Behavioral Health &
Wellness Program
University of Colorado Anschutz Medical Campus
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The Collective Impact for High Public Service Utilizers Project

Project Playbook

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The Collective Impact for High Public Service Utilizers Project: Project Playbook

Utilizing peer navigators to connect homeless individuals who struggle with behavioral health and chronic care conditions to healthcare coverage and other needed services

About This Playbook

It is the hope of the Collective Impact for High Public Service Utilizers Project Coalition that other agencies might learn from our experiences, and consider integrating peer-led services into existing services. Through Coalition building, a needs assessment, and pilot services, the Collective Impact Project targeted the unmet needs of individuals at risk for or who already have chronic illnesses. We have successfully demonstrated that peer specialists trained and employed as Peer Navigators are able to help close the healthcare gap for some of the hardest-to-reach individuals. As an innovative initiative, project details and lessons learned will benefit other agencies interested in implementing similar services.

Project Overview

The University of Colorado Behavioral Health and Wellness Program (BHWP) began its work on the Collective Impact for High Public Service Utilizers project (Collective Impact Project) in July 2015. Sponsored by the Office of Health Equity at the Colorado Department of Public Health and Environment (CDPHE), the project aimed to reduce health inequalities around the greater Denver metropolitan area. Specifically, the project sought to provide people who are homeless or at-risk for homelessness with support in chronic disease screening, education, and service navigation for cancer, diabetes, cardiovascular disease, chronic obstructive pulmonary disease (COPD), and related respiratory conditions.

Too often, individuals who are homeless or at-risk for homelessness fall through the gaps in the healthcare system. Chronic illnesses and precursory conditions are often medically manageable if identified early and treated with adequate and appropriate care. However, these individuals are more likely to be hospitalized because they are not screened for chronic illnesses and have limited access to preventive care and treatment. As a result, this priority population has higher rates of mortality and increased risk for multiple chronic illnesses, including mental illnesses and addictions. It is the rule rather than the exception that these individuals have overlapping vulnerabilities and complex healthcare needs, which often go unaddressed in the current, fragmented healthcare system.

Taking a "patient centered medical neighborhood" approach, the Collective Impact Project tested innovative strategies for closing healthcare gaps in the homeless population by utilizing Peer Navigators (PNs) placed in agencies that are existing hubs of community service. This project was innovative in not only placing PNs in non-traditional service environments, but also in training peer specialists to provide these PN services. Peer specialists augment existing healthcare services by using their lived experience of recovery from homelessness and behavioral health conditions, combined with formal navigator training, to reach some of the most hard-to-reach individuals.[1-3] Project PNs received ongoing training to provide support and advocacy for their peers, role model recovery, and facilitate positive behavior change. This pilot programming was supported by a growing evidence-base finding that peer-driven interventions increase trust, client engagement, hope, social functioning, and life satisfaction, while decreasing hospitalization and inpatient services.[4-10]

To accomplish project goals, BHWP partnered with community service centers across the Denver Metropolitan area. Partner sites chosen to provide direct PN services all provided services to people who are homeless or at-risk for homelessness. At the same time, project agencies had a range of organizational structures and service offerings. As a project expectation, each site hired one or more peer specialists to conduct direct face-to-face work with clients and to capture relevant client-level data. The Collective Impact Project PNs assisted their clients in accessing the healthcare services they required as well as provided general healthcare education and support through four primary methods:

- Role modeling,
- Advocacy,
- Services navigation, and
- Education.

Project Structure and Partners

The core community agencies detailed in *Figure 1* worked together as the project Coalition to effectively execute the goals of the Collective Impact Project. BHWP and the Metro Denver Homelessness Initiative (MDHI) selected community service sites based on their interest in hiring and supervising PNs and on the range of services they provided to people who are homeless or at-risk for homelessness. Based on a Memorandum of Understanding (MOU) each of the partner sites agreed to hire a PN and appoint a site lead to provide the PNs onsite supervision. The sites also agreed to comply with standardized data collection, and to submit data collection materials to the BHWP grant manager monthly. The MOU template detailing the mutually agreed upon scope of work is presented in *Appendix A*. The characteristics, objectives, and roles of the project's core partners are detailed below.

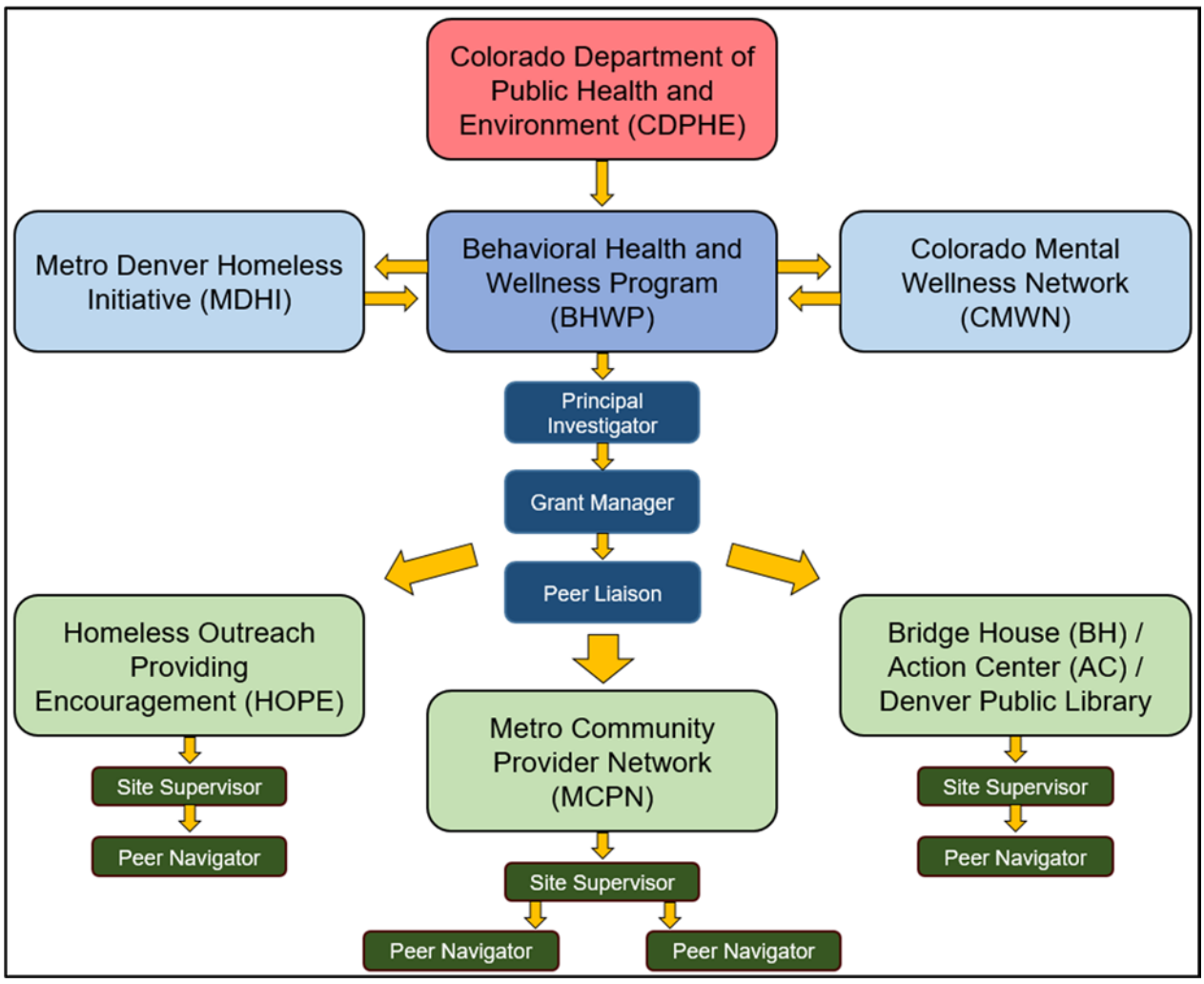


Figure 1. Workflow for the Collective Impact for High Public Service Utilizers Project

The Behavioral Health and Wellness Program (BHWP)

(www.bhwellness.org)

BHWP served as the lead agency of the CDPHE Collective Impact Project. In this position, BHWP directed, designed, and organized the overall tasks associated with the management, evaluation, and execution of the grant project. BHWP was the central point for data collection related to the project, received all project activity forms, and synthesized outcomes. BHWP utilized a principal investigator (PI), grant manager (GM), and the support of its Administrative Director and Evaluation Team. The PI was ultimately responsible for the design and execution of the project and provided oversight and direction. The GM served as the day-to-day project lead, and was the primary contact point for matters related to the administration and ongoing project management. The Administrative Director assisted with the financial and budgetary aspects of the project. The Evaluation Team helped to devise, design, and disseminate the data collection forms.

BHWP hired and oversaw the project's peer liaison (PL), who provided coordination, leadership, and expert consultation to the multiple community partners participating in the project. The PL was tasked with providing leadership and education for the PNs, building community engagement and coordination across the partner sites, and performing administrative duties, including the collection of data and adhering to documentation requirements. A job description for the Peer Liaison position is presented in *Appendix B*.

The Metropolitan Denver Homeless Initiative (MDHI)

(www.mdhi.org)

MDHI is a regional system that coordinates services and housing to help people experiencing homelessness or at imminent risk of homelessness. This work includes prevention, outreach and assessment, support services, and a variety of housing services, including emergency shelters, transitional housing, rapid rehousing, and permanent housing. During the planning and designing phases of the grant, MDHI was integral in applying its experience working with homeless service agencies populations. Importantly, MDHI also helped facilitate housing options, when available, to qualified clients in PNs caseloads. MDHI maintained a database of housing options and assessed individuals for prioritization utilizing the national Vulnerability Index Service Prioritization Decision Assistance Tool (VI-SPDAT). (The VI-SPDAT is available for download at www.cthmis.com/info/detail/vi-spdat/13.) MDHI trained partner agencies and PNs to use the VI-SPDAT, offered other training relevant to homelessness, and helped host and facilitate Coalition meetings. Lastly, MDHI played a key role in the facilitation of the grant itself, coordinating MOUs for placing PNs at partner sites, and issuing payments for the PNs. MDHI obtained the services of a Social Worker (SW) with expertise in counseling, homelessness, and training who was instrumental in trouble-shooting project site and professional issues. In addition to periodically working directly with the site supervisors and PNs in their agencies, the SW supported the work of the PL and aided the development and execution of both the PN trainings and the Coalition meetings.

The Colorado Mental Wellness Network (CMWN)

(www.coloradomentalwellnessnetwork.org)

CMWN is a state-wide, grassroots, peer-run organization providing whole-person wellness education and training. They provide opportunities for individuals in recovery from mental illness and addiction to improve the quality of their lives, to give back to the community through meaningful roles, and to change the perceptions of mental health. For this project, CMWN supported and helped to direct the bimonthly PN education meetings by providing lesson plans, activities, and insights regarding peer-directed services as well as generally helping to facilitate project meetings. They were instrumental in the identification and hiring of PNs. In addition, CMWN generously extended an invitation to the PNs to attend their Peer Specialist Training without charge. This training is an 80-hour course covering topics such as trauma-informed support, self-care, ethics, communication skills, and resilience. Graduates of the training are qualified to sit for the International Certification and Reciprocity Consortium (IC&RC) Certification Exam through the Colorado Providers Association (COPA). The management team at CMWN remained a valuable source of knowledge and support in navigating project challenges.

Metro Community Provider Network (MCPN)

(www.mcpn.org)

MCPN has 25 health center locations serving five counties and nine cities around the Denver Metro area. MCPN's network of primary care centers focuses on providing affordable care to low-income, uninsured, and underserved populations. MCPN offers medical, behavioral health, and dental services and consists of a large network of clinics. The service structure of MCPN proved to be an excellent match for the project. MCPN implemented an intake question to identify people who were homeless or at-risk for homelessness, and all clients were screened for homelessness and chronic disease. This structure insured that the PNs had a steady pipeline of appropriate clients. The Lakewood branch served as the primary project site employing PNs, with the Wheat Ridge branch becoming active just prior to the final year of the project. MCPN initially hired one PN, but after experiencing success and productivity from this individual, went on to hire a second PN several months later. The more veteran PN ultimately transferred from the Lakewood branch to the Wheat Ridge branch to extend the project's reach. Moreover, the veteran PN provided training to the incoming PN, helping to ensure a smooth transition. MCPN provided time for the PNs to both engage in continuing education and to develop new resources and chronic care services. For example, MCPN empowered PNs to develop informational pamphlets on chronic illnesses that they have utilized for community outreach efforts. Importantly, MCPN's management continuously refined how to effectively employ PNs skillsets.

Homeless Outreach Providing Encouragement (HOPE)

(www.hopeforlongmont.org)

HOPE, located in Longmont, Colorado, aims to provide life-sustaining and supportive services for homeless and at-risk individuals to encourage stability and self-sufficiency. To accomplish this mission, HOPE provides emergency street outreach services to the homeless population in Longmont, along with supportive follow-through services. It aims to provide basic needs for this group within the community, such as food, water, clothing, and blankets or sleeping bags, along with referrals to the appropriate social services agencies as necessary. HOPE has continued to seek avenues to expand its services by offering overnight sheltering services over winter seasons. In terms of the Collective Impact Project, HOPE employed one PN to perform the direct client service tasks associated with the grant. The structure of HOPE's services, which included a primary focus on street outreach, limited the site's ability to reach as many clients as the other partner sites. At the same time, PNs at HOPE were able to develop rapport and provide in-depth assistance with clients through more intensive contacts.

The Denver Public Library (DPL)

(www.denverlibrary.org)

The Denver Public Library played a major role in the project during its final year. During the preceding year, the DPL began to employ PNs under the supervision of onsite social workers. These PNs held daily drop-in hours in a private setting and performed outreach both within the library and on the surrounding blocks. DPL brought experience to the project, having served many homeless individuals prior to joining the Collective Impact Project. DPL transferred an experienced PN from their existing duties to join the project. The presence of the PNs at the DPL became a major support to library staff and security and they were able to reach vulnerable individuals present at the library.

Bridge House (BH)

(www.boulderbridgehouse.org)

Bridge House operates out of several Boulder locations, including a homeless shelter and drop-in service center in the downtown area and a comprehensive service offering center on the northern outskirts of the city. BH services include housing support services, programs designed to help people entering the workforce, free meals for the community, and case management services, which include a substantial focus on housing. The design of Bridge House's services and the multiple sites in which it operates led to a large volume of client contacts. As the organization helps individuals with a variety of needs and focuses on housing, it was well positioned as a contact point for people who are homeless or at-risk for homelessness. Another important feature of BH's design was the fact that it contained a quick welcome meeting with all clients to determine what services they were seeking. This arrangement enabled BH to screen many clients for chronic diseases.

The Action Center (AC)

(www.theactioncenterco.org)

Located in Lakewood, Colorado near the city of Denver, The Action Center (AC) provides onsite responses to the basic needs of people who are homeless or facing homelessness. AC offers a variety of community services including person-centered case-management, emergency sheltering, a helpline for housing support, and a community food bank. AC was active during the first year of the Collective Impact Project, during which time it employed a PN to provide client services. The high volume of clients who utilized AC's services provided this PN with regular opportunities to provide assistance amid a heavy caseload.

Project Timeline

The Collective Impact Project had a three-year timeline. The first year of the project, which began on July 1, 2015, was dedicated to strategic and collaborative planning, as well as to launching community-based interventions. During this year, the project Coalition was formed, which was comprised of BHWP, community stakeholders and leaders in the field, and the partner sites. The Coalition conducted regular monthly meetings during the first year of the project, and spent this time considering and outlining how the project services would be designed to maximize partners' resources to best serve persons who are homeless or at-risk for homelessness. A needs assessment was performed during the first year to inform the healthcare interventions and design of the project. The needs assessment served to accomplish the following goals:

- Identify the unmet needs regarding the provision of chronic disease detection and management results in disparate health outcomes for underserved populations.
- Identify sustainable methods for utilizing PNs to increase access to health screenings and referral to treatment for the target population.
- Conduct an environmental scan of existing systems and services to determine how to effectively implement policies and evidence-based rapid improvement solutions.
- Identify barriers to adherence to best practices in community-based agencies, and resources and opportunities for crafting solutions.

Needs Assessment Process for the Collective Impact for High Public Service Utilizers Project

Determining the needs of individuals who struggle with homelessness around chronic care issues was an engaging and involved process. Together, the Coalition drew on its collective experiences to achieve the following:

Large-group discussions: These facilitated discussions were centered around the needs of homeless individuals as related to chronic care issues. Individuals shared personal and professional experiences and statistical and demographic information was shared, along with information about chronic care resources. The discussions identified four distinct barriers to the acquisition of chronic care resources among homeless individuals: hygiene/storage, lack of trust for providers, low health literacy, and lack of knowledge regarding available services.

Small-group discussions: Individuals were separated into groups of three or four to discuss one of the resource barriers in greater detail. Groups talked in depth about their understanding of these barriers and how they manifest among homeless populations. The small groups then summarized their discussion, and any preliminary suggestions, for the Coalition as a whole.

SWOT analysis: The Strengths, Weaknesses, Opportunities and Threats regarding each of the barriers were discussed, along with the practicality of addressing them. Through this process, it was determined that the hygiene/storage topic was not appropriate for the project, while the other three barriers were deemed to be worthwhile targets.

Brain swarm activity: This activity required individuals to think of solutions to the three barriers. Coalition members considered how peers specialists providing PN services could address the various chronic diseases of focus, with consideration to the stage of the diseases. Through this process, the four categories of peer activities were created: Education, Advocacy, Role Modeling, and Navigation. These four categories continue to drive project activities.

***Action planning*:** Coalition members outlined methods through which peers would engage in the four areas of activity. SMART (Specific, Measurable, Attainable, Realistic, and Timely) action plan goals were developed and provided to the PNs. The PNs then began to implement these goals and reported back to the coalition on initial outcomes. Using an iterative process, the Coalition considered these early findings to revise and amend the action plans as needed.

Key informant interviews: The PNs were interviewed after initiating their work to identify successful practices, challenges, and questions for the Coalition. This information was discussed by the Coalition, which was then able to make recommendations and ongoing adjustments to onsite client services.

Continuous quality improvement efforts: In project years two and three, the Coalition continued to shape project activities through a continuous quality improvement process. With the site PNs already in place, the last two years of the project provided an opportunity to fine-tune PN training, client services, data collection, and outcomes tracking.

Key Project Personnel

There were several indispensable positions when providing peer-driven services in community homelessness and healthcare agencies. As a grant-funded project bringing together a Coalition of community partners and agencies, cross-agency coordination was essential. While these coordinating positions are described below, individual agencies interested in creating PN positions would not need a peer liaison or grant manager to successfully provide chronic illness screening, education, advocacy, and navigation.

Peer Navigators

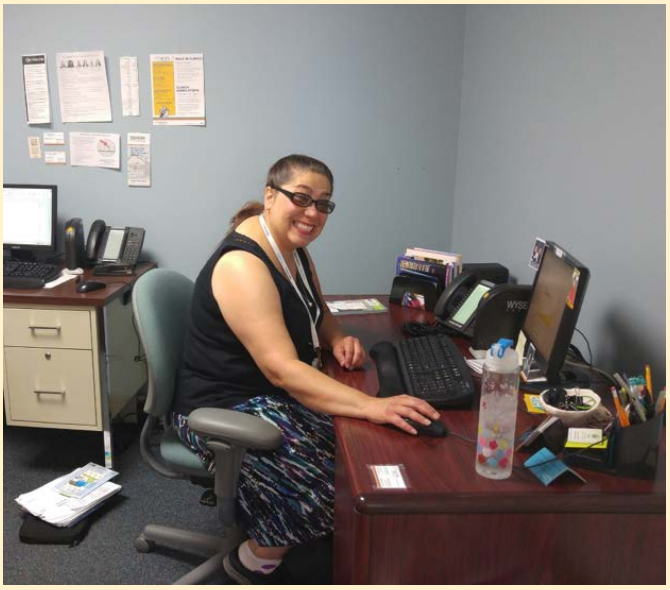
The PN role is the most important project position, as these individuals were typically the only ones who had direct client contact. Peer specialists trained to assume PN positions utilized the project's four categories of intervention: role modeling, advocacy, education, and navigation to services. By role modeling recovery to their clients, PNs served as a symbol of hope and inspiration, making recovery seem attainable. Advocacy took on several forms, but as PNs were able to prove their worth through this project, they demonstrated how valuable such a role can be to organizations. In addition, PNs often had the opportunity to speak in public settings, educating others regarding the life experience and skill sets peers are uniquely positioned to offer. Providing education to clients about their chronic diseases, behavioral health habits, and issues surrounding homeless is an important service that PNs provided. PNs learned the basic signs, symptoms, and characteristics of the four target chronic illnesses, and screened clients for these illnesses. Critically, PNs navigated clients to appropriate services, whether related to healthcare, housing, or other issues, both within their organization or externally. PNs further identified, compiled, and shared community resources with their clients, keeping an active inventory of available services to recommend.

The role of the Peer Navigator was specialized and required an individual to possess several important traits. While it was necessary and required that the project's PNs had lived experience with homelessness and/or other behavioral health conditions, they were likewise required to model recovery on an ongoing basis. Therefore, the effective PN took time to develop self-care approaches and plans as well as set boundaries to ensure effective and appropriate interactions with their clients. Effective PNs exhibited a high degree of professionalism in their positions, demonstrated strong communication skills when relating to the site supervisors and the peer liaison, and took advantage of the project's training sessions and learning opportunities. It was likewise important that PNs worked together within the project, helping to empower each other by sharing lessons learned, challenges, successes, and encouragement. Highly effective PNs demonstrated empathy, patience, and compassion for the clients that they served and were willing to work with them to overcome challenging situations and health conditions.

Case Study
Leane Vasquez, Peer Navigator

Leane Vasquez was a Peer Navigator at MCPN and joined the project during the first half of year one. In her role, she helped well over 200 clients to achieve better results in managing their chronic disease and accessing needed community services. Leane was a compassionate and dedicated PN, and her insights into the merits of her work and position were important to understanding the project's value. Her success in the position led her to full-time employment in a similar capacity upon the conclusion of the project. Below are several quotes from Leane that serve to further illuminate the PN role.

Leane on her background and approach: "Having experienced homelessness, addiction, poverty, and trauma helps me to relate to the courage of those who are simply, surviving. I offer no judgment only compassion and a desire to help navigate folks through organizations/programs and link [them] to appropriate healthcare options. I find that building trust begins with intentional listening. It is also very important to my stability that I maintain healthy boundaries. Over the year, I have required some personal sessions and time outs to regroup and learn more about myself in an affirming manner. I use my Wellness Recovery Action Plan (WRAP) to maintain a model of success."



Leane on the challenges of the PN position: "It is a challenge when providing a resource to a client and not knowing if they showed up. It is a challenge reaching out to people who don't have a phone or address. It is a challenge to want to give more and not having the resource needed to give."

Leane appreciated the value of the Coalition's support: "I can't express enough how my site supervisor has kindly guided my efforts in my position and continues to model a professional presence to uphold. The peer liaison is also a definite go to when challenges arrive. With the plethora of training opportunities, I believe I can soar outside of this project as you, all, are adequately equipping me to do so."

Leane summed up her belief in the value of peer-led work: "Peers are strong, resilient coaches and are able to genuinely help a community they represent. I would convey to the public that peers are a crucial connection to people experiencing their life's lows as a peer would not be [likely] to judge or humiliate someone. It is through [peers'] conviction to give back that we are a significant tool for programs of recovery, mental health, and healthcare [advocacy]."

Site Supervisors

Site supervisors were the most closely involved in the day-to-day work of the PNs, and thus played a critical role in project operations. It was very important that the site supervisors understood the nature of the PN role, and were thus able to provide the heightened level of support that was necessary at times. In addition, they needed to be able to provide a strong foundation and organizational structure under which a PN could work and succeed. Before the PNs began their agency placement, the site supervisor was tasked with identifying the PN's unique responsibilities and how these would fit into the overall agency workflow. Site supervisors were at times responsible for helping to ensure that the PNs met the obligations of the project, including attending the training sessions and Coalition meetings. Along with the peer liaison, they were also charged with teaching the PNs job duties and bore the primary responsibility for introducing PNs to the intricacies of agency policy and culture. The success of the PNs largely hinged on site supervisors' ability to create a supportive relationship with PNs and to assist them in addressing expected challenges as new staff members. The necessity of training site supervisors cannot be overstated. Supervisors must comprehend the nuances of employing peer specialists in order to provide the necessary support for the PN role. The best results were produced by those supervisors who were most successful in understanding and establishing the unique roles PN's play.

Peer Liaison

The peer liaison (PL) role was fundamental to the structure and success of the Collective Impact Project. The PL served as a bridge between the management components of the project and the personnel at the participating sites who were providing direct services. The primary role of the PL was to support the PNs perform their jobs, as well as to offer individualized, personal support as they progressed in their professional development. In supporting the project requirements, the PL conducted regular onsite visits and meetings to facilitate training, documentation, professional development, education, and interactions between the PNs and their respective site supervisors. The PL facilitated the alternating monthly PN phone calls and meetings with structured topics.

The role of the PL required a diverse skill set, and demanded a high degree of flexibility, versatility, and patience. A primary PL role was to communicate developments within the grant to the grant manager and implement the project strategies and procedures. This required a heightened degree of professionalism and strong communication skills as well as attention to detail and organization. Critically, the PL role required, like the PN positions, lived experience of having been at-risk for homelessness and/or having mental illnesses and addictions. This life experience not only facilitated a better understanding of the clients' chronic care needs, but also facilitated trust and collaboration between the PL and the PNs. Specifically, based on this shared experience, the PL was better equipped to understand the challenges that the PNs faced in their work. Such experience allowed for insight into the self-care and boundary-related issues that expectedly arise. The PL drew from past experiences in shaping education for the PNs. Moreover, it was sometimes necessary for the PL to be able to frame and explain challenges related to the PNs and their work to the Coalition.

Grant Manager

The grant manager (GM) was responsible for the day-to-day management of the grant and regular interaction with the different partner sites and participants, including the PL. Among the responsibilities of the GM were to collect and organize outcomes data and the education sessions, to assure that the various scheduled events occurred as planned, to provide direction for the overall scope and execution of the project, to supervise the PL and the partner sites as needed, and to report on project progress to key stakeholders. The GM conducted periodic visits to the partner sites to gauge progress, and to help to lend support as needed to site supervisors and the PL.

Collective Impact Project Training

Following the Coalition needs assessment, sites went live with client chronic illness services focused on education, advocacy, role modeling, and navigation. Per MOUs, site leads and PNs participated in project meetings and trainings. Site leads and PNs were expected to attend regular Coalition meetings. Additionally, PNs were required to attend monthly sessions that the PL coordinated. The odd months of the year featured PN Education Trainings focused on PNs' personal self-care as well as wellness topics. These four- to five-hour trainings included time for PNs to share and seek support regarding challenges that they were experiencing in both their personal and professional lives. PN Education Trainings have included the following topics:

- Chronic diseases and their signs and symptoms
- Using the VI-SPDAT and documentation processes
- Case management and the role of a PN
- Trauma informed care and strengths-based perspectives
- Wellness Recovery Action Plan (WRAP) and self-care solutions
- Effective listening and Motivational Interviewing (MI) techniques
- Mental health and advocacy
- Role modeling and supporting recovery
- Communication and workplace professionalism
- Professional development, resume-building, and interviewing

The PL facilitated this portion of the activity. The trainings were supported by the aforementioned strategic and curriculum support of CMWN, and at times by the social worker employed by MDHI. In order to facilitate a more open and comfortable environment for peer-to-peer dialogue, the site supervisors and grant manager were not present during these trainings. On the even months of the year, PN support calls occurred. These one-hour conference calls were coordinated by the PL to provide another format for peer-to-peer consultation, support, and continuing education.

Project Evaluation

The BHWP evaluation team worked diligently to establish a "culture of data" across agencies, meeting partner sites where they are at in terms of their experience with program evaluation and infrastructure for data collection and management. The evaluation team developed a data collection process based on site visits with partners and staff interviews to determine what data collection processes and metrics were both feasible and sustainable. Three primary forms were developed to track project reach and impact: Peer Navigator Timesheets (*Appendix C*), Health Information Form (*Appendix D*), and the Significant Contact Form (*Appendix E*). Additionally, the PNs used the Clarifying Questions for the VI-SPDAT Chronic Diseases (*Appendix F*) and the Collective Impact Coalition for High Public Service Utilizers Workflow Template (*Appendix G*) to guide their work. The three activity forms are collected monthly, and the results of the client services are tabulated quarterly. The quarterly data reflects the raw numbers of clients reached, clients screened, and clients referred to health services. Once compiled, this information was shared with our funder and with the Coalition to highlight recent activity and trends over time.

Project Results

Baseline projects results have been complied, while further analysis of the client-level impact made by the project PNs is ongoing. Over the course of a little over two years of work, hundreds of people who were homeless or facing homelessness were aided through the Collective Impact Project. Specifically, a total of 1,071 people were engaged by PNs offering support. Of these people, 823 were effectively screened for the presence of chronic diseases, many of whom received further PN support. Finally, at least 429 of these people were successfully referred to healthcare services for their chronic diseases.

Project Conclusion

As the Collective Impact Project drew to a close, steps were taken to support the PNs, agencies, and clients in this process. Over the closing months of the project, PN trainings and Coalition meetings included focus on PN professional development, specifically resume-building, interviewing, and job searching. This approach assured that PNs would have the best opportunity to continue working in a PN capacity if desired. Consultation and guidance was offered to partner sites to facilitate a smooth transition for agency staff and clients upon the end of the PN positions. Alternative workflows and strategies were devised to tackle these challenges and promote organizational sustainability after the project's planned conclusion.

Project Playbook Input from the Coalition

In the closing months of the Collective Impact Project, primary members of the Coalition were presented the opportunity to provide feedback for inclusion in this Project Playbook. These responses were solicited by the distribution of the Final Playbook Input Form (Appendix H) to these individuals. Emergent themes and considerations are presented here.

Sources of Support: The Coalition members, particularly the PNs, uniformly identified the PL as an invaluable asset to their work. Specifically, the ability of the PL to work onsite and learn the nuances of each agency in order to provide tailored assistance was critical. Site supervisors who provided guidance and leadership, while understanding the nature of the PN position, were cited as particularly effective. The project-sponsored trainings and referrals to additional training opportunities were important supports, along with the network created by the Coalition.

Greatest Challenges: The single greatest challenge faced by PNs was the reality of not being able to offer enough resources to some clients. Moreover, the time constraints associated with their positions being only part-time made managing client caseloads challenging. As a whole, the Coalition agreed that identifying ways to sustain such work long-term and likewise producing quantifiable indicators of project success—such as demonstrating measurable return on investment—remains a challenge that organizations will face.

Skills Developed and Lessons Learned: PNs most commonly noted the development of communication, listening, patience, and self-care skills, along with increased empowerment and confidence in their abilities. The value of creating strong boundaries related to offering client care was an important lesson and skill that needed to be developed.

Considerations for Future Like-Projects: The Coalition believes an opportunity exists to continue to expand this work into new settings, including exploring more non-traditional places where vulnerable populations seek care. The maximum possible resources should be allocated to projects at conception, most notably the ability to offer full-time PN positions and additional client resources, particularly bus passes as challenges caused by lack of client transportation was a recurring theme.

Messages to the Public: Real value can be extracted and beneficially shared from the lived experiences of PNs. When vulnerable clients interact with people who have had similar experiences, they are far more likely to engage and pursue recovery. Everyone experiences trauma in one form or another, and if such experiences become overwhelming, people may quickly find themselves in a disadvantaged situation; PNs represent an effective safety net for people in this position.

The Value of Peer-Based Work: Clients who are otherwise hard-to-reach are far more willing to engage with PNs and are able to develop productive relationships with them. PNs have the power to encourage vulnerable populations to take the steps needed to access services, pursue change, and achieve recovery. The existence of peer-based work reduces stigma that many people face in this regard and provides a road to recovery that is greatly needed in our society. Employing PNs to serve vulnerable populations represents a unique, cost-effective way to help people who might otherwise not be able to recover from trauma.

Recommendations

Based on three-year Collective Impact Project outcomes, we offer the following recommendations to other agencies interested in offering PN services to persons who are homeless or at-risk for homelessness.

Considerations for Employers of Peers

- Potential agencies are at different stages of readiness to utilize peer specialists as PNs. It is imperative that organizational readiness be fully assessed and that agencies are then trained in how to effectively utilize PNs and collect standardized outcomes. For additional information, access BHWP's *DIMENSIONS: Peer Support Program Toolkit* at www.bhwellness.org/resources/toolkits/peer.

- Site turnover is sometimes necessary as organizational capacity and priorities change over time. Finding the ideal mix of sites may take time before being firmly established. Similarly, PN turnover may occur, and sites with plans to address such possibilities will be best equipped for a smooth transition.

- Site supervisors must have a clear understanding of how PNs complement existing service teams. It is necessary for site supervisors to receive training regarding the history, philosophy, and evidence-base related to peer-driven PN services as well as potential professional issues PNs might experience as they assume professional roles. Supervisor training should emphasize effective communication, conflict management, healthy boundaries, and trauma-informed care.

- Peers are on their own paths of recovery. Therefore, peers serving as PNs need to be closely vetted to determine if they are ready for employment. In serving clients with issues the peers themselves often faced, historical traumas may be triggered. Therefore, peer specialists hired must have strong coping skills and a plan for maintaining their personal well-being. PNs hired too early in their recovery process are less likely to succeed.

- Structured, intensive onboarding is necessary to successfully integrate peers onto existing agency teams. There should be a clear workflow for PNs and set expectations for numbers on caseloads and the average time individual clients remain on PNs' caseloads.

- Peers serving as PNs can become an integral component of agency teams if their expected roles and responsibilities are clearly articulated to the whole staff. When PNs begin operating outside of the project's scope of practice, site supervisors must rapidly address this diffusion of responsibility.

- When possible, an independent, experienced professional should be hired to facilitate coalition meetings and to offer PNs mutual support and continuing education external to the community agency at which they work.

Peer Navigator Considerations

- PNs who are trained and supported so that they might model personal self-care and wellness offer more effective services and are less likely to burn out.
- A successful peer liaison maintains self-wellness and healthy professional boundaries while also engendering the trust of community-based PNs.
- PNs are most successful when peer-to-peer support is balanced with opportunities to develop independently as professionals.
- PNs who exhibit passion for client-based work are more likely to overcome personal and professional challenges that arise in the natural scope of their work.

Considerations for Future Projects

- As community service agencies have many competing demands and are typically under-resourced, it is critical that projects aim to have the upfront and unwavering support of senior leadership and site supervisors. Otherwise, PNs are at risk for being pulled into existing services rather than augmenting these services with innovative chronic illness screening, navigation, education, and advocacy.
- The most successful agencies are those which have the capacity to screen all clients for chronic illnesses, and then have a workflow whereby appropriate clients are referred to PNs' caseloads.
- Agency capacity and priorities change over time and in the event that they are no longer able to provide an appropriate setting for PN work, it is best to discontinue the work. Identifying the best agencies for PN work may take time, and agency turnover is sometimes necessary.
- If multiple agencies are involved, a peer liaison is a valuable position to bridge communication between agencies, and insure that activities are aligned with the peer-driven philosophy, as well as evidence-based and promising practices.

Conclusion

The work performed by the Collective Impact for High Public Service Utilizers Project has highlighted the benefit of incorporating peers into the delivery of healthcare services for people who are homeless or at-risk for homelessness. Furthermore, the PNs working on this project demonstrated unique abilities to help their peers who often were unable to acquire the assistance they needed through traditional avenues. This project lends additional evidence to support the value that peers bring to organizations and underlines strategies for ensuring their successful integration. This project was successful thanks to careful planning, a dedicated community Coalition, strong support systems, and opportunities for growth and education. The model outlined in this playbook serves as an example of the profound impact that peer-led work can have in helping people to manage chronic diseases, behavioral health conditions, and other challenges.

References

1. Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. Psychiatric Services, 65, 429-441.
2. Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. World Psychiatry, 11, 123-128.
3. Repper, J., & Carter, T. (2011). A review of the literature on peer support in mental health services. Journal of Mental Health, 20, 392-411.
4. Sells, D., Davidson, L., Jewell, C., Falzer, P., Rowe, M. (2006). The treatment relationship in peer-based and regular case management for clients with severe mental illness. Psychiatric Services, 57, 1179-1184.
5. Bologna, M. J., & Pulice, R. T. (2011). Evaluation of a peer-run hospital diversion program: A descriptive study. American Journal of Psychiatric Rehabilitation, 14, 272-286.
6. Corrigan, P. W. (2006). Impact of consumer-operated services on empowerment and recovery of people with psychiatric disabilities. Psychiatric Services, 57, 1493-1496.
7. Bologna, M. J., & Pulice, R. T. (2011). Evaluation of a peer-run hospital diversion program: A descriptive study. American Journal of Psychiatric Rehabilitation, 14, 272-286.
8. Corrigan, P. W., & Sokol, K. A. (2013). The impact of self-stigma and mutual help programs on the quality of life of people with serious mental illnesses. Community Mental Health Journal, 49, 1-6.
9. Chinman, M., George, P., Dougherty, R. H., Daniels, A. S., Ghose, S. S., Swift, A., & Delphin-Rittmon, M. E. (2014). Peer support services for individuals with serious mental illnesses: Assessing the evidence. Psychiatric Services, 65, 429-441.
10. Sledge, W. H., Lawless, M., Sells, D., Wieland, M., O'Connell, M. J., & Davidson, L. (2011). Effectiveness of peer support in reducing readmissions of persons with multiple psychiatric hospitalizations. Psychiatric Services, 62, 541-544.

Appendix A. MDHI Memorandum of Understanding

Memorandum of Understanding

2015 Peer Navigator Positions

This Agreement is entered into on date between Metro Denver Homeless Initiative (MDHI) and site, hereafter known as "Partner Agency," regarding the assistance of individuals experiencing homelessness by Peer Navigators funded by MDHI through a grant from the Behavioral Health and Wellness Program (BHWP).

The aim of this project is to build collaborative efforts to decrease health inequities and improve access to healthcare and prevention services for highly vulnerable individuals, specifically, individuals who are homeless or at-risk for homelessness and struggle with a behavioral health condition.

Peer Navigators will specialize in connecting clients who are experiencing homelessness or are at imminent risk of becoming homeless with critical services necessary to lift them out of homelessness. These services include housing, healthcare, and other necessary services. These navigators will work in collaboration with staff to leverage expertise and community resources. Beyond providing direct services, peer navigators will guide MDHI in developing regional solutions to address the issue of homelessness and participate in periodic trainings to further their own professional development.

The Peer Navigators will be considered temporary part-time employees of the Partner Agency, identified by the Partner Agency through an open recruitment process, and approved by MDHI. The Partner Agency will be reimbursed for up to, but not to exceed, $___ for Peer Navigator position funding over the period of the program. Peer Navigators will be expected to work no more than xx hours a week and no fewer than xx hours per week during that time.

MDHI shall be responsible for:

- Assisting Partner Agencies in outlining Peer Navigator duties, work flow and desired outcomes
- Reimbursing Partner Agencies on a monthly basis for compensation for Peer Navigators' work hours at the rate of $xx per hour plus an amount not to exceed xx% of the total, which shall off-set any additional costs such as workers' comp., payroll taxes, or any other payroll related costs.
- Providing necessary supports, such as bus passes, to Peer Navigators
- Coordinating professional development trainings with Partner Agency participation
- Communication with Peer Navigators and Partner Agency to maximize Peer Navigator contributions
- Assisting Partner Agencies with retention of Peer Navigators
- Meeting with agency representatives and peer navigators as needed if workplace issues arise
- Hosting regular meetings for Peer Navigators
- Connecting Peer Navigators with clients identified through the Coordinated Assessment and Housing Placement System (CAHPS)

The **Partner Agency** shall be responsible for the following:

- Orienting the Peer Navigator(s) to the agency and its partner organizations
- Providing introductions between Peer Navigator(s) and partner agencies
- Establishing MOUs with healthcare agencies, behavioral health agencies, treatment centers, and other providers and partners as needed
- Providing day-to-day task supervision of the Peer Navigator(s)
- Providing support supervision for the Peer Navigator(s)
- Assisting Peer Navigator in connecting with client case load comprised of agency program participants, as well as CAHPS participants assigned to Peer Navigator by MDHI
- Including the Peer Navigator(s) in team meetings and actively collaborating on appropriate projects
- Prioritizing regularly interface with clients, and assist Peer Navigator in appropriately tracking and reporting interactions and assistance
- Participating in monthly meetings to assess program effectiveness
- Reviewing client data compiled by the Peer Navigator for completion and accuracy, and ensuring that this data is turned in to MDHI on a monthly basis
- Provide materials, equipment and supplies related to the performance of assignments and adequate working space to allow the Peer Navigator to perform their assigned duties (i.e. computer, printer, phone, work email address, internet access, business cards, dedicated work space)
- Provide professional development and training opportunities for Peer Navigator, as appropriate
- Ensuring all hours submitted for payment have been worked
- Submitting Peer Navigator hours and payment to MDHI for reimbursement on a monthly basis, no later than the 10th day of the following month, which shall be accompanied by a copy of a signed timesheet

Hold Harmless

A. To the extent allowed by law, MDHI makes no warranties, expressed or implied. The Partner Agency, at all times, will indemnify and hold MDHI harmless from any damages, liabilities, claims, and expenses that may be claimed against MDHI or other Partner Agencies, or for injuries or damages to the Partner Agency or another party, or arising from any acts, omissions, neglect or fault of the Partner Agency or its agents, employees, licensees, or clients, or arising from the Partner Agency's failure to comply with laws, statutes, ordinances or regulations applicable to it or the conduct of its business. MDHI shall not be liable to the Partner Agency for damages, losses, or injuries to the Partner Agency or another party.

B. No term or condition of this section shall be construed or interpreted as a waiver, express or implied, of any of the immunities, rights, benefits, protection, or other provisions for the parties, of the Colorado Governmental Immunity Act, CRS 24-10-101 et seq. or the Federal Tort Claims Act, 28 U.S.C. 2671 et seq. as applicable, as now or hereafter amended. Nor, shall this section in any way be construed to be a general obligation indebtedness of the State of Colorado or any agency or department thereof within the meaning of any provision of Sections 1,2,3,4, or 5 of Article XI of the Colorado Constitution, or any other constitutional or statutory limitation or requirement applicable to the State concerning the creation of indebtedness. Neither the Partner Agency, nor MDHI, has pledged the full faith and credit of the State, or any agency or department thereof to the payment of the charges hereunder, and this agreement shall not directly or contingently obligate the State or any agency or department thereof to apply money from, or levy or pledge any form of taxation to, the payment of any claims or awards hereunder. Further, notwithstanding anything herein to the contrary, the payment by MDHI of any other charges, liabilities, costs, guarantees, waivers, and any

awards thereon of any kind pursuant to this agreement against Partner Agency are contingent upon funds for such purpose(s) being appropriated, budgeted and otherwise made available, through the grant provided by the Denver Foundation.

PARTNER AGENCY: _____	**METRO DENVER HOMELESS INITIATIVE (MDHI)**
By Officer: _____	By Officer: _____
Title:	Title:
Address _____	Address _____
Date: _____	Date: _____

Please include as "Attachment A" a list of agency contacts for this project.

Appendix B. Peer Liaison Job Description

Colorado Mental Wellness Network

Peer Liaison - Job Description

This is a unique quarter time position (.25 FTE) requiring reporting to staff at the Colorado Mental Wellness Network (CMWN) and the Behavioral Health and Wellness Program (BHWP) at the University of Colorado. The individual will spend a majority of time at the BHWP offices on the Anschutz Medical Campus with periodic travel within the Denver-metro area. This is a grant funded position and subject to continuation of the grant award (funding is secured through July 2018).

The Peer Liaison is responsible for providing coordination, leadership, and expert consultation to multiple community partners participating in a cross-county health equity initiative addressing social determinants of health among individuals experiencing homelessness.

Peer Leadership and Education

- Serve as a resource to peer coaches who are working with individuals experiencing homelessness or at risk for homelessness.
- Assist peer navigators with information, tools, and techniques as they provide culturally appropriate and evidence-based resources and tools to their client caseload.
- Develop and provide in depth training for peer coaches during the bi-monthly peer meetings, 2-3 hours each meeting.
- Provide education and ongoing support to peer coaches regarding peer roles and best practices through emails and phone consultations
- Consult with CMWN and BHWP on training needs identified by peers for themselves, agency staff, and/or supervisors regarding roles and the program, to determine how best to address them.

Community Engagement and Coordination

- Serve as the liaison to peers working in the program on behalf of the Behavioral Health and Wellness Program at the University of Colorado.
- Schedule and facilitate the quarterly coalition meetings of all program stakeholders.
- Create the coalition meeting agenda with input from community partners.
- Share information on best practices with supervisors and other stakeholders at coalition meetings

Administrative/General Duties

- Participate in regular supervision meetings with BHWP staff
- Provide superior customer service to colleagues and community members by promptly returning phone calls and email messages, maintaining open communication and a positive attitude
- Provide documentation of hours worked.
- Adhere to requirements and reporting needs of funders.

QUALIFICATIONS

Individual should possess an associates or bachelor's degree in an appropriate field of study and have good working knowledge of the social services industry. Experience in the field of peer support work can be substituted for education. The candidate must have experience working with multiple stakeholders in the healthcare field and demonstrated ability to perform community outreach. Must have a valid driver's license, a reliable vehicle and willingness to travel within the Denver-metro area periodically. Must be computer proficient with knowledge of Microsoft Office software and possess strong organizational skills and leadership qualities. A background check is required for this position, however, failure to pass a background check does not automatically exclude a candidate.

SUPERVISORY RELATIONSHIPS

Reports to the Assistant Clinical Director at the Behavioral Health and Wellness Program and the Manager of Curriculum and Evaluation at the Colorado Mental Wellness Network.

SALARY RANGE

$14,000-16,000 DOE (depending on experience)

WORK HOURS

Estimated 8-12 hours per week (will vary but average 10hrs/wk)

It is the policy of CMWN to provide equal employment opportunity (EEO) to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, genetic information, marital status, status with regard to public assistance, veteran status, or any other characteristic protected by federal, state or local law. In addition, CMWN will provide reasonable accommodations for qualified individuals with disabilities.

Appendix C. Peer Navigator Timesheets

Peer Navigator Weekly Time Sheet **Week of:_____**

<u>Instructions:</u> Each day, please record the amount of time you spent working on each of the following grant-related activities. (Please specify whether you are recording time in <u>minutes</u> or <u>hours</u>. (e.g. "15 minutes" or "1.5 hours"). The total time spent per week should equal the number of hours that are paid under the grant.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Developing/ Adapting Educational Materials							
Client Education Activities							
Client Advocacy Activities							
Client Navigation Activities							
Professional Development Activities (e.g. Supervision, Training)							
Grant-related Administrative Activities (e.g. Client Tracking)							
Other Grant-Related Activities							

Total Hours: _____

Appendix D. Health Information Form

COMPLETE ONLY ONE TIME – AT FIRST PEER APPOINTMENT

(Please keep this form with Significant Contact Forms)

Client (FIRST NAME ONLY) _____ Birth Month_____ Day _____ (NOT YEAR)

Client ID# _____ Client Sex (Circle) M or F Peer Navigator _____ Date _____

How are you feeling physically?

Do you have any health concerns?

Problems, Symptoms or Health Concerns:

(client reported or peer observation)

- ☐ Extreme fatigue (having very little energy)
- ☐ Rapid changes in weight for unknown reasons
- ☐ Unexplained changes in appetite
- ☐ Trouble breathing, wheezing (whistling sound when breathing), or coughing a lot
- ☐ Trouble swallowing or digesting food
- ☐ Pain in muscles for no reason
- ☐ Unexplained lumps or major skin changes: color, bumps, moles, or sores that don't heal

Behavioral Habits/Individual Characteristics:

(client reported or peer observation)

- ☐ Smoking/Other Tobacco Use
- ☐ Alcohol or Drug Use
- ☐ Overweight or Obese
- ☐ Very Underweight
- ☐ Exposed to environmental hazards (e.g. asbestos)
- ☐ Frostbite or Heatstroke

Client reports having:

- ☐ Cancer
- ☐ Diabetes
- ☐ Heart Disease/Heart Attack
- ☐ COPD/Emphysema/Lung Disease/Asthma

Appendix E. Significant Contact Form

COMPLETE AT EVERY PEER CALL OR VISIT

Client (FIRST NAME)_____ **Client ID#** _____ **Birth Month** _____ **Day** _____

Peer Navigator _____ **Date of Visit or Call** _____

Length of Visit _____ **Best Way to Contact Client**

_____

Where did client spend the night last night?

_____

What services did client RECEIVE help with today? (Check all that apply)

- ☐ Immediate Housing/Shelter Needs
- ☐ Long-term Housing (safe and affordable)
- ☐ Obtaining Documents (e.g. Photo ID, SS Card)
- ☐ Obtaining Benefits:
  - ☐ Food Assistance (SNAP or WIC)
  - ☐ Medical Benefits (Medicaid or Medicare)
  - ☐ Social Security or Disability Benefits
  - ☐ Veterans Benefits
  - ☐ Other (please specify)_____
- ☐ Medical Needs:
  - ☐ Medical appointment (e.g., making appointment, transportation to the appointment, or accompanying client)
  - ☐ Advocating for client with medical personnel
  - ☐ General literacy assistance
  - ☐ Understanding treatment plan
  - ☐ Obtaining prescriptions or other medications
  - ☐ Managing long-term chronic condition
  - ☐ Education about a specific health condition(s) or general health
  - ☐ Identify and obtain needed screenings
  - ☐ Referral to health-related community resources
  - ☐ Other (please specify)_____ (e.g. hygiene kits, glasses, wheelchair, medical equipment)
- ☐ Dental Needs
- ☐ Substance Abuse
- ☐ Mental Health
- ☐ Other Assistance _____ (e.g. meal, shower, general transportation, legal help)

Notes:

_____

_____

_____

Appendix F. Clarifying Questions for the VI-SPDAT Chronic Diseases

Symptoms of diseases (language based on Health Literacy principles of Plain Language):

Cancer

Do you have any of these signs or symptoms:

- ☐ Are very tired all the time or don't have any energy (fatigue)
- ☐ Can feel a lump or thick area under your skin
- ☐ Have changes in your weight for no reason (gaining or losing weight)
- ☐ You can see changes in the way your skin looks:
  - o Yellow color
  - o Getting more dark
  - o More red
  - o Changes in moles (dark bumps that look like freckles)
  - o The scratches and sores on your body do not heal quickly
- ☐ Changes in going to the bathroom (bowel or bladder habits)
- ☐ Having trouble breathing or coughing a lot
- ☐ Having trouble swallowing
- ☐ Scratchy or strained voice (hoarseness)
- ☐ Feeling uncomfortable after you eat or trouble digesting food
- ☐ Feeling pain in your muscles for no reason
- ☐ Having a fever or sweating at night when you are sleeping
- ☐ Bleeding or bruising for no reason

Diabetes

Do you have any of these signs or symptoms:

- ☐ Are thirsty a lot
- ☐ Have the feeling you need to pee (urinate) a lot
- ☐ Are very hungry even though you are eating enough
- ☐ Suddenly lost weight for no reason
- ☐ Are very tired all the time or don't have any energy (fatigue)
- ☐ Feel grouchy (irritable) often
- ☐ Are having trouble seeing (blurred vision)
- ☐ The scratches and sores on your body do not heal quickly
- ☐ Have a lot of illnesses caused by germs (infections) in or on your:
  - o Skin
  - o Gums
  - o Vagina

Cardiovascular Disease (Heart Disease, Arrhythmia, Irregular heart beat)

Do you have any of these signs or symptoms?

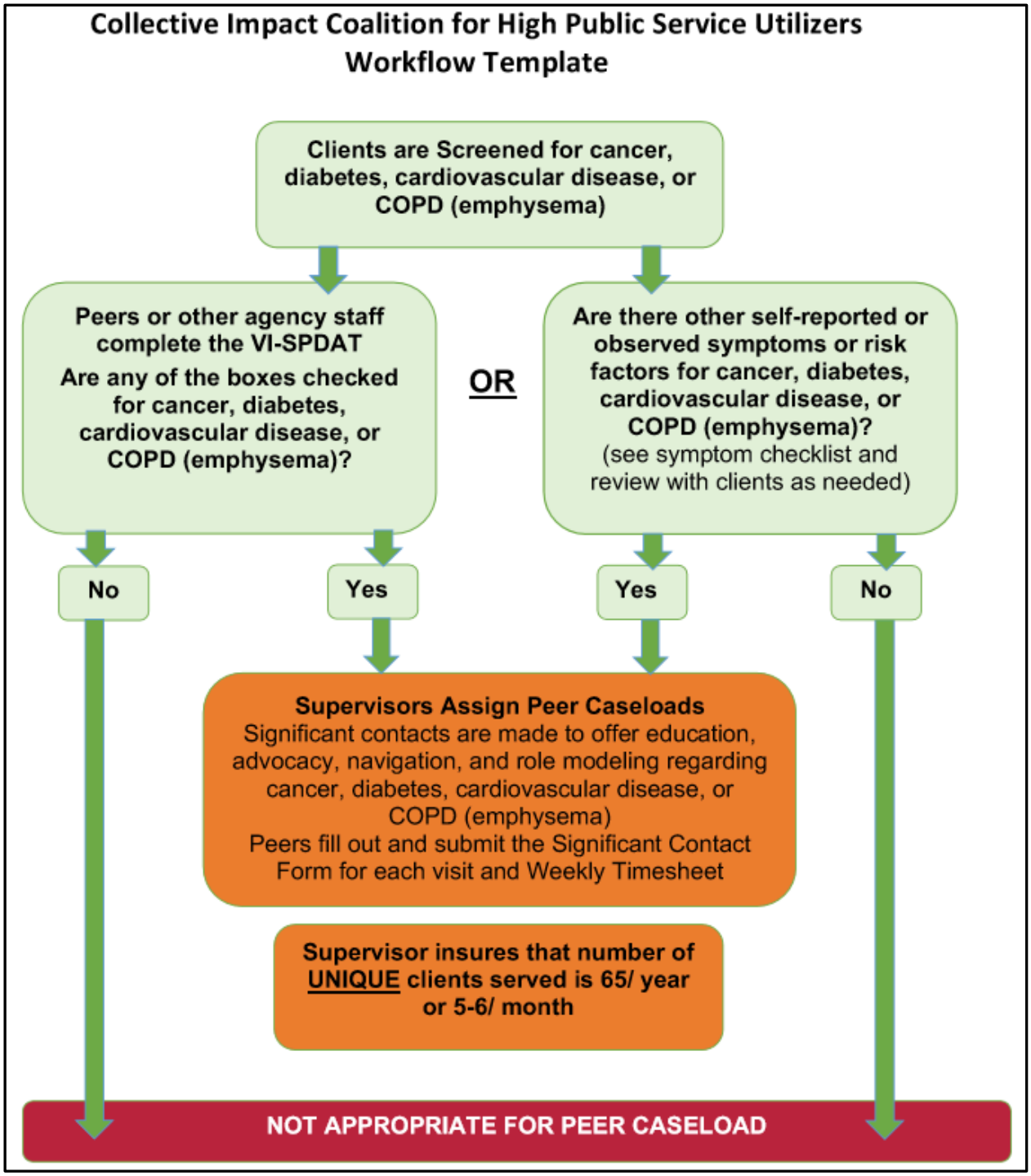
- ☐ Pain in your chest
- ☐ Trouble breathing or feeling like you can't get enough air
- ☐ These feelings in your legs or arms:
  - o Pain
  - o Not having any feeling (numbness)
  - o Weakness
  - o Coldness
- ☐ Pain in your:
  - o Neck
  - o Jaw
  - o Throat
  - o Above your belly area
  - o Upper back area
- ☐ Fluttering in your chest
- ☐ Racing heartbeat
- ☐ Slow heartbeat
- ☐ Feeling dizzy
- ☐ Fainting or almost fainting
- ☐ Skin that is gray or blue color
- ☐ Swelling in your:
  - o Legs
  - o Belly area
  - o Area around your eyes

COPD (Emphysema, chronic bronchitis)

Do you have any of these signs or symptoms?

- ☐ Trouble breathing or feeling like you can't get enough air especially when you move a lot
- ☐ Making a whistling sound when you breathe (wheezing)
- ☐ Tightness in your chest
- ☐ Having to clear your throat of thick fluid (mucus) first thing in the morning
- ☐ Coughing all the time and having spit that is:
  - o White
  - o Yellow
  - o Green
- ☐ A blue color in your lips or fingernail beds
- ☐ Illness caused by germs (infection) in your lungs
- ☐ Not having any energy
- ☐ Losing weight for no real reason

Appendix G. Collective Impact Coalition for High Public Service Utilizers Workflow Template



Appendix H. Final Playbook Input Form

Name: _____

Position: _____

Permission to Use Your Name: Yes / No

1. What/who has been most helpful in supporting your work on this project? (Consider trainings, people, meetings, etc.) Explain how the things you identify have helped.

2. What have been the most challenging aspects of your role in this project?

3. What have you learned as part of this project? What skills have you developed?

4. How has the Coalition and/or your staff members helped you to succeed in your role?

5. What would you want to change about this project if you could?

6. What do you want the public to know about this project? Be specific.

7. Please share one success story or highlight related to working with a client or another member of this Coalition.

8. In your own words, and in your own opinion, what is the value of peer-based work?

9. What do you perceive the value of peer-based work in the context of chronic disease prevention and management to be?