhance the health and wellness of peers
4. Coordinates efforts with peers' family members and other natural supports
5. Partners with community members and organizations to strengthen opportunities for peers
6. Strives to resolve conflicts in relationships with peers and others in their support network

Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
5. Educates colleagues about the process of recovery and the use of recovery support services
6. Actively participates in efforts to improve the organization
7. Maintains a positive reputation in peer/professional communities

Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. Recognizes the limits of their knowledge and seeks assistance from others when needed
2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)
3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
4. Seeks opportunities to increase knowledge and skills of peer support