HR Resources for Grantees

May 2018

In April 2018, the Pierce Family Foundation convened several grantees for a conversation regarding the unique opportunities and challenges facing these agencies in working with staff teams that include employees from the community, their client base, and/or with those with lived experiences of homelessness or housing insecurity. The foundation has compiled notes from this conversation, as well as resources for agencies.

Contents

NOTES FROM APRIL 2018 MEETING

Thank you to all who participated in this conversation: Laura Zumdahl and Emily White Hodge from New Moms, Nicole Crowder from Deborah's Place, Robret Simpson from Facing Forward to End Homelessness, Tamar Ramous from The Night Ministry, Alexandra Canalos and Juliana Gonzalez-Crussi from Center for Changing Lives, Gwen Fowler from Margaret's Village, and Kadi Sisay

Opportunities—Why recruit & hire employees from this pool
- Allows for 'buy-in' from the community
- Mission alignment—we are doing ourselves what we advocate
- Program model=peers providing support
- It is a motivator, too! (for the staff, for clients)
- Infuses some life and enthusiasm. Provides hope, serves as a model
- Social services are the largest employer in the community where our nonprofit is, we're part of how economic development happens here

The Benefits
- These employees have unique, good suggestions, idea generation, fresh perspectives
- Supports our values of 'the client as an expert'
- It can force difficult, brave conversations re: race, class, etc.
- Helps employees overall look at the organization differently
- Can be inspirational
- Shapes culture in the office setting
- Can shake up professional boundaries, change how we define "how are you professional?"
- Because employees also LIVE there, the community, in one case, the building was far better protected
- Creates a broader definition of 'community' beyond geography
- Ability to form relationships with the clients much faster

Challenges
- Professionalism of relationships can deteriorate faster
- We've experienced employees that were not trained well or did not have the training we needed
- Have had hard time reconciling with our standard for excellent service delivery
- At times it has hindered others from doing their jobs successfully
- Have had to deal with the issue of providing extra support versus holding these employees to the same standards as the rest of the employees. This has caused friction. Other employees were supportive of this concept at first, but…
- Us vs. them mentality can arise. When they self-identify as different, then employees are not really a part of the organization in the same ways as the other staff
- How other staff feel about what happens to their work, when follow-through is lacking
- There are limited positions, given (usually) the limited experience of employees that have lived experiences. Only so many roles. Fear of having a two-tiered staff structure (risk of two 'classes' of employees)
- There is the awkward situation when the employee with lived experience becomes the named 'designated spokesperson,' the poster child
- But, it is what donors and funders asks about and want to hear about a lot (!)
- Is your mission to train people to work in your agency? Are we a job-training program?
- Some felt one cannot be an employee and a client, at some, one can.

Categories of Challenges
- Boundaries between clients/individual/organization
- Policies (lack of and/or clarity)
- Training
  - De-escalation training particularly needed
- Professionalism
  - Communications with other staff and with clients
  - Perceptions: Staff participation in interviews/orientation process/training might help
  - Transparency
- Implementation of how to do this well
- Adaptability of staff and management

Solutions/Questions
- How do we get that lived experience to 'translate' better to the workplace?
- It's important to really ask participants if this is what they want—are they really up for this
- Employees who are formerly homeless tend to have resistance to calling the police when we should at work because of distrust of law enforcement. Need to really understand their trauma and how it will play out at work.
- Agree on the goals of why we would do this, but also the process so all is "fair." (Extended training period, boundaries, confidentiality, crisis management, de-escalation-specific training!) Consequences for not following those policies.
- Work towards an even playing field—don't just dump them into the job
- Having clear policies in the work place. We set our policies first; i.e., we have attendance policy for all and we don't bend on that one
- Identify where they need training, as we would with any employee. Different supervision 'standards' (perhaps longer probation period than 90 days). More time to succeed (or fail)
- Maybe more referring of ex-clients to each other, as well to our partner agencies, would help perhaps with some boundary issues.

REFERRALS—GOOD TRAINERS FOR STAFF

From Kris Torkelson:
There was great peer learning going on at the April meeting. Take advantage of the Peer Skill Share program being run out of Forefront. Robret Simpson and Laura Bass, for instance are 'trainers' in that program. Any of you can be a trainer or a requestor of a 2-3-hour peer session, and the program is free.

- **Laura Bass, Program Director, Facing Forward to End Homelessness** laura@ffchicago.org
- **Robret Simpson, Director of Operations, Facing Forward to End Homelessness** on HR policies around this topic robret@ffchicago.org
- More info about Peer Skill Share program at Forefront: http://skillshare.myforefront.org/?utm_source=Peer+Skill+Share+List&utm_campaign=c77dada466-Peer_Skill_Share_46_13_2016&utm_medium=email&utm_term=0_d64be93e51-c77dada466-324994733&goal=0_d64be93e51-c77dada466-324994733

From Laura Zumdahl, President & CEO, New Moms:
One trainer that we really think is great is Sarah Suzuki. We've used her for a number of trainings around motivational interviewing, trauma-informed care, etc. We currently have contracted with her to provide not just training for our staff, but ongoing reflective supervision groups around motivational interviewing for direct service staff and supervisors. She's at the top of our list.

- Sarah Suzki, Founder and Director, Chicago Compass Counseling, LLC https://www.linkedin.com/in/sarahsuzuki/

From Megan Wickman, program director at LYTE, and the Chicago Youth Storage Initiative:
- My number one recommendation would probably be Womencare Counseling and Training Center. They can create an individualized training program to meet the needs of each organization and their trauma informed lens around this work is important for folks with lived experience: http://www.womencarecounseling.com/programs-your-location.htm

- LYTE Collective Director Casey Holtschneider <casey@lytecollective.org> is an incredibly strong trainer, and working with folks with lived experience is her sweet spot (training and supervising; communications; best practices to deal with issues around boundaries, confidentiality, workplace expectations, etc. — and crisis management/ de-escalation)

- I went to a multiple day training on crisis management/ de-escalation called Therapeutic Crisis Intervention at Thresholds and it was excellent. Kristina Jones is the training/quality compliance manager there and the best contact to learn more and schedule: Kristina.SlacumJones@thresholds.org

From Alexis Allegra, independent consultant, former Director of Programs, Teen Living Program:
- Highly recommends this practice: https://liveoakchicago.com/who-we-are/
  "For companies that may be looking to help their employees with productivity, confidence, collaboration, creativity, stress or success, Live Oak can offer consultation for executives or support services on-site, providing employees an opportunity to discuss issues they are facing in an entirely confidential setting. Live Oak staff is also available on-call to help in a business crisis situation, supporting company leaders and their employees during challenging times."

ARTICLES

Eye on Ethics: Hiring Former Clients: When the Best of Intentions Aren't Enough
By Frederic G. Reamer, PhD June 2016 www.socialworktoday.com/news/eoe_0616.shtml

Recently I testified in a complex licensing board hearing. My task was to serve as an expert witness in a case where the state licensing board alleged that a social work administrator violated the board's ethical standards. Specifically, the board alleged that the social worker—the director of a prominent mental health agency—failed to comply with prevailing ethical standards when she hired three former clients as agency employees.

The agency director's intentions seemed to me to be both admirable and noble. Her goal, she said, was to empower former clients who are functioning well and have much to offer current clients. She recognized that select former clients could provide current clients with unique empathy, based on their own experiences as clients, and serve as constructive role models. The former clients the director hired were, she said, "stable, clean, and sober" and were hired to provide peer support services to current clients. The new hires received training in how to serve as peer support professionals.

Problems arose when two other agency staffers (licensed social workers) who supported the concept of peer support specialists became concerned about what appeared to be ethics-related challenges. There were several issues. First, these social workers were concerned when they discovered that a new hire's former therapist at the agency was supervising the new hire. This appeared to be a conflict of interest and an inappropriate dual relationship. As I testified at the hearing, it could be ethically problematic if the new employee's current supervisor, who had been his therapist when the employee was a client, had to give the employee critical feedback or sanction the employee for poor work performance. Receiving this kind of negative feedback from one's former therapist could be devastating emotionally and undermine the benefits gained from their prior therapeutic relationship.

Second, the social workers who filed the complaint were concerned that the agency had not anticipated that a former client who had become an employee might need to become a client again if significant symptoms reemerged; this could pose an untenable problem with boundaries and conflicts of interest. The agency was located in a very rural section of the state; a former client who became an employee and then needed to obtain services as a client again could not be referred to another mental health agency in the community—there was no other agency within a 63-mile radius.

Further, the social workers who filed the complaint were concerned that agency administrators had not developed a policy concerning former clients' accessing their own clinical records once they became employees or accessing the records of other individuals who were clients when the employees were clients. In one instance, one of the social workers testified, a former client who became a peer support specialist was concerned when he discovered that someone who was a client when he was a client had returned to the agency in a state of crisis. The record showed that the employee who had been a client accessed the returning client's clinical chart, without authorization, to find out about the returning client's new challenges. Also, according to the staffers who filed the licensing board complaint, the agency did not provide the new employees (the former clients) with sufficient training related to management of boundaries and confidential information.

Before filing their complaint, the social workers shared their concerns with the agency director and, according to licensing board documents, the director dismissed the staffers' concerns, informing them that

she had "the situation under control." The social workers were very upset about the director's unwillingness to take assertive steps to address their ethics-related concerns and sought consultation with the state licensing board's administrator. The administrator told the staffers that if, in their judgment, the agency director was unwilling to address ethical issues that, if not resolved, could expose clients and the agency to risk, the social workers had a duty to file a complaint with the board. They reluctantly did so. The licensing board ultimately concluded that the agency director violated several of the state's ethical standards (although the decision was later reversed on appeal due to very technical legal considerations).

Lessons Learned

When I testified in this case, I made it clear that I supported the agency director's noble goals to empower former clients. I explained that a number of reputable social service programs nationally have hired former clients successfully, and that one of the principal hallmarks was agency administrators' careful attention to possible ethical issues. I explained that, ideally, agencies that consider hiring former clients would form a task force to identify pertinent ethical issues, draft comprehensive policies to address these issues, and provide in-depth training to current staffers and new hires to ensure that they fully grasp the nature of ethical challenges that may emerge when former clients are hired as staff.

Specifically, I stated that agencies that consider hiring former clients should develop policies and protocols to avoid inappropriate conflicts of interest and dual relationships (e.g., not having a former client's former therapist serve as the job supervisor when the former client is hired, and having ethically sensitive procedures in place if a former client who became a staff member needed to become a client again) and to protect confidential information (e.g., implementing policies that prohibit former clients who are hired as staff from accessing their own or other individuals' clinical records without proper authorization). Importantly, I cited the following two key standards in the NASW *Code of Ethics* that, in my view, obligate agency administrators to take these steps:

Standard 1.06[a]: Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

Standard 1.06[c]: Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

I felt badly for the agency director, who clearly meant well and had only good intentions. Unfortunately, sometimes, good intentions aren't enough.

— Frederic G. Reamer, PhD, is a professor in the graduate program of the School of Social Work at Rhode Island College. He's the author of many books and articles, and his research has addressed mental health, health care, criminal justice, and professional ethics.

ARTICLE #2

A Brief Guideline to Developing "Peer" Recovery Support Services
State of Connecticut, Department of Mental Health and Addiction Services
http://www.ct.gov/dmhas/lib/dmhas/publications/CSPpeeremployment.pdf

This guideline is offered to help agencies in their planning process as DMHAS embarks to reorganize case management services to include a level of care that is primarily delivered by self-identified persons in recovery. It is not intended to be fully comprehensive or the definitive conclusion on the topic of developing peer supports. It is simply a jumping off point intended to help agencies in their own decision-making process. The term "peer" is used liberally throughout the document for simplicity's sake, but it is important to note that self-identified persons in recovery who are hired as agency staff are not truly "peers" with the clients that they serve. The role expectations of these paraprofessionals demand certain limits and respect of boundaries that are not required of peers in the truest sense of the word.

"Peer Supports" refers to a process of helping based, in part, on a shared lived experience or identity, and the knowledge gained from overcoming those challenges.
Research on organized peer support programs have been shown to improve outcomes across several health conditions including treatment retention & adherence, reduction in utilization of acute services, an increase in positive health related behaviors, and self-reported hope and optimism of managing health conditions (1).

Many provider agencies have already successfully involved peer delivered services as a part of their continuum of care. Some are already involved with case management teams, others are coaching clients in articulating person centered, community membership goals in their service plans and helping people in recovery make those connections. Self-identified persons in recovery already provide a wide array of services that enhance and amplify the benefits of traditional services. Other clinicians, supervisors, and agency leaders have chosen to disclose their experiences of recovery in order to "put a face" on recovery and combat prejudice. These agencies have lived through the "growing pains" and found that having peers as providers keeps their organizations grounded in the values and spirit of recovery-oriented services.

Assessing Agency Readiness
Developing peer support services presents new administrative and attitudinal challenges to an agency workforce which must be thoughtfully considered in the planning process. Providers should assess the level of readiness in their organization to take on the challenges of introducing peer services or using existing peer staff in new roles.
- How strongly does an agency adhere to recovery principles and language?
- What is the level of involvement for persons in recovery to participate in agency committee work, strategic planning, board membership
- Does the agency promote program participants in using self-help groups?
- Do the agency host self-help groups and foster strong relationships with self-help and other grass roots organizations?
- Are persons in recovery involved in training staff
- Does the agency support the use of appropriate self-disclosure in clinical or educational interactions?
- Are clinical supervisors comfortable in providing guidance around the therapeutic use of self-disclosure
- Does the agency foster a welcoming environment that communicates equanimity and seeks

to minimize the power differential in staff/client relationships (example: The agency does not have segregated restroom facilities for clients and staff)

For a more in-depth discussion on fostering integration of peer support services within an agency go here: http://www.hcbs.org/files/147/7315/Peer_Supports_Policy_Brief2.doc

    (1) White, B., & Mandara, A., (2002) *A review on research on the effectiveness of self-help mutual aid groups* in Chapter 5, Self - Help Group Sourcebook (7th edition), American Self - Help Clearinghouse

Brainstorming the Service Design

A multi-stakeholder approach including persons in recovery, family, direct care staff, agency leadership, and other community partners should be utilized to gather input and ideas about the service design. Partners should be provided with information and data concerning the current service array, geographic penetration, access determinants, and other findings necessary to generate informed suggestions concerning peer service design. Special attention should be devoted to identifying service gaps that peer services could fill. How could peer staff serve as a bridge to other components of the agency?

How could peer staff contribute to strengthening a recovery-oriented approach at the agency?

- What specific services will peer staff provide
- Who will be eligible for these services
- How many staff will be needed to fulfill demand
  - Full time
  - Part time
  - Per diem
- What will the hours of operation be
- Where will services be located
  - Space issues
  - Proximity to other services
  - Physical accessibility to focus population
  - Supplies, vehicles, etc.
  - Community focus
  - Co-location with other community institutions
- What are the optimum behavioral health outcomes for this level of service
- How will peer staff be employed to help the agency advance a recovery-oriented approach to services
  - Provide staff training
  - Serve on agency quality improvement and other committees
  - Consult with teams on engagement, approach, language
  - Consult with leadership on strategic goals
  - Serve as a liaison with advocacy and grass roots consumer organizations
  - Assist staff with recruiting persons in recovery, family, and others in ongoing agency activities and initiatives

Agencies need to identify who will provide the leadership to the project, assuring that these individuals have adequate authority to implement necessary changes and direct other staff persons in support roles.

For more about peer support program design look here:
http://www.hcbs.org/files/147/7308/PeerSupportsPolicyBrief1.doc

Program Description and Operations Manual
A detailed program description should be developed and circulated among stakeholders for additional feedback and comment. The program description should include, in addition to items listed above, an organizational chart, budget, funding source(s), reporting requirements, and other vital programmatic components.

For one example of a program description look here:
http://mentalhealth.vermont.gov/sites/dmh/files/FuturesPeerSupport/DMH-Futures_Peer_Support_VCA_Description.pdf

Peer service programs should create an operation manual for the benefit of staff working in the program which is made available to other agency staff so that they, too, will understand how the program functions, how services are provided, how to make referrals, key contacts and other important information. The operations manual should include copies of relevant agency policies when referenced. Master copies of program forms should be included in the manual.

A blank template of an operation manual from the Canadian Ministry of Health looks like this:
http://www.communityventures.org/PoliciesAndProcedures/9- 07%20Operations%20Manual-Blank%20Outline.pdf

Creating a Job Description
A detailed, specific job description is necessary to clearly communicate the expectations and qualifications demanded in the peer specialist role. The role should be designed in such a way that the accumulation of experience and additional training/education will allow an individual to advance up a career ladder or be prepared to assume different roles and experiences in the agency.

There exists a training and certification process for Recovery Support Specialists through Advocacy Unlimited, Inc., called Recovery University. Persons in recovery who desire this certification will obtain instruction in the skills needed to provide a range of supports and resources for individuals in recovery. The certification also permits agencies to bill Medicaid for services Recovery Support Specialists provide to individuals under the Money Follows the Person and Home and Community Based Services waivers.
Contact Advocacy Unlimited for more information at 860-667-0460.

A sample job description from the Veteran's Administration can be found here:
http://www.magellanhealth.com/training/peersupport/magellanmodule1/graphics/job.pdf

Hiring Issues
Before undertaking recruitment and hiring, agencies should be willing to consider several issues unique to peer provided services.

Will the agency consider hiring current/former service recipients or not?
The advantage of hiring current or former service recipient is their familiarity with agency services and other community resources, as well as the relationships they have developed. Doing so, however, makes boundary management somewhat more complicated. If this is the case agencies should develop:

- A policy regarding existing social relationships with other clients. Peer staff should not be expected to terminative supportive friendships they currently enjoy with other clients of the agency, but it should be made

clear that they cannot provide individual services to these people nor should they initiate new relationships with other service recipients.

- A policy not to blend work with services and supports. It will be tempting for a case manager, for instance, to conduct clinical work, paperwork, make appointments, etc., with a peer support staff they are assigned to while this person is on duty; for the sake of convenience. This needs to be strongly discouraged and protocols should be established to keep these two roles clear- such as wearing an ID Badge only when on duty, signing in for appointments as other clients do when arriving for clinical services, or arranging appointments by telephone from home.
- Special medical record security should be afforded to peer staff to ensure their privacy. One example is to have their record kept locked in a supervisor's office accessible only to those clinicians providing direct services to the individual.

Most agencies utilizing peer staff prefer to "hire from within" and have adopted simple and effective steps to minimize role confusion. Sometimes peer staff will elect to receive services elsewhere after a period of time, but for many, due to geographical location, this is simply not an option.

Choosing to exclude current and former service recipients from the hiring pool minimizes role confusion, however the learning curve and adjustment to the agency and community is considerably steeper. Also, accommodating treatment needs tends to involve more time away from duties because of travel.

Will there be flexibility in scheduling be available to accommodate treatment?
As most behavioral health services are offered during daytime hours, how will ongoing treatment needs be addressed? Are traditional staff with ongoing health concerns allowed to flex their schedules for expectable, routine care to preserve paid sick leave?

Does the agency understand the ADA and provide reasonable accommodations to its employees?
Like any employee with certain documented conditions, agencies must provide a measure of flexibility in adapting schedules, work environments, and other aspects of the employment experience so that persons with disabilities can successfully perform essential work functions.

How will the agency communicate to staff the need to honor peer staff decision making around self-disclosure?
Self-disclosure needs to be a thoughtfully considered, therapeutic intervention based on the relationship the peer staff has with each individual they work with. While it is understood that peer staff are self-identified people in recovery that is all that other staff at the agency need to explain. It is highly inappropriate for staff to "fill in the blanks" with other clients based on their personal history with the peer staff. Remarks such as, "I'm sure you'll like working with her, she's got the same diagnosis as you", or, "I remember when he was homeless", while perhaps well intentioned, need to be swiftly responded to in supervision. A person's individual recovery story is theirs alone to share in the context of the service relationship with the individual and under appropriate clinical supervision.

Selection processes
Interview and hiring committees should obviously not include staff members who have a prior service relationship with an applicant. Recruitment ads should encourage persons in recovery to apply. While it is not legal to ask in an interview whether someone has a behavioral health condition, many agencies have found such questions as "what experience do you have that you think helps prepare you to be successful working with people with mental health problems?"- as an opening for people to choose to self-disclose. Requiring certification as a Recovery Support Specialist from Recovery University as a job qualification is one way to avoid this dilemma.

If drug screening is part of the selection process candidates must be given an opportunity to explain and verify medical prescription of benzodiazepines, opiate replacement substances, and the like.

Some providers have suggested a psychological screening or testing be required of peer specialist job candidates to assure stability and fitness for duty. Unless this is *already* required of *every single employment candidate for every job* this would not only be illegal, it may also be found insulting and demeaning and deter recruitment of qualified candidates. Employment decisions need to be based on candidates' qualifications as they relate to the job requirements.

Training, Orientation, & Supervision
As with any new employee, considerable attention should be provided to thoroughly train and orient recovery support specialists to the expectations and processes an agency uses to manage employee conduct and provide quality services. Additional training for existing staff may be needed to help them understand the role of peers in programs and how to respect the people providing these services.

Ongoing supervision is necessary for all employees to maintain a high level of quality in service provision and address problems before they become hard to manage. A strong understanding of the therapeutic use of self-disclosure and ethical management of dual roles is especially important for the recovery support specialist.

Providing opportunities for members of this paraprofessional discipline to meet as a group to talk candidly about the challenges they face and share strategies for managing their duties is highly recommended. Agencies may consider if they wish to encourage participation in the National Association of Peer Specialists or similar professional organizations (see below).
http://www.naops.org/
http://www.peerspecialistallianceofamerica.org/

Additional Resources
There is a wealth of research and other materials regarding using self-identified persons in recovery as service providers. Here are some materials you may find useful.

http://www.nasmhpd.org/general_files/publications/ntac_pubs/reports/peer%20support%20practices%20final.pdf
http://www.bhrm.org/guidelines/salzer.pdf
http://www.parecovery.org/documents/Pillars_of_Peer_Support.pdf
http://www.upennrrtc.org/var/tool/file/33-Certified%20Peer%20Specialist%20Training%20-%20PDF.pdf
http://www.upennrrtc.org/var/tool/file/213-FINAL%20CPS%20REPORT.pdf
http://www.rand.org/pubs/technical_reports/2008/RAND_TR584.pdf

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ARTICLE #3:

Eye on Ethics: Novel Boundary Challenges: Social Networking
by Frederic G. Reamer, PhD November 13, 2009 www.socialworktoday.com

In one week, I received three telephone queries from colleagues across the United States who are wrestling with somewhat similar and very challenging boundary issues. These calls are a sign of the times and provide an important reminder that social workers must be vigilant in their efforts to recognize and manage emerging and novel ethical challenges.

Each social worker who contacted me posed a similar question: Could I help them think through some difficult boundary challenges they had encountered involving social workers' use of social networking sites, such as Facebook and MySpace? Their tales each differed slightly but still involved complicated ethical issues that stemmed from social workers' personal use of social networking sites.

One caller, a social work supervisor, explained in exasperation that numerous social workers employed by her agency communicated with each other through Facebook. According to the caller, several of the social workers posted "mean-spirited" and "derogatory" comments about other agency staffers. Apparently, these social workers assumed that they had selected privacy settings on the electronic networking site that would prevent general access to their comments. They did not realize that a couple of the network participants had not set their privacy settings properly and that several of their unprofessional comments—which appeared to violate the National Association of Social Workers' *Code of Ethics* standards concerning treating colleagues with respect—are now circulating among many agency staffers. The unfortunate situation has created a great deal of tension at the agency, and the supervisor is considering taking disciplinary action against the networking participants.

A second caller described a different set of circumstances. This social worker explained he had just discovered that one of his clients had visited the social worker's wife's social networking site. Coincidentally, the social worker's client and the social worker's wife were high school classmates nearly 20 years ago and, using the networking site's features, rediscovered each other electronically. Neither person was aware of the other's relationship to the social worker. When the client visited his former classmate's networking site, he saw many casual photos of the social worker and learned many personal details about the family. The social worker felt overexposed. And, to complicate matters, the social worker learned for the first time that his wife and client had been lovers during their high school years. The social worker was certain he could not continue to provide clinical services to his client, considering the dual relationship, but was unsure about how to terminate this relationship ethically.

The third social worker raised yet another ethical issue involving electronic networking. This social worker, who is a private practitioner, told me that earlier in the year she created a Facebook page. She told me that she now realizes she did not fully understand how to control her privacy settings. This social worker explained that for nearly two years, she has provided counseling services to a client who struggles with anxiety and borderline personality disorder. Reportedly the client became obsessed with the social worker and was determined to find out information about the social worker's personal life. The client searched for the social worker on Facebook and found the social worker's site. Unbeknown to the social worker, the client was able to view several the social worker's personal photos on the Web site and other postings that were of a personal nature. The client left disturbing voice mail messages for the social worker that made explicit references to information on the social worker's Facebook page. The social worker told me that she felt as if this electronic incursion had severely compromised her clinical relationship with her client.

The New Normal
Throughout the profession's history, social workers have always needed to update ethical standards in response to new developments and changing circumstances in the profession and the broader society. For example, the emergence of HIV and AIDS in the early 1980s required social workers to think differently about circumstances that warrant disclosure of confidential information, without a client's consent, to

protect a third party from harm. Traditional duty-to-protect guidelines, developed years before HIV and AIDS emerged, were no longer sufficient. Similarly, the invention of the Internet and e-mail created previously unknown ethical issues for social workers. Using this new technology, some social workers began to provide online clinical services to clients without ever meeting them in person. These then-new electronic communication options forced the profession to develop new ethical standards related to informed consent, confidentiality, and client protection.

The relatively recent advent of electronic social networking sites has created yet another ethical challenge in social work and an opportunity to develop ethical guidelines designed to protect clients, as well as practitioners. The two most relevant ethics concepts are boundaries and privacy.

Boundaries in an Electronic Age
In recent years, social workers have developed a much richer and nuanced appreciation of boundary issues and dual relationships. The profession's literature now includes in-depth discussions of issues related to, for example, social workers' social relationships and friendships with former clients, encounters with clients in small and rural communities, self-disclosure, hiring former clients, and managing gifts and invitations that practitioners receive from clients. Only recently, however, have social workers explored the complex boundary implications created by electronic social networking sites. In effect, social workers' postings on social networking sites may constitute an inadvertent form of self-disclosure to clients and colleagues who explore these sites.

As with any form of self-disclosure, personal Internet postings to which clients and others have access may complicate social workers' professional relationships. Clients who learn personal details about social workers' lives may experience complex and counterproductive transference. For instance, a client who is in recovery from alcohol abuse may be confused upon seeing photos of her social worker drinking alcohol at a lively party and reading the social worker's commentary about various escapades during the party. A client who has fantasies about developing a social relationship with his social worker may have strong feelings about seeing photos of the social worker in a bathing suit taken during the social worker's recent vacation.

Social workers who consider maintaining a social networking site should pay close attention to standards in the *Code of Ethics* concerning boundaries and dual relationships (section 1.07). According to the code, "Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client" [standard 1.07(c)].

Electronic Privacy
Social workers' electronic social networking sites also pose several privacy challenges. Social workers who do not create adequate privacy protections run the risk of inadvertent and potentially embarrassing self-disclosure. This over-exposure may confuse clients and have negative repercussions for social workers' relationships with clients.

Also, social workers who use social networking sites to discuss work-related controversies or to gossip or complain about colleagues may expose themselves to allegations of unprofessional behavior. Such inappropriate Internet postings can jeopardize social workers' careers and trigger allegations that they defamed colleagues' character. In this regard, practitioners should be mindful of the *Code of Ethics* admonition that "social workers should treat colleagues with respect" [standard 2.01(a)] and "avoid unwarranted criticism of colleagues in communications with clients or with other professionals. Unwarranted negative criticism may include demeaning comments that refer to colleagues' level of competence" [standard 2.01(b)].

The recent calls I received from distressed colleagues provide yet another critical reminder of what social workers should always remember: Ethical challenges in the profession evolve and change over time. Social workers must always be vigilant.

SAMPLE POLICIES

Applying Harm Reduction to Management
http://tenderloinhealth.pbworks.com/w/page/20521791/Applying%20Harm%20Reduction%20to%20Management
By Terry Ruefli, Ph.D., Executive Director, New York Harm Reduction Educators

Over the last six years, I have slowly developed what turn out to be a set of guiding principles which seem to summarize what harm reduction management involves. Among the principles are the following:

Principle #1: Recognize that not all peers are ready for work
Peers and workers vary in terms of their stability-chaoticness, motivation and readiness to work, skills like reading and writing, work ethic, ability to separate personal life from work, willingness to take directions, ability to put the needs of clients before their own needs

Principle #2: Hire peers who appear to be capable, motivated, and ready to work:
Peers adapt better to a harm reduction environment and grass roots organizations than professionals; peers have amazing knowledge and insight into how to find, engage, and retain drug users in services; motivation to work is extremely important because work requires peers to put the needs of clients before their own needs; readiness to work means showing up on time, putting in a full day's work for a full day's pay

Principle #3: Expect the best from peer workers
Anything less is patronizing, it's disrespectful, it shortchanges the worker and the client; workers can be professional; peers can perform complex tasks and becoming good managers, program directors, deputy directors, and even executive directors.

Principle #4: Understand that the street drug culture peer workers come from
Includes values like self-reliance (instead of team work); persistence pays off; prefers the concrete over the abstract, immediate rather than delayed gratification; promotes grandiosity; telling others what they want to hear; protecting friends; shooting from the hip (impulsivity)

Principle #5: Meet peer workers where "they are at:"
In terms of their work skills, ego development, attitudes and beliefs about work devise trainings to develop the ego (observing ego, judgment, decision making), build teamwork; help peers develop and maintain professional boundaries; separating work from private life; teach them the importance of planning ahead

Principles #6: Assist peer workers in making the transition from volunteering or being unemployed to working for a salary and being told what to do
There is a quantum difference between work and volunteering; work involves managing the paycheck, taking directions, doing what you are told, accepting constructive criticism, following personnel policies, the chain of command, living within the job description, understanding and accepting reasonable requests from supervisor

Principle #7: Management must be committed to helping peer workers to succeed
Peers need support, encouragement, patience, reward for small victories, understanding of barriers that stand in the workers ways, helping workers overcome barriers

Principle #8: Do the right thing by peers and teach peer workers how do the right thing at work
Pay workers a living wage, open access health insurance, pension plan. Help workers put the client first, play by the rules, being honest, a full day's work for a full day's pay, pitch in and help,

Principle #9: Create an organizational structure that makes sense to peers
Each program has its own supervisor, clearly explain the duties and responsibilities of each staff member, define who reports to whom, clear lines of communication, define who to see to deal with specific problems

Principle #10: Set reasonable expectations and limits for peer workers
Tell workers what appropriate business behavior consists of expect professional behavior, not perfection; accept a certain level of "chaos"; show workers how to perform each major task associated with their job description; provide workers with a policy and procedure manual for all major organizational activities; be patient; expect incremental progress toward acceptable performance and professional behavior.

Principle #11: Assist peers in meeting those expectations and living within the limits imposed on them
Assist workers in identifying barriers to appropriate behavior and strategies for overcoming barriers; break complex tasks into manageable components; reward small successes; be consistent in enforcing expectations; do not allow exceptions; don't bend the rules

Principle #12: Recognize that professional and education are not equivalent
Promote professional behavior on the part of peers: expect peer workers to behave in professional manner; teach workers how to be professionals; recognize that workers with professional credentials do not always behave professionally

Principle #13: Provide peers with the training and skills they need to function effectively in the work environment and to overcome any deficits in their life experience, education, work experience, and ego development.
Teach workers how to establish and maintain professional boundaries, appropriate workplace behavior; the difference between the street drug culture and the culture of a place of business. Offer literacy training, computer training. Teach workers how to make a good decision, how to behave as a professional service provider, how to get along with other workers, how to take direction, how to be a good supervisor. Don't assume people know things you know.

Principle #14: Define and promote a positive work ethic.
Assist workers in understanding how to give a full day's work for a full day's pay, how to know what to do without being told, how to pitch in and help others, how to work as a member of a team, how to notice what needs to be done without being told

Principle #15: Promote the concept of team work.
Teach workers how to work well with others, how to compromise, how to divide up the labor, how to reach agreement, how to distribute the work load and how to break a complex task into do-able parts, how to get started, how to keep going, how to finish and how to manage their time to get it done

Principle #16: Provide effective supervision to peers on a continuous basis:

Assign supervisors a small, manageable team to supervise; hold weekly team meetings to monitor service delivery levels, hold monthly supervisions; ensure that supervisors are present at service delivery sites with supervisees and work side-by-side with peer workers

Principle #17: Provide discipline to peers which is supportive, effective, and progressive:
Define deviance upward so that small but consequential infractions of rules are noticed and responded to; connect expected behavior to the well-being of clients and connect infractions to harm done to clients; be consistent in enforcing rules; do not allow exceptions to rules; discipline should be delivered in private to save face and reduce gossip; deliver discipline by first focusing on the worker's positives; discipline should progress from verbal to written, from small costs to larger costs; actions speak louder than rules – send worker home and dock pay; repeated infractions must be dealt with more harshly.

Principle #18: Recognize that everyone makes mistakes; peer workers are just as imperfect as anyone else
Allow workers to learn from mistakes; allow workers time to learn and understand the rules

Principle #19: Deal with the drug use of clients and peers in a consistent manner giving priority to harm reduction over abstinence
To demand abstinence from workers in a harm reduction program is hypocritical; distinguish between drug use and drug dealing; distinguish between what workers do on their own time from what they do at work; focus on consequences of drug use, not on the behavior per se; send workers home who are over-medicated; teach workers how to manage drug use; put sharps containers in bathrooms to prevent needlesticks

Principle #20: Create a service delivery environment where clients' needs come first
Workers desire to get needs met, e.g., need for attention, help with personal problems, therapy, romance, and gratification met outside of work. Workers should listen and let clients talk. Worker's comfort level is secondary to the comfort of clients. Deliver service at times and places convenient to clients, not workers.

Principle #21: Promote continuity of services and stability in staff
Schedule vacations and other time off so that service is uninterrupted; develop trained volunteers by implementing peer training program and mentoring system where workers are paired with volunteers who learn service delivery on the job; fill any staff vacancy with trained volunteers on an interim basis; limit staff vacations and absences to two weeks or less at a time; start new peer workers part-time and increase hours incrementally until full-time.

Principles #23: Model appropriate behavior from the top down teach managers how to behave by having the executive director model appropriate behavior
Managers treat line staff the way they are treated by director; explain behavior as you engage in it, so managers understand appropriately.

Principle #24: Structure jobs incrementally corresponding to different levels of experience and skill levels:
Create three to four levels of positions: volunteers, part-time staff, full-time line staff, managers, deputy director, program director, executive director with increasing responsibilities, increasing demands increasing complexity, and increasing expertise required. Reward jobs in the hierarchy appropriately.

Principle #25: Adopt different expectations for volunteers, line staff, and managers minimal expectations for clients (no violence, threats, or drug dealing on premises);
Hold volunteers to same expectations as client with the additional responsibility to show up when scheduled, work a full shift to receive incentive; hold line staff to additional expectations including

acquiring knowledge & skills to do the job; following the personnel handbook and all the rules of the agency, complying with reasonable requests from supervisors, treating clients and other workers with respect; holding boundaries and behaving professionally; expect managers to meet all the expectations of staff members plus work cooperatively with other managers, serve as a role model for appropriate behavior, use good judgment in decision-making, take responsibility for the unit achieving its performance goals, supervise staff appropriately.

Principle #26: Deal with small problems before they get bigger
Respond to all behavioral problems within two days; don't excuse unprofessional behavior; respond to disagreements between workers within two days; hold workers accountable for their behavior. Ignoring problems sends the message that the behavior in question is okay.

Principle #27: Promote patience and planning: workers must learn to be patient
Workers must not expect immediate gratification for any need except those which constitute a genuine emergency; workers must learn that gratification is always delayed; all planning must be completed before new program or intervention is implemented. Nothing ever happens without at least a day's thought and reflection. Each manager must create a time management schedule and workers must wait for the appropriate time to get needs met.

Principle #28: Promote priority setting and discourage a crisis mentality
Teach workers that not every need or situation is an emergency. An emergency involves a threat to safety or well-being, a law enforcement situation, personal injury, or an act of violence. Crises can be avoided by planning. When faced with multiple tasks, workers should seek management out to set priorities to determine what must be done first, second, etc. if it is not clear to them.

Principle #29: Promote the separation of work and the personal
Workers need to create a boundary between work and their personal life. How workers feel, what they believe, and their goals and dreams need to be kept separate from the workplace. Personal philosophies and religious beliefs including a belief in abstinence need to be checked at the door.

Harm Reduction Management in a Peer-Based Agency

By Edith Springer and Tarrie Ruefli, Nov 2004 – HRC conference

http://tenderloinhealth.pbworks.com/w/page/20521808/Harm%20Reduction%20Management%20in%20a%20Peer-Based%20Agency

New York Harm Reduction Educators (NYHRE) is a peer-based agency in the Bronx. All staff except the 2 licensed therapists (as far as we know) are either drug users and or mentally ill folks who have been through treatment systems and/or are former clients of the agency itself. There are several principles of hiring, training and supervision, and promotion that guide the development of staff at NYHRE.

1. Moving from client to volunteer to staff r to supervisor involves losing privileges and gaining other things

Position	What You Lose	What You Gain
Participant	Nothing – you can come as you are	Help, No barriers to entry, Compassion
Volunteer	Behavioral privilege	Job Training, Reference
Part-time staff	Behavioral privilege	Job Training, Professional Growth, Reference, Money
Full-time staff	Behavioral privilege	Job Training, Professional Growth, Reference, More Money
Supervisor	Behavioral privilege, Staff peers	Job Training, Professional Growth, More Responsibility, Reference, More Money
Program coordinator	Behavioral privilege, Regular work schedule, Overtime pay	Job Training, Professional Growth, More Responsibility, Reference, More Money
Senior management	Behavioral privilege	Regular work schedule, Any time off, Overtime pay, More varied tasks, More Responsibility, Professional Growth, Reference, More Money

2. Hiring clients brings harm-reductionized experts into the staff team.
3. The hierarchy/management status is based on increasing amounts of responsibility, not privilege. "Power" comes from adhering rigorously to protocols and from accountability – to both other staff and funders – in a culture of humility.
4. Management staff must be willing and able to do any job that they ask anyone else to do
5. All program coordinators and supervisors work side by side with staff – they do the same work (just not quite as much of it) as well as their other management duties.
6. Meetings are mandatory and are held on the following schedule:

All Staff Business	Monthly
All Staff Process Group	Monthly
All Staff Training	Monthly
Rounds	Daily – AM beginning of day
Debriefing	Daily – PM end of day
Clinical case conference	Weekly
Management Meeting	Monthly
Senior Management Meeting	Monthly
Individual supervision for ED, managers, line staff, and volunteers	Weekly

Volunteer staff meetings and trainings (modeled after the paid staff meetings, but held separately)	Weekly

Training of New Staff (usually clients being inducted into volunteer/staff role)

- Includes orientation that identifies the survival behaviors of the streets vs. the survival behaviors in a job.
- It involves clarifying the role of staff person, and the differences between staff and clients.
- It clarifies professional boundaries and confidentiality, making sure new staff are clear about what is and isn't their business (in other words, what a staff member might learn about a client while living nearby or in the same hotel, etc., is not the business of the agency).
- It clarifies that self-disclosure to clients must be done for the benefit of the client and the client alone.
- Finally, staff are urged to practice humility in their work.

Hiring Practices
- Always try to hire from within. Do not post externally until posted internally.
- Probationary period taken seriously
- Review at end of probation with formal recommendation to pass, extend probation, or terminate employee

Disciplinary Procedures
Incidents, complaints, and problems must be written and signed, or they are considered gossip and gossip is not tolerated. When incidents occur, these procedures follow in this order:
1. Talk with employee. If incident reoccurs,
2. Document a warning. If behavior continues,
3. Set up a behavioral contract, including specific citation of incident and behavior and specific expectations of appropriate behavior. If no resolution,
4. Joint meeting between staff member, supervisor, and ED to determine the consequences.
5. Incidents of insubordination or "outrageous" behavior to a program participant: staff member is sent home immediately, then returns the next day to discuss and proceed, if necessary, with above procedures.
6. Drug issues that interfere with work: Job is held while employee takes a leave of absence for treatment.

Rewards for Staff
- Pay
- Parties
- Lots of positive feedback and congratulations on progress/new skills from supervisors (who work closely with each staff member)
- Occasional certificates of appreciation (or verbal) with a bonus of time off

Supervisory disciplinary skills
- Supervisors job is to help staff succeed
- Supervisors must be able and willing to take staff anger
- ED coaches supervisors in doing disciplinary work and works with inexperienced supervisors
- Supervisors write weekly reports on staff to senior program director

Volunteers

- Have their own training program which is parallel to and identical as staff training. They get certificates for completing training.
- Get the same kind of orientation to behavioral expectations
- Have parties

Client Advisory Board
- Each member interviews 30 clients per month (and is paid $30) using a satisfaction survey

Sarah's Circle Client Volunteer and Employment Policy

Effective Date: February 2018

PURPOSE: To provide guidelines for volunteer and employment opportunities for clients and former clients.

POLICY: Sarah's Circle is committed to providing clients who are interested with volunteer and employment opportunities within the professional boundaries of the organization.

PROCEDURES: To have a clear separation for clients between their relationship with Sarah's Circle as a service agency and their interest in volunteering or seeking employment at Sarah's Circle, clients must wait a period of time after terminating services with the agency before seeking employment or volunteer opportunities.

Clients must have terminated services with Sarah's Circle for 5 years before seeking employment with the agency. This is defined as receiving no services at any location in any program during that intervening time. Using Sarah's Circle as a mailing address is not considered utilizing services.
Clients must have terminated services with Sarah's Circle for 1 year before seeking volunteer opportunities with the agency. The Development Assistant will make every attempt to place them in a volunteer position at a location different from where they received services.

Teen Living Program Peer Educator Intern Program Manual

Table of Contents

Peer Educator Training Overview

The Peer Educator Internship training is designed to provide potential Peer Educators with strong foundations for the task requirements, professional expectations, and mission-based philosophies involved with their internship. Throughout the training, youth are held accountable to the professional expectations outlined in their work guidelines, as reviewed in the first training module. Currently, the Outreach Manager oversees the training curriculum and classroom instructions. The Outreach team supervises their street work and provides direct feedback to the youth.

Peer Educator Internship Program: History

The Peer Educator position formally began in 2006 and has gradually evolved and gained more structure over time. The goal of the internship program is to provide youth leaders with professional training alongside professionalizing their roles as youth mentors and community liaisons. While their primary function is to work alongside Outreach staff to educate and engage the community, they also serve as a youth voice for events that involve funders, the media, etc. By the nature of their dual role as staff and youth, Peer Educators are expected to model accountability and appropriate youth relationships, as a norm.

To date, the average length of employment for a Peer Educator is about 6 months, including training. In 2008 the Peer Lead position was created to recognize the exceptional level of commitment and leadership displayed by one of the Peer Educators after 11 months of service. In addition to an increase in salary, the Peer Lead position carries greater responsibility. It is expected that the Peer Lead will oversee task completion when the Peer Educators are assigned independent work. Additionally, that individual can have more direct interaction with SCOPe clients, like assisting them to gather resources, tour the facility, etc.

Finally, Peer Educators are expected to work towards the same mission and uphold the same core values as TLP staff. Work guidelines specific to the Peer Educator position have been created. It is important to note that while Peer Educators are committed to maintaining confidentiality, they are never permitted to see client files or personal client information. Additionally, they cannot complete any documentation that involves personal client information. The Outreach Specialists function as task managers and professional mentors, overseeing the Peer Educators' work on the streets and inside Belfort House. The OPA Clinical Case Manager is responsible for the development, management, and implementation of the Peer Educator Internship training program from job description, hiring, training, scheduling, and payroll through termination.

TLP Street and Community Outreach Program 101

Goals: To provide resources, support, and hope to youth ages 14-24 who are homeless, precariously housed, at risk of homelessness or have run away. The SCOPe team works to develop trusting relationships with both the youth and adult community members so that youth in need know how to access everything from survival kits to crisis intervention. The overarching goal is to reduce harmful behavior and create an avenue for youth to obtain stable housing.

Staff Contact: (773) 548-4443
Director of Outreach, Prevention, & Aftercare: Megan Wickman (318)
Outreach Manager: Rebecca Hofrichter (315)
Outreach Specialists: Libby Kari (317), Carl Kuck (323)
Peer Educators
*Intern*s

Outreach Sites and Times: (Rain/Snow, etc. may change outreach sites)
1. Monday – Garfield Green Line
2.Tuesday –Wendell Phillips, 35th and State Green Line Station
3. Wednesday - 63rd and Halsted Green Line
4. Thursday – 95th Redline (95th and Dan Ryan)

*The street outreach team conducts outreach from 3pm-7pm in the summer hours and 2pm-6pm during the winter hours (schedule changes to accommodate early sunset in the winter)

Outreach Cell Phone – 1-773-355-9458 -. The outreach team brings the outreach cell phone on street and community outreach. The cell phone is not checked outside of street outreach hours.

Outreach Team Schedule:
The Outreach team works from 10am – 8pm Monday thru Thursday and Friday from 10am – 2pm.
*Individual staff hours vary within that schedule.

Outreach Programming:
1. **Survival Kits** – Survival kits are distributed to youth contacts and encounters during street and/or community outreach and to clients enrolled in SCOPe during sessions.
Survival kits include: bus passes (7 day and 1 day), hygiene and health kits, safer sex and health kits, clothing packs (weather appropriate clothing, underwear, socks, towels, etc), school supplies, food packs (Snack Packs and microwavable soups).

2. **Nurse Practitioner Clinics** – The Nurse Practitioner can provide general
medical counseling and First Aid to youth on the streets via the Outreach van. This occurs 6 times

annually. Dates and times available by calling into hotline.

3. **Assessments** – Members of the outreach team can assess youth's needs across several domains while on the street, over the phone, or in-person.

4. **Crisis Intervention** – Members of the outreach team can assist minors access emergency housing via the police station or adults access emergency housing via a shelter, police station or DHS. Additionally, Outreach staff can arrange for youth to use Belfort House showers and laundry facilities.

5. **Case-Management** – The outreach team can provide regular case-management to about 30 youth per quarter.

6. **Referrals** – Outreach can provide referrals for a wide range of services, both internal to TLP and to community partners.

7. **Education/Presentations** – The outreach team can present informational and educational workshops on topics such as: Youth Homelessness, Safety, Teen Living Programs, HIV/AIDs for youth, etc

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Job Description—Peer Educator Intern

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Function: Responsible for assisting with the implementation of street and community outreach programming by actively working to engage and educate both youth who are in need of TLP services and the community at large. Works as a team member to establish and maintain the collaborative and positive tenor of the Outreach Team. Demonstrates an understanding of and commitment to mission and core values of Teen Living Programs. Reports to the Outreach Supervisor. Task supervision completed by Outreach Specialists and Outreach Interns.

Duration: This position is limited to one calendar year.

Duties: The following duties are the essential functions of this position. Successful job applicants will be able to perform these essential functions with or without requested reasonable accommodation.

Outreach Services
- In collaboration with an Outreach Specialist, appropriately seeks out homeless and precariously housed youth in both street and community agency settings.
- Provides appropriate resources (TLP pamphlets, community resource information, survival kits, etc.) in homeless and precariously housed youth.
- Able to assess a youth in crisis and skilled in transitioning this youth to an Outreach Specialist in order to complete a TLP intake and receive more extensive services.
- Conducts presentations in collaboration with the Outreach Team and/or the Development Department for community agencies, outlining the services provided by Teen Living Programs.
- Actively seeks to educate the general public and potential TLP collaborators about youth homelessness and TLP services.

General
- Works as part of the team to provide support and assistance whenever needed.
- Follows agency policies and procedures for the obtainment of information and the provision of services to clients.
- Participates in program planning and evaluation.
- Participates in and contributes in regularly scheduled supervisory and team meetings.

- Performs other duties as assigned.
- Attends regular trainings on clinical and programmatic themes associated with outreach.

Stress Tolerance: Maintains stability of performance under pressure or opposition; reacts well to emergencies; maintains positive composure and confidence in crisis or adverse situations.

Clinical Knowledge: Ability to identify needs, to engage youth in a meaningful manner, and practice a non-judgmental stance with youth.

Flexibility: Ability to adapt to and work effectively within a variety of situations and with various individuals or groups. Can understand and appreciate different and opposing perspectives and adapt approach as required.

Teamwork/Collaboration: Works cooperatively with others to be part of a team rather than separately or competitively. Advocates for the success of the organization by balancing own interests and needs with those that will serve the needs of the youth.

Communication: Demonstrates attention to and conveys understanding of the comments and questions of others. Speaks clearly and expresses self well in groups and in one to one conversations. Composes written materials so they are understood, Creates an atmosphere in which timely and high quality information flows smoothly between self and others. Encourages open expression of ideas and opinions.

Integrity: Demonstrates principled leadership and sound business ethics: shows consistency among principals, values and behaviors; builds trust with others through authenticity and follow through on commitments.

Personal Organization: Utilizes personal time effectively, tracks and prioritizes work to ensure that tasks are completed according to their priority; remains aware of and plans for upcoming activities.

Work Commitment: Sets high standards of performance; pursues aggressive goals and works hard to achieve them without close supervision.

Innovation: Generates new ideas; goes beyond the status quo; recognizes the need for newer or modified approaches.

Physical: Must be able to climb stairs on frequent, daily basis. May be required to occasionally lift up to 25 lbs. Must be able to work outdoors in variant temperatures, across all seasons.

Knowledge and Experience: High School Diploma/GED required or must be actively working to obtain one. Experience working with adolescents and young adults.

Must be in "good standing" with all Teen Living Programs programming. Must be engaged in TLP programming either residential (Belfort House or CaSSA) or actively involved in aftercare.

Job Description—Lead Peer Educator Intern

Function: Responsible for assisting with the implementation of street and community outreach programming by actively working to engage and educate both youth who are in need of TLP services and the community at large. Works as a team member to establish and maintain the collaborative and positive tenor of the Outreach Team. Demonstrates an exemplary understanding of and commitment to the

mission and core values of Teen Living Programs. Reports to the Outreach Supervisor. Task supervision completed by Outreach Specialists.

Duration: This position is limited to one calendar year. This is a promoted position from the Peer Educator.

Duties: The following duties are the essential functions of this position. Successful job applicants will be able to perform these essential functions with or without requested reasonable accommodation.

Outreach Services
- In collaboration with an Outreach Specialist, appropriately seeks out homeless and precariously housed youth in both street and community agency settings.
- Provides appropriate resources (TLP pamphlets, community resource information, survival kits, etc.) in homeless and precariously housed youth.
- Able to assess a youth in crisis and skilled in transitioning this youth to an Outreach Specialist in order to complete a TLP intake and receive more extensive services.
- Conducts presentations in collaboration with the Outreach Team and/or the Development Department for community agencies, outlining the services provided by Teen Living Programs.
- Actively seeks to educate the general public and potential TLP collaborators about youth homelessness and TLP services.
- Functions as a leader and role model to Peer Educators.
- Under the direction of the Outreach Specialist, assist with the delivery of case-management services to Scope clients.

General
- Works as part of the team to provide support and assistance whenever needed.
- As necessary, assists with the preparation of all required forms and statistical reports.
- Participates in program planning and evaluation.
- Participates in and contributes in regularly scheduled supervisory and team meetings.
- Performs other duties as assigned.
- Attends regular trainings on clinical and programmatic themes associated with outreach.
- Able to complete tasks independently or supervise task completion of Peer Educator team.

Stress Tolerance: Maintains stability of performance under pressure or opposition; reacts well to emergencies; maintains positive composure and confidence in crisis or adverse situations.

Clinical Knowledge: Ability to identify needs, to engage youth in a meaningful manner, and practice a non-judgmental stance with youth.

Flexibility: Ability to adapt to and work effectively within a variety of situations and with various individuals or groups. Can understand and appreciate different and opposing perspectives and adapt approach as required.

Teamwork/Collaboration: Works cooperatively with others to be part of a team rather than separately or competitively. Advocates for the success of the organization by balancing own interests and needs with those that will serve the needs of the youth.

Communication: Demonstrates attention to and conveys understanding of the comments and questions of others. Speaks clearly and expresses self well in groups and in one to one conversations. Composes written materials so they are understood, Creates an atmosphere in which timely and high-quality information flows smoothly between self and others. Encourages open expression of ideas and opinions.

Integrity: Demonstrates principled leadership and sound business ethics: shows consistency among principals, values and behaviors; builds trust with others through authenticity and follow through on commitments.

Personal Organization: Utilizes personal time effectively, tracks and prioritizes work to ensure that tasks are completed according to their priority; remains aware of and plans for upcoming activities.

Work Commitment: Sets high standards of performance; pursues aggressive goals and works hard to achieve them without close supervision.

Innovation: Generates new ideas; goes beyond the status quo; recognizes the need for newer or modified approaches.

Physical: Must be able to climb stairs on frequent, daily basis. May be required to occasionally lift up to 25 lbs. Must be able to work outdoors in variant temperatures, across all seasons.

Knowledge and Experience: High School Diploma/GED required or must be actively working to obtain one. Experience working with adolescents and young adults.

Must be in "good standing" with all Teen Living Programs programming. Must be engaged in TLP programming either residential (Belfort House or CaSSA) or actively involved in aftercare.

Hiring and Onboarding

The hiring process takes about two-weeks to complete and is overseen by the Outreach Supervisor. On average 5-10 youth apply for the position and 3-4 youth are invited to complete the Peer Educator Training program. Review the following attachments for a general understanding of the application and hiring process.

1. **Attachment A** is a thorough outline of the goal of the Peer Educator Internship and the three steps – application, training and hiring to achieve this goal.

2. **Attachment B** – outlines the interview process. Interviews are completed by the Outreach Team and Peer Lead (if applicable). All participants provide feedback and a final decision is made by the OPA Clinical Case Manager.

3. **Attachment C – G** Additional documents, including hiring flyer, invitation letters that candidates receive to the interview and post-interview letters.

Goal: To have qualified and professional Peer Educators, who are dedicated to TLP's mission and values, assist the SCOPe team in the day to day performance of its street and community youth work. The following steps will facilitate achievement of this goal.

1. **Application**
    a. The SCOPe Supervisor will announce openings in the TLP community via posters in community areas, announcement at staff meetings and announcements at youth meetings, when possible.
    b. Potential candidates must submit a cover letter, resume, and 2 SCOPe letters of recommendation, prior to the deadline date. One letter must come from the YDS II and the second letter can come from the staff of their choice.

c. The Outreach Supervisor will consult with the Education Coordinator to insure that all youth are actively working towards their educational goals.

d. The SCOPe Supervisor can invite qualified candidates, who have not submitted their applications, to interview for the position. Cover letter, resume and letters of recommendation must be submitted at time of interview.

e. Candidates, who meet the hiring qualifications, as outlined in the job description, are invited to complete an in-person interview with the SCOPe team.

f. The SCOPe team completes interviews, using the attached protocol, and each interviewer provides the SCOPe Supervisor with their assessment of the youth's qualifications for the position.

g. The SCOPe Supervisor, selects the most qualified youth, based on the team feedback, application materials, and interviews, to invite to the Peer Educator Training.

2. **Training**

a. The Peer Educator training is completed primarily by the OPA Clinical Case Manager with assistance by the Outreach Specialists and Peer Lead (if applicable).

b. All training attendees must complete 20 hours of coursework, 12 hours of shadowing in the field, and as much additional time as necessary to complete a presentation on TLP.

c. While in training, classroom coursework time is unpaid; shadowing in the field pays minimum wage.

d. All training attendees are expected to abide by the Peer Educator Work Guidelines, as reviewed with them the first day of training. Poor profession etiquette or egregious behavior associated with TLP, will incur consequences, up to termination.

e. Upon satisfactory completion of training hours and activities, the trainee will participate in an evaluation with the SCOPe Supervisor. The trainee can be offered the position of Peer Educator at this time.

f. All youth who complete the training regardless of whether they are offered the position, receive a certificate of completion of the Peer Educator Training Program.

3. **Hiring**

a. Upon accepting the position of Peer Educator, there may be a salary increase and the youth receives TLP gear for work.

b. New Peer Educators are placed on a 3-month probationary period. Any infractions to their work guidelines will result in automatic termination.

c. The SCOPe team celebrates its new members.

Hiring Flyer

The Street and Community Outreach Program is Hiring 2 Peer Educators!!!

- Are you interested in talking to other youth, schools, and other agencies about Teen Living Programs?
- Would you like to give out supplies and resources to youth on the streets, at schools, or at other programs?
- Are you "in good standing" and a resident of Belfort House or CaSSA, or active in Aftercare?
- Are you available to work Monday-Thursday (2-8pm)?
- Are you motivated and professional with a strong work ethic?
- Do you have a high school diploma, GED, or are you actively involved in obtaining one?

If you answered YES to all of these questions, you are eligible to apply for this PAID position! Please submit a cover letter, resume, and 2 letters of recommendation to Becca by (date and time). ***One letter of recommendation for your YDS II and the other from the staff of your choice. Get letter of recommendation form from Becca.

<h3 align="center"><u>Invitation to Interview</u></h3>

Thank you for your application for the position of Peer Educator Intern. Based on your resume and good standing in Teen Living Programs programming, I would like to invite you for an in-person interview with the Outreach team.

Interviews are being scheduled for day, date, time range). Please speak with the OPA Clinical Case Manager* to sign up for one of these 30 minute time slots. A calendar will also be left in the YDS I office and accessible for scheduling outside my work hours. If you do not sign up for a slot by (date) or you do not show for your scheduled interview, you will forfeit your opportunity to be hired for the Peer Educator Internship position at this time.

Please speak with any member of the Outreach team about any concerns our questions you may have about the position or the hiring process.

<h3 align="center"><u>Interview Confirmation</u></h3>

Thank you for your application for the position of Peer Educator Intern. Based on your resume, good standing in Teen Living Programs programming, I would like to invite you for an in-person interview with the Outreach team.

Your interview is scheduled for (time and date). Interviews will be held in the Outreach office. Please arrive 10 minutes early and wait in the community area on the 3rd floor. An Outreach staff member will get you when it is time to begin your interview. Please confirm with me that you have received this letter and are able to attend your scheduled interview. If you do not confirm your availability and do not attend your scheduled interview, you will forfeit your opportunity to be hired for the Peer Educator Intern Position at this time.

Please speak with any member of the Outreach team about any concerns our questions you may have about the position or the hiring process.

<h3 align="center"><u>Rejection Notice</u></h3>

Thank you for your interest in the Peer Educator position with Teen Living Programs. The time you have invested in completing your resume, cover letter, and in-person interview shows that you are dedicated to assisting your peers in need and to the mission of Teen Living Programs. Unfortunately, after careful consideration, we are unable to offer you a Peer Educator position at this time. You are welcome and invited to apply for additional opportunities to work with Outreach in the future, should you still be interested.

I encourage you to continue to follow up with any member of the Outreach team for professional feedback on your interview, resume, cover letter, and other factors that influenced the hiring decisions. Please speak directly with me if you have any questions about the hiring process or our final decision.

<h3 align="center"><u>Uniform Agreement</u></h3>

I, _____, understand that all clothing and work-related gear that I receive throughout my training and tenure as a Peer Educator is intended to be used solely while working. I also

understand that it is my responsibility to properly care for these items. I understand that if I should lose or damage these items, it will be my responsibility to replace them. If my internship is terminated early, I understand that I must return or replace all the work gear/clothing I have received.

Items Received:
TLP Polo Shirt ($35.00) _____
TLP Cap ($15) _____
Winter hat and gloves ($20) _____
Other _____
Other _____
Peer Educator Intern Signature: _____ Date: _____
Staff Signature: _____ Date: _____

Peer Educator Intern Work Agreement

I, _____, have reviewed the Peer Educator job description and Work Guidelines. I understand that I am responsible for abiding by all the aforementioned guidelines in my work as a Peer Educator. Any questions or concerns should be addressed with the OPA Director, OPA Clinical Case Manager, or the Outreach Specialists.

Peer Educator Signature: _____ Date: _____
Staff Signature: _____ Date: _____

Peer Educator Contact Information Form

When joining the Outreach team, it is important that we have accurate contact information for our entire to be able to communicate. Please provide us with the most up to date contact information. If at any time this information changes (new phone number, email, preferred name or pronoun), please contact your supervisor to update this form.

Peer Educator's Legal Name	
Peer Educator's Preferred Name	
Peer Educator's Preferred Pronoun (i.e. she/her, he/him, they/them, ze/zir, etc)	
Peer Educator's Phone Number and Type (i.e. cell phone, home phone, etc.)	
Peer Educator's Email Address	

Emergency Contact Information

We ask that you provide emergency contact information in case anything was to happen while you were at work or if we cannot contact you for an extended period of time. If you have any concerns about how this information will be used, please see your supervisor for more details.

Person to Contact/Relationship to Peer Educator	

Contact Person's Cell Phone Number	
Contact Person's Home/Work Number	
Contact Person's Address	

Sample Training Schedule

CONGRATULATIONS on being invited to join the Teen Living Programs Outreach Team as a Peer Educator Intern!!!

All Peer Educators are required to complete a MANDATORY 20-hour classroom training prior to beginning their employment. Times and dates for the training are outlined below. It is expected that you arrive for each training session on time and prepared for work.

Peer Educator Training Schedule
Friday: April 15, 2011   9am-12:30pm – Program Overview and Job Description
Tuesday: April 19, 20119am-12pm – Review, TLP and Homelessness, Outreach
Friday, April 22, 2011   9am- 12:30pm – Positive Youth Development, Harm Reduction
Tuesday, May 3, 2011   9am-12pm – Communication and Engagement
Friday, May 6, 2011   9am-12:30pm – Anti-Oppression, Cultural Competency, LGBTQ
Tuesday, May 10, 2011 9am-12pm – Presentations and Review
Friday, May 13, 2011   4pm- 7pm – Presentation Prep
Monday, May 16, 2011 Shadowing
Tuesday, May 17, 2011 Shadowing
Wednesday, May 18, 2011   Shadowing
Thursday, May 19, 2011   Shadowing

The above scheduled times are MANDATORY. There will be additional training activities Scheduled for May 2011. Please speak directly with me if you have any questions, concerns or conflicts.

Work Performance

It is the responsibility of the SCOPe team (Outreach Manager, Outreach Specialists, and Outreach interns) to hold the Peer educators accountable to their job description, work guidelines, and TLP's mission and values. The Outreach Specialists, as task managers, are responsible for providing Peer Educators with immediate feedback. This includes recognizing strengths and moments of growth, along with work related concerns. They are also instructed to appropriately manager work performance issues as they occur. Some examples are: requesting improvement on a poor attitude, taking a Peer Educator off the schedules if they arrive to work unprepared, giving immediate corrective feedback for unprofessional behavior, terminating a shift early if tasks are not being completed, etc. The Outreach Specialists are responsible for providing the Outreach Manager with ongoing feedback, positive, negative, neutral, etc. of the Peer Educator's work performance. In the case of poor or problematic professional conduct, the Outreach Manager is responsible for following up with the Peer Educator and providing documentation of concern, and/or any additional consequences. If necessary, the Outreach Manager is also responsible for clarifying with the Outreach Specialists, appropriate consequences and accountability with the Peer Educators.

There is a system in place to provide continual feedback. Some of those methods are as follows:
1. *Check-ins*- Peer Educators will always have time to talk with the Outreach Specialists and the Outreach Manager on the ride to-and-from Outreach sites. Additional time can be used at the start and end of each shift, as necessary.
2. *Open Door Policy*- The Outreach Manager is available to meet with Peer Educators during scheduled appointments or before or after shifts if the Outreach Manager is not in a meeting or client session. Scheduled appointments can be initiated by the Peer Educators or the Outreach Manager.
3. *Evaluations*-The Outreach team provides the Peer Educators with formal written evaluations at least at the 6month mark, but hopefully near the 3-month mark as well. The position is a yearlong position, so written evaluations can be requested more frequently if the Peer Educators are interested in receiving more feedback. There will also be a self-evaluation as a part of this process
   a. See the blank evaluation forms in this section of your orientation/training binder.

Problematic professional conduct is dealt with on an individual basis; although at times team follow-up is required. While there is no prescription for X misconduct=X consequence, it is important that a consistent framework of accountability is held for all Peer Educators, and that increasingly more egregious violations receive greater professional consequences. There are a number of different possible written consequences that may occur including (but not limited to) the following:
1. Corrective action notice
2. Unexcused absence
3. Behavior Agreement
4. Suspension
5. Termination
*Examples of these documents are present in your orientation/training binder

Peer Educator Work Guidelines

1. *Professional Etiquette*

   Peer educators are in the unique role of representing TLP on behalf of both the youth it serves and as an intern/staff member. It is expected that while working and throughout training, Peer Educators will abide by standard professional etiquette at all times.

   The following is a general guideline, but not all-inclusive:
   a) Be punctual for work
   b) Dress in an appropriate manner for each activity. Always have the TLP logo visible to the community while at work.
      a. It is never appropriate to wear ripped or dirty clothing, pants that sag; clothing that is too tight, too large, too short, etc.
      b. Always have on a TLP shirt/jacket while working.
      c. In cold weather always bring hat, scarf, and gloves along on Outreach.
   c) Work cooperatively with Outreach staff and fellow Peer Educators.
   d) Maintain a courteous and respectful demeanor.
   e) Maintain appropriate professional boundaries.
   f) Maintain an appropriate professional posture with TLP clients while working at Belfort House.
   g) Abide by TLP's Client Confidentiality and the NASW Code of Ethics.
   h) Be **respectful** of cultural differences.
   i) Appropriately utilize Outreach staff for guidance, mentoring, and assistance.

j) **Cell phone use is prohibited**. Maintain cell phones on vibrate at all times and leave cell phones in the outreach office prior to leaving for street outreach. If you need to use your cell phone, please get permission from your task supervisor.

k) Smoking is prohibited while completing outreach on the street and/or in the community.

l) Activities that are prohibited: sexual harassment, verbal disrespect/harassment, working under the influence, possessing weapons, and other violations of staff codes and conduct, policies and procedures.

2. *Training*

All peer educators will complete 20 hours of unpaid training at the start of their employment. Prior to beginning outreach work, Peer Educators will display that they have an in-depth understanding of Teen Living Programs, Outreach services, client confidentiality, and how to effectively execute their duties as a Peer Educator. There will be additional training opportunities provided by Outreach staff and other community organizations. Peer Educators are strongly encouraged to bring any training ideas or areas of interest to the Outreach Specialist or the Outreach Prevention Aftercare Clinical Case Manager.

3. *Scheduling*

Street outreach is scheduled to occur for 4 hours on Monday-Thursday afternoons. The times vary seasonally from 2-6pm in the winter to 4pm-8pm in the summer. There will be occasional opportunities for community outreach and presentations during the day time and over the weekends.

The Outreach Prevention Aftercare Clinical Case Manager and Outreach Specialists complete all scheduling for Peer Educators and will complete the Outreach schedule for the entire month. Peer Educators are responsible for providing the Outreach Prevention Aftercare Clinical Case Manager with any scheduling concerns for upcoming week by 5pm on the Thursday before.

Peer Educators can expect to receive, at minimum, a 12-hour notification of their scheduled shift being cancelled. In the case that a Peer Educator does not receive this notice and work is cancelled at the last minute, they will be paid for one full hour. Peer Educators must also provide, at minimum, 12 hours notification of any change in their ability to work, barring extenuating circumstances. If a Peer Educator arrives late and misses the van, they are not permitted to meet the SCOPe team on the street. The Peer Educator is responsible for communicating directly with Outreach staff work-related concerns, as they occur.

4. *Breaks*

Peer educators that work less than 5 hours are not entitled to a break during that shift. On shifts that are 5-8 hours, Peer Educators will be provided a 20-30-minute paid break. Any specifics surrounding the break (when/where/etc.) will be discussed at the time of scheduling and/or at the start of each shift. Any personal needs during work shifts should be discussed directly with Outreach staff present.

5. *Paychecks*

Completed time sheets are due to the Outreach Prevention Aftercare Clinical Case Manager every other Thursday at the close of the shift. The street outreach calendar will include a small "T" on the day that timesheets should be completed. Peer Educators will receive paychecks about one week after submitting their time sheets. Paychecks will be disbursed by a member of the Outreach team.

6. **Outreach Resources**

Peer educators are not to utilize any Outreach resources (hygiene supplies, clothing, etc.) for personal use; individual circumstances should be discussed directly with Outreach staff. On each outreach shift, Peer Educators may have a snack depending on supplies and at the Outreach team's discretion.

7. *Supervision*

   Peer educators will have time to check-in before and after each shift with the Outreach team. Additionally, the Outreach Prevention Aftercare Clinical Case Manager will maintain an "open-door" policy, making herself available for individual conversations, as needed. Meetings between the Peer Educators and Outreach Prevention Aftercare Clinical Case Manager will be scheduled intermittently throughout the training and internship, to complete formal evaluations and discuss work performance.

8. *Evaluations*

   Peer Educators will participate in formal work evaluations at the 3month and 1-year mark, with potential for a 6 or 9-month evaluation if necessary. The evaluations are intended to assess the Peer Educators overall work performance, areas where significant improvement has occurred, and areas to target for additional training and development. This is a joint process. The one-year evaluation will be used to determine whether or not to extend the Peer Educator's internship for an additional 6 months and/or offer a Peer Lead promotion.

9. *"Good Standing"*

   While 'work' is separate from 'home' it is expected that Peer Educators will do their best to abide by TLP program courtesies. Program suspensions (in house and/or out of house) will result in temporary loss of work hours. Discharge from TLP programming, could result in termination.

10. *Professional Misconduct*

    Any violation of professional etiquette will be dealt with at the time of the infraction by a task supervisor. If necessary, the Outreach Prevention Aftercare Clinical Case Manager will meet individually with the Peer Educator to review professional expectations and provide any additional consequences. Ongoing violations of professional expectations and egregious violations will incur consequences ranging from suspension thru termination. All consequences will be partnered with a "corrective action" notification and a meeting. This is intended to help the Peer Educator become aware of the specific incidents & behaviors that led to the consequence and what necessary corrective steps should be taken upon return to work.