PEER Center
Peer Education & Evaluation Resource Center

A national resource and evaluation center for people living with HIV and organizations interested in PEER education training programs

Webcast Questions and Answers

Technical Assistance Call for *"Recruiting, Hiring, and Supporting Peers"*
July 1, 2009, 2:00 – 3:30 p.m. ET

Health Resources and Services Administration
HIV/AIDS Bureau, Division of Training and Technical Assistance

The below questions and answers include both questions submitted electronically and those taken over the phone during the Webcast. They have been organized according to topic: Planning a Peer Program, Peer Role, Recruitment/Hiring, Supervision, Funding, and General questions about the individual peer programs represented.

Planning a peer program

Q: What was your number one obstacle when you first started the peer program?

A from Darrell Turner, Brooklyn Plaza Medical Center: I believe the main obstacle was HIV/AIDS stigma. Just developing a new program is an obstacle in and of itself. To have the program on paper is one thing, but to implement it is a whole other story. It really takes a massive effort to get the program up and running. That was one of my challenges.

I addressed it by convincing the Chief Operating Officer, Chief Administrative Officer and the Chief Executive Officer how important the program would become if implemented. I had to sell the significance of the peer program and the importance of conducting outreach to get patients who are not in care into care.

A from Stacey Slovacek, Project ARK**:** The initiation of the program is a massive undertaking. Once we identified our peers and had them trained and ready to begin taking referrals, it was crucial to engage the staff to follow through on the referrals. The buy-in was there and people thought this would be a great program, but actually going to the next step and building caseloads was a little bit of a barrier.

We addressed that by educating anyone who could make a referral in a continual educational cycle. We also prompted the peer to engage the staff by asking, "Do you have somebody that would be good for the program?" and making those one-on-one contacts. Once the peers really started contacting staff one-on-one, we found the referrals to come in more frequently.

A from Maura Riordan, WORLD: I was not around for the start-up of the peer program at WORLD, but I think one ongoing challenge over the years is realizing, accepting and learning to work with the fact that there is a unique supervision and support need in helping peers be successful in the workplace. If you go into a program with a one-size-fits-all attitude, it's going to be doomed to failure; there are extra support and supervision needs in this case. Another challenge at times has been getting the buy-in from the professional community, like clinicians.

Q: Can you please talk about strategies that you used to get the provider system to accept peers--especially medical providers.
A from Maura Riordan, WORLD**:** It is critical to get physicians or providers that are champions of peer models. Sometimes the message needs to come directly from a clinician. The PEER center has a digital video that is available, featuring providers who have found great success in working with peers:
http://www.hdwg.org/peer_center/node/1810

The role of peers

Q: How do peers work in cooperation with Ryan White case managers? Do you find resistance on the part of case management staff as far as defining what the peer's role is and how the peer's role differs from the case manager's role? Do you have any examples of how those two sides came together?

A from Darrell Turner, Brooklyn Plaza Medical Center**:** What we've started to do is if consumers drop out of care, the case manager in some cases will consult with a peer to find out where the patient is. But to be honest, they haven't worked together as much as we would like.

A from Angel Albino, Peer Supervisor at Brooklyn Plaza Medical Center: Because of patient confidentiality, the case managers handle most of the work when it comes to other patients. The peers assist, but in a limited capacity, because we do not allow them to have access to other patients' information. But they do assist, just bearing in mind that they have to keep confidentiality and not divulge people's status or information.

A from Stacey Slovacek, Project ARK**:** In treatment adherence, our peers work more intensely with the client. They have to fill out HIPAA forms and Consent and Confidentiality forms and they do have a caseload, which sounds like case management, although the role's a little bit different.

We're a newer program, but so far it's been a really good collaboration. I think the initial resistance relates to role confusion. We're finding that, especially in clinics, the case managers find it beneficial to be able to say to those who are newly diagnosed, "We have a peer here on staff who also goes to this clinic and has been through some similar life situations. Would you like to meet with this person?" We're finding overwhelmingly that people are saying yes.

I think the case managers are really appreciating what the peers bring as part of the team. It's been a really good match; this has been a success story. Our case managers and peers are really working together.

A from Maura Riordan, WORLD**:** WORLD peers work as part of an interdisciplinary team with Ryan White case managers at clinics. They do case reviews with case managers and tag team with them on client needs. The level of tag team can vary depending upon case manager comfort. Many case managers find that they get support and relief in heavy caseloads by using peers.

The peer digital story on the PEER Center website is helpful in trying to get buy-in from case managers: http://www.hdwg.org/peer_center/node/1810
(Shalini Eddens, WORLD)

Q: Have you encountered any challenges regarding confidentiality issues?
A from Maura Riordan, WORLD: We have found great success with peers in holding confidentiality in a professional manner as a result of training and ongoing support around this. I think all employees (peer or not) need periodic training.

Recruitment/hiring of peers

Q: Are there any types of background history that exclude a potential candidate from employment? Do any of your organizations have certain policies, such as not hiring anyone with a criminal record, that might exclude a candidate from becoming a peer or a part of the staff?

A from Serena Rajabiun, PEER Center: This can be very program specific--some agencies require peers to be drug free, for example. The key is for peers to be treated like other staff and follow the same policies of the agency.

A from Stacey Slovacek, Project ARK: Background screening is a mandatory part of recruiting any employee that comes into the Washington University system. What I've been hearing everyone to find true is that peers may have that past experience, but that experience can help them be stronger in their peer role, as long as it's something they're currently not being challenged by.

I believe that our administration feels that to be true as well. When selecting peers, we work hand in hand with Human Resources. We may not even be aware of what comes up. They do alert us in extreme circumstances, although in the whole peer process that's happened very minimally. There isn't a set policy that I'm aware of; I think Human Resources handles things on a case-by-case basis if something comes up in a background screening. I do know that in certain circumstances they deem it necessary to say, "This person may not be a good fit." But there's no policy that I know of where someone is automatically ruled out if they have a felony.

A from Maura Riordan, WORLD : We may be on the more flexible end of things and do not have rigid policies around that. I think in some senses peer work can be about second chances for people re-entering the workplace.

Participant comment: On that note, when working with peers, in some cases you need to make exceptions. Criminal background should never be used to discriminate or be used in a punitive manner. For a peer, [a criminal background] is not uncommon, nor are

drug convictions, prostitution, etc. Sobriety and current lifestyle are most important to us.

Q: Being out of the workforce for long periods of time affects how some peers can relate/present themselves and the benefits that they would bring. Is this considered in the interview process, and how do you get all the interviewers on board in this situation?

A from Maura Riordan, WORLD: At WORLD we take into consideration that individuals may just be getting back into the workplace. We work to make it as welcoming an atmosphere as possible, watch our use of acronyms, make the interview as interactive as possible, give an office tour, etc. Although it's a formal interview, it is beneficial to help folks relax. We also watch our use of language and make questions accessible to a broad range of candidates.

Q: (Addressed to Maura Riordan, WORLD and Elizabeth Brosnan, Christie's Place) **You mentioned that you pay $14 to $15 an hour with benefits for peers working 15 to 30 hours per week. One of the issues that we've run up against is once the employee reaches 30 hours a week, then they're considered a part-time employee and they don't qualify for health care. How you get around that?**

A from Maura Riordan, WORLD**:** My experience is from the nonprofit perspective. We're a community-based organization and are able to set our own policy regarding what hours peers or employees in general become eligible for health care benefits: that is 20 hours at WORLD. It may be that we don't have the restrictions that other organizations have.

A from Elizabeth Brosnan, Christie's Place**:** It's similar for us because we are community-based. We're able to work with our insurance broker to identify plans that will work.

Q: (Follow up to previous question) **Another issue we're having is, if newly recruited peers are going to get health care, how do they get comfortable with letting go of the state-provided healthcare that they currently have?**

A from Elizabeth Brosnan, Christie's Place**:** When candidates are being interviewed or when the peer comes on board, we have other paid peers who have transitioned off of their MediCal or Medicaid program to our health care provider, which is Kaiser. The peers that we have that are on staff can help mentor and answer questions or address any concerns that the new peer might have if they want to make that transition.

Q: In my multi-county agency, we're considering partnering with one of our community health centers to have our peers housed in the community health center. So our peers will not even be physically in our building or our county. Does anybody work with peers housed in a setting that is outside of your own office? Can you speak to the challenges or logistics of how you got that to work?

A from Maura Riordan, WORLD**:** WORLD does not have peers that are completely housed elsewhere, which sounds like a unique challenge. But we do have peers that are

out in the field quite a bit, either at a clinic or visiting women on their caseload out in the field. For the peers that are out of the office most of the week, it has been critical to have some structure around supervision, really nailing that down and not letting it be flexible.

Q: For our volunteer patient mentoring program, we're not really recruiting. We're asking the staff, "Who do you know who's very compliant or adherent to care and would be a good fit to mentor someone else?" How do other programs handle recruiting?

A from Stacey Slovacek, Project ARK**:** I think the word-of-mouth referral is really important to what you're doing. Certainly your staff are a great resource for finding the best fit for your program. We've also used our area's planning council, and that's been a great resource in getting a broader scope of individuals who may be interested in the program. Then also peers recommend people that they feel would be a great fit. The peers have been a critical piece in recruitment.

A from Serena Rajabiun, PEER Center**:** We've been working with some organizations across the country, helping to recruit peers and identify from their client pool who might be a good peer. We've used a multi-pronged approach, working with recommendations from staff case managers or other medical staff and having the staff approach a client first, as well as advertising across the agency and across consumer groups and talking with other peers. It really depends on what your organization's policies are for selecting peers.

Supervision of peers

Q: It sounds as though it is important to emphasize a team approach, so that others can follow up if a peer needs to take time off. How often do peers meet with a supervisor/other team members to discuss cases? How often are cases reviewed?
A from Maura Riordan, WORLD**:** WORLD peers have a weekly team meeting to discuss cases and get input from the program manager and clinical consultant. Also, each peer gets individual supervision weekly.

Funding of peer programs

Q: What about funding? How did you get the funding for your peer program?

A from Maura Riordan, WORLD**:** The WORLD program is funded by Ryan White Part D funds.

A from Elizabeth Brosnan, Christie's Place**:** The Christie's Place paid peer program is funded in part by Ryan White Part A funding; however a large part of the funding comes from private organizations and agency general funds. The volunteer peer program is funded primarily through private foundations and agency general funds.

A from Stacey Slovacek, Project ARK**:** The treatment adherence program is funded through Ryan White Part A funding through our planning council.

General questions about the individual peer programs

Q: (Addressed to Stacey Slovacek, Project ARK) **What's included in your peer toolkit starter pack?**

A: We use brochures that we've found to be helpful. We highlight major components such as disclosure or starting meds for the first time. We try to be comprehensive and provide at least one tool, whether it's a fact sheet that's printed off poz.com or a brochure that we found to be helpful.

Q: (Addressed to Stacey Slovacek, Project ARK) **Do you use volunteers?**

A: Right now, our peers are paid only. We plan to include a volunteer component—that will be another organization and planning process. We are in the planning stages of developing that.

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