

**PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES
PEER SUPPORT**

- 1. PURPOSE.** This Veterans Health Administration (VHA) Handbook outlines the procedures for implementing peer support throughout mental health programs within VHA.
- 2. SUMMARY OF CHANGES.** This is a new VHA Handbook.
- 3. RELATED ISSUES.** VHA Handbook 1160.01, VHA Directive 1163, and VHA Handbooks in the 1163 series.
- 4. RESPONSIBLE OFFICE.** The Office of Mental Health Services (OMHS) (116) in the Office of Patient Care Services (PCS) is responsible for the contents of this Handbook. Questions may be referred to the National Mental Health Director for Psychosocial Rehabilitation and Recovery Services (352) 376 1611 extension 4642.
- 5. RESCISSIONS.** None
- 6. RECERTIFICATION.** This VHA Handbook is scheduled for recertification on/or before the last working day of July 2016.

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PSYCHOSOCIAL REHABILITATION AND RECOVERY SERVICES PEER SUPPORT

1. PURPOSE. This Veterans Health Administration (VHA) Handbook outlines the procedures for implementing peer support throughout mental health programs within VHA.

2. BACKGROUND

a. Peer Support is a fundamental building block of recovery-oriented services. Within the recovery literature, Peer Support is a promising best practice which provides role models for Veteran consumers of the Department of Veterans Affairs (VA) mental health care program to engender hope, demonstrate recovery, and teach advocacy skills among other valuable practices.

b. VHA funded Peer Support staff positions at the national level for the first time in 2005. This type of care is appropriate for Veterans with severe mental illnesses and substance use disorders to address multiple and severe psychosocial deficits. Care utilizing Peer Support staff recognizes the need for psychiatric and psychotherapeutic treatment and symptom reduction of mental and substance use disorders, and it provides opportunities to improve functional status through focusing on individual's strengths. This rehabilitative approach recognizes that persons with mental illness and substance use disorders may achieve their goals for healthy and productive lives more readily when select services are delivered by peer consumers who provide the benefit of role modeling and instilling of hope.

3. DEFINITIONS

a. Consumers. Consumers, as used in this Handbook, are Veterans who currently receive or have previously received mental health and/or substance use disorder services.

b. Consumer Operated Services Programs (COSPs). COSPs provide Peer Support Services that are set up, directed, and delivered by consumer providers themselves.

c. Dual Relationships. Dual relationships are relationships in which a peer is concurrently participating in two or more role categories with a Veteran consumer. Such dual relationships may be benign (as when both are members of the same social group) or exploitive (a sexual relationship), but all dual relationships violate the necessary boundaries between the peer and the Veteran consumer.

d. Non-VA Community Peer Support. Non-VA Community Peer Support can be a non-VA community mental health program or individual contractor that offers Peer Support Services.
NOTE: Contracting specifics are detailed in subpar. 12d.

e. Peer. A peer is a consumer who has had similar life experiences in terms of illnesses, life events, and treatments for mental illness and/or substance use disorder as the persons being served.

f. Peer Support. Peer Support is a form of helping Veterans with SMI and/or a substance use disorder to successfully engage in their treatment through sharing experiences,

encouragement, and instilling a sense of hope and skill building to promote recovery. These services are provided by an appropriately qualified peer.

g. Peer Support Technicians (PSTs). PSTs are current or previous consumers of mental health and/or substance use disorder services hired by VHA to provide Peer Support Services to Veteran consumers.

h. Vet-to-Vet. Vet to Vet is a specific form of delivering Peer Support Services in which Veteran consumers facilitate a structured group of educational activities based on a standard Vet-to-Vet curriculum in formal meetings.

(1) Vet-to-Vet providers may be given training and supervision by professional VA staff when offered in a VHA mental health program setting. If such supervision and training are provided, the facility must enter into a Memorandum of Understanding (MOU) that delineates the specific relationship between the facility and the Vet-to-Vet program. The MOU needs to contain specific mention that training and supervision must cover the same peer support competencies required for all providers of Peer Support Services in VA mental health programs. If the facility chooses not to enter into an MOU with Vet-to-Vet, then the relationship between the facility and the Vet-to-Vet program would be the same as with any other self-help support group.

(2) Vet-to-Vet providers are often volunteers; in some instances, they may be paid. Paid Vet-to-Vet providers usually receive an hourly stipend from a not-for-profit service organization for providing limited services to VA mental health programs. Although a 6 month waiting period after a Veteran has been an inpatient at the facility may be considered before a person is accepted as an official volunteer, it is not a mandate (see VHA Handbook 1620.1 *Department of Veterans Affairs Voluntary Services Procedures*).

i. VHA Peer Support Provider. A VHA Peer Support provider is a PST, volunteer, or a Without Compensation Employee (WOC) who provides Peer Support Services to Veteran consumers. A volunteer or WOC Peer Support Provider must go through the formal volunteer orientation and registration process.

j. Volunteers or WOCs (Without Compensation Employees): Peer Support Services may be provided by Veteran consumers who are volunteers or WOCs. Volunteers and WOCs do not receive payment or compensation for their services. These Veteran consumers are not receiving services in the programs in which they offer peer services and are officially designated as volunteers or Without Compensation Employees (WOCs). Although a 6 month waiting period after a Veteran has been an inpatient at the facility may be considered before a person is accepted as an official volunteer, it is not a mandate (see VHA Handbook 1620.1 *Department of Veterans Affairs Voluntary Services Procedures*). Peer Support is an evidence-based practice and valued by the VA mental health system. Having received mental health services is a qualification for inclusion rather than exclusion for this role. The judgment of the mental health staff requesting the volunteer positions should be highly regarded in the decisions about the selection of volunteer applicants. **NOTE:** *Peer Support is an evidence-based practice and valued by the VA mental health system. Having received mental health services is a qualification for inclusion rather than exclusion for this role. The judgment of the mental health staff requesting the*

volunteer positions should be highly regarded in the decisions about the selection of volunteer applicants.

4. SCOPE

a. All Veterans with SMI must have access to Peer Support Services, either on-site or within the community.

b. Peer Support Providers need to:

(1) Demonstrate skills for managing recovery acquired through their lived experiences with mental illness and/or substance abuse and as consumers of mental health services.

(2) Instill hope by providing opportunities for Veteran consumers to observe others in recovery who are not limited to a perpetual sick role.

(3) Educate consumers by role modeling successful management of mental illness symptoms and the ability to interact successfully within their environment.

(4) Provide recovery-oriented services that do not duplicate mental health clinical treatments provided by other staff but provide value-added services by individuals who have experienced success with their own recovery and are further along in the process than the Veterans being served.

(5) Teach Veteran consumers self-advocacy skills to obtain needed resources and eliminate stigma as a barrier to acquiring necessary goods and services.

5. MISSION, VISION, AND GOAL

a. **Mission.** Peer support services in VA are specifically designed to offer hope for recovery and role models for successful management of mental illness. Peer Support Providers help Veterans develop skills to manage their recovery, improve their quality of life, support their personal goals, and achieve independence from institutional settings.

b. **Vision.** All Veterans pursuing recovery from mental illness or substance use disorders in VHA will have access to peer support services.

c. **Goal.** To provide Peer Support Services to all eligible Veterans with SMI delivered by individuals recovering from the same or similar types of mental illness as the individuals being served.

6. RESPONSIBILITIES OF THE FACILITY DIRECTOR

The facility Director is responsible for:

(1) Providing and maintaining program oversight to ensure quality services and compliance with VHA policy and procedures.

(2) Ensuring the timely completion of all mandated reporting, monitoring and accreditation requirements. *NOTE: See par 21 for more specific details.*

(3) Providing appropriate support and resources to ensure that Peer Support Services are able to accomplish their stated mission, goals and objectives.

(4) Ensuring that contracted Peer Support Services provided by a community organization offer safe, efficient and effective services comparable to an on-station program and are in compliance with the procedures in this handbook.

7. RESPONSIBILITIES OF THE CHIEF, MENTAL HEALTH SERVICES

The Chief, Mental Health Services, or designee is responsible for:

a. Ensuring that Peer Support Services are operated in compliance with all VHA policies and procedures.

b. Completing all mandated reporting, monitoring, evaluation and accreditation requirements relevant to Peer Support Services.

c. Establishing procedures for the ongoing monitoring and evaluation of the effectiveness of Peer Support Services.

d. Developing partnerships with community providers to facilitate outreach and collaborative planning for Peer Support Services when indicated.

8. RESPONSIBILITIES OF SUPERVISORS OF VA-EMPLOYED PSTs

Supervisors of VA-employed PSTs are responsible for:

a. Using VA Central Office Human Resources-approved position descriptions and complying with all Human Resources policies for recruiting PSTs.

b. Conducting interviews using performance based interviewing techniques and ensuring questions which address the peer aspect of the position are asked legally and tactfully.

c. Providing all usual and customary supervisory functions and co-signing all PST entered notes in the Computerized Patient Record System (CPRS).

d. Providing face-to-face supervision for a minimum of one hour per week for each full-time peer support provider during their probationary period and thereafter until supervisors feel that less frequent supervision is required based upon the Peer Support Providers' experience and competencies; at a minimum, supervision must occur no less than once per month.

e. Ensuring PSTs function as full members of the clinical team and are fully integrated in all clinical and planning activities.

f. Providing and supporting ongoing education and training. Peer Support Providers must comply with all relevant VHA policies and procedures for training and continuing education.

NOTE: For more details on education and training see par. 10.

g. Developing and communicating an appropriate performance plan at the beginning of the probationary period that includes passing the VA PST competency test or obtaining certification as a peer provider from a state or agency, verifying that all required competencies are met, and developing appropriate performance improvement plans to include necessary training when indicated. *NOTE: For more details on competencies see par. 10.*

h. Being knowledgeable about reasonable accommodation and when it applies.

i. Consulting with Human Resources office regarding reasonable accommodation and when potential disciplinary action is contemplated.

9. RESPONSIBILITIES OF SUPERVISORS OF VOLUNTEERS AND WOC PEER SUPPORT PROVIDERS

Supervisors of Volunteers and WOC Peer Support Providers are responsible for:

a. Following all local policies and procedures pertaining to volunteers or WOCs.

b. Developing written position descriptions for volunteers and WOCs using the PST position descriptions as a model but modifying as necessary to fit the job as developed for a volunteer or WOC.

c. Establishing a tour of duty with the volunteer or WOC that provides efficiency of service for the agency.

d. Orienting the volunteer/WOC to the assigned section of mental health services and to all relevant VA policies as well as ensuring participation in the VA medical facility's Human Resources Orientation.

e. Ensuring compliance with local business rules governing the use of CPRS. If written into those rules, volunteers or WOC providers may be able to make entries in CPRS. All notes written by volunteers or WOC providers must be co-signed by the supervisor. Supervisors are responsible for ensuring that all documentation entered by volunteers or WOCs for the Veterans in their care meets acceptable standards and is completed according to the local governance's established rules.

f. Providing face-to-face supervision for a minimum of one hour per week for each full time Peer Support provider during their probationary period and thereafter until supervisors feel that less frequent supervision is required based upon the Peer Support Providers' experience and competencies; at a minimum, supervision must occur no less than once per month.

g. Providing and supporting ongoing education and training. Peer Support Providers must comply with all relevant VHA policies and procedures for training and continuing education;

h. Verifying competencies are met before the end of the first year of volunteering or WOC appointment by passing the VA peer support technician competency test or obtaining certification as a peer provider from a state or agency, and developing appropriate performance improvement plans to include necessary training when indicated.

i. Contacting Human Resources and Voluntary Service as needed on issues of performance, reasonable accommodation, etc.

10. RESPONSIBILITIES OF PEER SUPPORT TECHNICIANS (PST)

PSTs are responsible for:

a. Complying with all local policies and procedures relevant to VHA employees including this policy document.

b. Being knowledgeable about VHA policies and procedures that apply to all VA employees including confidentiality and its limitations, documentation, dual relationships, etc.

c. Performing the duties in their job description to the best of their abilities and participating in continuing education activities to maintain their competencies at a satisfactory level.

d. Maintaining competency. PSTs must demonstrate the competencies to provide peer support services before the end of their first year of employment either by passing the VA peer support technician competency test or obtaining certification as a peer provider from a state or agency. The specific domains of competence that must be demonstrated are:

(1) Recovery Principles,

(2) Peer Support Principles,

(3) Cultural Competence,

(4) Communications Skills,

(5) Group Facilitation Skills,

(6) Managing Stigma,

(7) Comprehending the Illness,

(8) Recovery Tools,

(9) Professional Development and Workplace Skills; and

10) Managing Crisis and Emergency Situations.

NOTE: Subsequent maintenance of these competencies will be demonstrated through ongoing continuing education and attainment of a minimum of 15 hours of competency-related training annually.

11. RESPONSIBILITIES OF VOLUNTEER AND WOC PEER SUPPORT PROVIDERS

Volunteer and WOC Peer Support Providers are responsible for:

- a. Performing all job duties contained in the position description in a fully satisfactory manner.
- b. Being knowledgeable about VHA policies and procedures that apply to all VA employees including confidentiality and its limitations, documentation, dual relationships, etc.
- c. Maintaining competency. Volunteers and WOCs must demonstrate the competencies to provide peer support services before the end of their first year of a volunteer or WOC appointment in the same way as PSTs, either by passing the VA peer support technician competency test or obtaining certification as a peer provider from a state or agency. The specific domains of competence that must be demonstrated are:
 - (1) Recovery Principles,
 - (2) Peer Support Principles,
 - (3) Cultural Competence,
 - (4) Communications Skills,
 - (5) Group Facilitation Skills,
 - (6) Managing Stigma,
 - (7) Comprehending the Illness,
 - (8) Recovery Tools,
 - (9) Professional Development and Workplace Skills; and
 - 10) Managing Crisis and Emergency Situations.

NOTE: Subsequent maintenance of these competencies will be demonstrated through ongoing continuing education and attainment of a minimum of 15 hours of competency-related training annually.

12. PROGRAM ELEMENTS

a. **Models of Peer Support.** All facilities must design Peer Support Services for the treatment of Veterans with SMI including those with co-occurring disorders. Each facility must carefully assess the needs of service recipients and the availability of competent resources to provide peer support. The following models are typical of those in use in VHA at the time of this writing. *NOTE: For more clarification see definitions in paragraph 3.*

- (1) Peer Support Technicians (PSTs),
- (2) Volunteers or WOC employees,
- (3) Consumer operated services, and
- (4) Referrals to non-VA community Peer Support programs.

b. **Peer Support Services.** Peer Support Services can range from fellow Veterans in a program providing orientation for a new participant to multiple methods of providing support for emotional and social needs. The providers of peer support may be employees of VA hired as PSTs, volunteers, WOCs, or non-VA staff providing Peer Support Services through contracts or community referrals to the extent the Veteran is eligible. The term PST is used in this document to differentiate paid VA staff from other providers. The term peer support covers any peer services regardless of the provider type delivering the service. All designs must build in adequate supervisory controls and documentation requirements. The length of services may range from one contact to an indefinite time period for some program participants due to the persistent nature of SMI and possible ongoing needs for long-term support. As new and innovative practices and requirements are evolving in VHA peer support services, VA facilities must keep abreast of new developments and best practices.

c. **Settings.** Peer Support Services may be provided in a variety of mental health treatment programs under the supervision of an appropriate mental health provider. Many VHA mental health programs are currently utilizing Peer Support Services. These include but are not limited to, Substance Use Services, Inpatient Psychiatry, Outpatient Mental Health, Mental Health Intensive Case Management (MHICM), Psychosocial Recovery and Rehabilitation Centers (PRRC), Residential Rehabilitation Treatment Programs (RRTPs), and Therapeutic and Supported Employment Programs. Innovative applications may also include emergency room services for Veterans with SMI, outreach efforts to OEF/OIF Veterans with SMI, and enhancement services to mental health/primary care collaborative initiatives.

d. **Contracts.** Peer Support Services may be provided on a contract basis by non-VA and community providers to the extent the Veteran is eligible. Contract language must specify, in detail, that services meet the same professional quality standards of care as provided by VHA Peer Support Providers.

e. **Documentation of Need.** The need for Peer Support Services must be documented in the Veteran's plan of care. Documentation must specify how services will be delivered, in what

context, for what duration and the goals of the intervention. Peer Support Services do not occur in isolation, but are a component of the overall services offered by the program in which they exist. As such, they are adjunctive services that enhance the delivery of services provided.

13. HUMAN RESOURCE REQUIREMENTS

NOTE: Refer to local Voluntary Service policy and procedures if using volunteers in peer support roles.

a. **Position Description and Duties.** PSTs must have position descriptions consistent with the prototypes developed by VA Office of Human Resource Management, Compensation and Classification Service for PSTs under the HEALTH TECHNICIAN, GS-640-5/6 classification series. Minor divergence from these position descriptions is allowed for unique duties specific to the program's needs. However, every effort should be made to stay within the classification grades and description already developed. Examples of duties that are typical for Peer Support Providers include providing education to program participants in group or individual formats, leading skill building and wellness management groups, teaching self advocacy skills, assisting Veterans to prepare for medical appointments and, enhancing case management services.

b. **Recruitment.** By definition, Peer Support Providers are individuals who are or have been recipients of mental health services and are in good recovery from their illness, these individuals may be Veterans or non-Veterans. As legal requirements prohibit direct inquiry of physical or mental health status, great care must be given to the wording of recruitment announcements, required knowledge, skill and abilities (KSAs), and interview questions. Applicants may be asked about previous experience in providing Peer Support Services, and they may be questioned on how they have used personal experiences in recovery to help others. KSAs should also include an opportunity for applicants to illustrate their understanding of the signs and symptoms of serious mental illness. In order for applicants to provide pertinent information without violating human rights/discrimination legislation, it is suggested that interviewing questions be performance based. Examples may include:

(1) Tell me about an instance where you were able to help someone in recovery from mental illness by drawing on your skills or experience?

(2) We're working with a sensitive population in our programs; please explain the ways in which you might be a good role model for these Veterans?

(3) Can you describe how you would use personal recovery experiences to provide role modeling and education?

c. **Qualifications.** VHA Peer Support Providers must have "lived experience" within the mental health system. "Lived experience" does not necessarily mean that the PST has experienced mental health treatment. Once hired, PSTs must demonstrate the skill and knowledge for this position through meeting the nationally approved job-specific competencies during their probationary period. To assist them in acquiring these competencies, supervisors will work closely with PSTs to obtain VA supported training for the development of elements in their Individual Development Plan. During their probationary period, PSTs will demonstrate

competencies by attaining a passing score on the Office of Mental Health Services (OMHS) national standardized exam. PSTs who have achieved certification from a recognized training agency external to VA will have this exam waived. PSTs who fail to demonstrate competencies prior to completion of their probation will have their employment with VA terminated. All current VHA Peer Support Providers who were not previously certified will need to demonstrate competency on an annual basis and are strongly encouraged to seek certification from a recognized training body as a means of professional development.

d. **Training and Education.** Peer Support Providers must comply with all relevant VHA policies and procedures for training and continuing education.

e. **Supervision.** Supervision is required for all Peer Support Providers including PSTs, volunteers and WOC employees. Specific responsibilities are outlined in paragraphs 8 and 9, however, supervision must be consistent with the following guidelines:

(1) Clinical supervision must be provided by licensed independent mental health providers with programmatic responsibilities.

(2) Individual supervision should take place in face-to-face meetings at least once per week during the probationary period and thereafter until supervisors feel that less frequent supervision is appropriate based upon the Peer Support Provider's experience and competence. At a minimum, on-going supervision must occur no less than once per month.

(3) Peer Support Providers must have access to their supervisor or designee at all times.

(4) Additional forms of supervision, such as group supervision for training purposes, are highly desirable.

(5) Supervisors must co-sign peer support providers' CPRS documentation.

f. **Work Performance Standards and Competencies.** Employed Peer Support Providers are governed by the same regulations as all other employees in regard to performance standards and competencies.

(1) Peer Support Providers will be held to the nationally approved set of competencies for this position with competency initially demonstrated through an OMHS assessment instrument. Sustained competency must be demonstrated annually.

(2) To meet competencies, Peer Support Providers will work closely with their supervisor in the development and success in meeting elements of their performance plan.

(3) Volunteers and WOCs are evaluated based upon their position description and their supervisor's documentation of how they will be evaluated. Their competencies also must be assessed pre-employment and annually. The supervisor sets the standards for acceptable job performance and competencies for volunteers and WOCs providing Peer Support Services, and these standards must be comparable to those for PSTs. Unless otherwise stated, VA facilities

utilizing volunteers or without compensation (WOC) employees to provide Peer Support services, must follow the same guidelines as employed Peer Support Providers for training certification and supervision.

g. **Reasonable accommodations.** Until Peer Support Providers voluntarily reveal a medical or mental health condition and request accommodation, it is not appropriate to raise the issue in relation to job performance. When providers raise these issues, it is essential that they contact the local VA Office of Human Resource Management for specific guidance.

14. DOCUMENTATION REQUIREMENTS

a. PSTs are suitably qualified to be full members of the VA mental health treatment team. PSTs are expected to document in the treatment record. All patient care documentation will be co-signed.

b. A specific DSS Stop Code for peer support services had not been identified at the time of this writing. The procedural code for all Peer Support Service encounters is H0038. Contact the Director, Peer Support Services, for updated information.

c. Documentation in the treatment record by volunteer and WOC employees may be appropriate in some situations. This must be approved by local authority. In these instances documentation must be closely monitored and co-signed by the supervisor.

15. DUAL RELATIONSHIPS

a. Dual relationships between Peer Support Providers and staff, as well as between Peer Support Providers and other Veteran consumers, must be avoided. All programs utilizing Peer Support Providers must have written policies and procedures covering dual relationships.

b. Peer Support Providers must not work in the same program where they are currently receiving services.

c. Peer Support Providers must not deliver services to individuals with whom they have a personal relationship outside of the treatment environment.

d. The PSTs, volunteers, or WOC provider and the supervisor will frequently review acceptable and unacceptable practices concerning dual relationships. Any relationships that have the potential to be dual relationships must be discussed openly between the providers of Peer Support Services and their supervisor. Any instances that cannot be resolved at this level will be referred to the next higher level supervisor for resolution.

e. There may be no romantic or sexual relationships with a Veteran consumers in the program. If the Peer Support Provider had a former such relationship or is still involved in a relationship, the supervisor must be informed so that appropriate strategies for maintaining healthy professional relationships can be accomplished. Under no circumstances is it permissible for a PST, volunteer or WOC to engage in sexual relationships with Veterans with whom they are providing services.

f. If the Peer Support Provider formerly had a non-sexual friendship with a Veteran consumer in a program in which they are now working, the Peer Support Provider must notify the supervisor. The Peer Support Provider must inform the friend of any resulting new boundaries.

g. If the Peer Support Provider and other staff members in the program in which the Peer Support Provider is working had a clinical relationship in the past and are now co-workers, the clinical staff and Peer Support Provider need to discuss this situation with their respective supervisors and communicate boundaries that uphold the integrity of both the Peer Support Providers and the other staff members. This would mean, at a minimum, that the clinicians would not share any information about the Peer Support Provider that was obtained during therapeutic sessions with other staff. Conversely, the Peer Support Provider must not communicate any opinions of clinicians' therapeutic efficacy or affability based upon their previous clinical relationship.

h. Being on the same treatment team as Peer Support Provider can also cause some indirect dual relationship issues for providers who may not have treated peers directly but were on a team where a colleague spoke about the Peer Support Provider in clinical consultations. That prior knowledge may also affect the relationships between the Peer Support Providers and other members of that same team or within the mental health program in general.

16. ETHICS

All rules of employee-patient relationships concerning ethical issues such as (but not limited to) buying or selling goods or services and loaning or borrowing money must be followed. In addition, Peer Support Providers must adhere to their own professional Code of Ethics.

17. ROLE CONFUSION

When a Peer Support Provider works within the same mental health program where they have received services in the past, there may be a tendency for them to interpret work-related directions as therapeutic suggestions and confuse their current role with that of their past Veteran consumer role. Similarly, VA clinical staff may view the provider of Peer Support Services as a Veteran consumer and make inaccurate assumptions about behavior or verbal comments. Such thinking and behavior needs to be addressed with supervisors. Peer Support Providers must discuss any conflicts they experience about their roles with their supervisor. They also have access to a national PST e-mail group and monthly hotline call for less urgent matters. Other clinical staff address their concerns with their own supervisor.

18. CONSUMER FUNDS

Peer Support Providers do not handle any consumer funds. Peer Support Services may include teaching effective money management and budget techniques that the consumer could employ.

19. PROGRAM EVALUATION

Programs utilizing Peer Support Services are required to participate fully in national monitoring and program evaluation activities. The results of national monitoring and program evaluation will be disseminated to the field on an annual basis.

20. ACCREDITATION

a. All VA medical facilities must meet The Joint Commission standards for the provision of Peer Support Services.

b. The Commission on the Accreditation of Rehabilitation Facilities (CARF) does not accredit Peer Support Services as free standing services, but reviews the national, network and local policies which affect the delivery of services by competently trained and certified staff in any behavioral health or community employment program. Therefore, any VA program accredited by CARF must assure that its Peer Support Provider selection, scope of practice, competencies and human resource data stand up to the same rigors of measurement placed on all providers within the mental health specialty programs.