

AMIDA CARE
CONSUMER WORKFORCE INNOVATION PROJECT

IMPLEMENTATION GUIDE

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I. Introduction

About the Consumer Workforce Innovation Project

The Amida Care Consumer Workforce Innovation Project aims to improve client outcomes by partnering with local HIV/AIDS providers to support peers, or consumer workers, in becoming certified to offer HIV, Hepatitis C (HCV), Harm Reduction services, and/or PrEP, and eventually, to join the health and human services workforce.

About Amida Care

In 1999, the New York State Department of Health in collaboration with the AIDS Institute provided grant funding for the development of customized approaches to chronic disease management. In response, six community-based New York City HIV/AIDS providers came together to develop and launch Amida Care (then Vida Care) in 2003. Today, Amida Care is the largest special needs health plan (SNP) in New York State offering care coordination and integrated social support services to populations that often experience significant barriers to care.

About CAI

CAI is a global nonprofit organization dedicated to improving the health and well-being of underserved populations worldwide. For over 35 years, CAI has provided customized capacity-building services to health and human service organizations in more than 23 countries and in all 50 states. In 1985, CAI became one of the first organizations in the world to offer training in HIV counseling. Since that time, CAI has worked with other leaders in the field to provide training and technical assistance that improves services for HIV prevention, diagnosis, and treatment, and improving the lives of people living with HIV and AIDS (PLWHA).

Project Overview and Goals

The New York State AIDS Institute (AI) has long recognized that individuals who share lived experience with clients who have or are at risk for acquiring HIV or HCV can play a vital role in improving health outcomes among this population. As such, Peer Certification is highlighted in the NYS Blueprint for Ending the AIDS Epidemic, designed to meet the state's goals of increasing linkage and retention in care, rates of viral suppression and preventing new infections.^{1, 2} Research demonstrates that employment, and access to employment services, can result in improved access to health care, treatment adherence and overall health. Many organizations have successfully integrated peers and consumer workers into their programs.

Furthermore, employment has strong health benefits for PLWHA. The 2008 National Working Positive Coalition Vocational Development and Employment Needs Survey (NWPC-VDENS) found that respondents' employment was correlated with a decrease in risk behaviors such as alcohol use, drug use and unprotected sex, and with an 50% increase in self-care behaviors.³

To leverage this knowledge, the 2015 NYS Blueprint for Ending the AIDS Epidemic (Blueprint) recommended the establishment of a certified peer workforce as one of its strategies. To create initiatives for PLWH that facilitate access to skill-building and living wage employment, (CR30) AI had established the NY State Peer Certification program in 2016.

¹ Simoni JM, Franks JC, Lehavot K, Yard SS. Peer interventions to promote health: Conceptual considerations. *American Journal of Orthopsychiatry*. 2011;81(3):351-9.

² Tobias CR, Rajabiun S, Franks J, Goldenkranz SB, Fine DN, LoscherHudson BS, et al. Peer knowledge and roles in supporting access to care and treatment. *Journal of Community Health*. 2010;35(6):609-17.

³ Conyers, L. (n.d.). *An Overview of Research Findings Related to Implementation of the NHAS*. . Accessed 6/18/18 from <http://www.workingpositive.net/pdf/conyers-pacha.pdf>.

⁴ New York State Department of Health. (2015). *2015 Blueprint for Ending the Epidemic*. Accessed 6/18/18 from https://www.health.ny.gov/diseases/aids/ending_the_epidemic/docs/blueprint.pdf.

To become certified, individuals must have lived experience in HIV, HCV, PrEP/PEP or with the use of injection drugs (ID) and harm reduction practices. They must complete 90 hours of training, including core training and specialized training in the track(s) of their choice; complete a 500-hour practicum in which they apply and practice the knowledge and skills they have gained in training; and pass an exam on the competencies for their track. Additional recommendations include professional development and capacity building for peers, individualized benefits, and work incentives counseling and advisement for those considering or participating in employment.

To pursue the goals laid out in the 2015 Blueprint, in 2017, Amida Care proposed and was funded by the NY City Council to launch the Consumer Workforce Innovation Project. To increase the number of new diagnoses of HIV, improve engagement and retention in care for people living with HIV and AIDS (PLWHA), and improve viral suppression rates, this initiative supports health and human service agencies in expanding their workforce of certified peers (referred to as *consumer workers* by Amida Care). From 2017-2022, Amida Care contracted with seven health and human services providers: Acacia Network, Brightpoint Health, Harlem United, Housing Works, Morris Heights Health Center, TransLatinx Network, Acacia Network, and VIP Services. With CAI providing training and technical assistance, the Amida Care Consumer Workforce Innovation Project aims to achieve the following by its completion:

- Agencies have structures, systems, and processes in place to support and integrate Consumer Workers as part of their workforce;
- Consumer Workers attain AI Peer Certification;
- Consumer Workers transition to employment at a living wage;⁵ and

⁵ “Livable wage” refers to the amount of income that would allow a consumer worker to relinquish all government-provided entitlements or benefits, including housing support provided through HASA, and comfortably support herself through full-time employment in a health and human services role. Because benefit amounts vary widely according to individuals’ circumstances, however, for the purposes of training and TA related to this project goal, CAI uses the NYC minimum wage (beginning 12/31/2018) of \$15.00 per hour, or \$31,200 per year, as an approximate baseline for a full-time, entry-level employee’s salary. Actual salaries may vary from this figure, particularly if the position includes fringe benefits such as paid leave and health insurance.

- Agencies generate revenue from hiring peers.⁶

Many agencies that provide HIV-related services in the New York City area have longstanding peer programs in place. However, this project incorporates three additional requirements that expand upon traditional peer programs: active agency and supervisory support for consumer workers who are pursuing AI peer certification in HIV, HCV, PrEP/PEP, or Harm Reduction; and coaching, mentoring, and professional development to guide and mentor peers as they transition to employment at a living wage, whether at their sponsoring agency or elsewhere.

About this Guide

This Implementation Guide is intended to be a resource for agencies as they consider the tasks and issues involved in creating or adapting a program to integrate consumer workers into multidisciplinary teams, support them through the process of attaining AI certification in the appropriate track(s) for their lived experience, and develop them as they prepare to transition to the full-time workforce. The material is divided into the Pre-Implementation Phase, the Implementation Phase, and Appendices, which contain practical resources and tools to aid with implementation. However, agencies in any stage of implementation can also use this guide as a continuous quality improvement tool to help them consider how to strengthen the structure of their existing consumer worker program, especially as they hire new consumer workers. This guide may be updated as developments related to funding and reimbursement, best practices, certification, and livable wage emerge.

⁶ Some services related to Harm Reduction became eligible for Medicaid reimbursement in 2018; however, most peer-delivered services remain ineligible for Medicaid or other third-party reimbursement at the current time. In support of the effort to make these services reimbursable through Medicaid, this project's 2017-18 efforts focused on demonstrating the number of billable visits and referrals generated through peer activities, as well as linking peer activities to client outcomes to make the case for expanded eligibility for Medicaid reimbursement in the future.

II. Pre-Implementation Considerations

Pre-implementation prepares the agency to launch the Consumer Workforce Innovation Project. During this period, your agency can become familiar with the project and its goals by reviewing this entire guide (including **Section III, Implementation**, and the **Appendices**); engage the appropriate team members, including senior leadership and human resources; assess the agency's capacity to support consumer workers and achieve the specific goals of this project; develop a job description for the consumer worker; and begin to identify possible candidates to become consumer workers.

Agency Capacity and Readiness

It is important to understand your agency's capacity and readiness to successfully implement this project before moving forward. For the purposes of the Amida Care Consumer Workforce Innovation Project, **capacity** refers to leadership, supervisors, and other staff who have the time, skills, and position to:

- communicate about the program to staff throughout the agency, including engaging senior leadership and HR;
- determine where in the agency consumer workers could be most useful and develop appropriate roles for them; and
- provide ongoing coaching, mentoring, and development to help consumer workers in performing their job tasks, attaining peer certification, and moving toward full-time employment.

Readiness is concerned with issues that relate to the agency as a whole. It includes capacity, but also includes systems, policies, and structures related to integrating peers into teams, identifying funding for consumer worker positions, supporting supervisors, and documenting and evaluating impact. Use the **Organization Readiness Assessment Tool** to determine where your agency falls on the continuum of

preparedness to implement this program (**See Appendix A**). Once the Assessment Tool is completed, identify 3-5 items that are not currently in place and that feel the most important for you to be able to start your program. Use the chart on the last page (copy it if needed) to determine concrete actions, key staff, and timelines for the changes, and to track your progress. If other parties need to be involved to accomplish these goals, you can use this checklist to keep track of their progress as well. Once these first 3-5 items are completed, start

Securing and Maintaining Staff Buy-In

Launching a consumer worker program that aims to develop and prepare peers to enter the full-time workforce requires support from staff throughout the organization. To ensure that the program is successful, senior leadership must be made aware of the scope and goals of the project; how this may differ from existing peer programs the agency has, if any; what can be gained from this program; and the resources/staff required. Senior agency leadership also supports the implementation process by championing the project throughout the agency. By putting their support behind the project, senior leadership helps to build the perceived value of the project and engage other staff at the agency.

Securing buy-in from staff before implementation begins is another key step in implementing the project. Because your consumer workers may be working with a range of staff throughout the organization, it's vital that the entire staff understand the program, and are involved, engaged, and encouraged to provide timely and direct feedback during the planning and implementation processes. Staff buy-in means that staff members have the answers they need to understand why the program will be valuable to the agency, the clients, and the consumer workers themselves, as well as how and when it will be implemented. Gaining staff buy-in will help staff to support consumer workers and, as roles and circumstances dictate, integrate them seamlessly into their multidisciplinary teams just as they call upon their other colleagues as needed.

The process of obtaining and reinforcing staff understanding and support for the project and for the consumer workers will continue throughout the project. To promote ongoing buy-in from staff, you can:

- Explain the goals of the program and the proposed roles, responsibilities, and expectations of consumer workers to the staff;
- Describe how this program differs from other peer programs the agency has;
- Share successes and updates during staff meetings and in other materials, such as the agency newsletter or internal memos; and
- Incorporate training on the consumer worker program into your orientation and onboarding process for new employees.

Special Considerations for Senior Leaders and Supervisors

Senior leaders and supervisors should consider the following questions as they prepare to bring on a consumer worker. Some, but not all of these, are raised in the Organizational Readiness Assessment (See **Appendix A**).

Role/responsibilities: Consider what the consumer worker will do in their role with your agency and create a specific and detailed job description that clearly states the roles, responsibilities, and expectations of the consumer worker. The job description can then be used as a tool during regular supervision and performance reviews. (For sample job descriptions, See **Appendix B**). In defining the consumer worker's role and crafting the job description, consider the following:

- What job role will the consumer worker have? What gap or need in the agency's services will be filled by hiring a consumer worker in this role?
- What kind of lived experience should the consumer worker in this role have? How will the consumer worker's lived experience help them in this role?

- What certification (HIV, HCV, or Harm Reduction) should the consumer worker in this role be pursuing? Which certification competencies will their role at your agency allow them to practice?
- What will be the parameters for assigning the consumer worker to a given client? (In other words, if consumer workers can be said to offer extra support for clients, how do you determine who is in need of that extra support?)
- Will the consumer worker be responsible for a set caseload? If not, how will work be assigned to him or her?

Supervision and Support: This project is intended to mentor consumer workers through the process of attaining peer certification and ultimately prepare them for full-time employment at your agency or elsewhere. As such, supervising a consumer worker as part of this program may be more time-intensive than supervising other types of employees, even other peer workers. Consider the structures and support your agency has available to both consumer workers and supervisors.

- Who will directly supervise the consumer worker?
- Does the supervisor have time to devote to coaching and professional development for the consumer worker in addition to overseeing the consumer worker's job performance? If not, could other staff members in the agency offer this kind of support and mentorship to the consumer worker? How will they collaborate with the supervisor to share information on the consumer worker's progress and needs?
- Do the supervisor and other staff mentors have time to attend training, technical assistance sessions, and meetings related to this project? (Approximately 1-2 TA visits or calls per month and 6-8 in-person trainings or meetings per year)
- Is supervisor familiar with the general parameters of HASA and other benefits programs? (See "**Compensation and its Implications for Public Assistance**

Benefits” in Section III, *Implementation*, and Appendix E for more information on benefits.)

- Is supervisor familiar with the AI peer certification process so that they can oversee the consumer worker’s progress? (See “**Peer Certification” in Section III, *Implementation*, and Appendix G** for more information on the peer certification process.)
- What support is available in the agency to the supervisor themselves?
- What other staff may need to be involved in supporting the consumer worker? For example, the supervisors or senior leaders may need to familiarize the agency’s Human Resources staff with the parameters of HASA and other benefits that will be affected when the consumer worker begins their job.

Agency Issues:

- If your consumer worker is a current or former client of your agency, does that have any implications in terms of training, supervision, job duties, or anything else?
- How often does your agency promote from within? Might there be opportunity for your consumer worker to advance to full-time work in the future, either within their role or in another position at the agency?

Identifying Potential Consumer Workers

What makes someone a great candidate to be a consumer worker? Because this project specifically seeks to help consumer workers transition to full-time employment, some of the attributes of a great consumer worker are also attributes of a great employee. For example, the candidate should:

- Have attained a high level of self-management with their chronic condition
- Be able to follow directions

- Be punctual and reliable
- Demonstrate initiative and follow-through
- Show empathy and compassion
- Be willing to consider situations from a perspective besides their own
- Be eager to learn and process new ideas
- Be willing to disclose their status as part of their work with clients
- Be interested in or willing to consider making the transition to full-time employment

A note with regards to the final bullet point on a candidate's willingness to transition to full-time employment: The idea of relinquishing public assistance entitlements is deeply frightening for many PLWHA. These benefits are often challenging to obtain, and for many, have provided a level consistent support, without which, the person would have experienced extreme hardship or even death. If a candidate has all other attributes listed above, but is not 100% certain that they will be able to make the transition to full-time employment, do not discount them as a possible consumer worker. With training, coaching, and support, they may well decide to change the transition into the workforce.

As you consider potential candidates, bear in mind that many consumer workers may have had very little professional experience, if any at all. They may lack basic computer literacy, communication skills, or an understanding of professional demeanor and decorum. Depending on your needs and supervisory capacity, it may be important to you to seek candidates who have these or other skills in addition to the elements outlined above. Remember that a consumer worker who has the qualities in the bulleted list above can learn many other skills. Without the attributes above, however, it may be extremely difficult for a consumer worker to succeed.

Where can you find potential candidates? If you don't have candidates among your current or former clientele, consider reaching out to the following resources, which may have suggestions:

- CAI runs the Leadership Training Institute, which is a self-management and mentorship program for PLWHA, and is a regional training center (RTC) for AI;
- SUNY Stony Brook administers the AI Peer Certification program; and
- Other local health and human services agencies.

III. Implementation

Hiring and Orientation

As you interview candidates, ensure that they understand the roles, responsibilities, and expectations related to the job description, the length of the project, and the project goals, especially those attaining peer certification and, ideally, transitioning to full-time employment. Be clear that becoming a consumer worker does not guarantee employment at your agency or elsewhere, even after certification, but that the project offers experience, support, coaching, and training that will help them as they transition.

Once hired, your consumer worker should receive a similar orientation to their job and to the agency's programs, policies, and practices as other new hires receive. In general, it is preferable to have the same policies for consumer workers as for other employees wherever possible (for example, policies around access or lack of access to your agency's medical records should be specific to the individual's job duties, not to their status as a consumer worker). However, in recognition of the fact that consumer workers may have less professional experience than other employees, it may be useful to offer your consumer worker additional training or guidance during the orientation process. (See **Appendix C** for sample orientation documents.) Likewise, some agencies create a list of policies that apply to the entire staff, but are especially relevant to the consumer worker's role. These can help define boundaries and expectations for professional behavior. (See **Appendix D** for sample policies.)

Even with good preparation, you may find that you need to shift the consumer worker's job duties to match their strengths and skills after hiring them. Provided that their job description is current and the consumer worker is still practicing skills related to the competencies in their certification track, this is reasonable.

Compensation and its Implications for Public Assistance Benefits

When discussing compensation with and determining compensation for a consumer worker, it will be useful to the supervisor and senior leaders to have an understanding of the benefits they receive. Because the consumer worker's benefits will be affected within two weeks of beginning any paid employment, it is vital that the agency talk with the consumer worker during the hiring process to ensure that they are aware of how employment will affect them. Many consumer workers have case managers who have educated them on the parameters of their benefits, but this is not true for everyone. The supervisor and HR team should be aware of two key pieces of information:

- HASA offers an earned income disregard (EID), which allows eligible clients with active Cash Assistance (CA) cases, who gain full- or part-time employment, to continue receiving financial assistance provided a budget deficit exists. However, adults without children under the age of 18 may only receive the EID for a lifetime total of 12 months. Employers should be aware of whether the consumer worker has previously been employed and received the EID for any period of time, as this will affect the length of time that they can work for your agency before having their benefits reduced or eliminated.
- Consumer workers who receive stipends through the NY State AI Peer Educator Program will not have their income budgeted against Cash Assistance, Supplemental Nutrition Assistance Program and Medicaid benefits.

For more information on eligibility for public assistance benefits and how to support your consumer worker on issues related to their benefits, see **Appendix E**. Note that Appendix E also contains a set of worksheets to help the consumer worker assess their expenses against their current benefits and what their financial landscape might look like if they transferred to an entry-level full-time position. The key takeaway here is that while income from public assistance benefits is likely to remain static or decrease, income from full-time employment will likely increase over time.

Supervision, Coaching, and Professional Development

Key to the consumer worker's success is effective supervision. Supervisors need to let consumer workers know what is expected of them, and then provide training and support so consumer workers can develop the skills and knowledge to help them in their jobs. Supervisors should plan regular supervision meetings with consumer workers in which they check in with the consumer worker, listen to their experiences on the job, answer questions, offer feedback on the consumer worker's performance, and assess the consumer worker's progress in attaining peer certification. Consumer workers should also receive periodic performance reviews as other staff do.

Supervisors may identify that the consumer worker needs to develop additional knowledge and skills to excel in their work. These might include topic-specific courses, e.g., HIV testing and counseling, or basic professional skills, e.g., typing or computer skills. Some professional development needs may be met through AI courses as part of the peer certification process, or through training and technical assistance related to the project. If no free courses are available locally, the supervisor can also advocate for the use of agency professional development funds, if such funds exist, to help the consumer worker gain certain skills. Finally, selected professional development resources appear in **Appendix F**.

Peer Certification

The attainment of AI peer certification by the consumer worker is a major goal of this project. As such, it is important that the agency and the supervisor support the consumer worker in attaining this goal.

The supervisor should become familiar with the peer certification requirements and process by reviewing the **Peer Certification Manual** in **Appendix G**. In addition to the manual, **AI's website on peer certification**, www.hivtrainingny.org, contains many of the materials found in the manual, including competencies and study guides for each track, FAQs, course trackers, the current course schedule, and more. This is also where

consumer workers will register for courses and where the supervisor will complete the consumer worker's evaluation during the practicum period.

Supervisors and program managers can also help the consumer worker attain certification by instituting supportive processes and structures. For example:

- A discussion on the consumer worker's progress toward certification should be part of every supervision session. Supervisors should offer guidance to the consumer worker on choosing courses based on the consumer worker's job role and interests.
- Many agencies consider the time that the consumer worker spends in AI trainings to be time worked, and the consumer worker is paid for that time. Supervisors who offer this to the consumer worker should take care that the consumer worker does not exceed the threshold of hours that would affect their benefits.
- Most trainings, at this time, are available online, as webinars or online courses. If the consumer worker does not have ready access to a computer with internet at home, the agency could consider offering the consumer worker time in the office and use of a computer for this purpose.
- Occasionally, a required AI course is in-person, and may not be scheduled to be held in NYC at a time that is viable for the consumer worker, if at all. If the course in question is available in one of the other AI locations, such as Long Island, the Hudson Valley, Syracuse, Buffalo, Albany, or Rochester, consider whether there may be professional development or other funds available in the agency to support the consumer worker's travel, hotel, and meals.
- Be aware of AI's schedule and deadlines. Although a consumer worker is officially certified once they have met all requirements, including the supervisory evaluation and passing the exam(s), AI must review and approve all candidates' applications in advance in order for them to become certified. The review board meets 3-4 times per year, and deadlines for submission are usually posted. Supervisors should be aware of deadlines to submit the supervisory evaluation.

on time and to help guide consumer workers to complete their certification requirements in time to participate.

Finally, note that one training requirement, Safe Talk, will not be scheduled until the peer has completed all other trainings and all other requirements for certification, and uploaded all required documentation of these activities into their account at www.hivtrainingny.org.

Planning for Post-Certification and Beyond

Throughout the practicum period, the supervisor and consumer worker should be working together with an eye toward what will happen when the consumer worker attains certification. Here are some questions to consider together during the planning process:

- Is the consumer worker interested in pursuing full-time employment at their current agency or elsewhere? If not:
 - Why? What would have to change to make the consumer worker comfortable with this idea?
 - If the consumer worker is not interested in joining the full-time workforce, are they interested in remaining at the agency in their current role as a part-time consumer worker? Is there funding to support this? What implications does this have for their benefits?

If so:

- What type of work is the consumer worker interested in doing in their next position? What additional knowledge, skills, or credentials (GED, improved computer skills, another certification, college, etc.) does the consumer worker need to obtain this sort of position?
- Do they know what type of work they might like to have in the future (for example in 5-10 years)? What additional knowledge, skills, or credentials

(GED, improved computer skills, another certification, college, etc.) does the consumer worker need to attain this goal?

- How can the agency/supervisor support the consumer worker's short- and long-term goals? (for example, expanded job duties to broaden their experience, training opportunities, recommendations, etc.)
- Could the consumer worker's position become a full-time permanent role, or might there be an appropriate permanent position open within the agency in the future? Can the supervisor advocate for the consumer worker as new full-time opportunities or new funding streams emerge in the agency? Recognize that if a new opportunity arises, a consumer worker may need some additional training and mentoring to succeed in the new role.
- If the consumer worker plans to seek employment at an outside agency, will the supervisor offer a recommendation? If the consumer worker accepts a new job, what are the supervisor's expectations in terms of notice and resignation?

Appendix A

Organizational Readiness Assessment

Is Your Health or Supportive Services Agency Ready to Implement Peer-delivered Services?

ORGANIZATIONAL READINESS ASSESSMENT

Instructions for Use: This readiness assessment is designed to help health care facilities and support services agencies consider elements that are crucial to implementing peer-delivered services. Review the items in the left column and check the appropriate response in the right column. Once the assessment is completed, review the extent to which your organization has these items in place, partially in place, or not in place. If the agency seeks to pursue integration of peer-delivered services, use page 6 to carefully consider how you will address any item that is not in place or is only partially in place.

Organization's Values and Participation			
Item	Current Status		
Organization's values and mission statement support roles for Peer Workers	In place	Partially in place	Not in place
A Peer Program design and implementation team is in place and includes members from administration, clinical services, Human Resources, treatment teams, and other professional staff (when and as appropriate)	In place	Partially in place	Not in place
Departments across agency have provided in-put on how Peer Workers might be best utilized	In place	Partially in place	Not in place
Treatment teams and other staff working with Peers have given input on how Peer Workers might be best utilized	In place	Partially in place	Not in place
All levels of staff oriented to and support integration of Peer Workers	In place	Partially in place	Not in place
Leadership is familiar with the process, timeline, and requirements of AI Peer Certification	In place	Partially in place	Not in place

Proposed Roles for Certified Peer Workers / Agency Need for this Role

Core Areas of Work for Certified Peer Workers Visit www.hivtrainingny.org/PeerCert/CoreCompetency for a comprehensive list of competencies associated with NYS certified HIV, HCV or Harm Reduction peer workers	Is this a possible role for Peer Workers at Our Agency?	
HIV Testing/Hepatitis C Screening	Yes	No
Engagement, Linkage and Retention to Care	Yes	No
HIV/HCV Treatment Readiness, Initiation & Adherence	Yes	No
Harm Reduction, Syringe Access & Health Promotion	Yes	No
Patient Navigation	Yes	No
PrEP and PEP Readiness, Initiation & Adherence	Yes	No
Client Self-Management	Yes	No
Supportive Services	Yes	No
Support Groups	Yes	No
Client Involvement in Quality Improvement	Yes	No
Health Insurance	Yes	No
Other (specify):	Yes	No

Fiscal Issues Related to Implementing Peer-Delivered Services

Plan for Peer Workers as regular employees with "living wage" salaries and benefits	In place	Partially in place	Not in place
Plan for possible future Medicaid reimbursement for peer-delivered services	In place	Partially in place	Not in place
Fiscal resources identified for Peer Worker wages/ benefits/ stipends	In place	Partially in place	Not in place
a. Grant resources?	In place	Partially in place	Not in place
b. DSRIP resources?	In place	Partially in place	Not in place
c. Health plan/ Medicaid reimbursement?	In place	Partially in place	Not in place
Fiscal mechanism or plan for supporting peer work- ers during NYS-required Peer Certification Practicum (while still in training, not yet hired)	In place	Partially in place	Not in place
a. Stipend?	In place	Partially in place	Not in place
b. Incentives (Metrocard, etc)?	In place	Partially in place	Not in place
c. Other forms of compensation?	In place	Partially in place	Not in place
Plan for obtaining billing codes for Peer-delivered services	In place	Partially in place	Not in place
Tracking systems to capture reimbursement	In place	Partially in place	Not in place
Tracking systems to capture unit costs	In place	Partially in place	Not in place

Hiring Issues			
Item	Current Status		
Clear roles and expectations established for Peer Workers outlined in job descriptions	In place	Partially in place	Not in place
Agreed-upon personal characteristics for prospective peers	In place	Partially in place	Not in place
Appropriate job title selected for Peer Worker	In place	Partially in place	Not in place
Review of policies that may impact hiring Peer Workers	In place	Partially in place	Not in place
Employee policies are flexible enough to apply to peers while accommodating peer-specific needs within reason (e.g., flexible sick time, time to complete certifications trainings during work hours)	In place	Partially in place	Not in place
HR is aware of potential Peer Worker's current status regarding disability, benefits, Medicaid, etc.	In place	Partially in place	Not in place
HR is prepared to orient Peer Worker to any changes in benefits from employment status	In place	Partially in place	Not in place
NY City Agencies: HR is aware of special considerations for HASA clients that are employed as Peer Workers	In place	Partially in place	Not in place
NY City Agencies: Have letter affirming Peer Worker's employment status as working in HIV services for HASA	In place	Partially in place	Not in place
If unionized, peer worker job description(s) have been approved by union	In place	Partially in place	Not in place
Clear criteria for hiring or not hiring established	In place	Partially in place	Not in place
Scheduling plan in place	In place	Partially in place	Not in place

Supervision Issues			
Supervisor identified understands and values role of peers in healthcare and supportive services teams	In place	Partially in place	Not in place
Format of supervision established (meeting with Peer Worker, shadowing Peer, observing Peer/Patient interactions, etc.)	In place	Partially in place	Not in place
Supervisor has experience working with diverse clients and conditions and assisting others with this	In place	Partially in place	Not in place
Supervisor has experience coaching new staff, interns, or others	In place	Partially in place	Not in place
Supervisor has experience explaining and enforcing appropriate boundaries between staff and patients	In place	Partially in place	Not in place
Supervisor has experience providing critical feedback to assist staff with improving performance	In place	Partially in place	Not in place
Supervisor will be able to provide more intensive and frequent supervision during practicum period	In place	Partially in place	Not in place

Supervision Issues			
Support is available for the supervisor	In place	Partially in place	Not in place
Identified “Clinical Supervisor” (In-house, or Consultant) for both peer and supervisor	In place	Partially in place	Not in place
Role for “Clinical Supervisor” established (ex: consultations for patients with mental health or substance use disorders)	In place	Partially in place	Not in place
Supervisor is familiar with the requirements of the NYSDOH Peer Certification process	In place	Partially in place	Not in place
Process for evaluating the Peer’s job performance regularly and offering feedback	In place	Partially in place	Not in place
System in place to provide routine feedback to Peers on their progress	In place	Partially in place	Not in place
Mechanism for reporting evaluation results to Peer Certification Program	In place	Partially in place	Not in place
System in place to provide Peer opportunities for professional growth	In place	Partially in place	Not in place

Integration of Peer Workers within Overall Operations			
Item	Current Status		
Is the agency culturally competent regarding patients, staff and peers?	In place	Partially in place	Not in place
Administration has achieved “buy-in” from all areas of the organization	In place	Partially in place	Not in place
Roles and expectations for Peers have been communicated to treatment teams and divisions	In place	Partially in place	Not in place
All services and departments have been oriented to roles of peer workers	In place	Partially in place	Not in place
Mechanism to provide staff with updates on Peer Services?	In place	Partially in place	Not in place
Decision has been made on Peer Worker access to patient records	In place	Partially in place	Not in place
a) During practicum / training period?	In place	Partially in place	Not in place
b) As an employed Peer Worker	In place	Partially in place	Not in place
c) If no access, is there an alternative way for Peers to document interactions?	In place	Partially in place	Not in place
Plan to notify/market Peer Services to community	In place	Partially in place	Not in place
Plan to orient patients to option of Peer Workers	In place	Partially in place	Not in place
Procedures for patients to provide feedback on Peer-delivered services	In place	Partially in place	Not in place
Tracking systems to capture Peer productivity	In place	Partially in place	Not in place
System for data collection	In place	Partially in place	Not in place
System for documentation of Peer-delivered services	In place	Partially in place	Not in place

Task List

Directions: Complete this form for all items marked “Partially in Place” or “Not in Place” on pages 1-4.

Item	Actions Needed	Resources Needed	Person(s) Responsible	Expected Completion Date

Notes

Appendix B

Sample Job Descriptions



POSITION DESCRIPTION

TITLE: Peer Educator-Amida Care

LOCATION: Supthin/Sterling Health Centers

DEPARTMENT: Primary Care

REPORTS TO: VP, Business Operations

FLSA STATUS: Non Exempt

POSITION STATUS: Part Time (up to 20
Hours/week)

SUMMARY OF POSITION

The Amida Care Peer Education is a grant initiative through Amida Care to provide training and support to a Brightpoint Health Peer to become a NYS Certified Peer Educator. The peer will participate in NYS training through CAI and work at Brightpoint Health to achieve the 500 hours practicum experience required for the certification.

The peer will support Brightpoint's Health linkage to care initiatives in Brooklyn and Queens to engage and bring into treatment HCV infected patients who have been lost to care and provide individual and group interventions.

ESSENTIAL FUNCTIONS:

- Work with program and clinic staff to engage and recruit patients for the program
- Provide outreach and follow up interventions including phone calls and escorts to reengage and facilitate linkage to medical services
- Co facilitation of Stanford and WHAM patient self-management workshops
- Prepare space for workshops including room set up, materials for distribution, patient registration and sign in and transportation (metrocard) disbursement
- Provide positive role modeling for workshop participants
- Assist in data collection and data entry
- Completing programmatic paperwork

The above is intended to describe the essential job functions, the general supplemental functions and the essential requirements for the performance of the job. It is not to be construed as an exhaustive statement of all the job functions.

EDUCATION/EXPERIENCE:

The Peer Educator should demonstrate the ability to convey workshop information as prescribed and a commitment to helping workshop participants increase their skills in managing their HCV disease, good communication skills and basic knowledge of Microsoft Word and Excel.

By signing below, I acknowledge that I have received a copy of this position description.

Print Name

Signature

Date

Suggested title: Health Advocate / Retention Specialist

Reports to: Project Director (or other, as applicable)

Employment Status: Part-time/Hourly (agency discretion) / Non-Exempt

Health Advocate / Retention Specialist

In recognition that the experience of trauma is widespread and can have serious effects on health outcomes for people living with HIV, [Agency] is engaged in an initiative to incorporate trauma informed care throughout its work. The **health advocate/retention specialist** will play a supportive role in this effort, as a member of a multi-disciplinary care team. With the overall purpose of increasing retention of patients in medical care, this position will help support the integration of a systems-based, trauma-informed approach to HIV care at [Agency] utilizing a peer-delivered approach. The health advocate/retention specialist will assist the team in gathering information about patient needs, support established service plans, and help patients to gain access to services.

RESPONSIBILITIES AND DUTIES

- Utilizes their personal experience living with a chronic medical condition, such as HIV, in a strategic, compassionate and responsive manner to explain the importance of participating in the full continuum of HIV health care and supportive services
- **As part of a multi-disciplinary team**, and in accordance with agency policy and procedures, works to support the patient throughout the continuum of HIV care, by
 - educating patients about the HIV testing process and if appropriate, conducting HIV testing
 - linking patients to primary care and other medical appointments , as appropriate
 - supporting patients who have been referred to essential services at an outside agency
 - assisting the team to address barriers to care
 - assisting with the provision of educational, health promotion, and supportive services
 - supporting the patient's achievement of self-management goals identified in their treatment plan by providing prompts and encouragement, and tracking progress made in meeting these goals
- Communicates with patients face-to-face, by phone, and in the field to support engagement and retention in care, by
 - making appointment reminders
 - reinforcing to patients the importance and benefits of keeping medical appointments
 - exploring with patients the barriers they may experience keeping an appointment and helping to reschedule appointments
 - sharing with patients what to expect when arriving for a health care appointment
 - escorting patients to appointments in the health center or community
 - supporting the provision of group activities

- delivering health promotion literature and messages to patients and their families about treatment adherence, viral suppression, and available support services;
- Documents services provided to the patient, including
 - reporting summaries of their work with the patient to the multi-disciplinary team
 - documentation of services in the patient record, in accordance with agency policies
 - recording time and effort in accordance with agency policies
- Other duties as assigned

QUALIFICATIONS, TRAINING AND REQUIRED OR PREFERRED SKILLS

- Strong preference for shared experiences similar to those of our patients, especially lived experience with HIV, substance use disorder, or homelessness
- Demonstrated commitment to self-management of chronic conditions and treatment adherence
- Ability to maintain patient confidentiality
- Ability to work with diverse communities and people
- Demonstrates willingness to seek assistance from others when needed
- AIDS Institute NYSDOH Peer Worker Certification, or openness to pursuing certification, is a strong plus
- Ability to type and use computer software, especially word processing functions



Certified Peer Worker-Trauma Informed Navigation
Alliance LES Harm Reduction Center

REPORTS TO: Project Manager- Linkage Navigation

SUPERVISEES: N/A

EMPLOYMENT STATUS: Part-Time position (20hrs/week) with flexible days/hours (2 positions)

PRIMARY FUNCTION:

The Trauma Informed Navigation (TIN)'s peer will provide ongoing harm reduction focused support to clients with a current or former history of drug use, and will work with clients toward achieving client-identified recovery goals. This is a new position at the Alliance in which the Peer will participate in Trauma Informed Trainings and will integrate education identified in trainings with clients affected with chronic conditions such as HIV, Hepatitis C and/or substance use. The TIN peer will conduct trauma-informed supported one-on-one navigation, and referral efforts to various intra agency and external services, including but not limited to the following: primary care services, OP/IP substance use treatment services, legal aid services, housing advocacy services, basic need services, and continuing education/vocational services. Using client-centered, harm reduction engagements, the TIN peer will work collaboratively with the entire Alliance LES Harm Reduction Team, but reports specifically to the Project Manager of Linkage Navigation. This position will maintain ongoing client support regardless history of substance use. This peer will act as a valuable problem-solver and advocate through engagement and understanding of the needs faced by people who use drugs and experience structural marginalization.

DUTIES AND RESPONSIBILITIES:

- Attend all training Trauma-Informed sessions and participate in necessary collaborative meetings with CAI.
- Together with the clinical staff, facilitate daily peer support, education and referrals follow-up for clients.
- Help and coach client's navigation to healthcare and social services systems; accompany clients to appointments and meetings as needed.
- Conduct/Facilitate at least one peer-based support group.
- Educate clients about trauma and safer drug use strategies and utilize motivational enhancement techniques to explore ambiguity and provide peer counseling to support established treatment goals.
- Provide trauma-informed crisis intervention coaching to clients at immediate risk of relapse or experiencing other time-sensitive issues.
- Assist program participants in identifying and linking them to peer recovery support groups.
- Facilitate engagement through face-to-face interactions, outreach, phone calls, home visits, text messages, emails and letters.
- Document engagements with participants under appropriate agency contracts and keep organized records of all client engagements.
- Assist with filing and chart review to ensure seamless flow of paperwork.
- Participate in regular team meetings and in community meetings as needed.
- Attend Peer Supervision and case conference with task supervisor at the site
- Attend Peer Support Groups on a weekly basis.
- Participate in Advance Skills Building Trainings and workshops required.
- Timely attendance to work and external appointments.
- Other duties as required to meet the agency and /or various unit missions.



QUALIFICATIONS: The candidate should at least have a High School Diploma or GED, as well as AI Peer Certification. Ideal candidate will have a strong passion for working with and meeting the needs of people who use drugs and people with HIV/AIDS. Candidates should have strong knowledge of harm reduction engagement, work from a client centered approach, and be comfortable working with and around people who are actively using drugs. Strong interpersonal, facilitation and rapport building skills. Direct knowledge about substance use treatment, social service network of NYC and motivational interviewing skills. Ability to honor client confidentiality and ethics around (non) disclosure of health information. We strongly encourage candidates with various forms of lived experience (HIV, drug use, incarceration, sex work, migration, homelessness) to apply. Bilingual candidates prefer (Spanish, Cantonese, Mandarin).

Appendix C

Sample Orientation Documents

The sample orientation documents in this appendix are drawn from CAI's 2007 toolkit, ***Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates – Supervisors' Guide***, which it created for HRSA HIV/AIDS Bureau under Cooperative Agreement #U69HA05541.

The full Toolkit is available for download online at
https://careacttarget.org/sites/default/files/supporting-files/ToolkitForPeerAdvocates_0.pdf

**The North Georgia Health District
The Living Bridge Center
Peer Counselor Initial Interview and Orientation**

Peer Counselor: _____ Date: _____

Staff: _____

AREAS FOR ORIENTATION AND REVIEW
Circle as completed and make needed comments.

1. Introduction of staff and staff roles
2. Clinic Tour
3. Overview of Ryan White CARE Act
4. Patient Information Form
5. Client Agreement Form
 - a. Right to refuse services
 - b. Right to grievances
 - c. Involuntary suspension of services
 - d. Policy and procedure for non-adherent patients
6. Federal Poverty Guidelines, Assignment of Federal Poverty Level and Income Verification Requirements.
7. GA Law Code 16-5-60
8. Picture ID
9. Authorization to Obtain and Release Information (ROI)

10. ADAP Process
11. Emergency Financial Assistance Policies
12. Referrals
 - a. Referral Missed Appointments Policy
 - b. Oral Preventive and Dental Treatment
 - c. Vision
 - d. Nutrition
 - e. Mental Health/Substance Abuse Assessment/Counseling
 - f. Support Group
13. Consumer Advisory Council members and roles
14. Assessment of individual patient education needs
15. Review of findings with RN Case Manager
16. Crisis management and psychiatric emergencies
 - a. Clinic policy

Discuss immediately with RN Case Manager

**The North Georgia Health District
The Living Bridge Center
Peer Advocate Orientation Assessment Questions**

Please remember to use available resources to document where you found your answers—this is not to assess your personal knowledge or opinions.

1. I am HIV+ and have no income. What are my options based upon my health status?
2. I need housing. What are my options?
3. I am moving to Arkansas and need to know what resources are available to me. Where can I find a clinic, medical provider, and other AIDS service organizations?
4. I am uncomfortable going to my local pharmacy for my meds. Are there any HIV-friendly pharmacies I can go to? What is there address and phone numbers?
5. Where can I go for mental health/counseling for myself and my family?
6. I had unprotected sex last night with my HIV- partner. Should she get an HIV test and how long after a possible exposure will it take for the test to be accurate?
7. Through what body fluids is HIV transmitted?

8. What are a CD4 count and a viral load?
9. How can someone tell if they are resistant to HIV medications?
10. What is the CDC definition of AIDS?
11. Can I get assistance with paying my utility bills and whom can I contact for help?
12. I cannot afford to pay for my HIV meds. Is there anyone who can help and how can I contact them?
13. How and when do I apply for disability? Will I be eligible because I am HIV+?
14. What is Ryan White and how does it benefit me?
15. I am HIV+ and am unclear about the laws surrounding disclosure. Do I have to tell every sexual partner about my status?
16. What is the difference between a will and a living will? Who can help me create a will or a living will?
17. I think I was fired due to my HIV status. What are the laws surrounding discrimination of people with HIV?
18. Can you tell me five opportunistic infections that I could have due to having HIV?

19. What is the difference between SSI and Social Security Disability?
20. Who is eligible for Medicare Part D, how do I apply, and what does it cover?
21. I am thinking about going back to work. Are there advantages and disadvantages I should know about?
22. What is HAART? How long can a regimen last until I become resistant? What can I do to prevent resistance?
23. I am thinking of taking a holiday from my meds. What are some potential benefits and problems to taking medication holidays?
24. What are the dangers of having unprotected sex with another person who is HIV+?
25. Do I need protection during oral sex? What should I use?
26. What are some reasons that cause HIV to replicate rapidly in the body?
27. What are some of the dangers of having HIV and Hepatitis C and taking street drugs?
28. What are complications that can occur from mixing prescription drugs like Viagra and poppers?

29. What are some of the most important vitamins and supplements that I can use to support my immune function while on HIV medications?
30. How often should a women receive a Pap smear and why?
31. What opportunistic infections are most common in women?
32. I am HIV+ and pregnant. How can I best prevent my baby from being born with HIV?
33. What does the RN Case Manager do?
34. What does the Clinic RN do?
35. What does the Program Associate do?
36. What does the Clinic Clerk do?
37. What does the District HIV Prevention Coordinator do?
38. What does the District HIV Director do?
39. Why do you want to be a Peer Counselor?
40. What days/times would work best for you for appointments to see patients in the clinic?
41. What are your contact phone numbers/email address?

Appendix D

Sample Policies

The sample policies in this appendix are drawn from CAI's 2007 toolkit, ***Integrating Peers into Multidisciplinary Teams: A Toolkit for Peer Advocates – Supervisors' Guide***, which it created for HRSA HIV/AIDS Bureau under Cooperative Agreement #U69HA05541.

The full Toolkit is available for download online at
https://careacttarget.org/sites/default/files/supporting-files/ToolkitForPeerAdvocates_0.pdf

The UAB Family Clinic

Advocacy Service Procedural Guidelines

The following outline is an established series of steps for the delivery of advocacy services and other support services rendered by the Patient Advocate(s).

INITIAL DIAGNOSIS

- Upon receipt of HIV/AIDS diagnosis, Patient Advocate(s) or the PA may be utilized to provide peer counseling, comprehensible HIV education and emotional support. The PA will also assist patient with disclosure of status to partner.
- Upon a pediatric patient receiving an HIV/AIDS diagnosis, the PA may be utilized to provide peer counseling, comprehensible HIV education and emotional support to the caregiver and the pediatric patient. PA will assist team and family with the implementation of the Health Care Skills Checklist. **Note: *The Patient Advocate reserves the right to disclose serostatus to patient or family members as deemed necessary.***

PATIENT EDUCATION

The PA provides current HIV educational information during individual client advocacy session during the clinic visit. Listed below are the topics of discussion and some of the most widely used resources distributed in the patient education packet.

- Transmission
- Disease progression
- Secondary prevention
- Sexual health
- Treatment adherence
- Abstinence education
- POZ
- HIV Plus
- A & U
- How HIV Works in Your Body
- Questions & Answers Living Healthy with HIV
- HIV Positive

DOCUMENTATION

- The PA enters data related to the advocacy portion of a patient and their relations into CAREWare within 48 hours of the encounter. (*Please refer to CAREWare Guidelines for Advocacy Services- pp. 47-48*)
- The PA maintains an Advocacy Service Note within the patient's chart after each clinic visit. The note is transcribed normally within 48 hours of the encounter and placed in the patient's chart under the Advocacy tab.

MULTI-DISCIPLINARY TEAM COMMUNICATION

- During pre-clinic meetings the PA provides insight to the team regarding the most effective ways to engage patients as participants in their care and to address barriers to treatment and or appointment adherence.
- Case conferencing (Montgomery site) is reserved for patients with multiple disparities that affect their quality of life and their ability to access medical care. The PA is utilized to provide insight to the team regarding the most effective ways to address the disparities.
- Team members communicate by email, phone or face-to-face impromptu meetings to share information relevant to the patient's care and well-being.

CONSUMER INVOLVEMENT

- The PA recruits for the Consumer Advisory Board (CAB) meetings, support groups other consumer activities during clinic visits and by mass mailings to patients that are able to receive mail.
- CAB meetings are scheduled on high volume clinic days for convenience.
- The PA provides program updates that are relevant to the consumer that receives services at The Family Clinic.
- Feedback or suggestions pertaining to patient satisfaction or grievance is received by administering surveys, CAB meetings, support groups or clinic visits. The PA serves as a liaison between the consumers and the program.

The North Georgia Health District
The Living Bridge Center
Peer Advocate Orientation

Welcome and Thank You!

We are glad you are interested in volunteering with The Living Bridge Peer Advocacy Program. Our funding sources encourage consumer involvement in our clinic and programmatic services. Your contributions as a peer advocate will provide our staff, clinic and program with another perspective of patient needs and how to effectively address them.

A Peer Support Assessment was a part of our 2004 comprehensive consumer needs assessment. Here is what we discovered about our clinic consumers:

Most of the clients that responded to the survey from the Living Bridge Center, the Ryan White clinic for the North Georgia Health District, thought they would like to help other people with HIV. It was equally split as to which setting consumers preferred most, one-on-one or a group setting. The consumers of the Living Bridge Center would likely attend meetings on educational and informational topics on HIV. They would also be very likely to attend meetings for support and friendship. Most of the consumers said they would like to receive some education from other HIV positive people.

We want you to know how important your volunteer contribution is and how much we appreciate your time, energy and dedication. Please remember that our staff is here and ready to help make your volunteer experience a good one.

As a volunteer of The Living Bridge Center Peer Advocacy program, you are a representative of our clinic and organization. Please take pride in your affiliation with us and thanks again for your support!

In January, 2005 a group of dedicated peer leaders met and developed a mission statement that depicts why they exist. Peer Advocacy and Support align with this mission and is one of the many steps this group will take to improve Ryan White services in the North Georgia Health District.

Consumer Advisory Council's Mission:

The North Georgia Health District Living Bridge Center Consumer Advisory Council is a group of compassionate consumer leaders willing to educate, support, respect, and communicate with each other, our peers, and our community allowing dignity, promoting knowledge, and maintaining hope.

PEER ADVOCATE

Reports in the clinic to the RN Case Manager and programmatically to the District HIV Director.

Responsibilities: As a peer advocate the service you provide is telephone, walk-in, and scheduled peer counseling and orientation for HIV+ individuals who are consumers of TLBC clinic and services. Peer advocates do not have to be HIV+ nor disclose their HIV status to patients with whom they interact and support. Peer advocates should have a positive living approach to their healthcare and their lives. You will provide clinic and program information, emotional support, help to locate treatment information, find community resources, referral sources and keep accurate documentation of peer counseling contacts. Peer Advocates need to have good listening skills, be willing to learn about HIV/AIDS and want to help people.

PEER ADVOCATE RIGHTS

- The right to confidentiality and privacy regarding your association with this agency.
- The right to a safe and comfortable working environment.
- The right to say no to work that can be dangerous to your health and well being.
- The right to have a positive volunteer experience.
- The right to adequate training, support, and supervision.
- The right to suggestion and grievance procedures.
- The right to be heard and have appropriate input.
- The right to be treated with respect and dignity by all patients, volunteers, and staff.
- Share your HIV status as you determine in your and your consumer's best interest.

VOLUNTEER RESPONSIBILITIES

- To maintain confidentiality/privacy of all patients, volunteers, and staff.
- To convey a professional attitude when representing the North Georgia Health District and The Living Bridge Center.
- To actively participate in training and in-service updates.
- To know and accept time requirements of assigned duties.
- To submit volunteer time and service records in accordance with agency guidelines.
- To set reasonable limits about the type and amount of work you are willing to do.
- To follow the suggestion and grievance procedures of The Living Bridge Center.
- To perceive and respect other volunteers and staff as allies in a common cause.
- To assist and support the clinic and program in fulfilling its mission of being a bridge to patient-centered care, knowledge, and empowerment.

HOURS

The clinic is open Tuesday and Thursday, 8:00 AM – 7:00 PM; Monday and Wednesday, 8:00 AM – 5:00 PM; and Friday, 8:00 AM – 2:00 PM. Regular peer advocacy appointments will be scheduled based upon clinic and patient need and peer advocate availability.

BASIC NEEDS

- Restrooms are clearly marked within the Medical Access Clinic front corridor.
- Snack machines are located on the first floor—take elevator down to first floor, turn left and proceed to snack machines.
- Smoking is allowed outside the building (use exit just past snack machines on first floor).
- Employee parking should be used--- second floor entrance parking—back parking places near the 911 Center.
- You're welcome to use phones, but ask first.

APPEARANCE

We ask that you have a neat and clean appearance. Depending on the event or activity, we ask staff and volunteers to dress accordingly. If you have any questions ask a staff person. Please wear your name tag at all times to identify yourself.

CONFIDENTIALITY

Confidentiality is not revealing any identifying information such as names, health status, address, employer, description, or any information that cause harm or harassment of a person in some way. It very important to respect the right to privacy and confidentiality of everyone associated with TLBC and NGHD including patients, volunteers, and staff. If you have questions or doubt about confidentiality, ask the peer supervisor or any staff member.

ABSENCES AND TIMES

Be on time, we depend on you!! If you are going to be late or if you can't come for scheduled appointments, please call us and let us know as soon as possible.

PERSONAL CONTACTS

People coming to TLBC for services can be in a vulnerable position. It is important to focus on the needs of the individual asking for services and direct them to the appropriate staff or service they need. We ask that you do not give out your personal information to a visitor for any reason, this is for your protection as well as for the protection of the clinic. If you have any questions or are unsure, ask a staff person. It is inappropriate for peer advocates to develop social relationships (dating, etc.) with patients you serve through peer counseling.

TRAINING

Training and meeting requirements are necessary. Training includes orientation, on-going training, and peer support and counseling sessions.

TALKING TO THE MEDIA

Direct all media inquiries to the Director who will direct them to the District Media Specialist.

DO NOT GIVE LEGAL, MEDICAL, OR RELIGIOUS ADVICE

It is illegal to give medical or legal advice without a professional license. There are no legal standards about giving religious advice but is against TLBC and NGHD policy to do so. Refer the individual to a professional. Do not get involved arguing facts or policy with patients or staff. Never suggest specific drugs,

procedures, alternative therapies, or home remedies. This falls into the realm of practicing without appropriate licensure. We do have medical providers in the clinic and network of providers through written agreements that clinic staff will refer patients for their healthcare and preventive services. What we want to do is provide every patient with as many options as we know are possible, so they can make their own decisions about what is best for them.

THE FOLLOWING ACTIONS CAN BE CAUSE FOR DISMISSAL

- Breach of confidentiality
- Falsifying records of any kind
- Inappropriate behavior (sexual or otherwise), comments or contact towards patients, staff or other volunteers.
- Soliciting or accepting gifts for patients, staff, or volunteers.
- Misuse of funds.
- Excessive, unnecessary, or unauthorized use of clinic property and supplies for personal use or for other organizations without staff consent.
- Using alcoholic beverages or illegal substances while engaged in clinic business in and outside the clinic setting.
- Fighting or using obscene, abusive, or threatening language or gestures.
- Theft of property from staff, patients, or volunteers while on clinic business.
- Disregarding safety or security regulations.
- Insubordination or not following the directions of the staff in charge.
- The distribution of information as verbal gossip or in writing that is false, inappropriate or harmful in any way to the patients, volunteers, or staff of TLBC.

MEANS FOR DISMISSAL

Peer Advocates may be disciplined, suspended, or terminated if they are unable to uphold the guidelines as stated above. TLBC and NGHD reserve the right to terminate any peer advocate for inappropriate conduct. TLBC also reserves the right to prosecute any individual and seek compensation if necessary.

St. Luke's Roosevelt Hospital Center**Center for Comprehensive Care****Peer Program****Policies and Procedures****MISSION:**

The Peer Program is designed to make the CCC a truly comprehensive, patient-centered organization with peers providing support to other patients through listening, sharing in the experience of living with HIV, and providing information. The volunteer peer program is consistent with CCC's mission, which is to provide highest quality services in partnership with those we serve. Peers provide hope and support in coping with a chronic condition, and contribute to the quality of life of people living with HIV.

PROGRAM GOALS

- To provide encouragement and comfort to other CCC patients through inpatient friendly visits, new patient orientation, co-facilitation of patient education groups, and outpatient waiting room support.
- Through the bonds that peers form with patients and each other, patients will become more educated, inspired and able to take care of themselves thereby promoting a more healthful life.
- To grow individually through peer work.

DEFINITION OF A PEER

- A CCC Peer is a person, at least 18 years of age, who is HIV positive and a patient of the CCC. Peers' particular role derives from this situation. Because of peers' shared experience with other HIV positive patients, they can listen with particular understanding and be supportive in a unique way. When appropriate, peers can share their own experiences.
- CCC Peers are volunteers of St. Luke's Roosevelt Hospital.
- Peers are not advocates, although they help patients to problem solve. Their role is to listen and provide support through their shared understanding of living with HIV.
 1. A peer is not a counselor or therapist. It is the role of professionals to diagnose and treat people's individual issues.

2. A peer offers a unique service, but does not work alone.
3. Peers are CCC patients first and Peers second. Any conflict of roles should be resolved in that context.

ELIGIBILITY

In order to begin Peer work at the CCC, Peers must:

- Both a) be recommended to the program by a CCC staff member, and b) express interest to the facilitators of the program and go through an introductory interview.
- Complete at least 8 weeks of core training and participate in additional booster trainings as offered.
- Commit at least 5 hours per week of their time to the program, including volunteer work, supervision and additional support processes, unless otherwise approved by the facilitator.
- Be alcohol and drug free while working as a peer.
- Go through the St. Luke's Roosevelt Hospital Volunteer Department to be approved as a hospital volunteer.
- Review and agree to the Peer Position Description, Policies and Procedures and schedule.

DRESS CODE

- Peers must report to work clean and free of strong odors. Some people are allergic to perfumes, so it is important to only wear deodorant and to not use perfume, cologne, or scented lotions.
- In order to maintain a professional appearance and reduce the spread of germs, peers must follow this modified dress code:
 1. Long pants (no shorts)
 2. Closed toed shoes
 3. Minimal jewelry; no long dangling jewelry
 4. No sleeveless shirts
 5. No white sneakers. Dark sneakers are acceptable

CONFIDENTIALITY

- All information about patients should be kept private.
- Issues that patients raise that you feel should be shared must first be brought to the attention of the Peer Supervisor.
- You may share information about patients with your Peer Supervisor or therapist if for the purpose of getting questions answered or working through your feelings or concerns.

- You may share your own experience about peer work with CCC providers; however, you may not provide names or other identifying information about patients, unless it is appropriate (see “limits to confidentiality”)
- You may not share information about others that you learn through your peer work with your family, friends and acquaintances.
- There are limits to confidentiality. If information you learn from patients meets the following criteria, you must inform a Peer Supervisor.
 1. Patient poses danger to him or herself (such as plan to commit suicide).
 2. Patient poses danger to others (such as plan to abuse or kill another person).
 3. Patient has committed a serious criminal offense that has not been brought to the attention of authorities.
 4. Patient is committing child, spouse or elder abuse.

BEHAVIOR AND CONDUCT

- Peers must work within their role and not attempt to answer questions, provide advice or give information that is beyond their knowledge or authority to give. For example, peers may not answer medical questions, but instead should refer patients to a doctor or hospital staff member who may help get the information requested.
- Peers are expected to respect hospital and clinic facilities, personnel, patients and visitors at all times.
- Peers are subject to the same behavioral guidelines as all CCC patients, which are outlined below.
- Any peer may be dismissed or removed from the program for disrespectful conduct, which includes:
 1. Name calling, foul and degrading language
 2. Shouting, yelling, screaming and cursing
 3. Excessive interrupting or continuous disruption of group process
 4. Lack of understanding /or lack of intent to understand
 5. Theft or destruction of property
 6. Violence or threat of violence
 7. Possession of weapon on hospital premises
- If you are dismissed from peer program, it will not jeopardize your care at the CCC in any way.
- Additional guidelines for peers are that they demonstrate appropriate behavioral boundaries. Examples of behavioral boundaries which must be followed:
 1. Treat every person with respect. Do not use language that is hurtful or negative about an individual. Do not roll your eyes, give the finger or use other body language that communicates disrespect.
 2. Refrain from being part of malicious gossip or activities.

3. Respect decisions of staff.
 4. Show proper care and respect for the clinic property and the property of others. Do not steal or vandalize.
 5. Make a reasonable effort to clean up after yourself when in group situations where materials are handed out or food is provided.
 6. Be aware of personal limitations and seek consultation when needing help. For example, if you are feeling overwhelmed, sad or angry, step away from the peer work and consult with your supervisor or therapist. If you don't know the answer to a question, ask someone or refer the person asking to someone who may know.
- Peers may not exchange money, food, gifts or any other material items with patients.
 1. Do not give or buy patients food, under any circumstances. If a patient complains to you of hunger, inform a clinic or hospital staff person who may be able to help.
 2. Do not accept money from patients or lend money to patients, under any circumstances.
 3. Do not give or recommend drugs of any kind, whether legal or illegal. This includes vitamins, herbs or any other homeopathic treatments. You do not know patients' particular health conditions, and violating this policy may cause significant harm to the patient.
 - Peers are expected to show up for their scheduled hours at least 10 minutes early.
 1. Peers must first report to St. Luke's, Stuyvesant 7 and sign in if working at the Morningside Clinic or St. Luke's inpatient unit. Peers must report to Roosevelt, 1st floor HIV Administrative offices to sign in if working at Samuels Clinic or Roosevelt Hospital.
 2. When the scheduled work time is over, peers must return to sign out and collect a metro card for travel reimbursement.

VIOLATION OF A CONDUCT CODE

- If the Conduct Code is violated, disciplinary action will include the following:
 1. First Offense: Sign a behavioral contract with the Peer Supervisor.
 2. Second Offense: Be placed on a probationary period of three months.
 3. Third Offense: Termination from the program.
- Removal from the Peer program:
 1. Any peer may be dismissed from the program for not performing his or her role in accordance with the Peer Position Description, after discussion and guidance in group supervision and at least

- one individual supervision session with a Peer Supervisor.
2. Peers who violate the policies and procedures of the CCC will face disciplinary action and possible dismissal.
 3. Any peer who is dismissed as a patient of the CCC for behavioral misconduct will also be dismissed from the peer program.
 4. Any action, which involves weapons, violence or physical menacing, will be grounds for immediate termination.
 5. Any action that causes harm to yourself or another person will be grounds for immediate termination.

GUIDELINES FOR INPATIENT “FRIENDLY” VISITS

- Peers must follow the schedule outlined by the Peer Supervisors to avoid confusion on the inpatient unit.
- Peer must complete a “log sheet” (sign in) with the inpatient social worker. This includes keeping track of the names of each patient visited that day and writing it on the log sheet.
- Peers should not spend more than 3 hours on the inpatient unit in one day, and no more than 35 minutes with one person on the day of the visit.
- Peer must meet with their co-counselor after peer work each day for 30 minutes, on the day that they do inpatient peer work.
- Peers should discuss their feelings and energy levels with their supervisors to determine if and when a short break (~1-3 months) may be needed to avoid “burn out”.
- Peer work takes place during inpatient visiting hours, and while patient is on unit. Once a patient is discharged, peer work is over, unless there is a clear, mutual peer/patient agreement to continue supportive listening on the outpatient side.
- The CCC inpatient social worker will know when the friendly visits will be, and he or she will inform the nurse manager. The social worker will also inform patients of peer visits. A peer may approach only patients that agree to be visited by a peer.
- Peers may not visit inpatients in respiratory isolation as it poses health risks for both peers and patients.
- On the inpatient unit, please be careful about using the words HIV/AIDS to patients or when referring to patients. At St. Luke’s, not all patients on the unit are HIV-positive. You must protect patients’ confidentiality with other non-infected patients on the unit.
- Peers should ask questions to the CCC social worker on the unit during working hours. If general questions arise and social worker cannot be found, peers should ask the Nurse Manager. In emergency situations, peers

may page a CCC social work director, Alan Rice (Roosevelt) or Jenny Mayer (St. Luke's).

- Peer must complete a brief evaluation after each inpatient rotation. Evaluations must be turned in to the Peer Supervisor or Assistant.

SUPERVISION

- Peers will have group supervision once a week for one hour with Peer Supervisors, Christine Nollen and Kathy Boudin.
- Peers are encouraged to journal about their experiences on a weekly basis and bring journals to group supervision. Peers are not required to write their experiences and feelings in journals, but they must come to group supervision ready to share what happened in their peer work over the past week.
- Peer will be supervised by CCC social workers on the inpatient unit, and may get emergency assistance from Jenny Mayer, Co-Director of Social Work (Morningside Clinic, St. Luke's) and Alan Rice, Co-Director of Social Work (Samuels Clinic, Roosevelt Hospital).

SUPPORT

- Peers will be co-counselors to their fellow peers. Peers will be paired up to do work and will serve as one another's co-counselor. The purpose of co-counseling is that you become a listener for the other person. The other person just talks without being interrupted until he or she is ready for co-counselor feedback. After the person has talked for uninterrupted time, they can ask for their co-counselor's impressions. Each person should get 15 minutes to be the focus of attention.
- Co-counseling sessions should last for up to 30 minutes, and immediately follow peer work.
- Peers are encouraged to have weekly, individual mental health support/therapy.
- If a peer is exhibiting behavioral issues, Peer Supervisors may encourage peers to seek a mental health provider.

North Georgia Health District

The Living Bridge Center

Peer Advocate Policies and Process

PURPOSE

To assure that peer advocates are competently prepared and trained to provide quality peer counseling services that empower peer counselors, consumers, and support the clinical and supportive services.

DEFINITION OF PEER ADVOCACY

Peer Advocacy services are services provided by trained Peer Advocates that include the provision of psychosocial support and assistance in obtaining a range of services and resources that will meet the needs of the client. Peer counseling services provide opportunities for sharing of information and resources and clinic and programmatic orientation. Peer Advocates are to be viewed as a valued member of the clinic team and staff who bring a unique perspective to program, clinic, and patient services, needs, and issues. A Peer Advocate does not have to be HIV+ but should be personally affected and informed in regard to HIV-related education and issues. A Peer Advocate does not have to disclose their HIV status to consumers with whom they work. The goals of Peer Advocacy are:

- Promoting self-advocacy for persons living with HIV.
- Facilitating the development of social and emotional support networks for persons living with HIV.
- Empowering clinic consumers with clinic, program-specific, and HIV/AIDS knowledge.
- Providing clinic and program staff an expanded perspective from a peer advocate's viewpoint on issues relating to specific patient issues and needs, quality management, and clinic and program policies and procedures.

FIVE MAJOR ACTIVITIES OF PEER ADVOCACY

- Enhanced Outreach
- Navigation
- Patient Education
- Adherence Support
- Advocacy with Multidisciplinary Clinic Team

PEER ADVOCACY IS NOT

- Case management services
- Coordination or determination of services
- Provision, coordination, consultation, or follow-up for medical and clinical care and treatment.

ADDITIONAL INFORMATION

- All Peer Advocates will complete the following formal and informal training:
 1. Peer Supportive Counseling Techniques and Skills
 2. Orientation to New Patient Intake Forms and Process
 3. Peer Advocacy/Volunteer Confidentiality
 4. Peer Advocate Group Support Meetings
- Peer Advocates will provide clinic and program staff contact information.
- Peer Advocates will be available when scheduled to meet with patients.
- Peer Advocates will provide clinic orientation and overview of clinic and program policies and procedures.
 1. Introduction of staff and roles
 2. Clinic tour
 3. Overview of Ryan White CARE Act
 4. Patient Information Form
 5. Client Agreement Form
 - i. Right to Refuse Services
 - ii. Right to Grievances
 - iii. Involuntary Suspension of services
 - iv. Policy and Procedures for Non-Adherent Patients
 6. Federal Poverty Guidelines and Assignment of Federal Poverty Level and Income Verification Requirements
 7. GA Law Code 16-5-60
 8. Picture ID
 9. Authorization to Obtain and Release Information (ROI)
 10. ADAP Process
 11. Emergency Financial Assistance Policies
 12. Referrals
 - i. Referral Missed Appointment Policy
 - ii. Oral Preventive and Dental Treatment
 - iii. Vision
 - iv. Nutrition
 - v. Mental Health/Substance Abuse Assessment/Counseling
 - vi. Support Group
 13. Consumer Advisory Council Members and Roles

- 14. Assessment of individual patient education needs
- 15. Review of findings with RN Case Manager
- Peer Advocates will meet with established patients to assist and support clinic staff in identifying patient specific needs and to offer peer advocacy and needed support.
- Peer Advocates will participate in individual case conferences and grand rounds.
- Crisis Management and Psychiatric Emergencies
 - 1. See Clinic Policy
 - 2. Discuss immediately with RN Case Manager

The Ruth M. Rothstein CORE Center

Qualifications for Participation in the Peer Program

POLICY TITLE: Qualifications for Participation in the Peer Program		POLICY NUMBER:
DATE OF ORIGIN: 7/02 REVIEWED & REVISED: 5/05	<input checked="" type="checkbox"/> CORE POLICY <input type="checkbox"/> AREA SPECIFIC POLICY	Page 1 of 1
<p>PURPOSE: To establish clear qualifications that a consumer must meet in order to be considered for participation as a peer leader in the peer program.</p> <p>AREAS AFFECTED: Any program utilizing peers in a formal capacity.</p> <p>POLICY: In order to be considered to be a peer (i.e. peer educator, new patient orientation guide, PEP counselor), consumers must meet specified criteria demonstrating compliance with their treatment plans, motivation to improve their life, coping and job skills.</p> <ol style="list-style-type: none"> 1. All consumers considering becoming peers must have a documented history of receiving their primary care at the CORE Center for at least the 12 months preceding their application to the peer program. 2. Consumers that have received chemical dependency treatment at the CORE Center or other appropriate program must be able to document at least six months successful treatment (sobriety). Applicants who cannot meet this requirement will not be considered. 3. All consumers interested in becoming a peer must complete an application and an interview by appropriate CORE Center staff. 4. All applicants to the peer program must submit three letters of recommendation as applicable and appropriate with their application. <ol style="list-style-type: none"> a) All applicants must submit a letter of recommendation from their medical provider initially, every six months for the first three years and then annually. b) Applicants receiving mental health services the CORE Center must also submit a letter of recommendation from their mental health counselor with their application. c) Applicants with a history of chemical dependency treatment within the last 3 years must also submit letters of recommendation from either the sponsor or their chemical dependency counselor. d) Applicants receiving case management services the CORE Center must also submit a letter of recommendation from their case manager with their application. e) If not receiving mental health, chemical dependency treatment and/or case management, letters from a former employee, pastor, community-based organizations and/or family are also acceptable. <p>Applications lacking these documents are considered incomplete and will not be considered.</p> 5. Applicants will be selected for available positions based on their application and the interview process. 		
APPROVED:		
SIGNATURE	TITLE	DATE

Appendix E

Guide to Key Public Assistance Benefits

AMIDA CARE
CONSUMER WORKFORCE INNOVATION PROJECT

BENEFITS GUIDE

Table of Contents

1. Benefits Counseling Project*
2. Key Public Assistance Benefits Overview*
 - a. SSI
 - b. SSDI
 - c. HUD Rental Assistance Programs
 - d. SNAP
 - e. Temporary Assistance
 - f. HASA
2. Consumer Worker Budget Planning Worksheets

** At the time of writing, the Benefits Counseling Project offers more current information than the Key Public Assistance Benefits Overview.*

Why choose benefits counseling?

Trying to figure out how work affects public benefit programs like SSI, SSDI, SNAP, Medicaid, or other programs can be an overwhelming process for anyone, especially people living with HIV/AIDS.

Working with a benefits counselor will help ease your fears by providing information about the rules when you begin to work and how you may be able to keep some of your benefits when you work. With this information you can make the best choice for yourself.

Benefits Counseling Providers

Central NY

Legal Services of Central New York
315-703-6597

Finger Lakes

LawNY (in association with Volunteer Legal Services Project)
607-273-3667

Northeastern NY

Legal Aid Society of Northeastern New York
(in association with Albany Law School)
518-462-6765

Western NY

Neighborhood Legal Services
(in association with Erie County Bar Association Volunteer Lawyers Project)
716-847-0650 ext. 253

Hudson Valley

Legal Services of the Hudson Valley
877-574-8529

Long Island

Nassau Suffolk Law Services Committee
631-232-2400

New York City

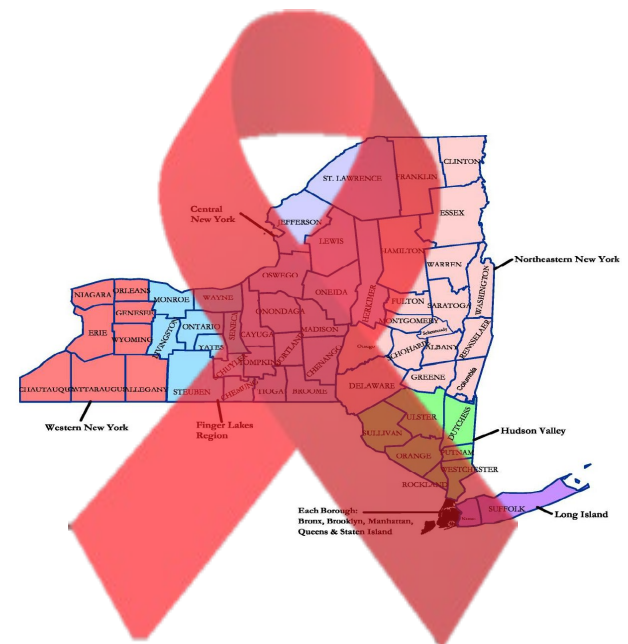
The Family Center
718-230-1379

African Services Committee
212-222-3882

New York Council on Adoptable Children
212-475-0222

Benefits Counseling Pilot Project

Helping those living with HIV/AIDS manage their government benefits while working or returning to work.





Benefits Counseling Pilot Project

The New York State Department of Health AIDS Institute has launched the Benefits Counseling Pilot Project to help people living with HIV/AIDS (PLWH) who are employed or seeking employment to understand how earnings impact their public benefits.

Participants will learn what benefits they can receive while they are working to increase their financial independence.

The stress involved in navigating a complex benefits system can negatively impact the health of PLWH. Having a strong knowledge of what work incentives are available can put PLWH at ease, as they can then focus on their health while feeling confident about their financial stability.

Services Provided

Credentialed benefits counselors provide one-on-one support by helping to:

- calculate benefit amounts based on your earnings
- educate you on special work rules and additional benefits
- budget money to plan for your future
- explain medical insurance coverage such as Medicaid/Medicare
- access networks of community providers and resources
- refer you to legal, employment and other services.

Please note: Providers will not assist with employment readiness services and will refer consumers for vocational rehabilitation as needed.



To be eligible for benefits counseling services, you must:

- have documented proof of HIV/AIDS status
- be a New York State Resident
- meet all income requirements
- complete an intake/assessment for HIV related needs/services
- be currently employed or searching for employment and need assistance with understanding how your earnings affects/will affect your benefits

We can work with you remotely!

This Benefits Counseling Pilot Project publication is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$131,685,663 with 49% percentage financed with nongovernmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government.

Public Benefits and the Transition to Employment Series: Resource for People living with HIV/AIDS and Those Pursuing the New York State Peer Worker Certification

Topic: Understanding Supplemental Security Income (SSI)

About this Series:

This series is prepared by the NYSDOH AIDS Institute to provide general information about the impact of earning income on a person's eligibility for different public benefits. This information is especially important for people seeking certification and employment as a New York State Certified Peer Worker. Each individual's circumstances are different and a number of factors may impact a person's eligibility for public benefits, including their: health status; number of dependents; income to be earned; type of income; other resources or benefits received; and other factors. Individuals should consult with the appropriate benefits program representative, or other expert about their situation, prior to making decisions about accepting reimbursement for work as a Peer Worker.

What is SSI?

SSI makes cash assistance payments to people who are age 65 or older, as well as to blind or disabled people of any age (including children) who have limited income and resources. In 2016, the maximum Federal SSI monthly payment to an individual is \$733, and for a couple it is \$1,110. In New York State, if you are an SSI beneficiary, you are automatically eligible for Medicaid. The SSI application also counts as an application for Medicaid.

The New York State Supplement Program (SSP) provides state-funded financial assistance to elderly, blind, and disabled individuals. SSP is an additional state supplement that will be part of the monthly benefit paid to most SSI recipients. The amount of the state supplement is an additional \$87 for individuals or \$104 for SSI couples living alone. Your SSI application serves as your application for SSP benefits. The Social Security Administration (SSA) will share your information with New York State, which determines your eligibility for SSP benefits. If you receive both SSI and SSP benefits, you will receive your SSP benefits in the same way as you chose to receive your SSI benefit (e.g., direct deposit). If you are eligible for SSP, you will be automatically eligible for Medicaid.

How much can I earn from working and still qualify or keep my SSI Benefits?

When applying for SSI, you may earn up to the Substantial Gainful Activity (SGA) level. In 2016, the monthly SGA levels are \$1,130 for individuals with disabilities other than blindness, and \$1,820 for individuals who are blind. Updated information regarding yearly SGAs may be found at <https://www.ssa.gov/OACT/COLA/sga.html>. If you begin work while receiving SSI, you may earn up to \$1,551 from wages without completely losing SSI benefits, and a couple can earn up to \$2,285 from wages without completely losing SSI benefits.

However, income from work will likely result in a decrease in the amount of your SSI payment, meaning you may no longer receive the maximum benefit of \$733 for an individual, or \$1,110 for a couple.

The decrease in SSI payment will be related to the amount of income you earn. Based on your income level from working, your Medicaid eligibility may also be affected.

If you are working on a limited basis, you should be aware that SSI specifies income which is not counted when calculating an SSI benefit. This includes, but is not limited to the first \$20 of income you receive in a month not being counted, whether it comes from earned income (wages or self-employment income), or unearned income (like Social Security payments, unemployment benefits, or gifts). Also, the first \$65 of earnings, and one-half of all earned income over \$65 each month, is not counted. Therefore, this income will not impact your benefits. If your employer provides you with benefits, such as food, housing, or other gifts, it can count against your SSI benefits.

When you start or stop working, or when there are changes in your earnings, you must report this information to the SSA right away. To report earnings, you can call the SSA at 1-800-772-1213. You may also call, visit, or write to your local Social Security Office.

Is there a program that will help people with SSI become employed?

There are a number of Work Incentives for people receiving SSI benefits. You can learn about these programs that can help you return to work by visiting

<https://www.ssa.gov/disabilityresearch/workincentives.htm>

Ticket to Work (TTW), one of the Work Incentives, is a free, voluntary program that assists people with disabilities to go back to work. TTW provides employment training, career counseling, vocational rehabilitation (VR) services through ACCES-VR, job placement, and ongoing support services necessary to achieve a work goal.

- Individuals participate in the TTW program by signing up with an approved service provider, called an Employment Network (EN). You can visit <https://www.chooseworkttw.net/findhelp/> to find ENs in your area.
- If the EN accepts the Ticket assignment, they will help you create an Individualized Plan of Employment (IPE) and provide appropriate services to help you find and maintain employment.
- You may not be subject to Continuing Disability Reviews while using your Ticket. The IPE will have a yearly Progress Review to evaluate whether you are achieving your goals through the EN. As long as your Progress Review shows you are making progress, your disability will not be reviewed.
- Individuals are able to continue participation in the TTW program whether or not they are achieving their Progress Review goals.

For more information, visit the Social Security Administrations' Ticket Program Beneficiary Access and Support Services Manager's site, www.choosework.net, or call the Ticket to Work helpline toll-free at **1-866-968-7842 (TTY 1-866-833-2967)**. The Ticket to Work Helpline's staff can answer most of your questions about the program. They can also give you the names, addresses, and telephone numbers of Employment Networks, or the State Vocational Rehabilitation Agency, or American Job Center in your area.

If I return to work, is there a trial period during which I can keep my benefits?

SSI does not have a specific trial period during which you can keep your benefits. Keeping your benefits depends on your income and continuing disability.

What if I return to work, lose my SSI benefits, and then lose or cannot keep the job? Will it be difficult to get my benefits reinstated?

Expedited Reinstatement (EXR) is a safety net for people who successfully return to work and lose their entitlement to SSI benefits and payments. If your cash payments ended because of your work and earnings, and you stop work within 5 years of when your benefits ended, you may be able to have your benefits started again promptly through a request for EXR. This provision allows you to receive up to 6 months of temporary cash benefits while a medical review is conducted to decide if your benefits can be reinstated. You may also be eligible for Medicare and/or Medicaid during this provisional benefit period.

To qualify for EXR, an individual must:

- Not be performing SGA in the month they apply for EXR;
- Be unable to work at the SGA level due to their medical condition;
- Have stopped performing SGA within 60 months of their prior termination;
- Have their current medical impairment(s) be the same as, or related to the original impairment(s); and
- Be disabled according to the application of the Medical Improvement Review Standards (MIRS).

To qualify for continuing Medicaid coverage, you must have been eligible for an SSI cash payment for at least 1 month; still meet disability requirements; still meet all other non-disability SSI requirements; need Medicaid benefits to continue working; and have gross earnings that are insufficient to replace SSI, Medicaid, and publicly funded attendant care services. This means that SSI beneficiaries who earn too much for an SSI cash payment may be eligible for Medicaid if they meet these requirements. The SSA uses a threshold amount (\$43,583 for New York State) to measure whether an individual's earnings are high enough to replace their SSI and Medicaid benefits. If you have gross earnings higher than the threshold amount for New York State, the SSA can figure an individual threshold amount for you if you have impairment-related work expenses; or blind work expenses; or a plan to achieve self-support; or a personal attendant whose fees are publicly funded; or medical expenses above the average State amount. Based on your income, you may be eligible for HIV Uninsured Care Programs to cover the cost of HIV health care and medications. In some cases, HIV Uninsured Care Programs will assist with meeting Medicaid spend-downs or the cost of health coverage through the New York State of Health: The Official Health Plan Marketplace.

You may review the [Red Book](#), for more information about the employment-related provisions of the SSI and SSDI programs.

To learn more about the New York State Certified Peer Worker Initiative, call the HIV Education and Training Programs at 518-474-3045 or visit <https://www.hivtrainingny.org/Home/PeerCertification>

Before making any decisions about changing your employment status, contact your local Social Security Office and speak to a Claims Specialist about your specific circumstances.

Public Benefits and the Transition to Employment Series: Resource for People living with HIV/AIDS and Those Pursuing the New York State Peer Worker Certification

Topic: Understanding Social Security Disability Insurance (SSDI)

About this Series:

This series is prepared by the NYSDOH AIDS Institute to provide general information about the impact of earning income on a person's eligibility for different public benefits. This information is especially important for people seeking certification and employment as a New York State Certified Peer Worker. Each individual's circumstances are different and a number of factors may impact a person's eligibility for public benefits, including their: health status; number of dependents; income to be earned; type of income; other resources or benefits received; and other factors. Individuals should consult with the appropriate benefits program representative, or other expert about their situation, prior to making decisions about accepting reimbursement for work as a Peer Worker.

What is SSDI?

SSDI provides benefits to disabled or blind persons who are "insured" by workers' contributions to the Social Security trust fund. These contributions are based on your earnings (or those of your spouse or parents) as required by the Federal Insurance Contributions Act (FICA). Your dependents or spouse may also be eligible for benefits from your earnings record. After receiving SSDI benefits for 24 months, you will become eligible for Medicare. During this qualifying period for Medicare, if your income is low, you may be eligible for Medicaid coverage or the HIV Uninsured Care Program (HUCP). If you're eligible for Medicaid, your Medicaid eligibility may continue after you enroll in Medicare. If you receive SSDI benefits, and have high medical expenses that reduce your monthly income to the Medicaid eligibility level, you may qualify for Medicaid or HUCP through the New York State Medicaid Spend-down Program.

How much can I earn from employment and still keep my SSDI Benefits?

The Social Security Administration (SSA) generally uses earnings guidelines to decide if your work is substantial gainful activity (SGA), and if benefits should continue. In 2016, the monthly SGA levels are \$1,130 for individuals with disabilities other than blindness, and \$1,820 for individuals who are blind. Updated information regarding yearly SGAs may be found at <https://www.ssa.gov/OACT/COLA/sga.html>

When you start or stop working, or when there are changes in your earnings, you must report this information to the SSA right away. To report earnings, you can call the SSA at 1-800-772-1213. You may also call, visit, or write to your local Social Security Office.

The SSA has a number of employment support provisions intended to help you in your efforts to return to work. SSDI employment supports provide help over a long period of time to allow you to test your ability to work, or to continue working, and gradually become self-supporting and independent. In general, you have at least 9 years to test your ability to work. This includes full cash payments during the first 12 months of work activity, a 36-month re-entitlement period during the Extended Period of Eligibility (EPE), and a 5-year period in which the SSA can start your cash benefits again (without a new application). You may continue to have Medicare coverage during this time, or even longer.

If I return to work, is there a trial period during which I can keep my cash assistance and health coverage benefits?

SSDI offers something called a “Trial Work Period”. This is a period of nine months during which you may try to work without losing your disability benefits, regardless of how much you earn. To qualify, you must report your work activity to the Social Security Administration, and continue to have a disability. You may work for up to nine months within a five year rolling period. This means that the nine months do not have to be consecutive, as long as they fall within a period of five years. After the Trial Work Period is complete, the Extended Period of Eligibility (EPE) provisions apply. The EPE is a 36 month re-entitlement period.

Expedited Reinstatement (EXR) is a safety net for people who successfully return to work and lose their entitlement to SSDI benefits and payments. If your cash payments ended because of your work and earnings, and you stop work within 5 years of when your benefits ended, you may be able to have your benefits started again promptly through a request for EXR. This provision allows you to receive up to 6 months of temporary cash benefits while a medical review is conducted to decide if your benefits can be reinstated.

To qualify for EXR, an individual must:

- Not be performing SGA in the month they apply for EXR;
- Be unable to work at the SGA level due to their medical condition;
- Have stopped performing SGA within 60 months of their prior termination;
- Have their current medical impairment(s) be the same as, or related to the original impairment(s); and
- Be disabled according to the application of the Medical Improvement Review Standards (MIRS).

You become eligible for a new Trial Work Period 24 months after your disability benefits are reinstated.

You may also be eligible for Medicare and/or Medicaid during this provisional benefit period. If you lose cash assistance because you have returned to work, your Medicare coverage may be continued for 93 months after the Trial Work Period. This coverage extension applies as long as you still have a disabling impairment, even if it does not prevent you from working, and you meet other eligibility requirements. After that period, you will no longer be able to obtain Medicare Part A premium free, but if your disabling condition continues, you can purchase Medicare Part A coverage by paying premiums. If your Medicare Part B premium was being taken directly out of your SSDI check, you will need to start making monthly payments to keep Medicare Part B. If your income is too high, you will need to start mailing a monthly check to Medicare to cover this cost. For more information on programs that may help pay Medicare Part B premiums visit:

http://www.health.ny.gov/health_care/medicaid/program/update/savingsprogram/medicaresavingsprogram.htm.

What if I return to work, lose my SSDI benefits, and then lose or can't keep the job? Will it be difficult to get my benefits reinstated?

For a period of three years (36 consecutive months) after completing your Trial Work Period, you will enter an Extended Period of Eligibility (EPE). During the EPE, your benefits can be automatically reinstated (without starting a new application) if you lose or can't keep the job, or if your monthly earnings fall below the SGA. Eligibility to receive a monthly SSDI check is determined on a month-to-month basis. If you don't make more than the SGA amount in a particular month, you can still get your SSDI check.

You can file an application for an Expedited Reinstatement (EXR) if your countable gross income falls below the SGA amount or stops, at any time within five years after your SSDI benefits ended due to work activity. If you file a new application for SSDI benefits, you will need to prove that you are medically disabled before your claim will be granted.

You may review the [Red Book](#), for more information about the employment-related provisions of the SSDI and SSI programs.

To learn more about the New York State Certified Peer Worker Initiative, call HIV Education and Training Programs at 518-474-3045 or visit <https://www.hivtrainingny.org/Home/PeerCertification>

Before making any decisions about changing your employment status, contact your local Social Security Office and speak to a Claims Specialist about your specific circumstances.

Resources for People Considering Employment as a Certified Peer Worker: Public Benefits and the Transition to Employment Series

Topic: Understanding the US Department of Housing and Urban Development (HUD) Rental Assistance Programs

About this Series:

This series is prepared by the NYSDOH AIDS Institute to provide general information about the impact of earning income as a New York State Certified Peer Worker on a person's eligibility for different public benefits. Each individual's circumstances are different and a number of factors may impact a person's eligibility for public benefits, including their: health status; number of dependents; income to be earned; type of income; other resources or benefits received; and other factors. Individuals should consult with the appropriate benefits program representative, or other expert about their situation, prior to making decisions about accepting reimbursement for work as a Peer Worker.

The US Department of Housing and Urban Development (HUD) offers programs for affordable housing. The Housing Choice Voucher Program (Section 8), Public Housing, and Privately Owned Subsidized Housing will be discussed in this document.

Housing Choice Voucher Program (Section 8) – A person finds their own housing and uses the voucher to pay for all or part of the rent.

Public Housing – Housing is provided for low-income families, the elderly, and people with disabilities.

Privately owned subsidized housing - HUD helps apartment owners offer reduced rents to low-income tenants.

A Public Housing Agency (PHA) will assist you in determining your qualification for these programs, based on the eligibility and income requirements.

Housing Choice Voucher program (Section 8)

What is the Housing Choice Voucher program (Section 8)?

The Housing Choice Voucher program is a major program to assist very low-income families, the disabled, and the elderly, to afford decent, safe, and sanitary housing in the private market. Participants can find their own housing, including single-family homes, apartments, and townhouses, as housing assistance is provided on behalf of the family or individual. **The person participating is free to choose any housing that meets the requirements of the program. The housing is not limited to units located in subsidized housing projects.** Housing Choice Vouchers are administered locally by Public Housing Agencies (PHAs). Federal funds from HUD are given to PHAs to provide the voucher program.

What are the eligibility requirements of the Housing Choice Voucher program (Section 8)?

Eligibility for a housing voucher is based on the total annual gross income and family size, and is limited to US citizens and specified categories of non-citizens who have eligible immigration status. Eligibility is determined by the PHA. The anticipated income, minus any exclusions and deductions the family will receive during the next 12 months, is used to determine the family's rent.

What is Annual Income?

Gross Income – Income Exclusions = Annual Income

What is Adjusted Income?

Annual Income – Deductions = Adjusted Income

Example

Area: Broome County NY
Federal Year (FY) 2016 Median
Federal Income (MFI): \$63,900

Household Size (Number of Persons)	30% of MFI Extremely Low *Gross Income	50% of MFI Very Low *Gross Income
1	\$13,450	\$22,400
2	\$16,020	\$25,600
3	\$20,160	\$28,800
4	\$24,300	\$31,950

In this example, a Peer Worker/family living in Broome County cannot have income that exceeds 50% of the Median Federal Income, the Very Low Income levels shown for that area, in order to be eligible for the Housing Choice Voucher program. Most who will receive a voucher will have income not exceeding 30% of the Median Federal Income, the Extremely Low Income levels shown for Broome County.

***Gross Income = income before tax is paid**

Example

As of December 31, 2015,
New York State's
Minimum Wage is \$9.00 Per Hour

Part Time Hours	Full Time Hours
Working 20 Hours	Working 40 Hours
\$9.00 Per Hour	\$9.00 Per Hour
\$9,360 *Gross Income Per Year	\$18,720 *Gross Income Per Year

In this example, a Peer Worker earning the minimum wage for Part Time or Full Time hours may have income which does not exceed the 50% of the Median Federal Income, the Very Low Income levels, as well as the 30% of the Median Federal Income, the Extremely Low Income levels for their area, as necessary to be eligible for the Housing Choice Voucher program.

Example

****There will be various**
area annual increases until
New York State's
Minimum Wage reaches
\$15.00 Per Hour

Part Time Hours	Full Time Hours
Working 20 Hours	Working 40 Hours
\$15.00 Per Hour	\$15.00 Per Hour
\$15,600 *Gross Income Per Year	\$31,200 *Gross Income Per Year

In this example, a Peer Worker earning the minimum wage for Part Time or Full Time hours may have income which does not exceed the 50% of the Median Federal Income, the Very Low Income levels, as well as the 30% of the Median Federal Income, the Extremely Low Income levels for their area, as necessary to be eligible for the Housing Choice Voucher program.

****The law gradually raises the minimum wage to \$15 in New York City by the end of 2018, and in some prosperous suburbs by the end of 2021. The minimum wage may only rise to \$12.50 in the rest of the state by 2020, unless there are further increases tied to inflation and other economic indicators.**

In general, the income of the Peer Worker/family may not exceed 50% of the median income for the county or metropolitan area in which the family chooses to live. However, most people receiving a voucher have income not exceeding 30% of their area's median income. Median income levels vary by location.

To access the 2016 Income Limits by state and area, visit

https://www.huduser.gov/portal/datasets/il/il16/index_il2016.html

After clicking "Click Here for FY 2016 IL Documentation", select your state, then choose your county for the income limits summary for that area.

You may also visit <https://www.huduser.gov/portal/datasets/il/il16/FY16-IL-ny.pdf> for the NYS Income Limits.

The PHA serving your community can also provide you with the income limits for your area and family size. To contact a PHA, click

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts

How is rent determined for the Housing Choice Voucher program (Section 8)?

When a person or family finds a unit they would like to occupy and reaches an agreement with the landlord over the lease terms, the PHA is required to inspect the dwelling and make sure that the rent requested is reasonable. The PHA determines a payment standard used to calculate the amount of housing assistance a family will receive, which is the amount usually needed to rent a moderately-priced dwelling unit in the local housing market. The payment standard does not limit or affect the amount of rent a landlord may charge or the family may pay. The family who receives a housing voucher can choose a unit with a rent that is below or above the payment standard. The family must pay 30% of its monthly adjusted gross income for rent and utilities, and if the rent of the unit is greater than the payment standard, the family is required to pay the additional amount. If a family moves to a new unit where the rent exceeds the payment standard, by law, the family may not pay more than 40% of its adjusted monthly income for rent. Most households pay 30% of their adjusted income for Housing Choice Voucher program.

<u>Example</u> A Peer Worker has \$20,988 Annual Adjusted Gross Income	If the Peer Worker lives in a unit with rent that is below the payment standard, they are required to pay 30% of their monthly adjusted gross income for rent and utilities	If the Peer Worker lives in a unit with rent that is above the payment standard, they are required to pay the additional amount. By law, they cannot pay more than 40% of their monthly adjusted gross income for rent and utilities.
Monthly Adjusted Gross Income	If Paying 30% of the Monthly Adjusted Gross Income for Rent and Utilities	If Paying No More than 40% of the Monthly Adjusted Gross Income for Rent and Utilities
\$1,749	\$52.47 Monthly	Up to \$69.96 Monthly

A Peer Worker with an annual adjusted gross income of \$20,988 would have a monthly adjusted gross income of \$1,749. If the Peer Worker lives in a unit with rent that is below the payment standard, they are required to pay 30% of their monthly adjusted gross income for rent and utilities, which would be \$52.47 each month. If the Peer Worker lives in a unit with rent that is above the payment standard, they are required to pay the additional amount. By law, they would not pay more than 40% of their monthly adjusted gross, which would be up to \$69.96 per month.

For Peer Workers and families receiving Housing Choice Vouchers/Section 8, the PHA must conduct a reexamination of family income and composition at least annually.

You may apply for the Housing Choice Voucher program by contacting a Public Housing Agency at <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>

Public Housing

Public Housing was established to provide rental housing for eligible low-income families, the elderly, and persons with disabilities. It includes government-funded and government-constructed units ranging from single-family homes to multi-unit dwellings. If you live in Public Housing, the PHA owns your building and is your landlord. In a few cases, a private company may manage the building for the PHA or may be part of the ownership, but the building is still controlled by the PHA.

Who is eligible for Public Housing?

Public Housing is limited to low-income families and individuals, which can include Peer Workers. A PHA determines eligibility based on: annual gross income; whether you qualify as elderly, a person with a disability, or as a family; and U.S. citizenship or eligible immigration status. PHAs use income limits developed by HUD, which sets the lower income limits at 80%, and very low income limits at 50% of the median income for the county or metropolitan area you choose to live in. Income limits are different, depending on the area. You may be eligible at one PHA, then not eligible at a different PHA. The PHA serving your community can provide you with the income levels for your area and family size. You may also find the income limits by visiting <https://www.huduser.gov/portal/datasets/il.html>

How is rent determined for Public Housing?

Rent, which is referred to as the Total Tenant Payment (TTP) in Public Housing, would be based on your family's anticipated gross annual income minus deductions, if there are any. HUD regulations allow PHAs to exclude the following allowances from annual income: \$480 for each dependent; \$400 for any elderly family, or a person with a disability; and some medical deductions for families headed by an elderly person or a person with a disability. The PHA representative will determine if any of the allowable deductions should be subtracted from your annual income, based on your application. Annual income is the anticipated total income from all sources received from the family head and spouse, and each additional member of the family who is 18 years of age or older.

The formula used in determining the TTP is the highest of the following:

- 10% of monthly income;
- 30% of monthly adjusted income
- Temporary Assistance shelter payment, if that applies; or
- A \$25 minimum rent or higher amount (up to \$50) set by a PHA.

Example This is an example of what a Public Housing Rent Calculation could be for an individual employed as a Peer Worker.

Annual Income (Gross Income – Income Exclusions = Annual Income)	\$25,000.00
Adjusted Annual Income (Annual Income – Deductions = Adjusted Income)	\$19,700.00
Utility Allowance (*used for this example - other allowances may apply)	\$35.00
Income-based Rent	
1. Monthly Income (Annual Income/12)	\$2,083.33
2. 10% of Monthly Income (Line 1 X 0.10)	\$208.33
3. Monthly Adjusted Income (Adjusted Income/12)	\$1,641.67
4. 30% of Monthly Adjusted Income (Line 3 X 0.30)	\$492.50
5. Temporary Assistance shelter payment(if applicable)	NA
6. Minimum Rent	\$50.00
7. Ceiling Rent (if applicable)	NA
8. Total Tenant Payment (Highest of Lines 2, 4, 5, 6, or 7)	\$492.50
9. Utility Allowance (*there may be other allowances for different circumstances - this is for the purpose of this example)	\$35.00
10. Income-based Tenant Rent (Line 8 minus Line 9)	\$457.50

There is also the option of a less common flat rent (as opposed to the more common income-based rent) to residents of Public Housing. Flat rents are based on market rents and, therefore, the tenant rent does not vary with income.

For Public Housing families who pay an income-based rent, the PHA must conduct a reexamination of family income and composition at least annually and must make appropriate adjustments in the rent after consultation with the family and upon verification of the information. A family also has the ability to request an interim reexamination.

For Public Housing families who choose flat rents, the PHA must conduct a reexamination of family composition at least annually, and must conduct a reexamination of family income at least once every three years. A family may also request an interim reexamination.

In general, you may stay in Public Housing as long as you meet the terms of the lease. At your annual reexamination, if your household income is too high to obtain housing on the private market, the PHA may determine whether your family should stay in Public Housing, and you may be eligible for Privately Owned Subsidized Housing.

You may apply for Public Housing by contacting a Public Housing Agency at <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>

Jobs Plus Program

The Jobs Plus Program for PHAs seeks to develop locally-based approaches to increase earnings and advance employment outcomes for residents of Public Housing. The program will fund initiatives to improve employment and earnings outcomes for Public Housing residents through supports, such as work readiness, employer linkages, job placement, technology skills, financial literacy, and educational advancement to ensure that Public Housing residents are connected to a program that is using evidence-based practices that work for job seekers and employers.

For information on the Jobs Plus Program, questions regarding specific program requirements should be directed to the e-mail address: JobsPlus@hud.gov
Please note that HUD staff cannot assist applicants in preparing their applications.
Persons with hearing or speech impairments may access this number via TTY by calling the toll-free Federal Relay Service at 1-800-877-8339.

Privately Owned Subsidized Housing

Many apartment owners/landlords receive funding from the government to lower the rents they charge low-income tenants. HUD sets the lower income limits at 80%, and very low income limits at 50% of the median income for the county or metropolitan area in which the recipient chooses to live. Income limits vary from area to area. You may find the income limits by visiting

<https://www.huduser.gov/portal/datasets/il.html>

If you live in Privately Owned Subsidized Housing, the PHA is not your landlord. Privately Owned Subsidized Housing is owned and operated by private owners who receive subsidies in exchange for renting to individuals/families with low and very low income. Owners may be individual landlords or for-profit or nonprofit corporations. Individuals/families look for the HUD's low-rent apartments for Privately Owned Subsidized Housing. The PHA does not find the apartments for the individual/family. If you are employed as a Peer Worker and earning below HUD's income limits, you may qualify for the lower rents.

Example

Area: **Bronx, NY**

Federal Year (FY) 2016 Median Federal Income (MFI)

Household Size (Number of Persons)	50% of MFI Very Low Income	80% MFI Low Income
1	\$31,750	\$50,750
2	\$36,250	\$58,000
3	\$40,800	\$65,250
4	\$45,300	\$72,500

A Peer Worker/family living in Bronx County, NY earning at or below these income limits may qualify for the lower rents of Privately Owned Subsidized Housing.

There is an online database of low-rent apartments for each state, which is maintained by HUD and updated daily. To search for HUD's low-rent apartments, visit <http://www.hud.gov/apps/section8/>

Reporting Changes in Income and Reexamination

PHAs must have a clear policy about when you must report an increase in income. This should be stated in your lease. If not, ask for a copy of the PHA's written policy, and be sure to understand it. People could possibly be evicted for not reporting an increase in income.

If you lose income during the lease period, the PHA must do a new rent calculation "within a reasonable time", and the PHA written policy should state exactly what that time period is.

If you lose Temporary Assistance for Needy Families (TANF) income because of fraud or a work-related sanction, you do not get a rent decrease. However, you can still take advantage of the Earned Income Disregard if you go to work and qualify for the disallowance.

If you have opted to pay a “flat rent” and you run into a “financial hardship”, such as a lay off or a medical crisis, the PHA should let you switch to a lower percentage-of-income rental amount.

It is important to remember that a family may request an interim reexamination of family income or composition because of changes since the last determination, and the PHA must make the interim changes within a reasonable time after the family’s request.

Decreases in the family’s share of the rent are effective on the first day of the month following the change.

Increases are effective on the first day of the month after reasonable advance notice to the family. If rent increases as a result of the reexamination, the PHA must provide the family an opportunity to request an informal hearing.

Families Ineligible for Continued Assistance

Generally, if the annual reexamination results in assistance being terminated, the family may continue as a program participant for six months from the date of the reexamination effective date. During that period, the current contract remains in effect.

If the family circumstances change during the six month period, and the family again needs assistance, the PHA conducts an interim reexamination and may reinstate assistance. At the end of six months, if assistance has not been restored, the assistance will terminate. The PHA must provide the family and the owners at least 30 days advance notification of the proposed termination and an opportunity to request an informal hearing.

Example

A Peer Worker took a full time employment position while utilizing the Housing Choice Voucher program. The Peer Worker reported the income change to the PHA and requested an interim reexamination of family income. Upon reexamination, the increase in income caused the Housing Choice Voucher program to be terminated.

However, the Peer Worker has six months from the date of the reexamination effective date to continue as a Housing Choice Voucher program participant. This means the Peer Worker may try earning more income for six months before actually losing assistance in the Housing Choice Voucher program.

During the Peer Worker’s third month of employment, the Peer Worker switched to part time instead of full time hours, due to unforeseen circumstances.

The PHA conducted an interim reexamination of the individual’s lowered income and reinstated the individual’s assistance in the Housing Choice Voucher program, as it was within the six months from the date of the reexamination effective date when the individual was working full time hours.

If it had been after six months, and the Peer Worker was no longer a Housing Choice Voucher participant, the Peer Worker would need to reapply for the program.

For more information regarding reporting income changes, and reexaminations, contact a Public Housing Agency at <http://www.hud.gov/offices/pih/pha/contacts/index.cfm>

What are Some Additional Housing Incentives to Start or Return to Work?

There is a housing protection that extends the 30% rent cap to make sure that people in New York City who are living with HIV/AIDS and receiving rental assistance will pay no more than 30% of their income toward their rent, providing affordable and stable housing.

Earned Income Disregard

The Earned Income Disregard, sometimes called Earned Income Disallowance, or EID, is a program that allows tenants who have been out of work to accept a job without having their rent increase right away. It encourages self-sufficiency by rewarding residents who go to work to increase their earnings. For purposes of rent calculation, the disallowance functions as an income exclusion, meaning a portion of a qualified tenant's increased income is not counted in their rent calculation for a period of time. EID does not replace other income exclusions in rent calculation for tenants with disabilities.

The EID applies to anyone in your household who is age 18 or older. You may qualify for the disregard if:

- You were "previously unemployed" for at least 12 months before you went to work (if you were earning small amounts of money during that 12 months - up to 500 hours at state minimum wage - you can still qualify as "previously unemployed");
- Your household received Temporary Assistance during the last 6 months, and you began working or increased your earnings;
- Your income increased while you were participating in a self-sufficiency or job-training program (such as an English-as-second-language course, substance abuse rehabilitation, or a sheltered workshop, etc.); or
- You are disabled and went to work or started earning more money.

The EID excludes 100% of increased income from new earnings for 12 months when calculating rent. Then, the EID excludes 50% of increased income from new earnings for an additional 12 months.

The benefit is to limit rent increases from increases in income due to employment. However, if an individual's overall income does not increase due to employment, there is not an EID. If unearned income is replaced dollar for dollar with earned income, or the overall income does not exceed the prior baseline income there is not an EID. Once you start getting this disregard, you have a 4-year window period to use it up.

The rules for EID are different for tenants of Public Housing and tenants of other covered housing programs, such as the Housing Choice Voucher program. In Public Housing, any tenant may qualify for the EID benefit - those with and without disabilities - while in other covered programs, such as the Housing Choice Voucher program, the EID benefit is only for tenants with disabilities.

For more information regarding the Earned Income Disregard, visit

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/phr/about/ao_faq_eid

Disability Rent Increase Exemption (DRIE)

The Disability Rent Increase Exemption (DRIE), also known as the New York City Rent Freeze Program, is an exemption against future rent increases for eligible disabled persons living in rent-controlled, rent-stabilized, Mitchell-Lama and other eligible apartments in New York City. Landlords of DRIE tenants will receive tax credits to make up the difference between the frozen rent and what the DRIE tenants would be paying without the benefit.

For assistance with DRIE, including enrollment, renewals, appeals, transfers, and adjustments, tenants and landlords can contact the Department of Finance's DRIE Unit at <http://www.nyc.gov/contactfinance>, or visit the SCRIE and DRIE Walk-in Office at 66 John Street, 3rd floor, New York, NY, Monday – Friday. Several community-based organizations also provide assistance with DRIE enrollment.

Senior Citizen Rent Increase Exemption (SCRIE)

In New York City, seniors living in rent-stabilized or rent-controlled apartments, Mitchell-Lama, or limited dividend company buildings (such as Penn South or Amalgamated Houses), and apartments regulated by the loft board, are eligible to have their rent frozen through the Senior Citizen Rent Increase Exemption program (SCRIE) if: the head of household is 62 or older; the household income less than \$29,000; or the rent is 1/3 of income or an upcoming rent increase will bump the rent over that mark.

The program is administered by the New York City Department of Finance. To apply, visit http://www.nyc.gov/html/dof/html/property/property_tax_reduc_drie_sc_te.shtml

You may download the application at http://www.nyc.gov/html/dof/html/pdf/scrie/scrie_appl.pdf. You can also have the SCRIE application mailed to you by calling the city's central information number, 311, or going to your local senior center.

How do I find more information regarding HUD Rental Assistance Programs?

If you are interested in applying for affordable housing, or would like specific information about affordable housing programs, please contact your local Public Housing Agency. PHA contact information can be found by visiting

http://portal.hud.gov/hudportal/HUD?src=/program_offices/public_indian_housing/pha/contacts

You may contact your local HUD Field Office if you need help contacting the PHA. HUD Field Office contact information can be found by visiting

http://portal.hud.gov/hudportal/HUD?src=/program_offices/field_policy_mgt/localoffices

For information regarding other HUD opportunities for affordable housing, in addition to the Housing Choice Voucher (Section 8) program and HUD subsidized public and private housing, visit

http://portal.hud.gov/hudportal/HUD?src=/states/new_york/renting/assistanceprograms

To learn more about the New York State Certified Peer Worker Initiative, call the HIV Education and Training Programs at 518-474-3045 or visit <https://www.hivtrainingny.org/Home/PeerCertification>

Before making any decisions about changing your employment status, contact your local Social Security Office and speak to a Claims Specialist about your specific circumstances.

Resources for People Considering Employment as a Certified Peer Worker: Public Benefits and the Transition to Employment Series

Topic: Understanding the Supplemental Nutrition Assistance Program

About this Series:

This series is prepared by the NYSDOH AIDS Institute to provide general information about the impact of earning income as a New York State Certified Peer Worker on a person's eligibility for different public benefits. Each individual's circumstances are different and a number of factors may impact a person's eligibility for public benefits, including their: health status; number of dependents; income to be earned; type of income; other resources or benefits received; and other factors. Individuals should consult with the appropriate benefits program representative, or other expert about their situation, prior to making decisions about accepting reimbursement for work as a Peer Worker.

What is the Supplemental Nutrition Assistance Program (SNAP)?

Formerly known as Food Stamps, the Supplemental Nutrition Assistance Program (SNAP) helps low-income people and families purchase the food they need for good health. SNAP monthly benefits can be used to purchase food at authorized retail food stores. They are provided through an electronic benefit card, similar to a debit or credit card. **SNAP benefits can help support your income while you are working.**

What is the income eligibility for SNAP benefits?

If your household's income, based on your family size, is less than or equal to the amounts in the chart on page 2, you may be eligible for, or may continue receiving SNAP benefits. A SNAP budget must be calculated for your household in order to determine eligibility and benefit amount. SNAP has two income limits: gross income and net income.

Gross income is your total income, before taxes or any deductions.

Net income is determined by subtracting certain allowable deductions from the gross income. Examples of allowable deductions include, but are not limited to, expenses, such as: housing costs, court ordered child support payments, child care or dependent care payments, certain self-employment expenses, and monthly medical expenses over \$35 for elderly (at least 60 years of age) and people with disabilities. Most households have to meet both gross and net income limits to qualify for SNAP.

Households with members who are elderly or disabled, as well as households which pass the gross income test, must pass a net income test to qualify. Elderly households are those with members age 60 or older. Disabled members are those who receive disability payments, such as Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), or Medicaid as a blind or disabled individual.

If everyone in your household receives Supplemental Security Income (SSI) or TANF (cash assistance), income limits do not apply.

If you are receiving SSDI and have limited income and resources, you may qualify for SNAP benefits. If you are receiving SSDI and your income and resources are too great, you may not be eligible for SNAP benefits. However, as previously mentioned, some medical expenses may be excluded from your income.

Federal SNAP Standards effective October 1, 2016 through September 30, 2017				
Household/Family Size	Federal Poverty Guidelines (FPG) – also known as Federal Poverty Lines (FPL) Monthly Income Standards			Monthly Maximum SNAP Benefits You May Receive
	100% FPG Net Income	130% FPG Gross Income	165% FPG Gross Income for Households <i>with an Elderly or Disabled Member, and Households with Dependent Care Expenses</i>	
1	\$990	\$1,287	\$1,980	\$194
2	\$1,335	\$1,736	\$2,670	\$357
3	\$1,680	\$2,184	\$3,360	\$511
+ Each Person	+\$347	+\$451	+\$693	+\$146

Example: A Peer Worker is working full time (37.5 hours/week), earning \$12/hour, and does not receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI). The Peer Worker is the head of their 3-person household, which includes 2 children with dependent care expenses.

Weekly, the Peer Worker earns $\$12 \times 37.5 \text{ hours} = \450 gross income.

Monthly, the Peer Worker earns $\$450 \times 4.3$ (average weeks in a month) = \$1,935 gross income.

Therefore, the Peer Worker has a monthly gross income below \$3,360 (165% of the FPG gross income), the limit for a 3-person household with dependent care expenses, as shown in the chart, and would be eligible for up to \$511 SNAP benefits each month.

Example: A Peer Worker, who is disabled, lives alone, and is working part time (20 hours/week), earning \$12/hour.

Weekly, the Peer Worker earns $\$12 \times 20 \text{ hours} = \240 gross income.

Monthly, the Peer Worker earns $\$240 \times 4.3$ (average weeks in a month) = \$1,032 gross income.

The Peer Worker also receives \$804/month from Social Security Disability Insurance (SSDI).

The Peer Worker can earn up to the Substantial Gainful Activity (SGA) level, which in 2016 is \$1,130 per month for people with disabilities other than blindness, or \$1,820 per month for blind individuals, and still receive the full SSDI monthly benefit.

Monthly, the Peer Worker receives \$1,032 from working part time + \$804/month from SSDI = \$1,836 gross income.

Therefore, the Peer Worker with a disability, has a monthly gross income below \$1,980 (165% of the FPG gross income), the limit for a 1-person household with a disabled member, as shown in the chart, and would be eligible for up to \$194 SNAP benefits each month.

SSDI also offers a “Trial Work Period”. *This is a period of nine months during which a Peer Worker may try to work without losing their disability benefits, regardless of how much they earn.* To qualify, a Peer Worker must report their work activity to the Social Security Administration, and continue to have a disability. The Peer Worker may work for up to nine months within a five year rolling period. This means that the nine months do not have to be consecutive, as long as they fall within a period of five years. After the Trial Work Period is complete, the Extended Period of Eligibility (EPE) provisions apply. The EPE is a 36 month re-entitlement period.

If the household has net income below the amounts in the chart on the previous page, and meets all other criteria, the SNAP allotment received is based on the household size and net monthly income.

Please note that the maximum SNAP benefit amount as shown in the chart is what a household will receive based on \$0 income. The greater the household’s net income, a lesser amount of SNAP benefits will be received.

To determine if you are eligible for SNAP benefits, visit mybenefits.ny.gov

Visit the United States Department of Agriculture (USDA) Food and Nutrition Service section concerning SNAP at <http://www.fns.usda.gov/snap/supplemental-nutrition-assistance-program-snap>. You may also call the toll-free Office of Temporary and Disability Assistance (OTDA) Hotline at **1-800-342-3009** and press “1” for SNAP, or contact your local Social Security Office

To learn more about the New York State Certified Peer Worker Initiative, call the HIV Education and Training Programs at 518-474-3045 or check out the following webpage for details:
<https://www.hivtrainingny.org/Home/PeerCertification>

Before making any decisions about changing your employment status, contact your local Social Security Office and speak to a Claims Specialist about your specific circumstances.

Resources for People Considering Employment as a Certified Peer Worker: Public Benefits and the Transition to Employment Series

Topic: Understanding Temporary Assistance

About this Series:

This series is prepared by the NYSDOH AIDS Institute to provide general information about the impact of earning income as a New York State Certified Peer Worker on a person's eligibility for different public benefits. Each individual's circumstances are different and a number of factors may impact a person's eligibility for public benefits, including their: health status; number of dependents; income to be earned; type of income; other resources or benefits received; and other factors. Individuals should consult with the appropriate benefits program representative, or other expert about their situation, prior to making decisions about accepting reimbursement for work as a Peer Worker.

What is Temporary Assistance?

Temporary Assistance (TA) is temporary help for economically challenged adults and children. If you cannot find a job, are unable to work, or your job does not pay you enough, TA may be able to help you pay for your basic needs expenses. If you are a Peer Worker who has become unable to work, or who has a job which does not provide enough money, you may be eligible for TA.

What are the two major Temporary Assistance programs?

Family Assistance (FA) and Safety Net Assistance (SNA) are the two primary Temporary Assistance programs, described below.

Family Assistance (FA)

New York State Family Assistance (FA) provides cash assistance to eligible families that include a minor child living with a parent (including families who have both parents in the household) or a caretaker relative. FA operates under federal Temporary Assistance for Needy Families (TANF) guidelines. **Eligible adults are limited to receiving cash benefits for a total of 60 months in their lifetime, including months of TANF-funded assistance granted in other states.**

Adult and all members of the FA household are not eligible to receive additional FA benefits if this limit is reached. Each month that TANF-funded benefits are received is included in the 60 lifetime count. The months do not need to be consecutive.

The TANF program has an emphasis on work. Parents and other adult relatives who receive FA, and who are determined able to work must meet the terms of federal work requirements to receive FA benefits. These requirements, consistent with section 407(e)(2) of the Social Security Act, require a parent or caretaker who receives assistance under the program to engage in work (as defined by the State) once the State determines the parent or caretaker is ready to work, or once the parent or caretaker has received assistance under the program for 24 months (which do not have to be consecutive), whichever is earlier.

New York State's definition of these requirements is to require all individuals to be assessed and assigned to work, with certain limited exemptions from federally countable work activity requirements, provided that there is not an exemption from the 24 month work requirement.

As a Peer Worker, in order to get cash benefits, adult TANF recipients must participate in work activities, *with some limited exceptions*. Information regarding exemptions to work requirements can be found by visiting pages 1-3 of the TANF NYS Plan at <https://otda.ny.gov/policy/tanf/TANF2015-State-Plan.pdf>

Safety Net Assistance (SNA)

If you are a Peer Worker who is not eligible for other assistance programs, you may be eligible for Safety Net Assistance. SNA is for persons who have exceeded the 60-month limit on assistance, including: single adults, childless couples, children living apart from any adult relative, families of persons found to be abusing drugs or alcohol, families of persons refusing drug/alcohol screening, assessment, or treatment, and aliens who are eligible for temporary assistance, but who are not eligible for federal reimbursement.

Persons getting SNA, who are determined to be able to work, must comply with the work requirements described in pages 1-3 of the TANF New York State Plan at <https://otda.ny.gov/policy/tanf/TANF2015-State-Plan.pdf> to receive SNA benefits.

What counts as Emergency Assistance?

An emergency is an urgent situation or need that is necessary to be taken care of right away. Some examples of an emergency include, but are not limited to: when you are homeless; you have little or no food; you do not have fuel for heating in the cold weather period; your utilities are shut-off or are about to be shut-off, or you have a 72-hour disconnect notice; and/or if your landlord has told you that you must move or has given you eviction papers.

As a Peer Worker, if you and/or your family are going through an emergency situation, you may be eligible for Emergency Assistance. Some examples of Emergency Assistance include, but are not limited to: payment of shelter arrears (overdue/unpaid rent), payment of Domestic Violence Shelter costs; payment of overdue/unpaid utilities; payment of fuel and/or cost of fuel delivery; and. payment of Temporary Housing (Hotel/Motel) costs. Noncitizens who do not have documents that allow them to reside legally in the United States are only eligible for certain kinds of emergency benefits.

To receive Emergency Assistance Payments you **do not** have to be eligible for ongoing Temporary Assistance. Payments may be authorized when you have been determined to be eligible.

How Do I Apply for Temporary Assistance?

To find out if you are eligible to receive Temporary Assistance, including help with an emergency, you must file an application with your county Department of Social Services. If you live in one of the five boroughs of New York City, you must apply with your local Job Center.

To find the location of your local Department of Social Services, visit

<http://otda.ny.gov/workingfamilies/dss.asp> or call the toll-free OTDA Hotline at 1-800-342-3009

To find the location of your local Job Center, visit <http://www1.nyc.gov/site/hra/locations/job-locations>

To learn more about the New York State Certified Peer Worker Initiative, call the HIV Education and Training Programs at 518-474-3045 or visit <https://www.hivtrainingny.org/Home/PeerCertification>

Before making any decisions about changing your employment status, contact your local Social Security Office and speak to a Claims Specialist about your specific circumstances.

HASA

Notice: Starting August 29, 2016, you no longer need to have HIV-related illness to receive HASA services. All NYC residents with HIV or AIDS who meet financial need requirements are eligible.

HASA assists individuals living with AIDS or HIV illness to live healthier, more independent lives. The program can help clients with individualized service plans to target necessary benefits and provide support that is specific to their medical situation and that will enhance their well-being. HASA clients receive ongoing case management and are assigned to a caseworker at one of our HASA centers, located in all 5 boroughs.

HASA services include intensive case management and assistance in applying for public benefits and services, including:

- Medicaid
- Supplemental Nutrition Assistance Program benefits
- Cash assistance
- Emergency transitional housing
- Non-emergency housing
- Rental assistance
- Home care and homemaking services
- Mental health and substance abuse screening and treatment referrals
- Employment and vocational services
- Transportation assistance
- SSI or SSD application and appeal

For Assistance: ServiceLine is the single-entry point for applications, information, and referrals for services. Applicants are typically referred by medical and service organizations though applicants can also directly contact ServiceLine. ServiceLine is in operation from Monday through Friday, 9 AM to 5 PM. The primary contact number is 212-971-0626 or for TTY machine: 212-971-2731. The unit is located at 400 Eighth Avenue, 2nd Floor, New York, NY 10001.

FAQ

Q. Will HASA pay my rent if I have income?

A. Eligible clients who reside in private market apartments and who have income other than Cash Assistance, will not be required to pay more than 30% of their income towards rent*. The client's rent level must also be approved by HASA. (See budgeting examples on next page).

- * A client must first be eligible for Cash Assistance benefits using the New York State eligibility calculations and rental amount must be approved by HASA. For example, the monthly budget deficit for a single client must be less than \$376 when rent is subtracted from monthly income.

Budgeting Examples:

1.

Approved monthly rent of \$1,419

SSI of \$822

Client's rent share = 30% of \$822 =
\$246.60

HRA will pay to client's landlord \$1,172.40
(\$1,419 - \$246.60).

2.

Approved monthly rent of \$1,419

SSD of \$1000

Client's rent share = 30% of \$1000 =
\$300

HRA will pay to client landlord
\$1,119 (\$1,419 - \$300).

Budgeting Examples:

3.

Monthly rent = \$1,419

Client's SSD = \$1,800

After client pays rent of \$1,419 out of his/her SSD income of \$1,800, s/he is left with \$381, which is more than \$376. Therefore, a budget deficit does not exist. This client would not be eligible to have his/her rent contribution capped at 30% of income.

Q. What is Earned Income Disregard

A. It is an incentive which allows eligible clients with active Cash Assistance (CA) cases, who gain full or part-time employment, to continue receiving financial assistance provided a budget deficit exists.

- **Earned Income Disregard (EID) Rules:**

- Rules Applied to All Cases

- Gross Income is used in calculations.
 - Standard Deduction of \$45 is subtracted from income semi-monthly (every two weeks).
 - Income Disregard is applied to remaining income. The current percentage of income disregard is 51% (Percentage is subject to change every June 1).

- Rules for Single and Multiple Adult Cases

- Each employed individual on the CA case is eligible for the EID for a **maximum cumulative period of 12 months**.

- Rules For Family Cases

- Any employed member of the CA household is eligible for the EID for as long as there is a child in the household and on the CA case. This remains in effect until the last dependent child in the household reaches 18 years of age.

Example

- The client earns \$425 gross per week; $\$425 \times 4.333 \text{ weeks/month} = \1841.53
- $\$1841.53 \div 2 = \920.76 semimonthly income
- $\$920.76 - \$45 = \$875.76$
- $\$875.76 \times .51 \text{ (EID)} = \446.63
- $\$920.76 - \$446.63 \text{ (EID)} = \mathbf{\$474.13} \leftarrow \text{(amount to be budgeted semi-monthly)}$

- Factors that influence one's budget include, but are not limited to: income, household size (including number of medically eligible HASA clients), rent, recoupments, utility allowance, type of housing, etc.

Q. Will they budget my income if I am a Peer Educator?

No. The AIDS Institute of the NY State Department of Health funds the stipends for the [Peer Educator program](#). Therefore, the stipend received under this program is excluded from being budgeted against Cash Assistance, Supplemental Nutrition Assistance Program and Medicaid benefits.

Q. What are HASA rent guidelines for new apartments?

A. HASA will approve rent at the following levels:

- Efficiency or studio apartment: Up to \$1,514
- One bedroom apartment: Up to \$1,558
- Two bedroom apartment: Up to \$1,789
- Three bedroom apartment: Up to \$2,280

These guidelines are based on HUD's Fair Market Rent and are subject to change annually. Note: These are guidelines, not rules. Rent at higher levels may be approved at the agency's discretion (e.g. to protect the health or safety of the client). The rent must include heat and hot water. Approval will depend, in part, on the size of the client's household and an apartment inspection.

Q. In what instance might I have to pay more than 30% of my rent?

A. Eligible clients who reside in private market apartments and have income other than Cash Assistance, will not be required to pay more than 30% of their income towards rent providing the rent amount is approved by HASA. In order to qualify, a client must first be eligible for Cash Assistance benefits using the New York State eligibility calculations. For single cases, we must first budget all of the income and rent as part of the usual HASA budgeting process, to determine if the client is left with less than \$376/month, which is the state-set level of need. If so, then the client is eligible for CA and rental assistance, at which point the 30% cap comes into effect.

○ **Example A:**

- Monthly rent = \$1,419
- Client's SSI = \$822
- After client pays rent, the budget deficit is \$-597, which is less than the Standard Needs of \$376 per month. Therefore, the client is eligible for Cash Assistance.

- **Example B:**
 - Monthly rent = \$1,419
 - Client's SSD = \$1,800
 - After client pays rent of \$1,419 out of his/her SSD income of \$1,800, the client is left with \$381, which is greater than the Standard Needs of \$376 per month. Therefore, the client is ineligible for Cash Assistance.

Q. If I want to move, will HASA pay for my new apartment?

- A.** If you are currently living in an apartment and you would like to move, do not abandon your current apartment before discussing it with your Caseworker. Your case worker will work with you to determine the type of housing that will best meet your needs. Our goal is to assist you in maintaining stable, medically appropriate and affordable housing.

If you are homeless or in imminent danger (with a documented life-threatening situation or health and safety hazard), you can be placed in temporary housing while looking for a new apartment. Please contact your Caseworker.

My Monthly Budget: Current Income

Instructions: For each type of benefit or income you have, list the amount you receive each month (if you receive a check every two weeks, multiply the amount by two) in the appropriate row. Enter nothing if the income type does not apply to you. Add the total in line 12 and enter it in the box to the right of *My Monthly Income*.

My Current Monthly Income:

\$

	Income Type	Amount
1	Rent Benefit (HASA, etc.)	\$
2	Cash Assistance	\$
3	Food Stamps / SNAP	\$
4	SSI	\$
5	SSDI	\$
6	Wages	\$
7	Other income:	\$
8	Other income:	\$
9	Other income:	\$
10	Other income:	\$
11	Other income:	\$
12	TOTAL	\$

My Monthly Budget: Expenses

Instructions: For each type of expense you have, list the amount (or average amount, based on several months) that you owe each month in the appropriate row, even if the expense is entirely covered by your benefits. Enter nothing if the expense does not apply to you. Add all numbers to get the total in line 16, and enter it in the box to the right of *My Monthly Expenses*. Enter your total monthly income from the Income Worksheet; subtract your total monthly expenses. If the difference is negative, you will need to cut some expenses. If it is positive, you have a surplus that can go towards savings or other needs.

My Monthly Expenses:

\$

	Income Type	Amount
1	Rent/Housing	\$
2	Food	\$
3	Transportation	\$
4	Electric/Gas/Other Utilities	\$
6	Phone	\$
7	Laundry	\$
8	Lunch on work days	\$
9	Toiletries (soap, razors, lotion, etc.)	\$
10	Social/Entertainment:	\$
10	Other:	\$
11	Other:	\$
12	Other:	
13	Other:	
16	TOTAL EXPENSES	\$

My Monthly Income:

\$

- **My Monthly Expenses:**

- \$ _____

= Difference:

\$

My Monthly Budget With Full-Time Employment

Instructions: Congratulations! You have accepted full-time employment. The number in the *Monthly Income* box below represents approximate monthly take-home pay (after taxes) for a single NYC resident earning \$31,200 per year, or about \$15.00 per hour. (The 2018 living wage for NYC is defined \$12.15 for a position that offers health insurance benefits, or \$13.45 for a position that does not offer health insurance.) Using the “My Expenses” Worksheet, create a budget for your first year of full-time employment.

My Monthly Income (after taxes):

\$ 1795.00

	Income Type	Amount
1	Rent/Housing*	\$
2	Food	\$
3	Transportation	\$
4	Electric/Gas/Other Utilities	\$
6	Phone	\$
7	Laundry	\$
8	Lunch on work days	\$
9	Toiletries (soap, razors, lotion, etc.)	\$
10	Social/Entertainment:	\$
10	Other:	\$
11	Other:	\$
12	Other:	
13	Other:	
16	TOTAL EXPENSES	\$

My Monthly Income:

\$1795.00

- My Monthly Expenses:

- \$ _____

= Difference:

\$

*Note that if you receive HASA benefits, you are eligible for an income disregard for the first year, which will require you to pay only 30% of your income toward rent (\$538.50). HASA will pay the rest of your rent up to a total of \$1491.00 for up to one year.

Task Analysis: Whose Role Is It?

Agency: _____

Task	Person Responsible	When Does This Occur?	Action Needed
Creates job description for consumer worker			
Makes job offer to consumer worker			
Reviews job description with consumer worker			
Discusses pay and any agency benefits (vacation, sick leave, etc.) with consumer worker			
Works with consumer worker to review potential eligibility changes to public assistance benefits as a result of employment			
Oversees the consumer worker's peer certification process and supervisor evaluation			
Works with consumer worker to address eligibility changes to public assistance benefits based on employment status			
Seeks professional development opportunities for consumer worker and informs the CW of these opportunities			

Action Planning: Whose Role Is It?

Agency: _____

Task	Actions Required	By When
Creates job description for consumer worker		
Makes job offer to consumer worker		
Reviews job description with consumer worker		
Discusses pay and any agency benefits (vacation, sick leave, etc.) with consumer worker		
Works with consumer worker to review potential eligibility changes to public assistance benefits as a result of employment		
Oversees the consumer worker's peer certification process and supervisor evaluation		
Works with consumer worker to address eligibility changes to public assistance benefits based on employment status		
Seeks professional development opportunities for consumer worker and informs the CW of these opportunities		

APPENDIX F

Resources for Developing Professional Skills

Resources for Free ESL Classes in NYC

In Person

- <https://wespeaknyc.cityofnewyork.us/classes-near-you/>
- <https://www.nypl.org/events/classes/english>
- <https://www.queenslibrary.org/programs-activities/new-americans/learn-english>
- <https://portal.311.nyc.gov/article/?kanumber=KA-02111><https://www.ccnycunyc.edu/cps/esl>
- http://www.rennert.com/tesol/free_classes.htm
- <https://www.riversidelanguage.org/>
- <http://nycesl.blogspot.com/>

Online

- <https://easyworldofenglish.com/courses/>
- <https://www.usalearns.org/>
- <http://www.esldesk.com/>
- <http://a4esl.org/>
- <https://www.real-english.com/>

Free Online Typing Courses

- <https://www.typing.com/>
- <https://www.typingclub.com/>
- <https://www.speedtypingonline.com/typing-tutor>
- <https://www.keybr.com/>
- <http://thetypingcat.com/>
- <https://powertyping.com/>
- <https://www.typingtrainer.com/>
- <https://www.typing.com/>

- <https://www.typingclub.com/>
- <https://www.speedtypingonline.com/typing-tutor>
- <https://www.keybr.com/>
- <http://thetypingcat.com/>
- <https://powertyping.com/>
- <https://www.typingtrainer.com/> Resources for Computer Courses in NYC General
- <https://www1.nyc.gov/nyc-resources/service/1006/adult-education-programs>
- <http://www.ymcanyc.org/association/classes/computer-classes>
- <https://newyork.cbslocal.com/top-lists/best-adult-computer-classes-in-new-york-city/>
- <https://www1.nyc.gov/nyc-resources/service/1006/adult-education-programs>
- <http://www.ymcanyc.org/association/classes/computer-classes>
- <https://newyork.cbslocal.com/top-lists/best-adult-computer-classes-in-new-york-city/>

Free Computer Classes by Borough

Bronx:

- Bronx Adult Learning Center
3450 East Tremont Avenue
Bronx, NY 10465
718.863.4057
- East Side House Settlement East Side House Settlement
<http://www.eastsidehouse.org/>
337 Alexander Avenue Bronx, NY 10454
718.665.5250
- FBCS Heiskell Enterprise Technology Center
<http://www.fbcnet.org>
2715 Bainbridge Avenue
Bronx, NY 10458
718.733.2557, ext. 18 or 19
- North Bronx Career Counseling and Outreach Center (SUNY)
<http://nbx.eoc.suny.edu/>
2901 White Plains Road Level 2
Bronx, NY 10467
718.547.1001
- Per Scholas
804 East 138th Street, 2nd Floor

Bronx NY 10454
718.991.8400

Brooklyn

- OATS (Older Adults Technology Services)
<http://www.oats.org/>
1713 8th Ave #8
Brooklyn, NY 11215
718.502.9203 (classes held in various locations, call for information)

Manhattan:

- ATTAIN Lab
http://www.attain.suny.edu/labs_detail.php?lab_ID=12
216 Fort Washington Ave.
New York, NY 10032
212.923.1803 x7038
- Non-Profit Computing Referral Service
212.759.2368

Queens

- Queens Library (various locations)
<https://www.queenslibrary.org/programs-activities/technology-training/online-tutorials>
- Queens EOC ATTAIN Lab
<https://www.qns.sunyattain.org/>
158-29 Archer Avenue
Jamaica, NY 11433
(718) 725-3300

Staten Island

- SUNY Attain Lab at the Berry Houses
Berry Houses
<http://www.bhd.sunyattain.org>
211 Jefferson Street
Staten Island, NY 10306
718.979.1607

Appendix G

New York State Peer Certification

Technical Assistance Toolkit

A Project



CAI

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CARE.

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b. Core Competencies – HIV

5. HCV Track Materials

a. Course Tracker – HCV

b. Core Competencies – HCV

6. Harm Reduction Track Materials

a. Course Tracker – Harm Reduction

b. Core Competencies – Harm Reduction

7. PrEP Track Materials

a. Course Tracker – PrEP

b. Core Competencies – PrEP

8. Links to Exam Study Guides

8. Code of Ethics

9. Supervisor Evaluation Form PDF*

** This form must be completed online. The PDF is provided as a professional development and planning tool. AI encourages supervisors to complete it over the course of the practicum period, not at the end. To complete the final online version for submission with the consumer worker's certification application, visit <https://www.hivtrainingny.org/SupervisorEval.htm>*

10. Empire State College Information

11. CEUs Guidance

Note: Please refer to www.hivtrainingny.org for the most current information available.

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Amida Care Consumer Worker Integration Initiative

Peer Certification Technical Assistance Toolkit

Introduction to the Peer Certification Technical Assistance Toolkit

Health care providers stand to benefit from the expertise that comes from those who offer lived experience with HIV, HCV and Harm Reduction, and many health and social service programs have a long history of successfully engaging consumer workers in providing a wide range of service activities. When incorporated into the multidisciplinary team as consumer workers (also known as peer workers), these individuals can be a powerful resource, offering experiential knowledge and insight that can help inform and shape the team's interactions with clients. In addition, through their shared lived experiences, consumer workers become models for clients, showing them what is possible in terms of health and empowerment, and thereby engaging them in treatment and self-care and improving health outcomes.

As such, Consumer Workers can play a key role in meeting New York State's (NYS) goals of increasing linkage and retention in care, improving rates of viral suppression, and preventing new infections. The AIDS Institute (AI) has long recognized the important role that peers play in improving health outcomes. NYS AI Peer Certification, a process that prepares consumer workers to offer a range of services in health and social service agencies, is highlighted in the NYS Blueprint for Ending the AIDS Epidemic.

In addition to their impact on health outcomes, having a path to employment is beneficial to Consumer Workers themselves. Amida Care has adopted the view that simply providing access to medications and services for PLWH is insufficient. While retention in care is critical, successfully living with HIV is about not just surviving, but thriving. One way for agencies to support this is by providing a path to employment, to increase access for PLWH to job opportunities, and help build financial security, succeed professionally, and improve their quality of life. Organizations that serve PLWH should invest in hiring them at a living wage, so that workers earn enough to afford housing, food, and health insurance. The Amida Care Consumer Worker Initiative is intended to support these ideals. The project's goals are to:

- Aid Peers/ Consumer Workers in attain AI Certification;
- Support Certified Consumer Workers in transitioning to living-wage employment;
- Ensure that agencies have structures, systems, and processes in place to integrate, support, and sustain Consumer Workers as part of their workforce; and
- Enable agencies to generate revenue as a result of hiring consumer workers.

Questions? Call Peer Certification Review Board Consultant Stephen Sebor at (631) 444-3209.

New York State Certified Peer Worker Certification Program in HIV, Hepatitis C, Harm Reduction and PrEP Frequently Asked Questions

Who is eligible for certification?

Any person who has a qualifying lived experience with HIV, Hepatitis-C, Harm Reduction, or PrEP is eligible for certification. A “lived experience” is defined as the experience someone has obtained from life; qualifying lived experiences are divided into four “tracks”.

What are the Peer Certification tracks?

The NYS Certified Peer Worker Program requires persons obtaining their certification to specialize into tracks of relevant peer experience. Specializing in a track requires you to take specific training courses that will qualify you and build “competencies”. A competency is the ability to do a task successfully and efficiently. There are several competencies for each track.

The **four** Peer Certification Tracks and their eligibility requirements are listed below:

1. **HIV:** a person must be living with HIV.
2. **Hepatitis C** (Hep-C): a person must be living with Hep-C, currently receiving treatment for Hep-C, or have completed treatment for Hep-C.
3. **Harm Reduction:** a person must have lived experience of substance use, and have either:
1) experience accessing harm reduction services from a syringe services program or opioid overdose prevention program, or 2) completed a practicum working in a syringe services program or opioid overdose prevention program.
4. **Pre-Exposure Prophylaxis** (PrEP): a person who has lived experience of taking PrEP. To ensure an applicant for this track has enough lived experience, supervisors will be required to rate specific competencies related to a shared lived experience.

Please note individuals who are “affected” are not eligible for certification. However, a person who is living with HIV who does PrEP work may be certified as an HIV Peer Worker by completing a practicum and carrying out the competencies associated with PrEP.

Will I have to disclose my HIV, Hep-C, substance use history, or PrEP use to others?

It is expected that all persons seeking certification would be comfortable *strategically* sharing their relevant health status.

What is required of me to become certified?

- Completion of Foundational Training (optional, but recommended)
- Create a free account on <http://www.hivtrainingny.org>
- Select at least one of the specialization tracks: HIV, Hep-C, Harm Reduction, or PrEP

- Complete 90 hours total of training, including the 3-day “Pre-Certification” training
- Completion of a supervised 500-hour work practicum carrying out the specific competencies related to your certification track (HIV, Hep-C, Harm Reduction or PrEP)
- Pass the on-line exam with a score of 75% or better
- Prepare a professional resume, which includes your practicum experience
- Complete the online application, and answer the three Lived Experience Questions
- Complete the Self-Care Worksheet
- Sign and uphold the Code of Ethics. (Please note: Anyone seeking certification is expected to follow the principles listed in the Code of Ethics that will guide peer workers in their roles, relationships, and scope of responsibility.)
- Receive final approval from the NYS Peer Worker Certification Review Board

What if I’m not ready to become certified?

Good news! You can take *Foundational Training*. Foundational Trainings are optional courses designed to help prepare you for Peer Certification. Please check the website for more information on where you can take Foundational Training courses. There are also many peer opportunities throughout our community that may not require certification.

When can I start an application?

You may start your application at any time by visiting <http://www.hivtrainingny.org> and by clicking on the Peer Certification top tab, and then clicking the box “Applicant Info” located on the right side of the page. You may go back to your application at any time to update information, or work on your Lived Experience questions. A completed application must be submitted before you can become certified.

How can I access Peer Certification related resources?

To access Peer Certification information and other resources visit <http://www.hivtrainingny.org> and select the “Peer Certification” tab. You will find helpful resources like the Course Tracker Form and the Self Care Worksheet.

How do I know which trainings to take for the 90-hours of training?

On the <http://www.hivtrainingny.org> website, click on the Peer Certification tab. Once there, you can view the “Course Tracker Forms” at: <http://hivtrainingny.org/home/PeerCheckList> .

The Course Tracker Forms will let you know which courses to take and help you keep up to date of what you’ve completed. Each specialized track has its own Course Tracker Form.

We encourage you to print the tracking form, and recommend you use these forms to track your training hours.

When can I start taking training courses?

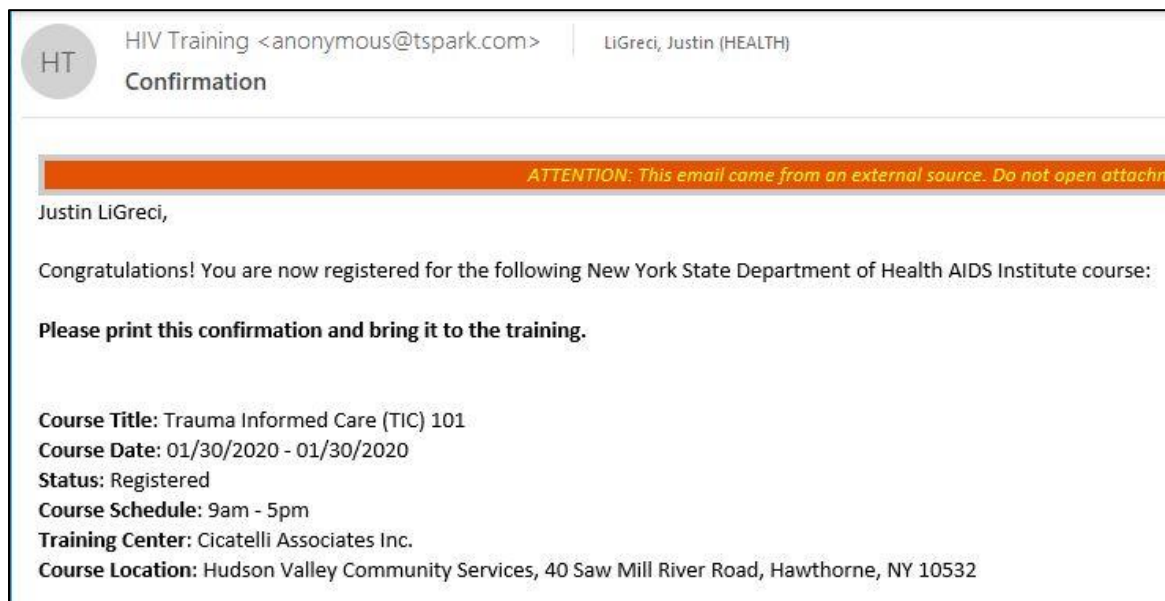
Any person pursuing certification is encouraged to begin taking courses as soon as possible.

How do I take the trainings?

You must first register for a training. To register, go to <http://www.hivtraininny.org> and login to your account:

1. Click on the “Course List” tab (Please make sure it’s a course you need for certification!)
2. Click the “register” button
3. Click the “select” button (you can see details about the training)
4. Finally, click the “submit” button

Your screen will show a Confirmation Notification and you will receive a confirmation e-mail from “HIV Training”. The confirmation e-mail will look similar to the image below:



Please pay special attention to where the training is being held, as it may not be your local area!

What if I need special accommodations to attend the training?

If you require special accommodations to attend the training, you can let us know by clicking the text at the bottom of the course registration page that asks, “Will you require accommodations under the Americans with Disability Act (ADA) to participate in trainings?”

A box will open asking you to describe the special accommodations. Examples of special accommodations may include, but are not limited to:

- ASL – American Sign Language Interpretation
- Sitting in the front of the training room to see better
- Wheelchair accessible entrance, training space, and restrooms

Are any of the training courses mandatory?

Yes. The “Core Courses”, including the 3-day Pre-Certification course, found on page 1 of the Course Tracker Form are mandatory. Only peer workers actively engaged in certification may take the 3-day Pre-Certification course. To sign up for the 3-day Pre-Certification Course you must call the Peer Certification Academic Center at 631-444-3209.

What should I know about the 500-hour supervised practicum?

The practicum is an opportunity to practice the competencies, tasks and job duties of a peer worker. The practicum must be related to the track you select for certification (HIV, Hep- C, Harm Reduction or PrEP). Your 500 hours should be documented.

You must have a supervisor who is overseeing your practicum. The supervisor should give you regular feedback and must complete the **Supervisor Evaluation**. We recommend you complete the evaluation with your supervisor during the middle of your practicum, and once again towards the end of your practicum. This allows you both to see what competencies need improved before submitting the Supervisor Evaluation. For questions about the Supervisor Evaluation, call the Peer Certification Academic Center at 631-444-3209 or e-mail stephen.sebor@stonybrook.edu.

What if I’ve already been working or volunteering as a peer worker? Does that count?

Yes, that counts under certain circumstances. Experience as a peer worker must be **within three calendar years** of submission of your application, in order to count toward the required 500-hour practicum. For example, if you are submitting your application in September of 2020, all practicum experience must be after January 1, 2017. Your supervisor must document that you completed at least 500 hours after such time. If you have questions about your prior experience, please call the Peer Certification Academic Center at 631-444-3209.

What should I expect from the Peer Certification Online Exam?

The 30-question exam is available online, via a desktop computer, or mobile browser. Exam questions mainly focus on the core and specialized competencies learned throughout your training and practicum and the Code of Ethics. You must receive a score of 75% or better to

pass. You will have one hour to complete the exam. If you do not pass, you may re-take the exam up to three times per day. Comprehensive study guides has been developed for four tracks and are available on <http://hivtrainingny.org>, under the Peer Certification tab.

Is there anything I must do to keep my certification?

Yes. All Certified Peers must maintain their certification by upholding the Code of Ethics and taking Continuing Education (CE) training courses. Certified Peer Workers are required to take **10** hours of training every year. The Certified Peer is responsible for making sure they meet this requirement. Certified Peer Workers can register to take additional trainings through the <http://www.hivtrainingny.org> website. The courses do not have to be track specific. It is recommended that Certified Peer Workers take trainings relevant to peer work.

I have lived experience in more than one track (HIV/HCV/Harm Reduction/PrEP). Can I choose to specialize in more than one track?

Yes, you can, with one exception. Individuals certifying for the HIV track **cannot** certify for the PrEP track.

To certify in multiple tracks, you will need a minimum of 22 specialized course hours for each track. Some trainings count for multiple specializations, so it may take less than an additional 22 hours of coursework to complete multiple tracks. Your practicum must include work relevant to all tracks you plan to certify in. You will also need to complete the online exam for all tracks you in which you want to become certified.

Does becoming a Certified Peer Worker mean I will get a job?

No, becoming certified does not guarantee a job.

To assist Certified Peer Workers and persons pursuing certification with finding a job, the AIDS Institute has created a state-wide email list called “Peer Worker Employment Opportunities Mailing List”. This “listserv” sends out job announcements where you may find an employment opportunity. If you sign up to be on the listserv you will receive these announcements directly to your e-mail. To add your e-mail to the listserv, type it in the box located at the bottom right of any page on the <http://hivtrainingny.org> website, and click the button that says “Go”.

I need a specific course to complete my certification, but I can’t find it anywhere! Help!

You can adjust the calendar on the <http://www.hivtrainingny.org> website. By default, you will see the next upcoming 30 days of training. There are buttons on the right to look at the next 60 or 90 days. You can even search by region. Please check the calendar often, as trainings are added all the time.

I'm on the waitlist for a course I need for peer certification. Help!

Please check with the training agency for wait-list policies. If this course is the last course you need for certification, please call the Peer Certification Academic Center at 631-444-3209 and we will try to get you into that course.

I've already taken some required courses for certification. Do I have to take them again?

Required courses must be taken **within three calendar years** of submission of your application for approval by the Review Board. For example, if you are submitting your application in May of 2020, all courses must be after January 1, 2017. This applies to **all classes**, including those taken on the <http://www.hivtrainingny.org> website as well as outside trainings, such as SafeTALK, the, Positive Self-Management Training or any of the equivalent trainings through the NYC Department of Health T-TAP. There may be some exceptions for online learning or archived webinars. **Remember: All certificates for outside trainings need to be uploaded to your online peer certification application.**

To check the courses, you have taken through the <http://www.hivtrainingny.org> website, log-in and click the "My Courses" link located on the right side. If you have questions about your prior coursework, please call the Peer Certification Academic Center at 631-444-3209.

Can I receive college credit for all this?

Yes, those who successfully become a NYS Certified Peer Worker qualify for 26-32 college credits through SUNY Empire State College. For more information you can check <https://www.hivtrainingny.org/FAQDocs/escfaq.pdf> or contact the Peer Certification Academic Center at 631-444-3209.

I'm an LTI Peer Mentor. Does this experience count towards my practicum?

No, LTI Peer Mentorship does not count towards your practicum.

Is there funding to support travel, hotels, meals, etc. for peer workers seeking certification?

Individuals seeking certification are encouraged to have an agency sponsor their travel to trainings. Typically, this is the agency where the peer worker is doing the practicum. There are very limited resources available from the AIDS Institute to support travel to trainings. Travel assistance is only available to individuals who are 1-2 courses away from completing their certification. Please write to stephen.sebor@stonybrook.edu to inquire.

Additional Questions or Need Assistance?

Call or e-mail:

Stephen Sebor at 631-444-3209 / stephen.sebor@stonybrook.edu

Justin LiGreci at 212-417-4533 / justin.ligreci@health.ny.gov

New York State Certified Peer Worker Supervisor's Frequently Asked Questions

What is the NYS Certified Peer Worker Program?

The Certified Peer Worker (CPW) Program is a formal certification program for peers that meet the eligibility requirements. This program is intended to provide employers and the community with high-quality peer-delivered services and improve the health care outcomes of clients through peer-delivered services.

Why have a certification program for peers?

Peer-delivered interventions play a significant role in improving health outcomes, especially for patients living with complex chronic health or behavior health conditions. The effectiveness of Peer Workers is rooted in the fact that these workers share a common “lived experience” with clients. The Certified Peer Worker Program exists to provide training, supervised work experience, and allow for the professional growth of New York State’s peer workforce.

Who is eligible to become a NYS Certified Peer Worker?

Any person who has a qualifying lived experience with HIV; Hepatitis-C, Harm Reduction, or PrEP is eligible for certification. A “lived experience” is defined as the experience someone has obtained from life; qualifying lived experiences are divided into four “tracks”.

Will all Peers need to become a NYS Certified Peer Worker?

No – pursuing certification is voluntary.

What are the Peer Certification tracks?

The NYS Certified Peer Worker Program requires persons obtaining their certification to specialize into tracks of relevant peer experience. Specializing in a track requires the peer to take specific training courses that will qualify you and build “competencies” – there are several competencies for each track.

The **four** Peer Certification Tracks are listed below:

1. **HIV:** a person must be living with HIV.
2. **Hepatitis C (Hep-C):** a person must be living with Hep-C, currently receiving treatment for Hep-C, or have completed treatment for Hep-C.
3. **Harm Reduction:** a person must have lived experience of substance use, and either; 1) experience accessing harm reduction services from a syringe services program or opioid overdose prevention program, or 2) complete a practicum working in a syringe services program or opioid overdose prevention program.

4. **Pre-Exposure Prophylaxis (PrEP)** a person who has lived experience of taking PrEP. To ensure an applicant for this track has enough lived experience, supervisors will be required to rate specific competencies related to a shared lived experience. Please note: a person who is living with HIV who does PrEP work may be certified as an HIV Peer Worker by completing a practicum carrying out the competencies associated with PrEP.

Please note individuals who are “affected” are not eligible for certification.

The Peer Workers I supervise say they have already gone to some trainings and received certificates, does this make them a NYS Certified Peer Worker?

No – the peer can only receive certification from the Peer Certification Review Board. The review board reviews applicants that have completed all requirements to become certified, and votes on every peer’s certification. Once voted on and approved by the review board the peer will receive a letter and a phone call from the Peer Certification Academic Center. Peers who have an account on <http://www.hivtrainingny.org> and a Peer Certification Application in progress **are not** NYS Certified Peer Workers.

What must a Peer do to become a NYS Certified Peer Worker?

- Completion of Foundational Training (optional, but recommended)
- Create a free account on <http://www.hivtrainingny.org>,
- Select at least one of the specialization tracks: HIV, Hep-C, Harm Reduction, or PrEP
- Complete 90 hours total of training, including the mandatory 3-day “Pre-Certification” training
- Completion of a supervised 500-hour work practicum carrying out the specific competencies related to your certification track (HIV, Hep-C, Harm Reduction or PrEP)
- Submit a Supervisory Evaluation
- Pass the on-line exam with a score of 75% or better
- Prepare a professional resume, which includes the practicum experience
- Complete the online application, and answer the three Lived Experience questions
- Complete the Self-Care Worksheet
- Sign and uphold the Code of Ethics – Note: anyone seeking certification is expected to follow the code of ethics, including maintaining appropriate behavior during trainings and completing the on-line application honestly
- Receive final approval from the NYS Peer Certification Review Board

Can I start the application for my peers?

It is **not** recommended that a supervisor **starts** or **completes** the peer's application. You may **assist** the peer with their application at any time. A peer may start a NYS Certified Peer Worker Application by logging into their account on <http://www.hivtrainingny.org>, clicking on the Peer Certification tab and clicking the box "Apply for Peer Certification", on the right side of the page. A peer may access their application at any time to update information, documents, or answer the "Lived Experience" questions.

How can I access Peer Certification related resources?

To access Peer Certification information and other resources visit <http://www.hivtrainingny.org> and select the "Peer Certification" tab. There are many helpful resources like the Course Tracker Form and Supervisory Evaluation Tool.

Can I help my peer workers identify trainings to take?

Of course! It is strongly suggested you work with the peers you supervise to help identify relevant trainings. You and the Peer Worker can use the "Course Tracker Form" to identify what trainings are needed and what trainings are completed. To access the Course Tracker form, go to the <http://www.hivtrainingny.org> website, and click on the Peer Certification tab – you'll see it listed on the page. You can also click the following link to go directly to the forms: <http://hivtrainingny.org/home/PeerCheckList>. Please note each specialized track has its own Course Tracker Form.

How does a peer take the trainings?

The peer must log into their account on <http://www.hivtraininny.org> and should have their own e-mail address. To register, follow these steps:

1. Click on the "Course List" tab (make sure it's a course needed for certification!)
2. Click the "register" button
3. Click the "select" button (you can see details about the training)
4. Finally, click the "submit" button.

The peer will see a Completion Notification and will receive a confirmation e-mail from "HIV Training." Please pay special attention to where the training is being held – it may not be local!

What if my peer(s) need special accommodations to attend the training?

If a peer requires special accommodations to attend the training, they can let us know by clicking the text at the bottom of the course registration page that asks, "Will you require accommodations under the Americans with Disability Act (ADA) to participate in trainings?"

A box will open asking for a description the special accommodations. Examples of special accommodations may include, but are not limited to:

- ASL – American Sign Language Interpretation
- Sitting in the front of the training room to see better
- Wheelchair accessible - entrance, training space, and restrooms

Are any of the training courses mandatory?

Yes. The “Core Courses”, including the 3-day Pre-Certification course, found on page 1 of the Course Tracker Form are mandatory. Only peer workers actively engaged in certification may take the 3-day Pre-Certification course. It is recommended that the peer has completed a few training courses before taking the Pre-Certification course. To sign up for the 3-day Pre-Certification Course a peer must call the Peer Certification Academic Center at 631-444-3209.

What should I know about the 500-hour supervised practicum?

The practicum is an opportunity for peers to practice the “core competencies”; tasks and job duties associated with the peer worker role. One way to think about it is: “practicum=work experience.” A supervisor must oversee the peer workers practicum, and the practicum must be related to the peer’s certification track (HIV, Hep- C, Harm Reduction or PrEP related work). The supervisor and peer should keep track of the 500-hours.

The supervisor should give the peer regular feedback and complete the online **Supervisor Evaluation**. This evaluation rates the peer on their work performance. We recommend you do the evaluation with your peer during the middle of the practicum and once more towards the end of the peer’s practicum. This allows you both to see what competencies, tasks and job duties may need improvement before submitting the Supervisor Evaluation. Supervisor and Peer will review the evaluation, sign, scan and upload the completed evaluation. For questions about the Supervisor Evaluation the Peer Certification Academic Center at 631-444-3209.

Peers I supervise have been working at the agency for years, does that time count?

Yes, it counts under certain circumstances. Experience as a peer worker must be **within three calendar years** of submission of the application for approval by the Review Board in order to count toward the required 500-hour practicum. For example, if a peer submits their application in September of 2020, all practicum experience must be after January 1, 2017 (the supervisor must document the 500 hours). For any questions about prior experience, please call the Peer Certification Academic Center at 631-444-3209.

What should my peers expect from the Peer Certification Online Exam?

The 30-question exam is taken online, accessible via a desktop computer or mobile browser. A peer must receive a score of 75% or better to pass. They have one hour to complete the exam. If they do not pass, they may re-take the exam up to three times per day. Comprehensive study guides have been developed for four tracks and are available on <http://hivtrainingny.org>, under the Peer Certification tab.

Is there a “re-certification” process?

Yes. All NYS Certified Peers must maintain their certification by taking Continuing Education (CE) training courses. CPW’s are required to take 10 hours of training every year. The Certified Peer is responsible for making sure they meet this requirement. CPW’s can register to take additional trainings through the <http://www.hivtrainingny.org> website. It is recommended that the CPW take trainings relevant to their peer work.

I have lived experience in more than one track (HIV/HCV/Harm Reduction/PrEP). Can I choose to specialize in more than one track?

Yes, you can, with one exception. To certify in multiple tracks, you will need 22 specialized course hours for each track. For example, if you want to certify in both HIV and Hep-C tracks, you will need a total of 44 specialized course hours; 22-hours for HIV courses and 22-hours for Hep-C courses. Your 500-hour practicum must also include work relevant to all tracks you plan to certify in, but you do **not** need to complete additional practicum hours. You will also need to complete the online exam for all tracks you want to certify in. Some trainings count for multiple specializations, so it may take less than an additional 22 hours of coursework to complete multiple tracks.

Individuals certifying for the HIV track **cannot** certify for the PrEP track.

Does becoming a NYS Certified Peer Worker guarantee the peer employment?

No, becoming certified does not guarantee a job. To assist Certified Peer Workers and peers pursuing certification with finding employment, the AIDS Institute has created a state-wide email list called “Peer Worker Employment Opportunities Mailing List”. This “listserv” sends out job announcements listing employment opportunities. A peer or supervisor can add their e-mail to the listserv, by typing it in the box located at the bottom right of any page on the <http://hivtrainingny.org> website and clicking the button that says “Go”.

One of my peers was waitlisted for a training, what does that mean?

When a training is at capacity, anyone trying to register will be “wait-listed.” Someone who is wait-listed is **not** guaranteed a seat in the training. Please have the peer check with the training

agency for wait-list policies. If this course is the last course a peer needs for certification, please call the Peer Certification Academic Center at 631-444-3209.

What if Peers have already taken some of the required courses for certification?

Required courses must be taken **within three calendar years** of submission of the Peer Certification Application to the the Review Board. For example, if a peer is submitting their application in May 2020, all courses must be after January 1, 2017. This applies to **all classes**, including those taken on the <http://www.hivtrainingny.org> website as well as outside trainings, such as SafeTALK, the, Positive Self-Management Training or any of the equivalent trainings through the NYC Department of Health T-TAP. There may be some exceptions for online learning or archived webinars. **Remember: All certificates for outside trainings need to be uploaded to your online peer certification application.**

To check the courses, a peer must go to the <http://www.hivtrainingny.org> website, log-in and click the “My Courses” link located on the right side. If you have questions about your prior coursework, please call the Peer Certification Academic Center at 631-444-3209.

Can a peer receive college credit for receiving their NYS Peer Certification?

Yes, those who successfully become a NYS Certified Peer Worker qualify for a minimum of 26 college credits through SUNY Empire State College. For more information please see the information located at <https://www.hivtrainingny.org/FAQDocs/escfaq.pdf>.

Is there funding to support travel, hotels, meals, etc. for peer workers seeking certification?

Peers seeking certification are encouraged to have an agency sponsor travel to trainings. Typically, this is the agency where the peer worker is doing their practicum. Limited resources are available from the AIDS Institute to support travel to trainings, but this is only available to individuals who are 1-2 courses away from completing their certification. Please e-mail to stephen.sebor@stonybrook.edu to inquire.

Additional Questions?

Call the Peer Certification Academic Center at 631-444-3209 or e-mail Stephen Sebor at stephen.sebor@stonybrook.edu.

Peer Certification Course Tracker Form – HIV Peer Workers

Note: You should only use this checklist if you are seeking **HIV Peer Certification**

This form can be found online at: <https://www.hivtrainingny.org/FAQDocs/HIVCourseCheckList.pdf>

Directions: Use this document to keep track of your progress completing trainings toward your HIV Peer Worker Certification. Either print a copy of this document or save it to your computer. To track your progress online, log on to your account on www.hivtrainingny.org. Select **Course List** at the top of the screen. On the right, select **“My Courses.”**

Core Training Requirements for all Certified Peer Workers				
All applicants must complete a minimum of 68 hours of the Core Required Trainings below.				
Required General Courses: (in-person or online)	In Person Training Hours	Online/ Webinar Hours	Date of Training	Course Completed
NYS AIDS Institute Pre-Certification Peer Worker Training	19.5	19.5		<input type="checkbox"/>
Building Bridges to Cultural Competency	6.5	4.0 (2 sessions)		<input type="checkbox"/>
LGBT Cultural Competency	6.5	4.0 (2 sessions)		<input type="checkbox"/>
Health Equity Online Training	n/a	1.0		<input type="checkbox"/>
Health Literacy in HIV, STI, and Viral Hepatitis Care	3.0	1.5-2.0		<input type="checkbox"/>
Trauma Informed Care 101	6.5	6.5 (4 sessions)		<input type="checkbox"/>
Sex, Gender and HIV/STDs	13.0	n/a		<input type="checkbox"/>
SafeTALK Suicide Alertness Training*	3.0	n/a		<input type="checkbox"/>
Required Medical Information Courses:				
You must take the in-person “Intro to HIV, STIs & Viral Hep” course or take all 3 highlighted courses, in-person or online				
Introduction to HIV, STIs and Viral Hepatitis	6.5	1.5		<input type="checkbox"/>
Overview of HIV Online Training	n/a	2.0		<input type="checkbox"/>
Hepatitis C Basics for Peer Workers	6.5	1.5-2.0		<input type="checkbox"/>
Introduction to Sexually Transmitted Infections	3.0	1.5-2.0		<input type="checkbox"/>
Counseling Skills: (choose at least two counseling approaches totaling 6.0 hours)				
Harm Reduction Approach Overview	6.5	1.5-2.0		<input type="checkbox"/>
Motivational Interviewing	3.5-6.5	n/a		<input type="checkbox"/>
Motivational Interviewing Overview	n/a	0.5		<input type="checkbox"/>
Motivational Interviewing Practice	3.5-6.5	1.5		<input type="checkbox"/>
Overview of Stage-based Behavioral Counseling	6.5	1.5-2.0		<input type="checkbox"/>
Add your in-person hours:				
Add your online hours:				
Add your in-person and online hours together: (must have at least 68 hours)				

The box below is a list of **HIV specialized training topics**. Not all courses on this page need to be completed and checked off. A minimum of 22 hours are required before applying for certification. When you complete a course, check the box under “Course Completed”.

Training Title	Training Hours	Date Of Training	Date Taken	Course Completed
All HIV Peer Worker Specialists <u>must take one</u> of the following:				
HIV Peer Worker Role in Patient Navigation	13.0			<input type="checkbox"/>
Peer Workers: Promoting Primary Care and Treatment Adherence for HIV	13.0			<input type="checkbox"/>
Choose any of the Specialized Courses below:				
Active Drug Users and HIV/HCV Retention in Care and Treatment Adherence	6.5			<input type="checkbox"/>
Addressing Sexual Risk with Drug Users and their Partners	6.5			<input type="checkbox"/>
Crystal Meth, MSM & HIV: An Update	13.0			<input type="checkbox"/>
Engagement in Care Series: Newly Diagnosed Trans Client Living with HIV	1.0			<input type="checkbox"/>
Engagement in Care Series: Working with Older Adults Living with HIV or Webinar	1.0			<input type="checkbox"/>
Group Facilitation Skills for STD/HIV Prevention Interventions	13.0			<input type="checkbox"/>
Healthy Sex! Linking Gay Men and MSM to Sexual Health Services	6.5			<input type="checkbox"/>
HIV and Hepatitis C Co-infection	3.0			<input type="checkbox"/>
HIV Testing in NYS	2.0-3.0			<input type="checkbox"/>
HIV Testing Skills Practice Session	3.0-6.5			<input type="checkbox"/>
Improving Health Outcomes for HIV-Positive Individuals Transitioning from Correctional Settings to the Community	6.5			<input type="checkbox"/>
Intro to Co-Occurring Disorders for Clients with HIV/AIDS	6.5			<input type="checkbox"/>
Role of Non-Clinicians in Promoting PrEP	3.5			<input type="checkbox"/>
Safer Injecting and Wound Care	6.5			<input type="checkbox"/>

Supporting Sexual Health Among Young MSM of Color	6.5			<input type="checkbox"/>
Surviving and Thriving: Older Gay Men and MSM Living with HIV	6.5			<input type="checkbox"/>
Transgender Health 102: Addressing Barriers to Care for Transgender People*	6.5			<input type="checkbox"/>
Webinar: Health Promotion for Older Adults Living with HIV	2.0			<input type="checkbox"/>
Webinar: MSM and Sexual Health Parts 1 & 2	4.0			<input type="checkbox"/>
Webinar: Sexual Health of Older Adults	2.0			<input type="checkbox"/>
Total Specialized Hours (add training hours)				
*This symbol denotes a course has a prerequisite. Please see the course description for details.				

The following courses are not offered through Education and Training but, may be counted toward HIV specialized training requirements as follows:

Training Title	Training Hours	Date of Training	Date Taken	Course Completed
NYC DOHMH BHIV Comprehensive Care Coordination Training	30.0			<input type="checkbox"/>
NQC Training of Consumers for Quality	20.0			<input type="checkbox"/>
Stanford University Positive Self-Management Program (PSMP) or Chronic Disease Self-Management Training (CDSMP) (Offered by Stony Brook University)	15.0			<input type="checkbox"/>
Motivational Interviewing	3.5-6.5	n/a		<input type="checkbox"/>
Motivational Interviewing Overview	n/a	0.5		<input type="checkbox"/>
Motivational Interviewing Practice	3.5-6.5	1.5		<input type="checkbox"/>
Overview of Stage-based Behavioral Counseling	6.5	2.0		<input type="checkbox"/>
Add your in-person hours:				
Add your online hours:				
Add your in-person and online hours together: (must have at least 68 hours)				

Core Competencies for HIV Peer Workers

New York State Department of Health AIDS Institute

Background Regarding These Competencies

The effectiveness of HIV peer workers is rooted in the fact that these workers share a common “lived experience” with clients. As a result, peer workers have a unique capacity to provide targeted services that can inspire, empower and support clients living with, or at risk for, HIV. Peer workers provide a unique category of service delivery through the lens of “shared lived experience” which is distinct from the roles and services delivered by other members of a multi-disciplinary care or prevention team. The following is a list of core competencies that comprise the full potential scope of activities that a NYS AIDS Institute certified peer worker might be asked to carry out. Organizations employing peers should consider the concept of “shared lived experience” and this list of competencies when defining the specific job description and recruiting HIV peer workers. While this entire list of competencies is required to achieve certification, it is anticipated that an individual peer worker’s job description would not encompass all of these competencies, but rather, would focus on one or more of these key areas of work.

General Competencies:

All HIV peer workers are responsible for carrying out the specific competencies outlined below, regardless of the work setting and job description.

- Shares their personal experience in a strategic, compassionate and responsive manner and comfortably discloses status
- Demonstrates a commitment to personal self-management of health conditions and treatment regimens
- Addresses health literacy needs of clients to ensure client understanding of messages delivered
- Communicates using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling
- Upholds agency confidentiality policies and procedures
- Recognizes own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other supports
- Recognizes the limits of their knowledge and seeks assistance from supervisor, other staff, or other available supports when needed
- Seeks opportunities to increase knowledge and skills for peer support
- Employs self-care strategies to promote wellness and prevent burnout
- Demonstrates effective oral, written and non-verbal communication skills appropriate for the specific work setting
- Develops awareness of and manages own personal biases and triggers when dealing with participant, as required for their specific worksite

- Relates to clients via his/her shared lived experience, despite the differences that may exist between them

Specialized Competencies:

HIV Testing:

HIV peer workers may serve as part of a multi-disciplinary team delivering HIV testing services, including peer-delivered pre-test messages, conducting CLIA-waived rapid HIV tests and providing follow-up sessions with clients who test HIV positive, indeterminate or negative. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as part of a multi-disciplinary team to conduct HIV testing following NYS HIV testing laws, including obtaining informed consent before the HIV test is conducted
- Explains key points of information about HIV testing
- Shares personal experiences in a strategic manner to demonstrate to the client the importance of knowing one's HIV status

For clients with a preliminary positive rapid HIV test result:

- Works as part of a multi-disciplinary team to explain the meaning of the test result and that additional testing is needed to know for sure
- Works as part of a multi-disciplinary team to arrange for blood draw for additional testing
- Offer accompaniment and support to access confirmatory testing in accordance with job responsibilities
- Makes a follow-up appointment to provide the client the final test result

For clients with a confirmed positive HIV test result:

- Works as part of a multi-disciplinary team to review all NYS required follow-up actions for clients with a confirmed positive HIV test result
- Works as part of a multi-disciplinary team to arrange and link client to an appointment for HIV care, following best practices outlined below
- Explains the importance of partner services and makes an effective referral to the appropriate partner services program
- When applicable, uses his or her personal experience with partner notification to assist the client in understanding the range of options for notifying an at-risk partner
- When applicable, uses his or her experience with engagement and linkage to care and HIV treatment options to help the client understand that he or she can live a healthy life with HIV

For clients with a negative or indeterminate test result:

- Explains that the window period is the length of time after infection but before an HIV test is able to detect the presence of infection
- Explains the need for follow-up testing
- Explains options for HIV/STD/hepatitis prevention including: abstinence, male and female condom use, PEP, PrEP, safer sex, safer injection practices and other harm reduction strategies

- Refer and link clients to a range of prevention services
- Uses a harm reduction approach to help the client choose options that are acceptable to the client which reduce his or her risk of HIV/STD/viral hepatitis infection
- Explains the location and functioning of syringe exchange program and ESAP to all clients who use drugs

Engagement, Linkage and Retention to Care:

HIV peer workers can play a very important role in engaging, linking and retaining people with confirmed HIV infection to care. HIV peer workers may be involved in outreach into the community, participate in appointment procedures, and receive referrals for follow-up from testing programs or through agency in-reach to clients in need of linkage to care. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Uses his or her personal experience of HIV treatment to explain the importance of participating in HIV health care
- Conducts outreach to people at risk for or living with HIV/HCV in the community
- Initiates contact with clients who have missed appointments, discontinued care or who have yet to engage in health care services
- Meets and greets clients who are new to the organization
- Provides a tour of the health care facility, introducing the client to appropriate staff, the location of reception, waiting room and exam rooms
- When engaging and linking a client to an initial health care appointment, accurately communicates verbally and in writing, the following information: the date, time, location, provider name, information about what to bring to the appoint and any other facility-specific information needed to have a successful appointment
- Based on knowledge of the facility practices, explains to the client what to expect during his or her first HIV medical appointment, including physical exam, lab work and interactions with staff
- Based on knowledge of the facility practices, explains the procedures to follow when arriving for a health care appointment, including checking in with the receptionist, taking a seat in the waiting room, what to expect as the length of waiting time and shares ideas about what to do while the client is waiting
- Accompanies clients to health care appointments in accordance with job description and agency policies
- Makes follow-up calls regarding attendance at health care appointments including: reminding clients of an appointment; exploring reasons for missing an appointment; assisting clients with re-scheduling an appointment
- Explains the concept of viral suppression and how achieving viral suppression will promote the client's health and reduce the chance of transmission to partners.
- Reaches out to engage clients across the whole continuum of the treatment process

Anti-retroviral Therapy (ART) Initiation and Treatment Adherence:

HIV peer workers can play an important role working with clients to support ART initiation and treatment adherence. HIV peer workers reinforce information provided by the health care

provider, listen to client concerns about treatment adherence and works as part of the overall team to provide the client with the knowledge, tools and support needed to achieve a high level of treatment adherence. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Uses his or her experience of HIV treatment options and adherence to motivate the client and demonstrate that a high level of adherence is achievable
- Explains that not taking ART medication regularly can result in: 1) poorer health, 2) the medications not working as well, 3) reduced options for future treatment, and 4) increased likelihood of transmitting the virus to partners
- Reinforces the client's understanding of HIV-related lab results, including the meaning of viral load and CD4 count
- Collaborates with clients to overcome behavioral, structural, and psychosocial barriers to taking their medications
- Works at part of the multi-disciplinary clinical team to provide tools and strategies using a client-centered approach to support clients in taking their medications every day as prescribed
- Refers clients back to health care providers to discuss any issues (i.e., side effects) that may be affecting his or her ability to adhere to a treatment regimen

Patient Navigation:

HIV peer workers can play an important role in helping clients navigate and learn about the health care system as well as the broader service delivery system. Based on his or her specific job description, HIV peers may be responsible for carrying out some or all of the specific competencies outlined below:

- Provides a tour of the facility
- Provides educational and organizational materials
- Accompanies clients to community activities and appointments and participates in community activities with peers as assigned and approved by supervisor
- Informs new clients about available services and processes
- Engages providers from HIV treatment and other services to meet the needs of clients
- Shares information about how to get to the facility via public transportation, car or walking
- Explores any concerns the client may have regarding personal safety while getting to, or navigating around, the health care facility

Client Self-Management:

Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Relates their own and/or others' life experiences (while respecting privacy) to clients to inspire hope and empowerment
- Models positive self-management behaviors
- Works as part of the care team to help the client develop self-management goals, provide coaching and track progress meeting these goals

- Assists clients in voicing concerns or questions to members of the care team
- Educates clients about health, wellness, treatment adherence, viral suppression, and available support services
- Recognizes treatment adherence and viral suppression accomplishments
- Validates client's life experiences and feelings and celebrates client's efforts and accomplishments
- Recognizes and responds to the complexities and uniqueness of each client's process of treatment adherence and viral suppression, and tailors services and support to meet the preferences and unique needs of clients
- Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
- Implements peer-run, evidence based self-management interventions as determined by the agency

Harm Reduction, Syringe Access and Health Promotion:

Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Promotes and provides referrals to a wide range of harm reduction, health promotion and social services including syringe exchange, safer injection practices, opioid overdose prevention, counseling about alcohol use, safer sex practices, condom availability, smoking cessation, STD screening and treatment and others as needed by the client
- Distributes or refers clients to HIV/STD/viral hepatitis educational resources, evidence based prevention interventions and other prevention services/ resources
- Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
- Recognizes signs of harm, crisis or distress that may interfere with treatment adherence and takes action to alert or engage other members of the care team and address the situation by using knowledge of local resources, services or client support

Support Groups:

Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Markets support group to recruit clients to join the group
- Serves as facilitator or co-facilitator of a support group, along with another staff person
- Acts as a liaison between peers and co-facilitator, to bridge gaps and ensure groups are meeting the needs of the participants
- Leads by example by strategically sharing personal experience/stories
- Encourages active participation and client sharing of information
- Establishes and enforces support group rules to ensure confidentiality and that the group is a "safe space"
- Makes statements that show understanding, compassion, sympathy, and concern
- Encourages clients to listen and provide supportive feedback

Supportive Services:

HIV peer workers can play an important role supporting the client in accessing a wide range of social services and supports. HIV peer workers should not be expected to complete needs assessments, develop service plans or make decisions about referrals to specific psycho-social services. Rather, peer workers work as part of the care team to gather information about client needs, support an established service plan and support the client in accessing services to which he or she has been referred. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as part of multi-disciplinary team to identify supportive services that meets the needs of the clients
- Work as part of a team a multi-disciplinary team to provide targeted referrals and linkages to essential services outside of agency
- Educate clients about the range of behavioral health services and works to destigmatize these services
- Assists clients with making appointments for supportive services or arranges appointments for them
- Accompanies clients to supportive services appointments

Case Conferencing:

HIV peer workers participate in case conferences to discuss the needs of individual clients and to report out on their work with the client. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as member of multi-disciplinary team to retain clients in care by addressing barriers to the provision of service delivery and needed supportive services for client
- Provides a brief summary of their work with the client, including reporting on psycho-social issues, barriers or facilitators to care
- Conveys their point of view in a respectful way when working with colleagues
- Recognizes the limits of their knowledge and seeks assistance from others when needed

Facilitating Client Involvement in Continuous Quality Improvement Efforts:

Peer workers engage and encourage clients to play a role in facility-level QI activities, and participates in QI activities as part of their role as members of the care team. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Engages and encourages clients to participate in facility-level QI activities
- Participates in QI activities as part of their role as members of the care team
- Represent the voices and perspectives of clients in the QI process
- Participates in agency efforts to reduce and eliminate prejudice, stigma and discrimination against people who have HIV
- Actively participates in efforts to improve the organization

Health Coverage:

Understanding health insurance coverage and benefits, and how employment and other circumstances can effect one's eligibility can be difficult. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Explains that the New York's Health Exchange website (<https://nystateofhealth.ny.gov/>) is the place to visit to assess eligibility for health insurance coverage.
- Understands and identifies local resources that can assist clients with enrollment in a range of health coverage options
- Explains what ADAP is and provide information about how to contact ADAP
- Works as part of the team to inform clients about relevant patient assistance programs to ensure health coverage and medication access needs are met
- Understands how employment effects his or her own benefits and coverage

Documentation and Record-Keeping:

HIV peer workers are expected to provide documentation of the services they deliver to clients. Based on the specific work setting and job description, HIV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Respects confidentiality of client records and follows all agency policies for handling client records
- Works with other members of the care team to interpret data and patient information to make appropriate decisions regarding the care of the patient
- Documents services provided to the client in the client record, in accordance with agency policies
- Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies

Core Competencies for HCV Peer Workers

New York State Department of Health AIDS Institute

Background Regarding These Competencies

The effectiveness of Hepatitis C (HCV) peer workers is rooted in the fact that these workers share a common “lived experience” with clients. As a result, peer workers have a unique capacity to provide targeted services that can inspire, empower and support clients living with, or at risk for, HCV. HCV peer workers, are individuals with the “shared lived experience” of HCV, including individuals with or without treatment experience. Peer workers provide a distinct category of service delivery through the lens of “shared lived experience”, which is different from the roles and services delivered by other members of a multi-disciplinary care or prevention team. The following is a list of core competencies that comprise the full potential scope of activities that a NYS AIDS Institute certified peer worker might be asked to carry out. Organizations employing peers should consider the concept of “shared lived experience” and this list of competencies when creating a specific job description and recruiting HCV peer workers. While this entire list of competencies is required to achieve certification, it is anticipated that an individual peer worker’s job description would not encompass all of these competencies, but rather, would focus on one or more of these key areas of work.

General Competencies:

All HCV peer workers are responsible for carrying out the specific competencies outlined below, regardless of the work setting and job description.

- Shares their personal experience in a strategic, compassionate and responsive manner and comfortably discloses status
- Demonstrates a commitment to personal self-management of health conditions and treatment regimens
- Addresses health literacy needs of clients to ensure client understanding of messages delivered
- Communicates using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling
- Upholds agency confidentiality policies and procedures
- Recognizes own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other available supports
- Recognizes the limits of their knowledge and seeks assistance from staff when needed
- Seeks opportunities to increase knowledge and skills for peer support
- Employs self-care strategies to wellness and prevent “burn-out”
- Demonstrates effective oral, written and non-verbal communication skills appropriate for the work setting
- Develops awareness of and manages own personal biases and triggers when dealing with participant, as required for their specific worksite

- Relates to clients via their shared lived experience, despite the differences that may exist between them

Specialized Competencies:

HCV Testing:

HCV peer workers may serve as part of a multi-disciplinary team delivering HCV testing services, including peer-delivered pre- and post-test counseling messages, conducting CLIA-waived rapid HCV screening tests and providing follow-up sessions with clients who test HCV positive or negative. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as part of a multi-disciplinary team to conduct HCV testing
- Explains key points of information about HCV testing, including the differences between the two HCV tests (i.e., HCV antibody screening test and HCV RNA test)
- Reinforces the need for the second HCV test (HCV RNA) to diagnose HCV if the HCV antibody screening test is positive
- Shares personal experiences in a strategic manner to demonstrate to the client the importance of knowing one's HCV status
- Refers clients to testing sites and accompanies as needed

For clients with a positive/reactive HCV test result:

- Explains that client has HCV antibodies, was exposed to HCV at some time, and is probably infected, but additional testing is needed to know for sure
- Explains that the presence of HCV antibodies does not protect from reinfection or super-infection
- Emphasizes the need for getting the second HCV RNA test to confirm (or rule out) active infection
- Works as part of a multi-disciplinary team to arrange and link client to an appointment for follow-up HCV testing and care, following best practices outlined below
- When applicable, uses his or her experience with HCV testing, linkage to care and treatment to help the client understand the importance of attending the follow-up appointment and that HCV is a curable condition for most people

For clients with a negative/nonreactive HCV test result:

- Explains that it can take up to six months for antibodies to become detectable after an HCV exposure
- Explains the need for follow-up testing, if a recent exposure occurred
- Explains that a negative test result does not protect from getting infected in the future
- Explains options for HCV prevention, including safer injection practices and other relevant harm reduction strategies
- Uses a harm reduction approach to help the client choose options that are acceptable to the client and which reduce their risk of HCV infection
- Refers clients who use drugs to syringe exchange program and ESAP

Engagement, Linkage and Retention to Care:

HCV peer workers can play a very important role in engaging, linking and retaining people with confirmed HCV infection to care. HCV peer workers may be involved in outreach into the community, participate in appointment procedures and receive referrals for follow-up from testing programs or through agency in-reach to clients in need of linkage to care. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Uses their personal experience of HCV treatment to explain the importance of participating in HCV health care
- Conducts outreach to people at risk for or living with HCV in the community
- Initiates contact with clients who have missed appointments, discontinued care or who have yet to engage in health care services
- Meets and greets clients who are new to the organization
- Provides a tour of the health care facility, introducing the client to appropriate staff, the location of reception, waiting room and exam rooms
- When engaging and linking a client to an initial health care appointment, accurately communicates, verbally and in writing, the following information: the date, time, location, provider name, information about what to bring to the appointment and any other facility-specific information needed to have a successful appointment
- Based on knowledge of the facility practices, explains to the client what to expect during their first HCV medical appointment, including physical exam, lab work and interactions with staff
- Based on knowledge of the facility practices, explains the procedures to follow when arriving for a health care appointment, including checking in with the receptionist, taking a seat in the waiting room, what to expect as the length of waiting time and shares ideas about what to do while the client is waiting
- Accompanies clients to health care appointments in accordance with job description and agency policies
- Makes follow-up calls regarding attendance at health care appointments including: reminding clients of an appointment; exploring reasons for missing an appointment; assisting clients with re-scheduling an appointment
- Explains the concept of sustained virologic response (SVR) and how achieving SVR will promote the client's health and reduce the chance of transmission to partners
- Informs client about newer therapies that are available, which are interferon-free, have fewer side effects and shorter treatment duration. Explain that cure is possible, and many of these therapies have high cure rates
- Reaches out to engage clients across the whole continuum of the treatment process
- Distributes or refers clients to appropriate hepatitis C educational resources

Hepatitis C Treatment:

HCV peer workers can play an important role working with clients to support HCV treatment initiation and adherence. HCV peer workers reinforce information provided by the health care

provider, and listen to client concerns about treatment, potential side effects and adherence. They work as part of the overall team to provide the client with the knowledge, tools and support needed to achieve a high level of treatment adherence and a sustained virologic response (SVR)/cure. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Uses their experience of HCV treatment options and adherence to motivate the client and demonstrate that a high level of treatment completion is achievable
- Clarifies HCV treatment misconceptions
- Explains that HCV is a curable condition
- Reinforces medical provider's explanation about newer therapies that are available, which are interferon-free, have fewer side effects and shorter treatment duration. Explains that cure is possible, and many of these therapies have high cure rates
- Reinforces the client's understanding that if the client is cured that does not mean that the client cannot be reinfected. For clients who achieve a cure, provides various interventions and resources to prevent HCV reinfection
- Explains that not taking HCV medication as prescribed can result in: 1) poorer health, 2) the medications not working, 3) medication resistance: reduced options for future treatment, and 4) increased likelihood of transmitting the virus to others
- Collaborates with clients to overcome behavioral, structural, and psychosocial barriers to taking their medications
- Works at part of the multi-disciplinary clinical team to provide tools and strategies using a client-centered approach to support clients in taking their medications every day as prescribed
- Refers clients back to health care providers to discuss any issues (i.e. side effects, discontinuation of medication without doctor's knowledge) that may be affecting their ability to adhere to a treatment regimen
- Works as part of a multi-disciplinary team to assess the readiness of the client to begin treatment (other health issues present, mental health, trauma, commitment to treatment, safe place to live while on treatment or keep medications, access to healthy food, time off work, social support, insurance coverage or financial assistance)
- Conveys appropriate expectations for time and other administrative issues it may take to initiate HCV treatment

Patient Navigation:

HCV peer workers can play an important role in helping clients navigate and learn about the health care system as well as the broader service delivery system. Based on their specific job description, HCV peers may be responsible for carrying out some or all of the specific competencies outlined below:

- Provides information about available programs and services when engaging or enrolling clients in the community
- Provides a tour of the facility where the patient will receive services
- Provides educational and organizational materials

- Accompanies clients to community activities and appointments and participates in community activities with clients as assigned and approved by supervisor
- Informs new clients about available services and processes
- Assesses barriers and obstacles that may prevent a client from being linked to care. Assists client in taking appropriate action to overcome identified barriers
- Engages providers from HCV care and treatment program and other services, to meet the needs of clients
- Connects and introduces clients to providers, providers to clients and to other HCV clients, as needed while always remembering to ask permission to disclose any of a client's personal health information to others
- Shares information about how to get to the facility via public transportation, car or walking
- Explores any concerns the client may have regarding personal safety while getting to, or navigating around, the health care facility

Client Self-Management:

Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Relates their own and/or others' life experiences (while respecting privacy) to clients to inspire hope and empowerment
- Models positive self-management behaviors
- Works as part of the care team to help the client develop self-management goals, provide coaching and track progress meeting these goals
- Assists clients in voicing concerns or questions to members of the care team
- Educates clients about health, wellness, treatment adherence, sustained virologic response (SVR), and available support services
- Recognizes treatment adherence and completion
- Validates client's life experiences and feelings and celebrates client's efforts and accomplishments
- Recognizes and responds to the complexities and uniqueness of each peer's process of treatment adherence, including stage of disease and treatment outcomes, and tailors services and support to meet the preferences and unique needs of clients
- Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
- Implements peer-run, evidence based self-management interventions as determined by the agency

Harm Reduction, Syringe Access and Health Promotion:

Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Promotes and provides referrals to a wide range of harm reduction and health promotion resources including those related to syringe exchange, safer injection practices, opioid overdose prevention, counseling about alcohol use, safer sex practices, condom availability, smoking cessation, educational information, social services, and others as needed by the client
- Provides information on risk of relapse and re-infection. Provides education and reinforces harm reduction messaging
- Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
- Recognizes signs of harm, crisis or distress that may interfere with medical care or treatment adherence. Takes action to alert or engage other members of the care team to address the situation by using local resources, services or client support
- Provides information on opioid overdose prevention and opioid substitution and supporting others
- Works with a multi-disciplinary team to address difficulties a client may experience due to active substance use, such as appointment keeping and treatment adherence

Support Groups:

Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Markets support group to recruit clients
- Serves as facilitator or co-facilitator of a support group, along with another staff person
- Acts as a liaison between peers and co-facilitator, to bridge gaps and ensure groups are meeting the needs of the participants
- Leads by example by strategically sharing personal experience/stories
- Encourages active participation and client sharing of information
- Establishes and enforces support group rules to ensure confidentiality and that the group is a “safe space”
- Meets needs of participants, offering information about additional supportive services or groups that may be beneficial
- Makes statements that show understanding, compassion, sympathy, and concern
- Encourages peer members to listen and provide supportive feedback

Supportive Services:

HCV peer workers can play an important role supporting the client in accessing a wide range of social services and supports. HCV peer workers should not be expected to complete needs assessments, develop service plans or make decisions about referrals to specific psycho-social services. Rather, peer workers work as part of the care team to gather information about client needs, support an established service plan and support the client in accessing services to which they have been referred. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as part of a multi-disciplinary team to identify supportive services that meet the needs of the client. Acts as a liaison between the client and multi-disciplinary team
- Educates clients about the range of behavioral health services available and works to destigmatize use of these services
- Works as part of a multi-disciplinary team to provide targeted referrals and linkages to essential services outside of agency
- Assists clients with making appointments for supportive services or arranges appointments for them
- Accompanies clients to supportive services appointments

Case Conferencing:

HCV peer workers participate in case conferences to discuss the needs of individual clients and to report out on their work with the client. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as member of multi-disciplinary team to retain clients in care by addressing barriers to the provision of service delivery and needed supportive services
- Provides a brief summary of their work with the client, including reporting on psycho-social issues, and barriers or facilitators to care
- Conveys their point of view in a respectful way when working with colleagues
- Recognizes the limits of their knowledge and seeks assistance from others when needed

Facilitating client involvement in continuous quality improvement (QI) efforts:

Peer workers engage and encourage clients to play a role in facility-level QI activities, and participates in QI activities as part of their role as members of the care team. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Engages and encourages clients to participate in facility-level QI activities
- Participates in QI activities as part of their role as members of the care team
- Represent the voices and perspectives of clients in the QI process
- Participates in agency efforts to reduce and eliminate stigma, prejudice and discrimination of people who have HCV and persons who use drugs
- Actively participates in efforts to improve the organization

Health Coverage:

Basic understanding of health insurance coverage and benefits, and how employment and other circumstances can affect one's eligibility. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Explains that the New York's Health Exchange website (<https://nystateofhealth.ny.gov/>), is the place to visit to assess eligibility for health insurance coverage

- Understands and identifies local resources that can assist clients with enrollment in a range of health coverage options
- Reinforces the need to work with staff such as a health benefits specialist, case manager or social worker to ensure health coverage needs are met
- In conjunction with the multi-disciplinary team, provides information about the prior authorization process, requirements and documentation needed to obtain approval. Provides information about appeal process, if needed and links client to appropriate staff and services in the event of a denial
- Works as part of the multi-disciplinary team to ensure health coverage and medication access needs are met and informs clients about relevant patient assistance programs (for high co-pays and HCV medications)
- Advocates for client and facilitates referrals for additional assistance
- Understands how employment affects his or her own benefits and coverage

Documentation and Record-Keeping:

HCV peer workers are expected to provide documentation of the services they deliver to clients. Based on the specific work setting and job description, HCV peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Respects confidentiality of client records and follows all agency policies for handling client records
- Interprets data and patient information regarding the care of the patient, in consultation with care team as needed
- Documents services provided to the client in the client record, in accordance with agency policies
- Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies

Peer Certification Course Tracker Form – HCV Peer Workers

Note: You should only use this checklist if you are seeking **HCV Peer Certification**

This form can be found online at: <https://www.hivtrainingny.org/FAQDocs/HCVCourseCheckList.pdf>

Directions: Use this document to keep track of your progress completing trainings toward your HCV Peer Worker Certification. Either print a copy of this document or save it to your computer. To track your progress online, log on to your account on www.hivtrainingny.org. Select **Course List** at the top of the screen. On the right, select **“My Courses.”**

Core Training Requirements for all Certified Peer Workers				
All applicants must complete a minimum of 68 hours of the Core Required Trainings below.				
Required General Courses: (in-person or online)	In Person Training Hours	Online/ Webinar Hours	Date of Training	Course Completed
NYS AIDS Institute Pre-Certification Peer Worker Training	19.5	19.5		<input type="checkbox"/>
Building Bridges to Cultural Humility	6.5	4.0 (2 sessions)		<input type="checkbox"/>
LGBTQ+ Cultural Competency	6.5	4.0 (2 sessions)		<input type="checkbox"/>
Health Equity Online Training	n/a	1.0		<input type="checkbox"/>
Health Literacy in HIV, STI, and Viral Hepatitis Care	3.0	1.5-2.0		<input type="checkbox"/>
Trauma Informed Care 101	6.5	6.5 (4 sessions)		<input type="checkbox"/>
Sex, Gender and HIV/STDs	13.0	n/a		<input type="checkbox"/>
SafeTALK Suicide Alertness Training	3.0	n/a		<input type="checkbox"/>
Required Medical Information Courses:				
You must take the in-person “Intro to HIV, STIs & Viral Hep” course or take all 3 highlighted courses, in-person or online				
Introduction to HIV, STIs and Viral Hepatitis	6.5	1.5		<input type="checkbox"/>
Overview of HIV Online Training	n/a	2.0		<input type="checkbox"/>
Hepatitis C Basics for Peer Workers	6.5	1.5-2.0		<input type="checkbox"/>
Introduction to Sexually Transmitted Infections	3.0	1.5-2.0		<input type="checkbox"/>
Counseling Skills: (choose at least two counseling approaches totaling 6.0 hours)				
Harm Reduction Approach Overview	6.5	1.5-2.0		<input type="checkbox"/>
Motivational Interviewing	3.5-6.5	n/a		<input type="checkbox"/>
Motivational Interviewing Overview	n/a	0.5		<input type="checkbox"/>
Motivational Interviewing Practice	3.5-6.5	1.5		<input type="checkbox"/>
Overview of Stage-based Behavioral Counseling	6.5	1.5-2.0		<input type="checkbox"/>
Add your in-person hours:				
Add your online hours:				
Add your in-person and online hours together: (must have at least 68 hours)				

The box below is a list of **HCV specialized training topics**. Not all courses on this page need to be completed and checked off. A minimum of 22 hours are required before applying for certification. When you complete a course, check the box under “Course Completed”.

Training Title	Training Hours	Date Scheduled	Date Taken	Course Completed
All HCV Peer Worker Specialists <u>must take one</u> of the following:				
Hepatitis C Peer Worker Role in Patient Navigation	13.0			<input type="checkbox"/>
Hepatitis C: Screening, Diagnosis and Linkage to Care	6.5			<input type="checkbox"/>
Choose any of the Specialized Courses below:				
Active Drug Users and HIV/HCV Retention in Care and Treatment Adherence	6.5			<input type="checkbox"/>
Addressing Sexual Risk with Drug Users and their Partners	6.5			<input type="checkbox"/>
Ensuring Competencies for Hepatitis C Testing	6.5			<input type="checkbox"/>
Group Facilitation Skills for STD/HIV Prevention Interventions	13.0			<input type="checkbox"/>
Hepatitis C Basics for Peer Workers	6.5			<input type="checkbox"/>
Hepatitis C Medical Care and Treatment Update for Peer Workers	6.5			<input type="checkbox"/>
Hepatitis C: Prevention with Young People with Inject Drugs (PWID)	6.5			<input type="checkbox"/>
HIV and Hepatitis C Co-infection	3.0			<input type="checkbox"/>
Safer Injecting and Wound Care	6.5			<input type="checkbox"/>
Transgender Health 102: Addressing Barriers to Care for Transgender People*	6.5			<input type="checkbox"/>
Webinar: Hepatitis C Basics	2.0			<input type="checkbox"/>
Webinar: MSM and Sexual Health Parts 1 & 2	4.0			<input type="checkbox"/>
Total Specialized Hours: (add training hours)				
*This symbol denotes a course has a prerequisite. Please see the course description for details.				

Core Competencies for Harm Reduction Peer Workers

New York State Department of Health AIDS Institute

Background Regarding These Competencies

The effectiveness of Harm Reduction (HR) Peer Workers is rooted in the fact that these workers share a common “lived experience” with participants. As a result, HR Peer Workers have a unique capacity to provide targeted services that can inspire, empower and support drug users and sex workers. Peer workers provide a unique category of service delivery through the lens of “shared lived experience” which is distinct from the roles and services delivered by other members of a multi-disciplinary care or prevention team. The following is a list of key competencies that a NYS AIDS Institute certified Harm Reduction Peer Worker might need to demonstrate, depending on their work setting. Organizations employing peers should consider the concept of “shared lived experience” and review this list of competencies when defining the specific job description, recruiting, hiring, and supervising HR Peer Workers. For HR peer workers, “shared lived experience” includes those individuals who have a shared life experience of drug use and/or engagement in high risk sexual behaviors/sex work. These experiences enable peers to empathize appropriately with target populations and effectively engage them into services. While this entire list of competencies is required to achieve certification, it is anticipated that an individual peer worker’s job description would not encompass all of these competencies, but rather, would focus on one or more of these key areas of work.

General Competencies

All Harm Reduction peer workers are responsible for demonstrating the specific competencies outlined below, regardless of the work setting and job description.

- Shares their personal experience in a strategic, compassionate and responsive manner and comfortably discloses status
- Demonstrates a commitment to personal self-management of health conditions
- Addresses health literacy needs of clients to ensure client understanding of messages delivered
- Communicates using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling
- Understands and upholds agency confidentiality policies and procedures
- Recognizes own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other available supports
- Recognizes the limits of their knowledge and seeks assistance from supervisor, other staff, or other available supports when needed
- Seeks opportunities to increase knowledge and skills for peer support
- Employs self-care strategies to promote wellness and prevent “burn-out”
- Demonstrates appropriate oral, written and non-verbal communication skills

- Develops awareness of and manages own personal biases and triggers when dealing with participant, as required for their specific worksite
- Relates to participants via his/her shared lived experience in a respectful, non-judgmental way
- Has a basic understanding of HIV, HCV, and sexually transmitted diseases

Harm Reduction Competencies

Based on the specific work setting and job description, HR peer workers may be responsible for demonstrating some or all of the specific competencies outlined below.

- Effectively conveys the principles of harm reduction and how it applies to different areas of risk (i.e., drug use, sex work, health behavior change, etc.)
- Has a basic understanding of the various classes of drugs and how to employ harm reduction strategies that are drug-specific
- Has a basic understanding of sexual risk and associated harm reduction strategies
- Promotes and provides referrals to a wide range of harm reduction and health promotion resources including those related to syringe exchange, safer injection practices, opioid overdose prevention, alcohol use, safer sex practices, condom availability, PrEP/PEP, smoking cessation, prevention information, social services, and others as needed by the participant
- Provides education and reinforces harm reduction messaging
- Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
- Recognizes signs of harm, crisis or distress that may interfere with medical care or treatment adherence. Takes action to alert or engage other members of the service delivery team to address the situation by using local resources, services or participant support
- Provides information on opioid overdose prevention and response, Opioid Agonist Therapies and other supportive services
- Is a Trained Responder in the Opioid Overdose Prevention Program
- Works with a multi-disciplinary team to address issues that impact participants' ability to engage in services due to drug use and/or high risk sexual behaviors/sex work (i.e. HIV/STD/HCV co-infection, stigma and other social inequalities, etc.)

Specialized Competencies

Based on the specific work setting and job description, HR peer workers may be responsible for demonstrating some or all of the specific competencies outlined below.

Promoting access to sterile injection equipment and supplies

Syringe Exchange Programs (SEPs)

- Has the ability to provide an overview of policies, procedures, and essential elements of SEP operations

- Has a clear understanding of the SEPs policies and procedures including different threshold criteria/legal requirements for enrolling individuals into SEP based on age (under 18 vs. over 18)
- Explains to drug users and others the general services available at an SEP and describes who is eligible for these services
- Exhibits a basic understanding of penal and public health laws & NYS regulations that allow for syringe access in NYS, and conducts peer delivered syringe exchange (PDSE) accordingly.
- Conducts outreach to active drug users in the community
- Works as part of the SEP team or individually conducts initial assessment/screening to determine an individual's needs and eligibility for services through the SEP
- Works as part of the SEP team or individually issues Participant Identification Cards and explains how to use the ID card in the event of an interaction with Law Enforcement
- Has the ability to engage and educate community members and communicate the services of their program and their duties as a peer
- Has the ability to respond to Law Enforcement questions, concerns and challenges

Expanded Syringe Access Program (ESAP)

- Explains how NYS ESAP works, including:
 - educating individuals on minimum age eligibility for ESAP
 - educating individuals about how to locate and identify a participating pharmacy
 - educating individuals about how to purchase syringes at participating pharmacies
 - educating individuals about how to obtain syringes from health care or other sites that may participate in ESAP
 - educating individuals how to use ESAP voucher programs
 - educating individuals about how to address issues with Law Enforcement or problems with a pharmacy

Safer injecting practices

- Remains informed and aware of current trends in drug use as they related to the needs of participants in their program
- Educates participants on safer injecting practices including, but not limited to:
 - The importance of using new sterile injection equipment and works and the health risks of reusing dull or overused syringes
 - How to select an injection site, taking into consideration vein health and previous injections
 - The importance of cleaning the injection site
 - The importance of injecting on a clean surface, free of exposure to blood, other toxins or germs

- The importance of avoiding sharing needles or works including cotton, water, etc.
- How to avoid exposure to another person’s blood products during the injection process
- How to clean works as a last resort.
- How to avoid or address some of health risks of injecting including abscesses, endocarditis, MRSA, etc.
- Strategies for alternatives to injecting and/or frequency of injecting
- Alternative types of injecting, including intramuscular (IM) and skin-popping

Promoting safe syringe disposal

- Explains the importance of safe disposal of used syringes
- Describes ways to dispose of syringes safely, including:
 - Returning used syringes to a syringe exchange program or other site (i.e. hospitals, nursing homes, residential sharps program)
 - Informing participants of any disposal kiosks available in the community
 - Educate participants about disposing of syringes in hard plastic bottles, for example bleach or detergent bottles
 - Provides alternative strategies for safer disposal in the absence of the above options

Safe Handling of syringes

- Handles new and used syringes in a safe manner in accordance with agency policies and procedures
- Follows agency policy and procedure in the case of an accidental needle stick
- Educates participants about how to safely handle syringes to avoid accidental needle sticks for themselves and others in the environment

Preventing Opioid Overdose

- Describes the symptoms of an opioid overdose
- Educates participants about how to avoid overdose, sharing information including, but not limited to, the following:
 - Changes in purity/potency of drugs being used
 - Changes in individual tolerance, including after periods of abstinence
 - Risks of using alone
 - Dangers of mixing drugs
 - Reports of increased toxicity or tainted drugs in the local community
- Explains that there is a medication that can reverse an opioid overdose
- Refers participants to Opioid Overdose Prevention Programs for training and/or provides this training when appropriate.

- Explains the importance of calling 911 in cases of a suspected overdose
- Explains that the Good Samaritan Law provides protection from charges and prosecution for certain drug related charges, for the person who calls and the person who ODs

Making Service Referrals

- Follows agency policies for referring participants to a wide range of needed services including, but not limited to:
 - HIV/HCV/STD testing, care and treatment
 - Detox, in-patient rehab, out-patient rehab, Opioid Agonist Therapy (Buprenorphine, methadone)
 - Supportive services such as harm reduction counseling, evidence based interventions, support groups, AA/NA, mental health counseling, etc.
 - Social services including housing, shelters, domestic violence services, food pantry, free meals, clothing, entitlements and other services as needed
- Follows-up with participants regarding their referral experiences and outcomes, including addressing situations where an appointment was not kept
- Provides escort for participants for referrals when appropriate or needed
- Understands and identifies local resources that can assist participants with enrollment in a range of health coverage options

Participant Self-Management

- Relates their own and/or others' life experiences (while respecting privacy) to participants to inspire hope and empowerment
- Models positive self-management behaviors
- Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
- Recognizes and responds to the complexities and uniqueness of each participant and tailors services and support to meet the preferences and unique needs of participants
- Works as part of the service delivery team to help the participant develop self-management goals, provide coaching and track progress meeting these goals
- Educates participants about health, wellness, and available support services
- Validates participant's life experiences and feelings and celebrates participant's efforts and accomplishments
- Assists participants in voicing concerns and questions to members of the service delivery team.

Facilitating involvement in continuous quality improvement (QI) efforts:

HR Peer workers engage and encourage participants to play a role in facility-level QI activities, and participate in QI activities as part of their role as members of the service delivery team.

Based on the specific work setting and job description, HR peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Actively participates in efforts to improve the organization
- Engages and encourages participants to contribute to facility-level QI activities
- Participates in QI activities as part of their role as members of the service delivery team
- Represent the voices and perspectives of participants in the QI process
- Participates in agency efforts to provide services in ways that reduce stigma, prejudice and discrimination of persons who use drugs and/or engage in high risk sexual behaviors/sex work

Documentation and Record-Keeping:

HR peer workers are expected to provide documentation of the services they deliver to participants. Based on the specific work setting and job description, HR peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Respects confidentiality of participant records and follows all agency policies for handling participant records
- Documents services provided to the participant in the participant record, in accordance with agency policies, including documenting referrals and follow-up activities
- Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies

Peer Certification Course Tracker Form – Harm Reduction Peer Workers

Note: You should only use this checklist if you are seeking **HR Peer Certification**

This form can be found online at: <https://www.hivtrainingny.org/FAQDocs/HRCourseCheckList.pdf>

Directions: Use this document to keep track of your progress completing trainings toward your HR Peer Worker Certification. Either print a copy of this document or save it to your computer. To track your progress online, log on to your account on www.hivtrainingny.org. Select **Course List** at the top of the screen. On the right, select **“My Courses.”**

Core Training Requirements for all Certified Peer Workers				
All applicants must complete a minimum of 68 hours of the Core Required Trainings below.				
Required General Courses: (in-person or online)	In Person Training Hours	Online/ Webinar Hours	Date of Training	Course Completed
NYS AIDS Institute Pre-Certification Peer Worker Training	19.5	19.5		<input type="checkbox"/>
Building Bridges to Cultural Humility	6.5	4.0 (2 sessions)		<input type="checkbox"/>
LGBTQ+ Cultural Competency	6.5	4.0 (2 sessions)		<input type="checkbox"/>
Health Equity Online Training	n/a	1.0		<input type="checkbox"/>
Health Literacy in HIV, STI, and Viral Hepatitis Care	3.0	1.5-2.0		<input type="checkbox"/>
Trauma Informed Care 101	6.5	6.5 (4 sessions)		<input type="checkbox"/>
Sex, Gender and HIV/STDs	13.0	n/a		<input type="checkbox"/>
SafeTALK Suicide Alertness Training	3.0	n/a		<input type="checkbox"/>
Required Medical Information Courses:				
You must take the in-person “Intro to HIV, STIs & Viral Hep” course or take all 3 highlighted courses, in-person or online				
Introduction to HIV, STIs and Viral Hepatitis	6.5	1.5		<input type="checkbox"/>
Overview of HIV Online Training	n/a	2.0		<input type="checkbox"/>
Hepatitis C Basics for Peer Workers	6.5	1.5-2.0		<input type="checkbox"/>
Introduction to Sexually Transmitted Infections	3.0	1.5-2.0		<input type="checkbox"/>
Counseling Skills: (choose at least two counseling approaches totaling 6.0 hours)				
Harm Reduction Approach Overview	6.5	1.5-2.0		<input type="checkbox"/>
Motivational Interviewing	3.5-6.5	n/a		<input type="checkbox"/>
Motivational Interviewing Overview	n/a	0.5		<input type="checkbox"/>
Motivational Interviewing Practice	3.5-6.5	1.5		<input type="checkbox"/>
Overview of Stage-based Behavioral Counseling	6.5	1.5-2.0		<input type="checkbox"/>
Add your in-person hours:				
Add your online hours:				
Add your in-person and online hours together: (must have at least 68 hours)				

The box below is a list of **HR specialized training topics**. Not all courses on this page need to be completed and checked off. A minimum of 22 hours are required before applying for certification.

Training Title	Training Hours	Date of Training	Date Taken	Course Completed
All HR Peer Worker Specialists <u>must take one of the following</u>:				
Active Drug Users and HIV/HCV Retention in Care and Treatment Adherence	6.5			<input type="checkbox"/>
Safer Injecting and Wound Care	6.5			<input type="checkbox"/>
Choose any of the Specialized Courses below:				
Addressing Sexual Risk with Drug Users and their Partners	6.5			<input type="checkbox"/>
Crystal Meth, MSM & HIV: An Update	13.0			<input type="checkbox"/>
Group Facilitation Skills for STD/HIV Prevention Interventions	13.0			<input type="checkbox"/>
Healthy Sex! Linkage Gay Men and MSM to Sexual Health Services	6.5			<input type="checkbox"/>
Hepatitis C: Prevention with Young People Who Inject Drugs (PWID)	6.5			<input type="checkbox"/>
Intro to Co-Occurring Disorders for Clients with HIV/AIDS	6.5			<input type="checkbox"/>
Role of Non-Clinicians in Promoting PrEP	3.5			<input type="checkbox"/>
Safer Injecting and Wound Care	6.5			<input type="checkbox"/>
Supporting Sexual Health Among Young MSM of Color	6.5			<input type="checkbox"/>
The Intersection of Sex & Substance Use	3.0			<input type="checkbox"/>
Transgender Health 102: Addressing Barriers to Care for Transgender People*	6.5			<input type="checkbox"/>
Webinar: MSM and Sexual Health Parts 1 & 2	4.0			<input type="checkbox"/>
Webinar: Sexual Health of Older Adults	2.0			<input type="checkbox"/>
Total Specialized Hours (add training hours)				
*This symbol denotes a course has a prerequisite. Please see the course description for details.				

The following course is not offered through Education and Training but, may be counted toward **HR**
specialized training requirements as follows:

Training Title	Training Hours	Date of Training	Date Taken	Course Completed
Opioid Overdose Prevention	3.0			<input type="checkbox"/>

Peer Certification Course Tracker Form – Pre-Exposure Prophylaxis (PrEP) Peer Workers

Note: You should only use this checklist if you are seeking **PrEP Peer Certification**

This form can be found online at: <https://www.hivtrainingny.org/FAQDocs/PrEPCourseChecklist.pdf>

Directions: Use this document to keep track of your progress completing trainings toward your PrEP Peer Worker Certification. Either print a copy of this document or save it to your computer. To track your progress online, log on to your account on www.hivtrainingny.org. Select **Course List** at the top of the screen. On the right, select **“My Courses.”**

Core Training Requirements for all Certified Peer Workers				
All applicants must complete a minimum of 68 hours of the Core Required Trainings below.				
Required General Courses: (in-person or online)	In Person Training Hours	Online/ Webinar Hours	Date of Training	Course Completed
NYS AIDS Institute Pre-Certification Peer Worker Training	19.5	19.5		<input type="checkbox"/>
Building Bridges to Cultural Humility	6.5	4.0 (2 sessions)		<input type="checkbox"/>
LGBTQ+ Cultural Competency	6.5	4.0 (2 sessions)		<input type="checkbox"/>
Health Equity Online Training	n/a	1.0		<input type="checkbox"/>
Health Literacy in HIV, STI, and Viral Hepatitis Care	3.0	1.5-2.0		<input type="checkbox"/>
Trauma Informed Care 101	6.5	6.5 (4 sessions)		<input type="checkbox"/>
Sex, Gender and HIV/STDs	13.0	n/a		<input type="checkbox"/>
SafeTALK Suicide Alertness Training*	3.0	n/a		<input type="checkbox"/>
Required Medical Information Courses:				
You must take the in-person “Intro to HIV, STIs & Viral Hep” course or take all 3 highlighted courses, in-person or online				
Introduction to HIV, STIs and Viral Hepatitis	6.5	1.5		<input type="checkbox"/>
Overview of HIV Online Training	n/a	2.0		<input type="checkbox"/>
Hepatitis C Basics for Peer Workers	6.5	1.5-2.0		<input type="checkbox"/>
Introduction to Sexually Transmitted Infections	3.0	1.5-2.0		<input type="checkbox"/>
Counseling Skills: (choose at least two counseling approaches totaling 6.0 hours)				
Harm Reduction Approach Overview	6.5	1.5-2.0		<input type="checkbox"/>
Motivational Interviewing	3.5-6.5	n/a		<input type="checkbox"/>
Motivational Interviewing Overview	n/a	0.5		<input type="checkbox"/>
Motivational Interviewing Practice	3.5-6.5	1.5		<input type="checkbox"/>
Overview of Stage-based Behavioral Counseling	6.5	2.0		<input type="checkbox"/>
Add your in-person hours:				
Add your online hours:				
Add your in-person and online hours together: (must have at least 68 hours)				

The box below is a list of PrEP specialized training topics. Not all courses on this page need

to be completed and checked off. A minimum of 22 hours are required before applying for certification.

Training Title	Training Hours	Date Scheduled	Date Taken	Course Completed
All PrEP Peer Worker Specialists <u>must take one of the following</u>:				
Role of the PrEP Peer Worker in Patient Navigation*	13.0			<input type="checkbox"/>
Choose any of the Specialized Courses below:				
Addressing Sexual Risk with Drug Users and their Partners	6.5			<input type="checkbox"/>
Crystal Meth, MSM & HIV: An Update	13.0			<input type="checkbox"/>
Group Facilitation Skills for STD/HIV Prevention Interventions	13.0			<input type="checkbox"/>
Healthy Sex! Linking Gay Men and MSM to Sexual Health Services	6.5			<input type="checkbox"/>
HIV Testing in NYS	2.0 - 3.0			<input type="checkbox"/>
HIV Testing Skills Practice Session	6.5			<input type="checkbox"/>
Implementing A Sex Positive Approach	1.5 / 13.0			<input type="checkbox"/>
The Intersection of Sex & Substance Use	3.0			<input type="checkbox"/>
Overview of PrEP Payment Options	0.5			<input type="checkbox"/>
PrEP / PEP, Trauma and Sexual Health	6.5			<input type="checkbox"/>
Role of Non-Clinicians in Promoting PrEP	3.5			<input type="checkbox"/>
Supporting Sexual Health Among Young MSM of Color	6.5			<input type="checkbox"/>
Webinar: MSM and Sexual Health Parts 1 & 2	1.5			<input type="checkbox"/>
Webinar: Sexual Health of Older Adults	1.5			<input type="checkbox"/>
Total Specialized Hours (add training hours)				
*This symbol denotes a course has a prerequisite. Please see the course description for details.				

*This course will be scheduled in September 2021

Core Competencies for PrEP Peer Workers

New York State Peer Worker Certification Program in HIV, HCV, Harm Reduction and PrEP

Background Regarding These Competencies

The effectiveness of PrEP peer workers is rooted in the fact that they share a common “lived experience” with their clients. As a result, PrEP peer workers have a unique capacity to provide targeted services that can inspire, empower and support individuals in need of PrEP and related HIV prevention services. Peer workers provide a unique category of service delivery through the lens of “shared lived experience” which is distinct from the roles and services of other members of a multi-disciplinary care or prevention team. The following is a list of key competencies that a certified PrEP peer worker will demonstrate, depending on their work setting. Organizations employing PrEP peer workers should consider the concept of “shared lived experience” and review this list of competencies when defining the specific job description as well as when recruiting, hiring, and supervising PrEP peer workers. To become certified, an individual must have the “lived experience” of taking PrEP. **Note:** a person who is living with HIV who does PrEP work may be certified as an HIV Peer Worker to perform PrEP competencies by completing a practicum and carrying out the PrEP competencies.

This experience enables PrEP peer workers to empathize appropriately with priority populations and effectively assist them with PrEP. While this entire list of competencies is required to achieve certification, it is anticipated that an individual peer worker’s job description would not encompass all of these competencies, but rather, would focus on one or more of these key areas of work.

General Competencies

All certified PrEP peer workers are responsible for demonstrating the specific competencies outlined below, regardless of work setting or job description.

- Shares their personal experience in a strategic, compassionate and responsive manner and comfortably discloses status
- Demonstrates a commitment to personal self-management of health conditions.
- Addresses health literacy needs of clients to ensure client understanding of messages delivered.
- Communicates using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling.
- Understands and upholds agency confidentiality policies and procedures.
- Recognizes own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other available supports.
- Recognizes the limits of their knowledge and seeks assistance from supervisor, other staff, or other available supports when needed.
- Seeks opportunities to increase knowledge and skills for peer support.
- Employs self-care strategies to promote wellness and prevent “burn-out”.
- Demonstrates appropriate oral, written and non-verbal communication skills.
- Develops awareness of and manages own personal biases and triggers when dealing with participant, as required for their specific worksite.

- Relates to participants via his/her shared lived experience in a respectful, non-judgmental way.
- Has a basic understanding of HIV, HCV, and sexually transmitted infections (STIs).

Specialized Competencies

Based on the specific work setting and job description, PrEP peer workers may be responsible for some or all of the specific competencies outlined below.

Employs a non-judgmental, sex positive approach

PrEP peer workers possess the knowledge, attitudes and skills needed to employ a non-judgmental, sex positive approach during all interactions with clients. All certified PrEP peer workers are responsible for demonstrating the specific knowledge, attitudes and skills outlined below, regardless of their work setting or job description.

Knowledge

- Is knowledgeable about the different dimensions of sexuality, including: sex for procreation; sex for pleasure; sex for intimacy; sex for spirituality; sex as a form of social exchange (for example, transactional sex or sex in exchange for money, food, housing, etc.).
- Is knowledgeable about the American Sexual Health Association's definition of sexual health, including the domains of: sexual pleasure; sexual rights/consent; communication with partners and health care providers; access to sexual health information; avoiding STIs and unintended pregnancies; accessing prevention, care and treatment services.
- Is knowledgeable about the human sexual response cycle – often described as attraction, excitement, plateau, orgasm, resolution.
- Is aware of client-centered, culturally sensitive language to refer to the different parts of human genitalia for the clients they serve and their sex partners.
- Is knowledgeable about medical and slang terms for different body parts.
- Is able to describe the female reproductive cycle.
- Can describe biological changes impacting sex and sexuality across the lifespan, including childhood, puberty, adulthood, menopause and older adults.
- Is knowledgeable about the different domains of gender identity and sexual orientation and can clearly distinguish them.
- Is knowledgeable about a wide range of different sexual activities, sexual identities and communities.
- Is knowledgeable about different sex toys that may be used by the population being served.
- Can accurately identify the likelihood of HIV and STI transmission for different sexual behaviors.
- Is knowledgeable about the general history of HIV.
- Is knowledgeable about the signs and symptoms of seroconversion and early HIV.
- Is aware of the symptoms of STIs.
- Is knowledgeable about the power of language around gender, sexuality and sexual orientation and can distinguish between stigmatizing language and affirming language.

Attitudes

- Views consensual human touch and sexuality as important factors for health and happiness.
- Views sexuality as a potentially positive force in a person's life.

- Recognizes the value of skin to skin contact and exchange of body fluids as elements of a pleasurable sexual experience.
- Demonstrates a non-judgmental attitude toward the full range of sexual behaviors.
- Demonstrates a positive attitude about use of biomedical interventions to promote sexual health.
- Open to learning about every client's unique experience of gender, sex and sexuality.
- Accepts that the experience of gender and sexual orientation may be fluid for some individuals.
- Avoids use of scare tactics or fear of HIV/STIs to promote PrEP or any other harm reduction technique.
- Describes HIV as a chronic, manageable health condition and doesn't use fear of death from HIV as a strategy to promote PrEP or other forms of HIV prevention.

Skills

- Able to use personal experience in a strategic manner to explain PrEP as a sex positive option for HIV prevention. (Supervisor must rate this competency)
- Demonstrates comfort talking about the full range of possible sexual behaviors.
- Affirms a client's desire for positive sexual experiences.
- Demonstrates acceptance and non-judgmental attitudes regarding all the different reasons a person engages in sexual behavior.
- Able to ask a client open-ended questions about their sexual desires, experiences and actively listens to responses.
- Able to gather information about a client's sexual behaviors and accurately convey the potential for HIV transmission and acquisition.
- Able to gather information about a client's sexual behaviors and openly discuss the interplay of pleasure and harm reduction options.
- Able to discuss birth control/ contraceptive options with clients in a culturally responsive manner.
- Can describe to clients the symptoms of STIs.
- Demonstrates comfort using either medical terms or slang terms for different parts of human genitalia.
- Demonstrates comfort using either medical terms or slang terms for different sexual behaviors.
- Able to tailor conversations about sexual desire, sexual behavior, pleasure and sexual health to individuals of different ages across the life span.
- Able to explain PrEP as a biomedical intervention that empowers individuals to take charge of their sexual health.
- Able to explain how PrEP can enhance sexual health and pleasure by removing concern about acquiring HIV.
- Describes STIs as episodic, treatable conditions and embraces PrEP as an effective tool for promoting routine comprehensive sexual health care.
- Can explain the history of HIV and why PrEP represents such an important advance.
- Employs affirming language around gender identify, sexuality and sexual orientation.

Explaining PrEP

A central set of competencies required of every PrEP peer worker is the ability to explain PrEP as an individualized intervention in a clear, straight forward way, always applying universal precautions around health literacy. All certified PrEP peer workers, regardless of setting or job description, will demonstrate all of the competencies outlined below:

- Shares their personal experience of taking antiretroviral medication in a strategic manner to explain what PrEP is and to address client questions and concerns about PrEP. (Supervisor must rate this competency)
- Explains that PrEP is an individualized and effective option for HIV prevention and sexual health promotion.
- Explains that PrEP includes: 1) taking medication as prescribed by the health care provider, 2) periodic HIV and STI testing, 3) education about harm reduction options, including condoms to avoid STIs, 4) periodic medical appointments as agreed upon by the provider and the individual, and 5) adherence support, as needed.
- Works as part of the multi-disciplinary team to provide tools and strategies using a client-centered approach to support clients in decision-making around PrEP and PrEP adherence.
- Explains the importance of taking PrEP as prescribed, including explaining decreased efficacy when doses are missed.
- Remains up to date on changing dosing options for PrEP, including daily PrEP, PrEP on demand/intermittent PrEP, injectable PrEP as well as other emerging medication regimens, dosing schedules, etc.
- Encourages individuals who are using or considering alternative dosing schedules to discuss it with the prescriber.
- Explains that PrEP does not protect against STIs.
- Able to discuss the role of condom use for STI prevention and the importance of regular STI screening.
- Demonstrates respect for each client's attitudes and prior experiences with condom use.
- Uses a non-judgmental approach to supporting individuals in making informed decisions regarding condom use.
- Explains the length of time a person has to take PrEP to achieve protection for different dosing schedules and different sexual activities, such as anal intercourse and vaginal intercourse.
- Reinforces the need for periodic follow-up appointments with the prescribing health care provider.
- Refers individuals/ couples interested in PrEP for conception to a health care provider.
- Can interpret the results of an HIV test.
- Able to describe the potential side effects of PrEP and strategies for addressing them.
- Able to discuss with a client the benefits and challenges of PrEP.
- Able to support a client in deciding whether PrEP is right for them.
- Able to connect individuals interested in PrEP to a medical provider that prescribes PrEP.
- Helps clients to explore their thoughts, feelings or concerns around PrEP and stigma.
- Stays current regarding community trends and perceptions regarding the use of PrEP as a biomedical intervention.

- Helps clients explore their thoughts, feeling and concerns around disclosing or not disclosing to partners that they are taking PrEP.
- Assists clients with making informed choices regarding disclosure to others that they are taking PrEP, taking into consideration the individual's concern about stigma.
- Assists clients with disclosing to their sexual or needle sharing partners that they are taking PrEP.
- Provides emotional support and reassurance to people who are taking PrEP but continue to have high levels of anxiety or fear of acquiring HIV.
- Discusses "seasons of risk" and provides accurate information about how to discontinue PrEP.
- Directs an individual to different sources of support or information about PrEP, including on-line resources, DOH materials, clinic resources and other local resources.
- Strategically shares personal experience of using PrEP for HIV prevention to assist client with decision making, adherence, disclosure issues or discontinuing PrEP.

Navigating PrEP Financial Assistance Programs

Understanding and addressing the different costs associated with PrEP may be a significant obstacle to starting PrEP. In some cases, certified PrEP peer workers are involved in this work and, in some cases, this is the responsibility of other members of the care team. Based on the specific work setting and job description, certified PrEP peer workers may be responsible for carrying out some or all of the competencies outlined below:

- Can explain that all insurers, except for certain grandfathered health plans, must provide coverage for PrEP for the prevention of HIV infection at no cost sharing and also cover screening for HIV infection at no cost-sharing.
- Describes the different costs associated with PrEP, including the cost of medication, medical appointments and lab work.
- Can refer clients to the AIDS Institute's up to date [Payment Options for Adults and Adolescents for PrEP](#), explaining that PrEP can be an affordable option for anyone.
- Explains that Fee-for-Service Medicaid covers PrEP and that the Initial prescription does not require pre-authorization but for refills the patient must have an HIV negative test documented within the last 90 days. Explains that Medicaid Managed Care Plans (MMCPs) cover PrEP for adults and adolescents and that prior authorization requirements may vary among plans.
- Explains that PrEP-AP covers the cost of health care appointment and lab work for financially eligible individuals.
- Describes the Patient Assistance Programs that help pay for medication or medication co-pays.
- Able to refer an individual to someone who can assist with navigating the cost of PrEP, if the peer worker's responsibilities do not include this.

Client Self-Management and Adherence:

Based on the specific work setting and job description, certified PrEP peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Shares their personal experience of taking PrEP or ART in a strategic manner to support client self-management and adherence. (Supervisor must rate this competency)

- Relates their own and/or others' life experiences (while respecting privacy) to clients to inspire hope and empowerment.
- Models positive self-management behaviors.
- Works as part of the care team to help the client develop self-management goals, provide coaching and track progress meeting these goals.
- Assists clients in voicing concerns or questions to members of the care team.
- Educates clients about health, wellness, treatment adherence and available support services.
- Validates client's life experiences and feelings and celebrates client's efforts and accomplishments.
- Recognizes and responds to the complexities and uniqueness of each client's process of treatment adherence and tailor services and support to meet the preferences and unique needs of each client.
- Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use.

Explaining PEP

Certified PrEP peer workers may be called on to address PEP in at least two different circumstances: 1) when a person is seeking PrEP has had a recent high-risk exposure requiring PEP; and, 2) in cases where a person has completed one or more courses of PEP and can benefit from the more proactive approach of PrEP. Based on the specific work setting and job description, certified PrEP peer workers may be responsible for carrying out some or all of the competencies outlined below:

- Explains the role of PEP in preventing HIV after a possible exposure to HIV.
- Conveys the specific behaviors/ exposures that meet the criteria for starting PEP.
- Explains that PEP should be started as soon as possible after the exposure, but not later than 72 hours after the exposure.
- Refers an individual who can benefit from PEP to the emergency department, NYS Sexual Health Clinic or call the appropriate hotline based on their location: NYC PEP hotline at 844-373-7692; Outside NYC: 844-737-4669.
- Explains that when a person calls the PEP hotline, a health care provider will assess the risk exposure to determine if PEP is appropriate and, if so, will explain how to take PEP, call the prescription in to a pharmacy near the caller, and set up an appointment for follow-up care in the person's community.
- Describes the potential side effects of PEP and strategies for addressing them.
- Reinforces the importance of completing the 28-day course of PEP medication.
- Provides emotional support and referrals to mental health counseling in cases where a person starting PEP is experiencing trauma or a high level of anxiety as a result of the exposure.
- Explains to individuals who are currently taking PEP, that PrEP is an important prevention option to consider after completing the PEP regimen, if they remain HIV negative.
- Helps individuals who have completed PEP and have a negative HIV test at four weeks post-exposure, to make a seamless transition to PrEP if they determine it is right for them.
- Directs an individual to different sources of support or information about PrEP, including on-line resources, DOH materials, clinic resources and other local resources.

Sharing Harm Reduction Strategies

Education about harm reduction options is a standard component of PrEP. Certified PrEP peer workers discuss HIV/STI/HCV harm reduction options for sexual behaviors and substance use behaviors. Certified PrEP peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Gathers information about the details of a client's sexual behaviors and offer harm reduction options tailored to the individual.
- Describes sexual harm reduction options for anal intercourse or anal play including: comfort, pleasure and pain considerations; liberal use of lubrication; use of male or female condoms; and strategic positioning.
- Describes sexual harm reduction options for vaginal intercourse or vaginal play including: comfort, pleasure and pain considerations; liberal use of lubrication; use of male or female condoms; and strategic positioning.
- Shares strategies to help clients communicate with sexual partners about what they are willing to, or not willing to, participate in.
- Shares harm reduction options in the context of sex parties or clubs, including the importance of good nutrition and hydration.
- Shares harm reduction strategies in the context of sex work.
- Shares harm reduction strategies in the context of substance use
- Shares harm reduction strategies in the context of exchanging sex for drugs, a place to stay, or other basic life needs.
- Able to discuss safety considerations when meeting partners online.
- Promotes and provides referrals to a wide range of harm reduction, health promotion and social services including syringe exchange, safer injection practices, opioid overdose prevention, counseling about alcohol use, safer sex practices, condom availability, smoking cessation, STI screening and treatment and others as needed by the client
- Distributes or refers clients to HIV/STI/viral hepatitis educational resources, evidence-based prevention interventions and other prevention services/resources

Addressing Trauma, Sexual Assault and Intimate partner violence

Given the high prevalence of sexual violence and Intimate Partner Violence (IPV), it is likely that PrEP peer workers will interact with clients who are dealing with past, current, or possible future sexual assault or IPV. Unless otherwise trained or certified, PrEP peer workers are not rape crisis counselors, domestic violence services providers or mental health counselors. Certified PrEP peer workers focus on staying within their scope of practice when addressing sexual assault or IPV with clients. All certified PrEP peer workers demonstrate the competencies outlined below:

- Maintain a supportive, compassionate attitude when a client reports past, current or concern about possible future sexual assault or IPV.
- In any situation where a client is in imminent danger, the PrEP peer worker consults with a supervisor or other senior member of the care team about how to proceed.
- Identify resources for sexual assault and IPV and refer clients to these services when needed.
- Explain to a client that PrEP may be an effective HIV prevention option in cases where an individual is afraid of a partner or not able to otherwise negotiate safer sex.

- Utilize a strengths-based approach to protect the client's independence, resilience, wellbeing, and ability to make choices, that allow the client to lead and be in control.

Addressing the Interplay of Sexuality and Substance Use

It is well established that many people at highest risk for HIV intentionally combine sex and substance use to enhance sexual desire, pleasure or performance. PrEP peer workers are likely to encounter clients who use alcohol, marijuana, cocaine, methamphetamine, ecstasy, erectile dysfunction drugs and other designer/club drugs during sex. PrEP peer workers are able to assist clients who combine substance use and sexual behavior and, based on their work setting and job description, may be responsible for carrying out some or all of the specific competencies outlined below:

- Recall the impact of different substances on sexual desire, pleasure and performance.
- Maintain a nonjudgmental attitude regarding the use of substances to engage in sex or enhance the sexual experience.
- Provide harm reduction options and referrals to individuals seeking help for methamphetamine use or abuse.
- Offer sexual harm reduction strategies for individuals engaged in prolonged sex during periods of substance use, including: liberal use of lube to reduce the possibility of tearing or abrasions; explaining the importance of good hydration and nutrition; and describing self-care strategies to promote health after periods of prolonged partying.

Explaining a Status Neutral Approach to HIV including, HIV Treatment as Prevention (TasP) and Undetectable = Untransmittable (U=U)

PrEP peer workers promote a status neutral approach to HIV. They are aware of TasP and U=U and actively promote each to reduce HIV stigma, help clients understand HIV transmission and non-transmission, and promote client empowerment. Based on their work setting or job description, PrEP peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Promote a status neutral approach to HIV, emphasizing that regardless of a person's status, there are options for every person's situation.
- Explain that when a person living with HIV is virally suppressed for six months or longer that there is effectively no risk of passing HIV to partner through sex.
- Assist people living with HIV and their sex partners in understanding and getting comfortable with the facts regarding U=U.
- Explain that U=U applies to sexual behavior but does not apply to sharing injection equipment or breastfeeding.
- Support couples with developing an HIV prevention plan that includes U=U, PrEP or both, based on the comfort of both partners.

Case Conferencing:

Certified PrEP peer workers participate in case conferences to discuss the needs of individual clients and to report out on their work with the client. Based on the specific work setting and job description, PrEP peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Works as member of multi-disciplinary team to retain clients in care by addressing barriers to PrEP and needed supportive services.

- Provides a brief summary of their work with the client, including reporting on psycho-social issues, barriers or facilitators to care.
- Conveys their point of view in a respectful way when working with colleagues.
- Recognizes the limits of their knowledge and seeks assistance from others when needed.

Documentation and Record-Keeping:

Certified PrEP peer workers document the services they deliver to clients. Based on the specific work setting and job description, certified PrEP peer workers may be responsible for carrying out some or all of the specific competencies outlined below:

- Respects confidentiality of client records and follows all agency policies for handling client records.
- Works with other members of the care team to interpret data and patient information to make appropriate decisions regarding the care of the patient.
- Documents services provided to the client in the client record, in accordance with agency policies.
- Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies.

Links to Peer Certification Online Exam Study Guides

- [Study Guide for **Certified HIV Peer Worker** Online Exam](#)
- [Study Guide for **Certified HCV Peer Worker** Online Exam](#)
- [Study Guide for **Certified Harm Reduction Peer Worker** Online Exam](#)

Note that these materials, like all other materials and tools for the Peer Certification Process, are available at <https://www.hivtrainingny.org/Home/PeerCertification>. As of this writing, there is no study guide available for the PReP track.

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New York State Peer Worker Certification Program in HIV, HCV or Harm Reduction Code of Ethics

Certified HIV, HCV or Harm Reduction Peer Workers are professionals who use their lived experience of HIV or HCV or accessing Harm Reduction services to assist others. Peer workers assist others with the goal of maximizing the health of people living with HIV, HCV, substance users and/or preventing new HIV/STD/Viral Hepatitis infections.

The principles that follow will guide Certified Peer Workers in their roles, relationships, and scope of responsibility.

1. Certified Peer Workers view themselves as professionals, demonstrate respect for the important work they do and maintain a commitment to continued learning and professional development.
2. Certified Peer Workers learn about the roles of other members of the care team and colleagues as appropriate. They work to maintain positive relationships with team members and colleagues and treat them with professional courtesy and respect.
3. Certified Peer Workers have a commitment to their own HIV, HCV or behavioral health care and are actively engaged in maintaining their physical, mental and emotional well-being.
4. Certified Peer Workers respect the rights and dignity of the people they serve. They never engage in any form of physical or psychological abuse or exploitation.
5. Certified Peer Workers abide by Mandatory Reporting standards established by regulatory and/or agency policy.
6. Certified Peer Workers respect the right of the people they serve to make their own decisions and refrain from passing judgement on behaviors or decisions that are different from their own. Certified Peer Workers respect the autonomy of the people they serve and demonstrate respect regardless of the decisions the people they serve make.
7. Certified Peer Workers appreciate and respect the cultural and spiritual beliefs and practices of the people they serve. Certified Peer Workers do not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, gender, gender identity or expression, sexual orientation, age, religion, national origin, marital status, political belief, disability, other preference or personal characteristic, condition or state.
8. Certified Peer Workers utilize supervision and abide by the standards for supervision established by the NYS DOH AIDS Institute, regulatory body, and/or their employer.
9. Certified Peer Workers never engage in romantic, sexual or intimate activities with the clients in their caseload and follow all relevant agency policies. Peer workers do not enter into business or any other inappropriate relationship with a client in their caseload. Certified Peer Workers will report any incidents that may be considered unprofessional to appropriate supervision.
10. Certified Peer Workers do not accept gifts of money or items of significant value, as defined by the employer or agency, from the people they serve. Certified Peer Workers

do not personally loan, give money or give items of significant value, as defined by the employer or agency, to the people they serve.

11. Certified Peer Workers only provide services and support within the hours, days and locations that are authorized by their employer/agency.
12. Certified Peer Workers will follow hiring agency policies on workplace conduct, including use of substances.
13. Certified Peer Workers do not offer services outside the boundaries of the Certified Peer Worker Competencies unless explicitly included in their job description and are otherwise trained, licensed or certified to do so.
14. Certified Peer Workers are not licensed practitioners of the healing arts. They do not offer advice to the people they serve to change prescribed medications or therapies in any way. Certified Peer Workers actively encourage and assist the people they serve to direct concerns about their prescribed medications or therapies to the prescribing provider or other healthcare professional.
15. Certified Peer Workers should refrain from communicating to the people they serve any personal opinions or assessments of the quality of services offered at their facility or any other facility. If someone they serve expresses concern regarding another staff member or service provider, the Certified Peer Worker: a) shares strategies for improving the relationship, b) encourages the individual to discuss the concern with the provider, and c) if needed, informs the individual that he or she may bring the concern to the appropriate staff member or appropriate regulatory body.
16. Certified Peer Workers are knowledgeable about their legal requirements for maintaining confidentiality of protected health information and other records. At all times and in all settings, Certified Peer Workers protect the confidentiality of persons served by the agency where they are employed, both during and after their period of employment.
17. Certified Peer Workers have a duty to inform the people they serve that information they share with the peer worker may become part of their record and may be shared with other members of the individual's care team or others as required by law, safety or agency policy.
18. Certified Peer Workers accurately document the services they provide in accordance with agency policy.
19. Certified Peer Workers follow the standard requirements for continuing education training as established by the certification body and/or their employer.
20. Certified peer workers are continually aware of the profession's mission, values and ethical principles and consistently act in a manner that is honest and responsible.

I attest that I will follow this Code of Ethics at all times. I understand that if complaints about my ethical behavior are filed, they will be fully investigated by the certifying body and if found valid, disciplinary action may occur up to and including loss of designation as a Certified Peer Worker.

Signature

Date

New York State Certified Peer Worker Supervisor Practicum/Work Experience Evaluation Form

Directions for supervisors completing this evaluation:

This form should be completed by the direct supervisor of an individual seeking Certification as NYS Peer Worker. Please review all directions carefully.

Applicant Practicum Information

Name of Peer Worker Seeking Certification:	
Name of Supervisor:	
Name of Agency:	
Title Held by Peer Worker:	
Responsibilities Carried Out:	

Please indicate the dates the peer worker has provided services under your supervision and the numbers of hours of work he/she completed under your supervision.

Start Date:	
End Date:	
Hours Completed:	

Did the peer worker complete a minimum of 500 hours of work? ☒ Yes ☐ No

Did the peer worker complete all 500 hours of work under your supervision?

☒ Yes ☐ No

If no- Please provide the supervisor's name, former agency, and number of hours for where the peer worker completed the first portion of hours of his/her practicum (If he/she received additional hours of work experience to complete the 500 hours with a different supervisor at a different agency, you will need to confirm with the former supervisor/agency that the peer worker completed the additional hours prior to working with you.):

Name:	
Agency:	
Hours Completed:	

Please select the Track(s) you are evaluating the peer worker on: ☐ HIV | ☐ HCV | ☐ HR * (you must select at least one)

Practicum Evaluation

For each of the areas outlined in items 1-8, please provide a rating by checking the box that best corresponds with your assessment and provide written comments to substantiate your rating.

1. Ability to learn and openness to supervisor's feedback

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

2. Quality of work

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

3. Level of productivity/ work habits

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

4. Ability to establish positive rapport with clients

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

5. Ability to work well with other professionals

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

6. Attendance and punctuality

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

7. Ability to follow all agency policies and procedures

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

8. Overall Rating

☐ Unacceptable ☐ Needs Improvement ☐ Satisfactory ☐ Exemplary

Comments:

Evaluation of Competencies

Prior to beginning this online evaluation form, we suggest that you review the list of Core Competencies for the track the peer worker you are evaluating is applying (HIV/HCV/HR), available here: <http://hivtrainingny.org/Home/PeerCertification>

Please Note: If the peer worker is applying for certification in more than one track, you will need to provide feedback for 25 competencies from each track for which you have supervised them, in addition to the General Competencies. Only evaluate the competencies you have observed. If you have not supervised the peer in a role that has duties related to a certain track (i.e., you supervise them in an HIV Peer Navigator Role, but they also have work experience as a Harm Reduction Educator Capacity, for which they are seeking their dual certification), please do not provide an evaluation for those competencies

General Competencies: *Click here to expand*

Please provide evaluation on all of the Core Competencies. Click the statement you are evaluating the peer worker on, and then “meets”, “making progress”, or “does not meet”.

1. Shares their personal experience in a strategic, compassionate and responsive manner and comfortably discloses status
☐ meets ☐ making progress ☐ does not meet
2. Demonstrates a commitment to personal self-management of health conditions and treatment regimens
☐ meets ☐ making progress ☐ does not meet
3. Addresses health literacy needs of clients to ensure client understanding of messages delivered
☐ meets ☐ making progress ☐ does not meet
4. Communicates using a person-centered approach such as active listening, stages of change, motivational interviewing and/or harm reduction counseling
☐ meets ☐ making progress ☐ does not meet

5. Upholds agency confidentiality policies and procedures
☐ meets ☐ making progress ☐ does not meet
6. Recognizes own vulnerabilities and emotional responses to work-related matters and identifies strategies for managing the situation, including asking for help from supervisor(s) and/or other available supports
☐ meets ☐ making progress ☐ does not meet
7. Recognizes the limits of their knowledge and seeks assistance from staff when needed
☐ meets ☐ making progress ☐ does not meet
8. Seeks opportunities to increase knowledge and skills for peer support
☐ meets ☐ making progress ☐ does not meet
9. Employs self-care strategies to wellness and prevent “burn-out”
☐ meets ☐ making progress ☐ does not meet
10. Demonstrates effective oral, written and non-verbal communication skills appropriate for the work setting
☐ meets ☐ making progress ☐ does not meet
11. Develops awareness of and manages own personal biases and triggers when dealing with participant, as required for their specific worksite
☐ meets ☐ making progress ☐ does not meet
12. Relates to clients via their shared lived experience, despite the differences that may exist between them
☐ meets ☐ making progress ☐ does not meet

Please select at least 3 subcategories from the list below, and rate a minimum of 25 competencies per track you are evaluating.

Click the statement you wish to evaluate the peer worker on, and “meets”, “making progress”, or “does not meet”. Please only fill out items that are relevant to the services you have observed your peer providing

HCV Testing

- ☐ Works as part of a multi-disciplinary team to conduct HCV testing
☐ meets ☐ making progress ☐ does not meet
- ☐ Explains key points of information about HCV testing, including the differences between the two HCV tests (i.e., HCV antibody screening test and HCV RNA test)
☐ meets ☐ making progress ☐ does not meet
- ☐ Reinforces the need for the second HCV test (HCV RNA) to diagnose HCV if the HCV antibody screening test is positive
☐ meets ☐ making progress ☐ does not meet
- ☐ Shares personal experiences in a strategic manner to demonstrate to the client the importance of knowing one’s HCV status
☐ meets ☐ making progress ☐ does not meet
- ☐ Refers clients to testing sites and accompanies as needed
☐ meets ☐ making progress ☐ does not meet

For clients with a positive/reactive HCV test result

- ☐ Explains that client has HCV antibodies, was exposed to HCV at some time, and is probably infected, but additional testing is needed to know for sure
☐ meets ☐ making progress ☐ does not meet

- ☐ Explains that the presence of HCV antibodies does not protect from reinfection or super-infection
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Emphasizes the need for getting the second HCV RNA test to confirm (or rule out) active infection
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of a multi-disciplinary team to arrange and link client to an appointment for follow-up HCV testing and care, following best practices outlined below
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ When applicable, uses his or her experience with HCV testing, linkage to care and treatment to help the client understand the importance of attending the follow-up appointment and that HCV is a curable condition for most people
 - ☐ meets ☐ making progress ☐ does not meet

For clients with a negative/nonreactive HCV test result

- ☐ Explains that it can take up to six months for antibodies to become detectable after an HCV exposure
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the need for follow-up testing, if a recent exposure occurred
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that a negative test result does not protect from getting infected in the future
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains options for HCV prevention, including safer injection practices and other relevant harm reduction strategies
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Uses a harm reduction approach to help the client choose options that are acceptable to the client and which reduce their risk of HCV infection
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Refers clients who use drugs to syringe exchange program and ESAP
 - ☐ meets ☐ making progress ☐ does not meet

Engagement, Linkage and Retention to Care

- ☐ Uses their personal experience of HCV treatment to explain the importance of participating in HCV health care
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Conducts outreach to people at risk for or living with HCV in the community
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Initiates contact with clients who have missed appointments, discontinued care or who have yet to engage in health care services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Meets and greets clients who are new to the organization
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Provides a tour of the health care facility, introducing the client to appropriate staff, the location of reception, waiting room and exam rooms
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ When engaging and linking a client to an initial health care appointment, accurately communicates, verbally and in writing, the following information: the date, time, location, provider name, information about what to bring to the appointment and any other facility-specific information needed to have a successful appointment
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Based on knowledge of the facility practices, explains to the client what to expect during their first HCV medical appointment, including physical exam, lab work and interactions with staff
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Based on knowledge of the facility practices, explains the procedures to follow when arriving for a health care appointment, including checking in with the receptionist, taking a seat in the waiting room, what to expect as the length of waiting time and shares ideas about what to do while the client is waiting
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to health care appointments in accordance with job description and agency policies
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Makes follow-up calls regarding attendance at health care appointments including: reminding clients of an appointment; exploring reasons for missing an appointment; assisting clients with re-scheduling an appointment
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the concept of sustained virologic response (SVR) and how achieving SVR will promote the client's health and reduce the chance of transmission to partners
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Informs client about newer therapies that are available, which are interferon-free, have fewer side effects and shorter treatment duration. Explain that cure is possible, and many of these therapies have high cure rates
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Reaches out to engage clients across the whole continuum of the treatment process
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Distributes or refers clients to appropriate hepatitis C educational resources
 - ☐ meets ☐ making progress ☐ does not meet

Hepatitis C Treatment

- ☐ Uses their experience of HCV treatment options and adherence to motivate the client and demonstrate that a high level of treatment completion is achievable
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Clarifies HCV treatment misconceptions
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that HCV is a curable condition
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Reinforces medical provider's explanation about newer therapies that are available, which are interferon-free, have fewer side effects and shorter treatment duration. Explains that cure is possible, and many of these therapies have high cure rates
☐ meets ☐ making progress ☐ does not meet
- ☐ Reinforces the client's understanding that if the client is cured that does not mean that the client cannot be reinfected. For clients who achieve a cure, provides various interventions and resources to prevent HCV reinfection
☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that not taking HCV medication as prescribed can result in: 1) poorer health, 2) the medications not working, 3) medication resistance: reduced options for future treatment, and 4) increased likelihood of transmitting the virus to others
☐ meets ☐ making progress ☐ does not meet
- ☐ Collaborates with clients to overcome behavioral, structural, and psychosocial barriers to taking their medications
☐ meets ☐ making progress ☐ does not meet
- ☐ Works at part of the multi-disciplinary clinical team to provide tools and strategies using a client-centered approach to support clients in taking their medications every day as prescribed
☐ meets ☐ making progress ☐ does not meet
- ☐ Refers clients back to health care providers to discuss any issues (i.e. side effects, discontinuation of medication without doctor's knowledge) that may be affecting their ability to adhere to a treatment regimen
☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of a multi-disciplinary team to assess the readiness of the client to begin treatment (other health issues present, mental health, trauma, commitment to treatment, safe place to live while on treatment or keep medications, access to healthy food, time off work, social support, insurance coverage or financial assistance)
☐ meets ☐ making progress ☐ does not meet
- ☐ Conveys appropriate expectations for time and other administrative issues it may take to initiate HCV treatment
☐ meets ☐ making progress ☐ does not meet

Patient Navigation

- ☐ Provides information about available programs and services when engaging or enrolling clients in the community
☐ meets ☐ making progress ☐ does not meet
- ☐ Provides a tour of the facility where the patient will receive services
☐ meets ☐ making progress ☐ does not meet
- ☐ Provides educational and organizational materials
☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to community activities and appointments and participates in community activities with clients as assigned and approved by supervisor
☐ meets ☐ making progress ☐ does not meet
- ☐ Informs new clients about available services and processes
☐ meets ☐ making progress ☐ does not meet

- ☐ Assesses barriers and obstacles that may prevent a client from being linked to care. Assists client in taking appropriate action to overcome identified barriers
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Engages providers from HCV care and treatment program and other services, to meet the needs of clients
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Connects and introduces clients to providers, providers to clients and to other HCV clients, as needed while always remembering to ask permission to disclose any of a client's personal health information to others
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Shares information about how to get to the facility via public transportation, car or walking
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explores any concerns the client may have regarding personal safety while getting to, or navigating around, the health care facility
 - ☐ meets ☐ making progress ☐ does not meet

Client Self-Management

- ☐ Relates their own and/or others' life experiences (while respecting privacy) to clients to inspire hope and empowerment
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Models positive self-management behaviors
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the care team to help the client develop self-management goals, provide coaching and track progress meeting these goals
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Assists clients in voicing concerns or questions to members of the care team
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Educates clients about health, wellness, treatment adherence, sustained virologic response (SVR), and available support services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes treatment adherence and completion
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Validates client's life experiences and feelings and celebrates client's efforts and accomplishments
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to the complexities and uniqueness of each peer's process of treatment adherence, including stage of disease and treatment outcomes, and tailors services and support to meet the preferences and unique needs of clients
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Implements peer-run, evidence based self-management interventions as determined by the agency
 - ☐ meets ☐ making progress ☐ does not meet

Harm Reduction, Syringe Access and Health Promotion

- ☐ Promotes and provides referrals to a wide range of harm reduction and health promotion resources including those related to syringe exchange, safer injection practices, opioid overdose prevention, counseling about alcohol use, safer sex practices, condom availability, smoking cessation, educational information, social services, and others as needed by the client
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Provides information on risk of relapse and re-infection. Provides education and reinforces harm reduction messaging
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes signs of harm, crisis or distress that may interfere with medical care or treatment adherence. Takes action to alert or engage other members of the care team to address the situation by using local resources, services or client support
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Provides information on opioid overdose prevention and opioid substitution and supporting others
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works with a multi-disciplinary team to address difficulties a client may experience due to active substance use, such as appointment keeping and treatment adherence
 - ☐ meets ☐ making progress ☐ does not meet

Support Groups

- ☐ Markets support group to recruit clients
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Serves as facilitator or co-facilitator of a support group, along with another staff person
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Acts as a liaison between peers and co-facilitator, to bridge gaps and ensure groups are meeting the needs of the participants
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Leads by example by strategically sharing personal experience/stories
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Encourages active participation and client sharing of information
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Establishes and enforces support group rules to ensure confidentiality and that the group is a “safe space”
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Meets needs of participants, offering information about additional supportive services or groups that may be beneficial
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Makes statements that show understanding, compassion, sympathy, and concern
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Encourages peer members to listen and provide supportive feedback
 - ☐ meets ☐ making progress ☐ does not meet

Supportive Services

- ☐ Works as part of a multi-disciplinary team to identify supportive services that meet the needs of the client. Acts as a liaison between the client and multi-disciplinary team
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Educates clients about the range of behavioral health services available and works to destigmatize use of these services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of a multi-disciplinary team to provide targeted referrals and linkages to essential services outside of agency
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Assists clients with making appointments for supportive services or arranges appointments for them
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to supportive services appointments
 - ☐ meets ☐ making progress ☐ does not meet

Case Conferencing

- ☐ Works as member of multi-disciplinary team to retain clients in care by addressing barriers to the provision of service delivery and needed supportive services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Provides a brief summary of their work with the client, including reporting on psycho-social issues, and barriers or facilitators to care
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Conveys their point of view in a respectful way when working with colleagues
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes the limits of their knowledge and seeks assistance from others when needed
 - ☐ meets ☐ making progress ☐ does not meet

Facilitating client involvement in continuous quality improvement (QI) efforts

- ☐ Engages and encourages clients to participate in facility-level QI activities
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in QI activities as part of their role as members of the care team
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Represent the voices and perspectives of clients in the QI process
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in agency efforts to reduce and eliminate stigma, prejudice and discrimination of people who have HCV and persons who use drugs
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Actively participates in efforts to improve the organization
 - ☐ meets ☐ making progress ☐ does not meet

Health Coverage

- ☐ Explains that the New York's Health Exchange website (<https://nystateofhealth.ny.gov/>), is the place to visit to assess eligibility for health insurance coverage
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Understands and identifies local resources that can assist clients with enrollment in a range of health coverage options
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Reinforces the need to work with staff such as a health benefits specialist, case manager or social worker to ensure health coverage needs are met
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ In conjunction with the multi-disciplinary team, provides information about the prior authorization process, requirements and documentation needed to obtain approval. Provides information about appeal process, if needed and links client to appropriate staff and services in the event of a denial
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the multi-disciplinary team to ensure health coverage and medication access needs are met and informs clients about relevant patient assistance programs (for high co-pays and HCV medications)
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Advocates for client and facilitates referrals for additional assistance
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Understands how employment affects his or her own benefits and coverage
 - ☐ meets ☐ making progress ☐ does not meet

Documentation and Record-Keeping

- ☐ Respects confidentiality of client records and follows all agency policies for handling client records
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Interprets data and patient information regarding the care of the patient, in consultation with care team as needed
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Documents services provided to the client in the client record, in accordance with agency policies
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies
 - ☐ meets ☐ making progress ☐ does not meet

Please select at least 3 subcategories from the list below, and rate a minimum of 25 competencies per track you are evaluating.

Click the statement you wish to evaluate the peer worker on, and “meets”, “making progress”, or “does not meet”. Please only fill out items that are relevant to the services you have observed your peer providing

Harm Reduction Competencies

- ☐ Effectively conveys the principles of harm reduction and how it applies to different areas of risk (i.e., drug use, sex work, health behavior change, etc.)
☐ meets ☐ making progress ☐ does not meet
- ☐ Has a basic understanding of sexual risk and associated harm reduction strategies
☐ meets ☐ making progress ☐ does not meet
- ☐ Promotes and provides referrals to a wide range of harm reduction and health promotion resources including those related to syringe exchange, safer injection practices, opioid overdose prevention, alcohol use, safer sex practices, condom availability, PrEP/PEP, smoking cessation, prevention information, social services, and others as needed by the participant
☐ meets ☐ making progress ☐ does not meet
- ☐ Provides education and reinforces harm reduction messaging
☐ meets ☐ making progress ☐ does not meet
- ☐ Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes signs of harm, crisis or distress that may interfere with medical care or treatment adherence. Takes action to alert or engage other members of the service delivery team to address the situation by using local resources, services or participant support
☐ meets ☐ making progress ☐ does not meet
- ☐ Provides information on opioid overdose prevention and response, Opioid Agonist Therapies and other supportive services
☐ meets ☐ making progress ☐ does not meet
- ☐ Is a Trained Responder in the Opioid Overdose Prevention Program
☐ meets ☐ making progress ☐ does not meet
- ☐ Works with a multi-disciplinary team to address issues that impact participants' ability to engage in services due to drug use and/or high risk sexual behaviors/sex work (i.e. HIV/STD/HCV co-infection, stigma and other social inequalities, etc.)
☐ meets ☐ making progress ☐ does not meet

Promoting access to sterile injection equipment and supplies

Syringe Exchange Programs (SEPs)

- ☐ Has the ability to provide an overview of policies, procedures, and essential elements of SEP operations
☐ meets ☐ making progress ☐ does not meet
- ☐ Has a clear understanding of the SEPs policies and procedures including different threshold criteria/legal requirements for enrolling individuals into SEP based on age (under 18 vs. over 18)
☐ meets ☐ making progress ☐ does not meet

- ☐ Explains to drug users and others the general services available at an SEP and describes who is eligible for these services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Exhibits a basic understanding of penal and public health laws & NYS regulations that allow for syringe access in NYS, and conducts peer delivered syringe exchange (PDSE) accordingly
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Conducts outreach to active drug users in the community
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the SEP team or individually conducts initial assessment/screening to determine an individual's needs and eligibility for services through the SEP
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the SEP team or individually issues Participant Identification Cards and explains how to use the ID card in the event of an interaction with Law Enforcement
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Has the ability to engage and educate community members and communicate the services of their program and their duties as a peer
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Has the ability to respond to Law Enforcement questions, concerns and challenges
 - ☐ meets ☐ making progress ☐ does not meet

Expanded Syringe Access Program (ESAP)

- ☐ Explains how NYS ESAP works, including:
 - educating individuals on minimum age eligibility for ESAP
 - educating individuals about how to locate and identify a participating pharmacy
 - educating individuals about how to purchase syringes at participating pharmacies
 - educating individuals about how to obtain syringes from health care or other sites that may participate in ESAP
 - educating individuals how to use ESAP voucher programs
 - educating individuals about how to address issues with Law Enforcement or problems with a pharmacy
- ☐ meets ☐ making progress ☐ does not meet

Safer injecting practices

- ☐ Remains informed and aware of current trends in drug use as they related to the needs of participants in their program
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Educates participants on safer injecting practices including, but not limited to:
 - The importance of using new sterile injection equipment and works and the health risks of reusing dull or overused syringes
 - How to select an injection site, taking into consideration vein health and previous injections
 - The importance of cleaning the injection site
 - The importance of injecting on a clean surface, free of exposure to blood, other toxins or germs
 - How to avoid exposure to another person's blood products during the injection process
 - How to clean works as a last resort.
 - How to avoid or address some of health risks of injecting including abscesses, endocarditis, MRSA, etc.
 - Strategies for alternatives to injecting and/or frequency of injecting
 - Alternative types of injecting, including intramuscular (IM) and skin-popping

☐ meets ☐ making progress ☐ does not meet

Promoting safe syringe disposal

- ☐ Explains the importance of safe disposal of used syringes
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Describes ways to dispose of syringes safely, including:
 - Returning used syringes to a syringe exchange program or other site (i.e. hospitals, nursing homes, residential sharps program)
 - Informing participants of any disposal kiosks available in the community
 - Educate participants about disposing of syringes in hard plastic bottles, for example bleach or detergent bottles
 - Provides alternative strategies for safer disposal in the absence of the above options

☐ meets ☐ making progress ☐ does not meet

Safe Handling of syringes

- ☐ Handles new and used syringes in a safe manner in accordance with agency policies and procedures
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Follows agency policy and procedure in the case of an accidental needle stick
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Educates participants about how to safely handle syringes to avoid accidental needle sticks for themselves and others in the environment
 - ☐ meets ☐ making progress ☐ does not meet

Preventing Opioid Overdose

- ☐ Describes the symptoms of an opioid overdose
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Educates participants about how to avoid overdose, sharing information including, but not limited to, the following:
 - ☐ Changes in purity/potency of drugs being used
 - ☐ Changes in individual tolerance, including after periods of abstinence
 - ☐ Risks of using alone
 - ☐ Dangers of mixing drugs
 - ☐ Reports of increased toxicity or tainted drugs in the local community
- ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that there is a medication that can reverse an opioid overdose
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Refers participants to Opioid Overdose Prevention Programs for training and/or provides this training when appropriate.
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the importance of calling 911 in cases of a suspected overdose
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that the Good Samaritan Law provides protection from charges and prosecution for certain drug related charges, for the person who calls and the person who ODs
 - ☐ meets ☐ making progress ☐ does not meet

Making Service Referrals

- ☐ Follows agency policies for referring participants to a wide range of needed services including, but not limited to:
 - ☐ HIV/HCV/STD testing, care and treatment
 - ☐ Detox, in-patient rehab, out-patient rehab, Opioid Agonist Therapy (Buprenorphine, methadone)
 - ☐ Supportive services such as harm reduction counseling, evidence based interventions, support groups, AA/NA, mental health counseling, etc.
 - ☐ Social services including housing, shelters, domestic violence services, food pantry, free meals, clothing, entitlements and other services as needed
- ☐ meets ☐ making progress ☐ does not meet
- ☐ Follows-up with participants regarding their referral experiences and outcomes, including addressing situations where an appointment was not kept
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Provides escort for participants for referrals when appropriate or needed
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Understands and identifies local resources that can assist participants with enrollment in a range of health coverage options
 - ☐ meets ☐ making progress ☐ does not meet

Participant Self-Management

- ☐ Relates their own and/or others' life experiences (while respecting privacy) to participants to inspire hope and empowerment
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Models positive self-management behaviors
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to the complexities and uniqueness of each participant and tailors services and support to meet the preferences and unique needs of participants
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the service delivery team to help the participant develop self-management goals, provide coaching and track progress meeting these goals
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Educates participants about health, wellness, and available support services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Validates participant's life experiences and feelings and celebrates participant's efforts and accomplishments
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Assists participants in voicing concerns and questions to members of the service delivery team.
 - ☐ meets ☐ making progress ☐ does not meet

Facilitating involvement in continuous quality improvement (QI) efforts

- ☐ Actively participates in efforts to improve the organization
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Engages and encourages participants to contribute to facility-level QI activities
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in QI activities as part of their role as members of the service delivery team
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Represent the voices and perspectives of participants in the QI process
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in agency efforts to provide services in ways that reduce stigma, prejudice and discrimination of persons who use drugs and/or engage in high risk sexual behaviors/sex work
 - ☐ meets ☐ making progress ☐ does not meet

Documentation and Record-Keeping

- ☐ Respects confidentiality of participant records and follows all agency policies for handling participant records
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Documents services provided to the participant in the participant record, in accordance with agency policies, including documenting referrals and follow-up activities
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Documents time and effort as needed for billing/ reimbursement practices, in accordance with agency policies
 - ☐ meets ☐ making progress ☐ does not meet

Please select at least 3 subcategories from the list below, and rate a minimum of 25 competencies per track you are evaluating.

Click the statement you wish to evaluate the peer worker on, and “meets”, “making progress”, or “does not meet”. Please only fill out items that are relevant to the services you have observed your peer providing

HIV Testing

- ☐ Works as part of a multi-disciplinary team to conduct HIV testing following NYS HIV testing laws, including obtaining informed consent before the HIV test is conducted
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains key points of information about HIV testing
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Shares personal experiences in a strategic manner to demonstrate to the client the importance of knowing one's HIV status
 - ☐ meets ☐ making progress ☐ does not meet

For clients with a preliminary positive rapid HIV test result

- ☐ Works as part of a multi-disciplinary team to explain the meaning of the test result and that additional testing is needed to know for sure
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of a multi-disciplinary team to arrange for blood draw for additional testing
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Offer accompaniment and support to access confirmatory testing in accordance with job responsibilities
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Makes a follow-up appointment to provide the client the final test result
 - ☐ meets ☐ making progress ☐ does not meet

For clients with a confirmed positive HIV test result

- ☐ Works as part of a multi-disciplinary team to review all NYS required follow-up actions for clients with a confirmed positive HIV test result
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of a multi-disciplinary team to arrange and link client to an appointment for HIV care, following best practices outlined below
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the importance of partner services and makes an effective referral to the appropriate partner services program
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ When applicable, uses his or her personal experience with partner notification to assist the client in understanding the range of options for notifying an at-risk partner
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ When applicable, uses his or her experience with engagement and linkage to care and HIV treatment options to help the client understand that he or she can live a healthy life with HIV
 - ☐ meets ☐ making progress ☐ does not meet

For clients with a negative or indeterminate test result

- ☐ Explains that the window period is the length of time after infection but before an HIV test is able to detect the presence of infection
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the need for follow-up testing
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains options for HIV/STD/hepatitis prevention including: abstinence, male and female condom use, PEP, PrEP, safer sex, safer injection practices and other harm reduction strategies
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Refer and link clients to a range of prevention services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Uses a harm reduction approach to help the client choose options that are acceptable to the client which reduce his or her risk of HIV/STD/viral hepatitis infection
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the location and functioning of syringe exchange program and ESAP to all clients who use drugs
 - ☐ meets ☐ making progress ☐ does not meet

Engagement, Linkage and Retention to Care

- ☐ Uses his or her personal experience of HIV treatment to explain the importance of participating in HIV health care
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Conducts outreach to people at risk for or living with HIV/HCV in the community
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Initiates contact with clients who have missed appointments, discontinued care or who have yet to engage in health care services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Meets and greets clients who are new to the organization
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Provides a tour of the health care facility, introducing the client to appropriate staff, the location of reception, waiting room and exam rooms
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ When engaging and linking a client to an initial health care appointment, accurately communicates verbally and in writing, the following information: the date, time, location, provider name, information about what to bring to the appoint and any other facility-specific information needed to have a successful appointment
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Based on knowledge of the facility practices, explains to the client what to expect during his or her first HIV medical appointment, including physical exam, lab work and interactions with staff
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Based on knowledge of the facility practices, explains the procedures to follow when arriving for a health care appointment, including checking in with the receptionist, taking a seat in the waiting room, what to expect as the length of waiting time and shares ideas about what to do while the client is waiting
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to health care appointments in accordance with job description and agency policies
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Makes follow-up calls regarding attendance at health care appointments including: reminding clients of an appointment; exploring reasons for missing an appointment; assisting clients with re-scheduling an appointment
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains the concept of viral suppression and how achieving viral suppression will promote the client's health and reduce the chance of transmission to partners.
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Reaches out to engage clients across the whole continuum of the treatment process
 - ☐ meets ☐ making progress ☐ does not meet

Anti-retroviral Therapy (ART) Initiation and Treatment Adherence

- ☐ Uses his or her experience of HIV treatment options and adherence to motivate the client and demonstrate that a high level of adherence is achievable
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explains that not taking ART medication regularly can result in: 1) poorer health, 2) the medications not working as well, 3) reduced options for future treatment, and 4) increased likelihood of transmitting the virus to partners
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Reinforces the client's understanding of HIV-related lab results, including the meaning of viral load and CD4 count
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Collaborates with clients to overcome behavioral, structural, and psychosocial barriers to taking their medications
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works at part of the multi-disciplinary clinical team to provide tools and strategies using a client-centered approach to support clients in taking their medications every day as prescribed
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Refers clients back to health care providers to discuss any issues (i.e., side effects) that may be affecting his or her ability to adhere to a treatment regimen
 - ☐ meets ☐ making progress ☐ does not meet

Patient Navigation

- ☐ Provides a tour of the facility
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Provides educational and organizational materials
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to community activities and appointments and participates in community activities with peers as assigned and approved by supervisor
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Informs new clients about available services and processes
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Engages providers from HIV treatment and other services to meet the needs of clients
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Shares information about how to get to the facility via public transportation, car or walking
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Explores any concerns the client may have regarding personal safety while getting to, or navigating around, the health care facility
 - ☐ meets ☐ making progress ☐ does not meet

Client Self-Management

- ☐ Relates their own and/or others' life experiences (while respecting privacy) to clients to inspire hope and empowerment
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Models positive self-management behaviors
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Works as part of the care team to help the client develop self-management goals, provide coaching and track progress meeting these goals
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Assists clients in voicing concerns or questions to members of the care team
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Educates clients about health, wellness, treatment adherence, viral suppression, and available support services
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes treatment adherence and viral suppression accomplishments
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Validates client's life experiences and feelings and celebrates client's efforts and accomplishments
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to the complexities and uniqueness of each client's process of treatment adherence and viral suppression, and tailors services and support to meet the preferences and unique needs of clients
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes and responds to competing priorities and life events that may impact self-management, such as: co-morbid conditions; child care; employment; legal issues, substance use
 - ☐ meets ☐ making progress ☐ does not meet

- ☐ Implements peer-run, evidence based self-management interventions as determined by the agency
 - ☐ meets ☐ making progress ☐ does not meet

Harm Reduction, Syringe Access and Health Promotion

- ☐ Promotes and provides referrals to a wide range of harm reduction, health promotion and social services including syringe exchange, safer injection practices, opioid overdose prevention, counseling about alcohol use, safer sex practices, condom availability, smoking cessation, STD screening and treatment and others as needed by the client
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Distributes or refers clients to HIV/STD/viral hepatitis educational resources, evidence based prevention interventions and other prevention services/ resources
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Researches, develops and maintains up-to-date information about community, health and other resources and services, both informal and formal
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes signs of harm, crisis or distress that may interfere with treatment adherence and takes action to alert or engage other members of the care team and address the situation by using knowledge of local resources, services or client support
 - ☐ meets ☐ making progress ☐ does not meet

Support Groups

- ☐ Markets support group to recruit clients to join the group
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Serves as facilitator or co-facilitator of a support group, along with another staff person
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Acts as a liaison between peers and co-facilitator, to bridge gaps and ensure groups are meeting the needs of the participants
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Leads by example by strategically sharing personal experience/stories
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Encourages active participation and client sharing of information
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Establishes and enforces support group rules to ensure confidentiality and that the group is a “safe space”
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Makes statements that show understanding, compassion, sympathy, and concern
 - ☐ meets ☐ making progress ☐ does not meet
- ☐ Encourages clients to listen and provide supportive feedback
 - ☐ meets ☐ making progress ☐ does not meet

Supportive Services

- ☐ Works as part of multi-disciplinary team to identify supportive services that meets the needs of the clients
☐ meets ☐ making progress ☐ does not meet
- ☐ Work as part of a team a multi-disciplinary team to provide targeted referrals and linkages to essential services outside of agency
☐ meets ☐ making progress ☐ does not meet
- ☐ Educate clients about the range of behavioral health services and works to destigmatize these services
☐ meets ☐ making progress ☐ does not meet
- ☐ Assists clients with making appointments for supportive services or arranges appointments for them
☐ meets ☐ making progress ☐ does not meet
- ☐ Accompanies clients to supportive services appointments
☐ meets ☐ making progress ☐ does not meet

Case Conferencing

- ☐ Works as member of multi-disciplinary team to retain clients in care by addressing barriers to the provision of service delivery and needed supportive services for client
☐ meets ☐ making progress ☐ does not meet
- ☐ Provides a brief summary of their work with the client, including reporting on psycho-social issues, barriers or facilitators to care
☐ meets ☐ making progress ☐ does not meet
- ☐ Conveys their point of view in a respectful way when working with colleagues
☐ meets ☐ making progress ☐ does not meet
- ☐ Recognizes the limits of their knowledge and seeks assistance from others when needed
☐ meets ☐ making progress ☐ does not meet

Facilitating Client Involvement in Continuous Quality Improvement Efforts

- ☐ Engages and encourages clients to participate in facility-level QI activities
☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in QI activities as part of their role as members of the care team
☐ meets ☐ making progress ☐ does not meet
- ☐ Represent the voices and perspectives of clients in the QI process
☐ meets ☐ making progress ☐ does not meet
- ☐ Participates in agency efforts to reduce and eliminate prejudice, stigma and discrimination against people who have HIV
☐ meets ☐ making progress ☐ does not meet
- ☐ Actively participates in efforts to improve the organization
☐ meets ☐ making progress ☐ does not meet

Health Coverage

Health Coverage

- ☐ Explains that the New York's Health Exchange website (<https://nystateofhealth.ny.gov/>) is the place to visit to assess eligibility for health insurance coverage.
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet
- ☐ Understands and identifies local resources that can assist clients with enrollment in a range of health coverage options
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet
- ☐ Explains what ADAP is and provide information about how to contact ADAP
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet
- ☐ Works as part of the team to inform clients about relevant patient assistance programs to ensure health coverage and medication access needs are met
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet
- ☐ Understands how employment effects his or her own benefits and coverage
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet

Documentation and Record-Keeping

- ☐ Respects confidentiality of client records and follows all agency policies for handling client records
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet
- ☐ Works with other members of the care team to interpret data and patient information to make appropriate decisions regarding the care of the patient
 - ☐ meets
 - ☐ making progress
 - ☐ does not meet

- ☐ meets ☐ making progress ☐ does not meet

Peer Workers should be given the opportunity to provide feedback on the evaluation they have received. Please review the printed form with the peer worker and allow them to comment before you both sign it. The peer worker will need to scan and upload his/her completed evaluation to his/her online application on <https://www.hivtrainingny.org/Home/PeerCertification>

➡ CLICK TO COMPLETE FORM ➡

Signature of Applicant_____

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Supervisor Signature: _____ Date: _____

Peer Worker Signature: _____ Date: _____

Using your NYS Peer Worker Certification to Access College Credits When you Matriculate at SUNY Empire State College (ESC)

The New York State Department of Health AIDS Institute has partnered with the State University of New York (SUNY) Empire State College (ESC) to enable Certified Peer Workers in HIV, HCV or Harm Reduction to access 26-32 undergraduate college credits as a result of training and practicum experience from the peer certification process. This FAQ provides information about how to access these free credits.

How can I apply my peer certification training and practicum toward earning a college degree at Empire State College?

In order to access these credits, you must apply to SUNY ESC and be admitted as a degree-seeking student (this is called matriculating.) Requirements for admission include:

1. Completion of the ESC online application
2. Payment of \$50 orientation fee
3. Submit proof of high school or GED completion
4. Complete admission essay
5. Submit official transcripts from all institutions previously attended to, if applicable:

<https://www.esc.edu/admissions/associate-bachelors/>

The Admissions Office will review your application and you will be invited to attend an orientation, which you can complete in person or online. You should also apply for financial aid:

<https://www.esc.edu/financial-aid/>.

Where are ESC locations near me?

SUNY Empire has over 30 onsite locations across New York State. You can search for a location near you here: <https://www.esc.edu/locations/>. Additionally, SUNY ESC offers online coursework, and allows you to study part-time or full-time, onsite or online. You can even combine onsite and online learning and experience the best of both worlds.

How about cost? Are these credits really free? Is financial aid available?

All students must pay a \$50 orientation fee and a \$315 one-time Portfolio Fee. However, once you establish a degree plan the credits received through completion of your NYS HIV, HCV, HR Peer Certification are free of cost. ESC students are eligible for a number of state and federal grants as well as college foundation scholarships. More than 50% of ESC students receive financial assistance.

Is it possible that I could apply for admission and not be accepted as a student?

As long as you have a high school diploma or GED, ESC's admissions and financial aid staff is ready to work with you to make earning your degree possible and affordable. For questions call **800-847-3000**

How many credits am I eligible for?

Students who have a degree plan at ESC are eligible for 23 credits for their core Peer Certification coursework, and 3 additional credits per certification track (HIV, HCV or Harm Reduction), for up to 32 credits total. If you are certified in one track, you can access 26 credits. If you are certified in 2 tracks,

you would be eligible for 29 credits and if you were certified in 3 tracks, the maximum total credits you could access would be 32 credits. An Associate's Degree is 64 credits, so it's possible to obtain up to half of a 2-year degree free via credits earned through Peer Certification.

What if I don't have a copy of my high school diploma or GED. How can I obtain one?

To obtain a copy of your High School diploma or transcript, contact the school district where you graduated. To obtain a copy of your New York State High School Equivalency Diploma or transcript, visit here: <http://www.acces.nysed.gov/hse/duplicate-diplomas-andor-transcripts>. If you attended high school or received your GED from someplace outside of New York, you should contact the location Education Department for instructions and assistance.

Can I see an example of a degree plan?

Yes, a sample Associate's degree plan in Community and Human Services can be found here (LINK), and a sample Bachelor's degree plan in Community and Human Services can be found here. (LINK)

How do ESC mentors support students? What is that relationship like?

After you have attended orientation, you will be assigned a primary mentor who will work with you to create your degree program. PhD level mentors are assigned to all students once you matriculate.

Can I enroll into Empire State College prior to completing my certification?

Yes, a student could enroll prior to completion of the peer certification process. However, a student would not be able to get his/her degree approved until the peer certification is completed. The student could apply the credits to the degree plan pending completion, but unless the college receives official notice that the program has been completed, the credits would not officially count. Degree program approval can take place at any point during a student's time at ESC, but it is important the student make it clear that the peer certification is pending.

Can I obtain a degree in something unrelated to peer work or social services, for example, a music degree?

Your peer certification credits can be applied to basic educational requirements for any undergraduate degree you choose. However, if your degree plan is not related to social services, you may or may not be able to apply ALL of the credits from peer certification. You would work with your mentor to customize a focus of study to best meet your educational goals and maximize access to the free credits. ESC has 5 undergraduate divisions you can choose to study under: Arts and Humanities, Business, Human Services, Science, Math and Technology, Social Science.

Can I matriculate with ESC and then transfer to another school? Will my credits count elsewhere?

Once your degree plan has been approved by the college, the credit becomes transferrable. Each college accepts transfer credit at its discretion – transfer credit, whether it is a course or evaluated learning, is made by the college to which the student transfers and depends upon many factors.

I already have a bachelor's degree. Can I use my credits towards a graduate degree?

Unfortunately, not. The coursework from your NYS Peer Worker Certification in HIV, HCV and HR is considered undergraduate work and can only be applied towards an associate's or bachelor's degree.

How do semesters run at ESC? What are the deadlines for applications?

ESC has three semesters each year- fall (begins in September), spring (begins in January) and summer (begins in May). Please check the website for current application deadlines:

<https://www.esc.edu/admissions/associate-bachelors/terms-priority-dates/>

Can I work and go to ESC at the same time? Can I take classes online?

ESC offers a number of ways to study and obtain credit, with flexible options for working adults with busy lives.

- through guided independent study, working one-to-one with a faculty mentor at times convenient for the two of you
- through online learning
- through small seminars, study groups, residencies or cross registration at other colleges – whatever suits your interests and lifestyle
- through a combination of all these ways.

I am considering enrolling and have questions about the process. Who can I speak with?

Prospective students will be assigned to recruiters in the area that they live once they live. Until then, they may reach out to:

Nicholas Mendez

Recruitment and Outreach Coordinator

Office of Enrollment Management

Call: 718-907-5743 internal ext. 1748 | Fax:

718-858-0943 |

Email: nicholas.mendez@esc.edu | www.esc.edu

New York State Certified Peer Worker Program Continuing Education Units (CEUs):

Guidance for Certified Peer Workers

To maintain Certification, NYS Certified Peer Workers must complete a minimum of **10 hours** of training, or “Continuing Education Credits” (CEUs) **per year**. You may hear this referred to as “Recertification” or “Certification Renewal.” CEUs are verified every **two years**.

This means Certified Peer Workers **must** complete a total of **20 hours** of training every **2 years** to remain a CPW.

As stated in the Code of Ethics, “Certified Peer Workers [must] follow the standard requirements for continuing education training as established by the certification body...”

Certified Peer Workers who are obtaining CEUs are encouraged to attend training related to HIV, HCV, HR, and/or PrEP, and improve and strengthen the Certified Peer Worker’s ability to provide services. Courses can be found at www.hivtrainingny.org. CPWs may take **any related** courses for CEUs, and/or other training programs such as AETC, CEI or T-TAP.

The CEUs must be submitted prior to their date of expiration. Typically, the certificate is valid for two years. If you are not sure when your renewal date is, please check your current certificate, which lists when it is valid through/when it expires. NYS Certified Peer Workers should strive to complete and submit proof of their CEUs **at least 30 days prior** to their certification date. CEUs not submitted by the deadline will result in the CPW’s certification to be reported as inactive.

The Center for Public Health Education (CPHE) Program at Stony Brook University, which serves as the Peer Certification Academic Center is charged with verifying CEU hours, issuing renewals, and tracking if CPWs remain in compliance with this requirement. Non-compliance may result in loss of Certification.

Please Note: All classes not taken through hivtrainingny.org must have proof of hours uploaded to the website to count for CEUs.

For further information, or if you have any questions regarding CEUs, please contact:

Stephen Sebor
Stony Brook University
Center for Public Health Education
Phone: 631-444-3209
Email: stonybrookpeercertification@gmail.com

HIV Education and Training Programs
Empire State Plaza, Corning Tower,
Room 244
Albany, NY 12237
Phone: 518-474-3045
Fax: 518-473-8815
Email: hivet@health.ny.gov