

CalMHSA's

2022 Landscape Analysis

Supervisors' Fundamental Core Competencies for Supervision of the Peer Worker



Introduction

When entering the Certified Peer Specialist job industry, it quickly becomes apparent that supervisor standards and core competencies are crucial for a well-functioning peer certification program. In fact the National Association of State Mental Health Program Directors (NASMHPD) talk about this in their “Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention” document. This document states that, “The

relationship of the worker and supervisor is one reason why peers stay or leave; they are not leaving the job in many cases, they are leaving the supervisor.”¹ That information is important to keep in mind while developing California’s supervisor standards.

The Substance Abuse and Mental Health Services Administration (SAMHSA) noticed this in 2017 when they, “... became aware of growing member concerns about supervision contradicting or conflicting with core peer support values.”² To address this issue, both SAMHSA and the National Association of Peer Supporters (N.A.P.S.) outline their own list of fundamental core competencies that supervisors should possess.

Currently there are some states that use SAMHSA’s supervisor fundamental core competencies for their supervision standards. The states that do not use SAMHSA’s core competencies have a created list of their own standards that follow similar themes.

For the purposes of this report, a list of the SAMHSA core fundamentals and N.A.P.S.’s 12 core values will be used to do a landscape analysis on how all the different states are setting up their supervision standards currently.

Research Methods of Core Competencies for Supervisors

SAMHSA

SAMHSA uses a list of core competencies (called fundamentals) along with the Bringing Recovery Supports to Scale: Technical Assistance Center Strategy’s (BRSS TACS) resources for supervision standards. These two sources were referred to when analyzing each state’s standards of supervision. Public information on each state was pulled from the web pertaining to their training and supervision policies and standards.

¹ [*Assessment 1 - Enhancing the Peer Provider Workforce 9-15-14.pdf \(nasmhpd.org\)](#)

² [National Practice Guidelines for Peer Support Specialists and Supervisors | Psychiatric Services \(psychiatryonline.org\)](#)

To understand the core definition of supervision, we can look to SAMHSA who defines supervision as,

“... a professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker's application of accepted professional peer work knowledge, skills, and values.”

SAMHSA's Core Fundamentals (Competencies) for Supervisors

1. Understands Peer Roles and Practices
2. Have Recovery-Orientation and Model Recovery-Oriented Practices
3. Development of the Unique Knowledge and Skills Needed for Peer Support Practice
4. Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity
5. Use Strengths-based Supervision
6. Provide a Space to Address Ethical and Boundary Issues
7. Advocate for the Integration of Peer Workers in the Work Place

Across the country, a majority of the states do not specifically mention SAMHSA's core fundamentals for supervisors. However those same states list standards for supervisors that are similar to SAMHSA's.

N.A.P.S.

N.A.P.S. looks at 12 core values that they developed from peer surveys and focus groups, peer leaders at SAMHSA, information collected from a National Supervision workgroup, and peer specialists and supervisors.

These 12 core values are:

1. Peer support is voluntary
2. Peer supporters are hopeful

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

After analyzing how the states' standards follow similar themes with SAMHSA, this report will analyze if and how these core values are integrated in the current standards.

Comparative Analysis of SAMHSA Supervision Standards

The following states use SAMHSA's core fundamentals for supervisors:

Alaska, Idaho, Louisiana, Missouri, New Mexico, New York, Pennsylvania

The following states do not use SAMHSA, but have standards very similar to theirs:

Arkansas, Arizona, Colorado, Connecticut, Delaware, Hawaii, Illinois, Kentucky, Maine, Minnesota, Mississippi, Montana, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Rhode Island, South Carolina, Tennessee, Texas

The following states use SAMHSA core fundamentals for their peer workers, but not specifically for supervisors:

Florida, Georgia, Indiana, Iowa, Maryland, Massachusetts, Nebraska, New Hampshire, Utah, Washington, Wisconsin,

All states, however, seem to agree upon the three areas of supervision. These areas are: Administrative, Educational, and Supportive.

Below is a comparative list of core themes that both SAMHSA and other states have elected to use for their supervisor standards.

SAMHSA Supervisor Fundamentals³	Summary of Themes Across Other State Standards
<p><u>Understands Peer Roles and Practices:</u></p> <ul style="list-style-type: none"> • Supervisors understand the variety of peer roles • Supervisors have a deep understanding of the core competencies of peer workers • Supervisors understand the specific peer support job of the person they supervise • Supervisors can learn more about the fundamentals of peer support and peer roles by: <ul style="list-style-type: none"> – Participating in trainings designed for peer support workers – Reading articles about peer - delivered recovery support services – Learning the core competencies of peer workers 	<p>Have a clear and comprehensive understanding of peer specialist role, and be able to identify specific duties they must carry out.</p>

³ [Supervision of Peer Workers \(samhsa.gov\)](https://www.samhsa.gov)

Have Recovery-Orientation and Model

Recovery-Oriented Practices:

- Supervisors endorse and enact recovery - oriented practices and values
- Supervisors believe in the capacity of peer workers to grow and develop professionally
- Supervisors frame difficulties as learning opportunities and structure learning opportunities to help the worker grow
- Supervisors support the development of individualized professional goals
- Supervisors support the integration of peer workers and recovery values

Understand what the philosophy of recovery means, and what that entails for each peer.

Encourage maintained recovery among their peers.

Development of the Unique Knowledge and Skill Needed for Peer Support

Practice:

- Supervisors teach workers the knowledge and skills they need to perform work tasks
- Supervisors evaluate work performance through direct observation, co-working, assessments, and reflection, all in collaboration with the peer worker

Build peer's skills in the peer specialist core competencies.

Reinforce peer specialist skills and encourage growth through strength-based teaching.

<ul style="list-style-type: none"> • Supervisors structure learning opportunities to help workers grow • Supervisors advocate for worker's participation in ongoing training 	
<p><u>4. Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity:</u></p> <ul style="list-style-type: none"> • Supervisors take a holistic view of a person, that they are more than their diagnosis or addiction • Supervisors recognize that recovery involves more than symptom reduction or abstinence • Supervisors recognize the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage • Supervisors support workers to address issues of poverty, trauma and discrimination 	<p>Learn about peers and the diverse backgrounds they come from.</p> <p>Continue to build upon their knowledge of recovery in these new perspectives.</p>

Use Strength-based Supervision:

Strengths - based supervision is a collaborative process between the worker and supervisor enabling them to deliver quality services and supports that draws on the person's strengths and assets

- Seek to discover and amplify the workers' strengths and competencies
- Intentionally identify and amplify the workers' success
- Encourage learning and share responsibility for setting learning goals
- Focusing on strengths does not mean ignoring problems, but rather means that the supervision frames problems as learning opportunities
- Feedback and self-assessment are tools in strengths - based supervision

Recognize the strengths of individual peer specialists and support goals that build on these strengths.

Provide a Space to Address Ethical and Boundary Issues:

- Most peer workers have been trained about ethics and follow a Code of Ethics that

<p>has been adopted by the state in which they work</p> <ul style="list-style-type: none"> • Supervisors review agency code of conduct with the people they supervise • Peer workers are expected to follow both their Code of Ethics and the agency's code of conduct • The nature of peer support means that boundary issues can be very nuanced and may require opportunities to reflect with a more experienced colleague 	<p>Identify the code of ethics for peer specialists and emphasize these in the environment.</p>
<p><u>Advocate for the Integration of Peer Workers in the Work Place:</u></p> <ul style="list-style-type: none"> • Supervisors educate others in the work force about the peer support roles and practices [how it complements other services in the system. How does our job fit into the whole system. How the peer enhances the quality of care.] • Supervisors create opportunities for peer support workers to interact with other team members [interact and partner with] 	<p>Advocate for peers in the organization and to human resources.</p> <p>In addition to this, advocate for more principles of recovery and peer support in the organization.</p>

<ul style="list-style-type: none"> • Supervisors work with leadership to create more optimal working conditions for peer workers 	
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Summary of Comparative Analysis of SAMHSA Supervisor Core Fundamentals

There is a clear consensus between all states that most of SAMHSA’s core competencies for supervisors are important standards to uphold. However the standard to recognize behavioral health conditions and trauma, health disparities and social inequity, is one that is not specifically spelled out in many of the states’ lists. That being said, those states recognize the importance of understanding peer’s trauma, social inequity, behavioral health conditions and health disparities, by understanding and individualizing their supervision to each peer.

Comparative Analysis of N.A.P.S. 12 Core Values

Below is a comparative list of N.A.P.S. core values and the corresponding SAMHSA core fundamentals that fall in a similar vein with N.A.P.S.’s core values.

<p>N.A.P.S.⁴ Core Values</p> <p>“The Supervisor Role Is To: ”</p>	
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⁴ [National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf\(Review\)- Adobe Document Cloud](#)

	<p style="text-align: center;">SAMHSA Supervisor Fundamentals⁵</p>
<p><u>1. Peer Support is Voluntary</u></p> <ul style="list-style-type: none"> • Encourage peer support specialists in promoting individuals' choices including becoming more knowledgeable about trauma-informed approaches that reduce or eliminate force and coercion to create a safer environment for all. • Explore peer support specialists' choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma. • Provide guidance to peer support specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic. 	<p style="text-align: center;"><u>Development of the Unique Knowledge and Skill Needed for Peer Support Practice:</u></p> <p style="text-align: center;"><u>Provide a Space to Address Ethical and Boundary Issues</u></p>

⁵ [Supervision of Peer Workers \(samhsa.gov\)](https://www.samhsa.gov)

2. Peer Supporters are Hopeful

- Demonstrate confidence in peer specialists' ability to share a hopeful message.
- Provide a way to further develop skills for disclosing personal experience with the goals of inspiring hope, developing trust and rapport, and fostering strengths.
- Model self-care, appropriate boundaries, and an authentic belief in recovery through language, attitude, and actions.

Development of the Unique Knowledge and Skill Needed for Peer Support Practice:

3. Peer Supporters are Open Minded

- View differences as an opportunity for learning. Refrain from seeing differences as pathology (symptoms); consider "what happened?" rather than "what's wrong?"
- Learn with and from peer support specialists about different pathways to recovery and alternate perspectives about individuals.
- Respect peer support specialists' individual recovery journeys and knowledge of recovery approaches.

Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity:

4. Peer Supporters are Empathetic

- Practice effective listening that is non-judgmental and empathic while balancing the need to hold peer support specialists accountable for their job duties.
- Provide adequate time and space, with coaching and feedback, for peer specialists to become proficient in this critical skill.

Provide a Space to Address Ethical and Boundary Issues

5. Peer Supporters are Respectful

- See peer support as different from traditional service, one that does not start with the assumption that there is a problem. Instead, peer support is a way of relating to many different world views.
- Gain awareness of one's own world view including personal stigmas, stereotypes and bias that can interfere with the ability to treat all employees, including peer support specialists, with respect and fairness.
- Take training themselves and support offering all agency employees, including supervisees, training on cultural humility, which is a process of openness and self-awareness that incorporates self- reflection

Understands Peer Roles and Practices

Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity:

Provide a Space to Address Ethical and Boundary Issues

and self-critique while willingly interacting with individuals from diverse cultures, ethnicities and gender orientations.

- Invite ongoing feedback on personal and staff practice of cultural humility.

6. Peer Supporters Facilitate Change

- Define and model advocacy for peer support specialists, including advocating for organizational changes.
- Coach peer support specialists on how to respect the rights of individuals while helping individuals challenge and overcome injustice.
- Build on lived experience, model recovery and advocate for peer support workers.
- Assist colleagues with understanding the peer specialist role and the perspective and experience of peer support specialists.
- Identify situations in which the supervisor has responsibility to address agency liability and maintain respectful communication with

Advocate for the Integration of Peer Workers in the Work Place

<p>peer support specialists when differences of opinion occur.</p> <ul style="list-style-type: none">• Provide time and support for peer support specialists to connect with and participate in the greater peer movement and the peer workforce profession.	
<p><u>7. Peer Supporters are Honest and Direct</u></p> <ul style="list-style-type: none">• Establish clear boundaries, set reasonable and mutually agreed- on expectations.• Promote responsibility and accountability.• Build trust and develop the integrity of the supervisory relationship with peer support specialists through honest and respectful communication about strengths and areas that need improvement.	<p><u>Have Recovery-Orientation and Model Recovery-Oriented Practices:</u></p> <p><u>Provide a Space to Address Ethical and Boundary Issues</u></p>

8. Peer Support is Mutual and Reciprocal

- Ask peer support specialists how they best receive feedback and direction.
- Encourage co-learning (collaborative learning) and welcome peer support specialists' input in decision-making wherever possible.
- Welcome feedback from peer support specialists during supervision sessions to develop supervisory relationships based on mutuality.

Development of the Unique Knowledge and Skill Needed for Peer Support Practice:

Use Strength-based Supervision:

Provide a Space to Address Ethical and Boundary Issues

9. Peer Support is Equally Shared Power

- Educate peer support specialists on the concept of power and the potential for inadvertently reinforcing power differentials in the peer support relationship.
- Reinforce the non-clinical nature of the peer support role with peer support specialists and other organizational colleagues to avoid 'peer drift' or co-optation, and role ambiguity.

Have Recovery-Orientation and Model Recovery-Oriented Practices

Development of the Unique Knowledge and Skill Needed for Peer Support Practice:

- Consider how power in relationships, including the relationship between the supervisor and peer support specialist, affects those with histories of trauma, to create a safe work environment.
- Support peer support specialist values and scope of non-clinical practice, especially in situations in which the peer support specialist is called upon to endorse or enforce a form of treatment or clinical practice.

Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity:

10. Peer Support Strength-Focused

- Model a focus on strengths rather than deficits with all employees.
- Encourage peer support specialists to develop meaningful personal, career, and leadership development goals and suggest they use a similar process with those they support.
- Encourage peer support specialists to use a strength-based approach to evaluate their own progress and performance; invite them to

Have Recovery-Orientation and Model Recovery-Oriented Practices:

Use Strength-based Supervision

Advocate for the Integration of Peer Workers in the Work Place

provide a similar strength-based approach when working with others.

11. Peer Support is Transparent

- Use the job description to orient peer support specialists to job duties and requirements, including the type of documentation a peer support specialist is expected to keep, and to guide understanding of the performance review process.
- Explain the supervisor's role, including connecting peer support specialists to other colleagues with additional expertise, as needed.
- Describe the benefits and expectations of the supervisory relationship, including frequency and duration of supervision meetings.
- Use plain, person-first language in all interactions with peer support specialists.

Understands Peer Roles and Practices

- Reinforce the non-clinical nature of the peer support role with peer support specialists and colleagues, including documentation which is consistent with the peer support role.

12. Peer Support is Person-Driven

- Provide an environment where peer support specialists are empowered to move beyond comfort zones and learn from their mistakes.
- Reframe unexpected outcomes as opportunities for personal growth, recovery, and resilience.
- Assist peer support specialists in identifying areas for personal growth and creating professional development plans.
- Recognize when the issues a peer support specialist brings up in supervision are beyond the supervisor's role; and suggest constructive ways to obtain help for these issues.

Have Recovery-Orientation and Model Recovery-Oriented Practices:

Use Strength-based Supervision:

Summary of Comparative Analysis of N.A.P.S. Core Values and SAMHSA's Fundamentals

While SAMHSA's core fundamentals are already pretty thorough, N.A.P.S.'s 12 core values take it one step further. The 12 core values emphasize the type of mindset a supervisor should possess. They describe a work environment that empowers the peer specialist and keeps the supervisor constantly in a space of learning and adapting to best support their peer workers.

Current Qualifications for Supervisors: Landscape Analysis

Requirements for supervisors varied state by state. However, a large number of states require supervisors to have professional experience. Delaware, for example, states that their, "...certified peer staff is supervised by a licensed practitioner of the healing arts who is acting within the scope of his/her professional license and applicable state law."⁶ (4.b.)

States like Kentucky are more specific and require more qualifications to be a supervisor. Kentucky requires supervisors to be a professional, including but not limited to: a Physician, a Psychiatrist, an Advanced practice registered nurse, a Physician assistant, a Licensed psychologist and more.⁷ (Section 6)

Other states give trainings for peers to be supervisors. This is typically after the individual has been a peer themselves for a selected amount of time.

⁶ [DEPARTMENT OF HEALTH AND SOCIAL SERVICES \(delaware.gov\)](http://delaware.gov)

⁷ [908 CABINET FOR HEALTH AND FAMILY SERVICES - DEPARTME Chapter: \908\002.220 \(ky.gov\)](http://908.cabinetforhealthandfamilyservices.com)

CalMHSA Peer Support Specialist Stakeholder Advisory Council Feedback

Our stakeholder advisory council subcommittee analyzed this landscape report and gave their feedback on supervisory fundamentals they wanted to emphasize for the implementation of the Medi-Cal Peer Certification Program.

In addition to the skills listed below, supervisors should be well trained in the skill set of supervision.

Supervisors should provide regular supervision, both individually and as a team, done ideally on a weekly basis. These supervisor meetings are a coaching opportunity that can help address problems and create a learning environment for the team.

A common theme amongst the advisory council was the desire for supervisors to go through the peer specialist training in addition to their supervisor training, so that supervisors are clear on the expectations of peer specialists.

The council believed that supervisors should value the peer support role among other roles. In fact, the advisory council recommended that as much as possible, supervisors have lived experience, following the BHIN.

The advisory subcommittee recommended trauma-informed training for supervisors for the relationship between the supervisor and peer specialist. In addition to this, they recommended developing an environment of mutual learning, especially for circumstances when the supervisor is not a peer.

The advisory subcommittee really appreciated the SAMHSA and N.A.P.S. mentions of supervisors encouraging and advocating for peer's career development and increased leadership. They recommended building a career ladder for peer support. But in saying so, they also mentioned that peer specialists should not be required or expected to move up the career ladder if they do not wish to do so.

A few concerns from the advisory council included questions of how to measure when a supervisor has met the SAMHSA core competencies, N.A.P.S core values and the subcommittee suggested criterion.

The advisory subcommittee was split in whether to completely adopt the N.A.P.S. core values and SAMHSA core competencies, or to adopt both these standards but make adjustments to fit the feedback from the advisory council.

In Conclusion

Although there are many differences between states in standards of a supervisor, the main pillars of administration, education and support are seen consistently throughout their supervisor trainings. To get a more thorough look at the states' peer supervisor standards and core competencies, a formal outreach to all the states' peer programs and leaders would be necessary.

That being said, the SAMHSA's supervisor core competencies and the N.A.P.S. 12 core values are together a great foundation for creating supervisor standards for California's peer certification program. Lastly, stakeholders and subject matter experts will be imperative to finalizing the most effective supervisor standards possible for California.

Index of Resources

"Supervision of Peer Workers" by the Substance Abuse and Mental Health Services Administration (SAMHSA); [Supervision of Peer Workers \(samhsa.gov\)](https://www.samhsa.gov)

"National Practice Guidelines for Peer Specialists and Supervisors" by the National Association of Peer Supporters (N.A.P.S.); [National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf\(Review\)- Adobe Document Cloud](#) ; [National Practice Guidelines for Peer Support Specialists and Supervisors | Psychiatric Services \(psychiatryonline.org\)](#)

“The Peer Provider Workforce: Recruitment, Supervision and Retention” by the National Association of State Mental Health Program Directors (NASMHPD); [*Assessment 1 - Enhancing the Peer Provider Workforce 9-15-14.pdf \(nasmhpd.org\)](#)

“Supervision of Peer Workers” by Bringing Recovery Supports to Scale (BRSS TACS); [Supervision of Peer Workers Toolkit \(peersupportworks.org\)](#)

“Supervision Resources” by N.A.P.S.; [Supervision Resources - National Association of Peer Supporters \(peersupportworks.org\)](#)

“Integrated Care In Action Podcast: Strategies For Effective Peer Supervision” by Beverly Haberle (Executive Director, The Council of Southeast Pennsylvania, Inc.); Lena Marder (Clinical Supervisor for Peer Specialists, The Council of Southeast Pennsylvania, Inc.); and Fred Shue (Certified Recovery Specialist, The Council of Southeast Pennsylvania, Inc.); [Integrated Care in Action Podcast: Strategies for Effective Peer Supervision | Resources for Integrated Care](#)

“Hiring and Supervising Peer Providers to Support Integrated Care” by Larry Fricks SAMHSA-HRSA Center for Integrated Mental Health Solutions; [Hiring and Supervising Peer Providers to Support Integrated Care \(thenationalcouncil.org\)](#)

“Mastering Supervision Moving From Effective to Excellent” by: Jeanne Supin MA, Jake Bowling MSW, Nick Szubiak MSW LCSW ; National Council for Behavioral Health; [PowerPoint Presentation \(thenationalcouncil.org\)](#)

“Peer Supervision Trainings” by The CAFE TA Center; [Peer Supervision – Cafe TA Center](#)

“Oh No! We’ve Hired Consumers!!! Personnel Policies & Practices for People in Recovery (and Everyone Else)” by Joshua Koerner, B.A. – Executive Director, CHOICE Co-President, NYAPRS Deborah Max – Deputy Director, CHOICE; [Microsoft PowerPoint - ppt. Oh No Weve Hired Consumers v2 \(illinoismentalhealthcollaborative.com\)](#)

“PEER SUPERVISION: WHAT’S WORKING, HOW AND WHY?” by Jessica Wolf, PH.D., Decision Solutions; [Peer-Supervision-Wolf.pdf \(peersupportworks.org\)](#)

“Peer Support Toolkit” by Department for Behavioral Health and Intellectual disAbility Services; [Peer Support Toolkit - DBHIDS](#)

“Strategies for Supervising Peer Support Workers (April 2017)” by SAMHSA; [Strategies for Supervising Peer Support Workers \(April 2017\) - YouTube](#)

“Substance Use Disorder Peer Supervision Competencies” by Eric Martin, MAC, CADC III, PRC, CPS & Anthony Jordan, MPA, CADC II, CRM; The Regional Facilitation Center; [Peer-Supervision-Competencies-2017.pdf \(williamwhitepapers.com\)](#)

“Supervising Peer Support Staff: What does it take?” by SAMHSA; [FOUNDATIONS OF \(peersupportworks.org\)](#)

“Supervision and Peers: Opportunity for Paradigm Shift” by Gita Enders, MA, CPRP, Jonathan P. Edwards, LCSW, ACSW, M.Phil.; [SUPERVISION AND PEERS \(peersupportworks.org\)](#)

“Supervisor Guide: Peer Support Whole Health and Wellness” by National Association of State Mental Health Program Directors (NASMHPD), Georgia Department of Behavioral Health and Developmental Disabilities (DBHDD), Georgia Mental Health Consumer Network; [Microsoft Word - TTI PSWHWC Supervisor Manual_0613_3 \(peersupportworks.org\)](#)

“Peer Supervision: Training and Credentialing Peer Supervisors” by Florence Alberque, Holly Dixon, iNAPS 2016; [Peer-Supervision-Training-and-Credentialing-iNAPS-2016.pdf \(peersupportworks.org\)](#)

“Trauma-Informed Peer Supervisory Practice” by Inspired Vision LLC; [Trauma-Informed-Supervision-Cave_Johnsan.pdf \(peersupportworks.org\)](#)

“Supervisory Repository” by iNAPS; [Microsoft Word - Annotated Bibliography for iNAPS Super Repository.docx \(peersupportworks.org\)](#)

“A Guide to Supervising and Developing Young Adult Peer Mentors” by Vanessa V. Klodnick, a Senior Researcher at Thresholds, Massachusetts Department of Mental Health, University of Massachusetts Transitions Research & Training Center;

[Supervision+Guide+for+YA+Peers_v7+with+PP+icons_pdf.pdf \(squarespace.com\)](#)

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