

# DACUM Research Chart for Peer Support Specialist

Produced for



## DACUM Panel

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Produced by



**THE OHIO STATE UNIVERSITY**

CENTER ON EDUCATION AND  
TRAINING FOR EMPLOYMENT

**DACUM International Training Center**

**Columbus, OH**

**November 21-22, 2019**

# DACUM Research Chart for Peer Support Specialist

## DUTIES

## TASKS

DUTIES	TASKS			
<b>A. Create Safe Recovery-Centered Environment</b>	A.1 Perform individual mediation	A.2 Establish accessible facility hours	A.3 Assist individual to normalize behavior	A.4 Provide multiple recovery options
	A.10 Perform emergency services (e.g., CPR, first aid, 911)	A.11 Assess individual changes (e.g., behavior, life situation)	A.12 Provide welcome orientation (e.g., greeting, food, basic needs)	A.13 Promote comfort agreements (e.g., individual, community)
<b>B. Promote Individual Wellness and Recovery</b>	B.1 Provide variety of options/choices (e.g., groups, meals, outings)	B.2 Teach individual money management skills	B.3 Teach individual to navigate transportation (e.g., public, rideshare, Access)	B.4 Role model social skills
	B.10 Facilitate offsite activities	B.11 Support individual definition of wellness	B.12 Accompany individual to external appointments (e.g., medical, legal, government)	B.13 Facilitate peer groups (e.g., anger management, DRA)
	B.19 Demonstrate accessing resources	B.20 Conduct field-based triage	B.21 Coordinate mobile resources	B.22 Prepare individuals for potential emergencies (e.g., weather, natural disasters)
<b>C. Assess Individual Recovery Needs</b>	C.1 Perform individual needs assessment (e.g., support system, goals, basic needs)	C.2 Assess individual risk for suicide	C.3 Assess individual health needs (e.g., hygiene, injury, grooming)	C.4 Observe social interactions (e.g., individual, group)
	C.10 Assess individual for SUDS	C.11 Assess individual community engagement	C.12 Facilitate individual in identifying strengths toward recovery	C.13 Provide harm reduction education
<b>D. Coordinate Individual Supportive Care</b>	D.1 Assist individual in obtaining documentation (e.g., birth certificate, medical information)	D.2 Advocate for individual needs	D.3 Respond to warm line calls	D.4 Provide linkage to healthcare (e.g., medicine management, dental appointments)
	D.10 Participate in individual treatment plan meetings (e.g., individual supervision, group, staff)	D.11 Assemble network of resources	D.12 Coach self-directed individual care	D.13 Assist in intake process

# November 21-22, 2019

A.5 Facilitate safety drills	A.6 Perform facility security walkthrough	A.7 Develop safety policy and procedures	A.8 Train security personnel on recovery	A.9 Provide trauma informed milieu
A.14 Role model cultural competency/humility				
B.5 Facilitate individual goal setting	B.6 Provide individual coping skills education	B.7 Provide self-care education	B.8 Create comfort agreements (e.g., individual, community)	B.9 Provide individual job coaching
B.14 Assist individual to determine strengths	B.15 Establish individual recognition activities (e.g., art, talent, poetry)	B.16 Advocate for individual autonomy (e.g., decision making, independent thought)	B.17 Participate in event planning	B.18 Facilitate problem solving methods
B.23 Conduct mental health outreach				
C.5 Perform MOR assessment	C.6 Assess individual hobbies, interests and groups	C.7 Identify individual goals (e.g., personal, professional, recovery)	C.8 Gather individual prior records (e.g., benefits, medical, legal)	C.9 Schedule individual appointments
D.5 Provide linkage to legal resources	D.6 Provide linkage to basic needs (e.g., housing, food, financial plan)	D.7 Provide linkage to government agencies	D.8 Facilitate supportive strategies (e.g., internal, external)	D.9 Provide crisis intervention
D.14 Participate in debriefing process (e.g., co-workers, individual)	D.15 Assist in health navigation	D.16 Request individual reasonable accommodations (e.g. bottom bunks, afternoon appointments)	D.17 Follow up on referrals (e.g., individual, agency, organization)	

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## DUTIES

## TASKS

<b>E. Promote Community Mental Health Awareness</b>	E.1 Distribute promotional materials	E.2 Create messaging campaigns (e.g., political, social awareness, fund raising)	E.3 Participate on boards and committees	E.4 Participate in recovery panels
	E.10 Network with community and government organizations	E.11 Participate in national/state accreditation process	E.12 Provide professional development community opportunities	E.13 Provide facility tours
<b>F. Participate in Professional Development</b>	F.1 Participate in training (e.g., mandatory, voluntary)	F.2 Participate in subject matter meetings	F.3 Participate in work-related social functions (e.g., holiday party, funeral)	F.4 Facilitate recovery-based presentations
	F.10 Participate in performance review process			
<b>G. Perform Administrative Tasks</b>	G.1 Create promotional materials (e.g. newsletters, pamphlets)	G.2 Complete service documentation	G.3 Complete time sheets	G.4 Manage office inventory
	G.10 Implement security protocols (e.g., HIPPA, filing)	G.11 Provide access to protocols and procedures (e.g., patient rights, grievance process)	G.12 Coordinate food bank services	

# November 21-22, 2019

E.5 Participate in community events (e.g., tabling, public speaking)	E.6 Coordinate public events/celebrations	E.7 Participate in public planning process (e.g., government, advisory)	E.8 Facilitate mental health training	E.9 Build community partnerships
F.5 Participate in mentorship programs	F.6 Participate in staff and supervision meetings (e.g., group, individual)	F.7 Participate in certification programs	F.8 Participate in mental health advocacy events (e.g., political, organizational, community)	F.9 Create peer networks
G.5 Create online accounts (e.g., SSI, GR)	G.6 Request reasonable accommodations (e.g., ramps, head set)	G.7 Complete vehicle documentation (e.g., inspection, maintenance)	G.8 Complete office documentation (e.g., petty cash, supplies)	G.9 Update online presence (e.g., social media, website)

## General Knowledge and Skills

### Skills

Organizational  
Active listening  
Time management  
Conflict resolution  
Disclosure  
Infection control  
Coaching  
Observation  
Reframing  
Rapport building  
Communication - verbal, written  
Reflective listening  
Reframing  
Self advocacy  
Warm line  
Avoid assumptions

### Knowledge

Lived experience  
Individual legal rights  
Trauma informed  
Power dynamics  
Physical boundaries  
Harm reduction techniques  
Role-strain  
De-escalation techniques  
Validation techniques  
Evidence-based practice  
Systems and procedure  
Recovery model  
Values  
Core competencies  
Advocacy

## Behaviors

Creative  
Assertive  
Patient  
Resourceful  
Respectful  
Resilient  
Passionate  
Attentive  
Calm  
Tenacious  
Kind  
Compassionate  
Supportive  
Culturally sensitive  
Humble  
Inclusive  
Responsive  
Nurturing  
Charismatic  
Caring  
Congenial  
Self-aware  
Hopeful  
Process-oriented  
Composed  
Welcoming  
Culturally competent  
Empathic  
Self-advocate  
Purpose-driven

## Acronyms

CPR	Cardio Pulmonary Resuscitation
HIPPA	Health Insurance Portability and Accountability Act
SSI	Social Security Insurance
MOR	Milestones of Recovery
SUDS	Subjective Units of Distress
FA	First Aid
GR	General Relief
DRA	Dual Recovery Anonymous
MHSA	Mental Health Services Act

## **Tools, Equipment, Supplies and Materials**

Computer  
Walkie talkie  
Art supplies  
Software:  
\* MS Office  
\* Avatan  
\* Electronic Health Record  
First aid kits  
Tent  
Bottled water  
Recreational equipment  
Hygiene kits  
Backpacks  
Sleeping Bags  
Bus tokens  
Easel/white board  
Lockers  
Calendars/planners  
Stress relieving tools  
CRISCO (Clarify, review, identify, select, carry out)  
Internet/intranet  
Release of Information form  
Baseline assessment tool  
Phone  
Fax  
Printer  
Clipboard  
General office supplies  
Personal protective equipment  
Vehicles/vans  
Confidentiality screens

## **Future Trends and Concerns**

Global warming  
Volatile political climate  
Affordable Care Act: changing who can access healthcare and where  
Increase in homelessness  
Increase in suicide rates  
Trend in California seeking certification for peer counseling  
Lack of affordable housing  
Safety and health risk exposure increasing due to homelessness  
Increase of peer involvement in mental illness  
Transitional Age Youth contributing to rise in homelessness  
Gap in available qualified mental health professionals compared to people needing help  
Equity in pay  
Limited upward mobility  
Changing MHSA funding legislative policies  
Drug crisis  
Increased underserved mental health population  
Increased peer respite homes  
Coercion and forced treatment debate  
Increase in peer run industries  
Increase in training opportunities and curriculum