

5. RECRUITING, HIRING, AND ORIENTING PEERS



LaTrischa Miles (left) with Peer Educator Training Site Manager Alicia Downes.

Some of the skills that I look for in hiring a peer are good listening skills and being resourceful. Some knowledge can be taught, but some of those innate qualities that you have to have cannot be taught: compassion, being non-judgmental, being able to connect with others, and being positive and respectful of others as far as cultural diversity.

LaTrischa Miles
Peer Supervisor
Kansas City Free Health Clinic
Kansas City, MO

A. Recruitment

Qualifications

Unlike positions with strict educational requirements, peer roles usually draw on unconventional assets. These include experience living in the client population, experience dealing with one or more difficulties faced by the client population (such as unstable housing, substance abuse, domestic violence), fluency in a specified language, ability to relate easily to clients and program staff alike, non-judgmental acceptance of alternative perspectives and lifestyles, good communication skills, willingness to voice opinions and share information with others, and the ability to work independently.

However, these “unconventional assets” are unlikely to be documented with diplomas, degrees, or certificates. In fact, many excellent peers cannot present a resume or application which meets minimal requirements at many Human Resources (HR) departments. In such cases, the directors or managers of the peer programs may have to explain to HR staff why peer positions require a different skill set. It also suggests that the recruitment process may involve different approaches from those traditionally used for program staff, as discussed below.

HIV care teams that include peers should define peer job skills explicitly and operationalize them so that peers and supervisors have objective criteria for assessing peers’ initial qualifications and their on-the-job development.

Below are some recommendations for qualifications for peers engaged in HIV services. These qualifications can be adapted to program- and agency-specific needs:

- Direct experience with HIV treatment (either as a patient or a care giver)
- Local resident or familiarity with the community
- Ability to work with professionals as part of an HIV care team
- Ability to reflect on and apply life experience
- Good communication skills
- Open-minded (non-judgmental)
- Committed to working with others to improve HIV care
- Not currently using street drugs or abusing alcohol

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Programs will find it helpful to define objectives for peers in advance of constructing a program-specific peer job description. Taken together, these objectives comprise a peer role that both furthers program goals and maximizes the unique contribution of peers to the program. The [Program Resources](#) for [Section 4, Peer Roles and Responsibilities](#), include sample job descriptions for peers that can be adapted to meet program-specific needs.

The Recruitment Process

Because peers often don't have conventional resumes (as discussed above), the traditional HR hiring practices may need to be amended slightly. One useful step is for peer program managers or supervisors to take a proactive stance in encouraging applications among appropriate candidates. This may be done through several means:

- Soliciting names of possible candidates from clinic providers, peers, and other staff
- Emails, postings on websites, e-blasts on listservs
- Sending flyers or other materials to clinics, community-based organizations, AIDS service organizations, planning councils, etc.

After gathering these nominations, one may want to conduct brief interviews in person or over the telephone with interested candidates. It is preferable that these interviews involve both the peer program supervisor and a current peer. A program may also want to involve other non-peer staff such as case managers in interviews if the peer candidate will be working with other staff. This may happen before, after, or simultaneously with traditional HR practices such as posting positions.

Sample questions for this interview include:

- How did you hear about the peer program?
- Why are you interested in being a peer?
- What do you expect to get out of working for this program, personally?
- Tell us about any HIV/AIDS training programs that you've been involved in.
- Tell us about your work or volunteer experience in the field of HIV/AIDS.
- Are you aware that we will not tolerate the use of street drugs during your employment with the peer program? Do you have any concerns about this issue?
- Are you comfortable sharing your HIV status with co-workers, supervisors, and clients while working for this program? If you were asked, "Are you HIV positive?" what would your response be?
- How would you go about telling someone close to you that you have HIV/AIDS?
- How would you go about telling a client that you too have HIV/AIDS?
- What would you tell a client about your sexual or drug-using history?
- How comfortable are you when discussing issues around sex and drug use? How would you rate yourself on a scale of 1 to 10, with 1 being very uncomfortable and 10 being very comfortable?

The [Program Resources](#) for [Section 5, Recruiting, Hiring and Orienting Peers](#), provide more sample interview scenarios and screening questions.

Some agencies may have a standard protocol through their Human Resources department for recruiting and interviewing candidates. It is important to gather that information for the interview process and be aware of some of the challenges the process may cause for peer candidates. For example, the standard HR hiring process may itself pose a number of challenges for peer applicants:

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- If online applications are required, peers may be unfamiliar with such programs or may not have access to computers.
- Some applicants may have criminal histories or may not be able to pass drug screening.
- Due to limited work histories, some applicants may not be able to provide two professional references.
- Some applicants may not be accustomed to a formal interview process.

Keeping these points in mind and being prepared to communicate the process and policy clearly to the candidate can help reduce challenges to getting a peer hired.

Disclosing HIV Status

One characteristic that distinguishes the hiring of peers from that of other employees is the issue of disclosing one's HIV status. Many peers come from situations, such as Alcoholics Anonymous, where anonymity is valued. Additionally, the stigma attached to HIV/AIDS makes most people cautious about revealing that information indiscriminately.

The tradition of peer work in HIV/AIDS, however, is built upon the concept that those who are "infected or affected" will use their personal experience to assist clients. This goes beyond the normal expectation of empathy in the helping professions; HIV/AIDS peers can draw upon their own experiences in being diagnosed, having to deal with disclosure to family and friends, taking medication, experiencing side effects, etc. to aid clients. Many peer program supervisors believe that a peer who insists on anonymity is not fulfilling the peer role.

While an HIV-positive peer may not be allowed to keep his or her status secret, special steps should be taken regarding disclosure. By publicly defining

peers as someone with HIV, some early programs may have unwittingly revealed their peers' status, leading to stigmatization. Job announcements which set HIV status as a job requirement may discourage many potential candidates.

A better approach to the issue of requiring candidates to be infected or affected, while not unduly compromising their health information, may include some or all of the following suggestions:

- Job announcements could require "firsthand knowledge in HIV/AIDS issues."
- Announcements could be distributed to groups or places where many individuals who see it are likely to be HIV-positive.
- In interviews, candidates could be asked how they envision using their "firsthand knowledge" instead of having to explicitly confirm their status.
- In interviews and other communications, peer programs could stress the importance of peers having shared characteristics with the target population.

B. Hiring

Special Considerations

Salaries, stipends, or other monetary compensation paid to HIV-positive peers might, in some cases, affect or risk their benefits/entitlements. Any decrease or loss of benefits can present a substantial disincentive to doing peer work. During the hiring process, supervisors or program directors have a responsibility to raise peers' awareness of this risk, and provide information and referrals to legal or other services where they can receive training or individualized guidance regarding their benefits. In most cases, supervisors do not have the background or resources available to analyze the case of

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It's important to make sure the peers are adequately trained, feel comfortable, know the expected roles and feel adequate. Some of the people that we've trained decided after a couple of trainings that it isn't for them.

Marcie Brainerd
Peer Program Coordinator
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each peer, but they can encourage peers to consult with a lawyer or a benefits specialist concerning the limits of how much they can earn without jeopardizing existing benefits. See [Read More: Benefits Questions to Discuss with Peers](#) for more information.

Another special consideration in hiring peers is the practice of running background checks on applicants, particularly with respect to criminal history. The peer program supervisor should be aware of what is required by the organization and consider asking for a waiver of this requirement if it seems likely to eliminate many otherwise worthy candidates. In such cases, the supervisor may need to present evidence that program activities are geared toward reaching those with drug-using or criminal histories.

C. Orientation and Training

Peers may come to their position with an advanced degree or without a high school diploma. They may have extensive training in health care provision or none at all. In any case, most programs will find it necessary to provide some job-specific training to new peers. An organizational environment that supports learning is the best way to ensure that peers are adequately prepared to do their job. Furthermore, policies that encourage education and training strengthen motivation and expose peers to possibilities that they may not have envisioned before taking on a peer position. Creating a supportive learning environment may take time, especially for supervisors working within institutions that do not promote ongoing development in non-traditional fields.

Orientation and training for peer workers generally entails the following components:

- Standard “new employee” orientation for the organization
- Specific role-based training with peer supervisor or with external training program
- “Shadowing” current peers as they work
- Special attention to issues of confidentiality (See [Read More: Confidentiality and Peers.](#))

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Training of Peers

Depending on the peers' responsibilities, it is recommended that peers complete a comprehensive training course on HIV (knowledge about transmission, the virus life cycle, and treatments), communication skills and their role as a peer. A sample of training sections can be found at [Building Blocks to Peer Success \(http://peer.hdwg.org/training_toolkit\)](http://peer.hdwg.org/training_toolkit), a train-the-trainer toolkit. If the agency staff is not prepared to conduct trainings, there are many agencies that provide peer training. For further opportunities for training that may be suitable for peers and consumers, consult the [Target Center website \(http://www.careacttarget.org/\)](http://www.careacttarget.org/), which provides technical assistance for the Ryan White community.

Training Non-Peer Staff

It is critical to the success and sustainability of peer programs that all employees within organizations understand the unique roles, philosophy and goals of peer programs. This understanding will also provide a workplace culture that is more likely to value peer work and leadership within the organization. Inclusion of peer work, whether it is paid or volunteer, in new employee orientation demonstrates that the organization values peer work. It also helps to set the stage for new employees to view peers as their colleagues and co-workers. (See [Read More: Orienting Non-Peer Employees on Peer Support.](#))

Continuing Training

As peers become a more central component of health and social service interventions, programs can expect to see increased regulation of their role,

particularly with respect to training requirements and certification. In such cases, emergent concerns with quality assurance may change the way organizations perceive peers, paving the way for program managers to develop more progressive continuing education policies.

An open-door policy for specific training requests will encourage peers to inform their supervisors of perceived gaps in their knowledge and skills. If program managers communicate with peers regularly about job requirements, they will have a concrete understanding of peers' capacities and training gaps and therefore can prioritize individual peer and collective training needs.

On-the-job follow up to training can reinforce training sessions and help tailor new skills and knowledge to the workplace. Peers can bring new information back to their colleagues in brief presentations to stimulate discussion, and supervisors can reinforce new information with handouts or references to sources of further information. Some programs encourage training "graduates" to train other peers and/or program staff when they return to work.

The [Program Resources](#) for Section 5 (Recruiting, Hiring, and Orienting Peers) contain sample orientation packets for peers.

D. Retention of Peers

One way to justify investments in recruiting and training peers is to make sure they remain productive team members. Attending to peer needs by providing an appropriate work context, training, and skills development, in addition to opportunities to give feedback, recognition and appreciation, and tangible benefits is important to keep peers motivated and able to perform their job. The following elements have been shown to contribute to optimal peer performance as well as high retention rates.

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Staff from Christie's Place participate in the San Diego HIV Health Services Planning Council.

If peers are given the opportunity to share their work with external networks, they receive acknowledgment for their contribution.

Monetary Compensation

Many programs have funding to employ peers in full- or part-time positions. Others may provide stipends for peers or offer other benefits. While stipends are not salaries, they are an excellent way to reward and compensate peers for their time and hard work.

Transportation reimbursement is also a good way to help peers fulfill their role. In addition to work transportation, an effort should be made to provide transportation to any work-related events such as training, meetings, client appointments, or outreach activities. As mentioned above in Hiring, there may be some dangers inherent in providing different forms of monetary compensation to peers, as receipt of such compensation may affect benefits they receive.

Non-Monetary Benefits

Programs that actively seek meetings and conferences of interest to peers enable peers to expand their

horizons by interacting with and learning from a community of professional and lay service providers. Program-sponsored training courses designed to upgrade peer knowledge about HIV and adherence and to improve social support skills demonstrate a program's commitment to the peer and will engender peer motivation and program loyalty. For example, workshops might be organized to address peer wellness issues, including stress management, dramatic expression and valuing diversity. Supervisors need to recognize that taking the time to consider peer preferences will improve their job performance and satisfaction.

Supervision

Supervision is covered in detail in [Section 6: Supervising Peers](#) of this toolkit. However, it is important to note that good supervision is a key component in retaining peer workers. The role of the peer worker has many challenges, with peer workers living on the “front lines” of the difficulties associated with HIV/AIDS. To the extent that these challenges are addressed through clear job descriptions, acknowledgment and acceptance among other workers in the organization, and supportive and sympathetic supervision, peers will be more likely to contribute fully and feel good about their work.

Advocacy, Activist, and Service Provider Networks

Peers assist and encourage each other in much the same way they assist clients. Peers tend to see themselves as members of a small team within the overall program. Having trained together, discussed difficult clients, and shared personal issues affecting their job, peers build bonds that surpass those normally formed in the workplace. Programs can enhance this natural source of support by setting aside time and space for peers

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MAKING THE MOST OF EXTERNAL TRAINING OPPORTUNITIES

- Acquire information on content, location and space availability
- Submit peer registration form, await confirmation, keep peers updated on registration process
- Keep registration records for follow-up purposes
- Provide peers with training details as they become available
- Adapt program operations to accommodate peer absence
- Establish training expectations with peer: attendance, how the peer is expected to use information and skills acquired, responsibility for training others, reporting, if applicable
- Create a feedback loop for follow up and future reference with training facilitator
- Make appropriate logistical arrangements: provide peer with transportation and food
- Maintain contact with peer during the training
- Review and adjust peer activities based on information and skills acquired during training

to conduct their own support groups. An open, friendly work environment with designated space for peers encourages discussion and collaboration. By aiming to build internal peer support, a program ensures greater personal resources for peers to face work and personal challenges. Further, if peers are given the opportunity to share their work with external networks (at conferences, meetings, and other public forums), they receive acknowledgment for their contribution.

Effective Feedback Loops

One of the most important reasons to engage peers is to better serve a hard-to-reach population. Peers are uniquely placed to provide direct services to clients and carry back information about the client population to the program. Program evaluation must always include a plan to elicit peer feedback, whether it be through focus groups, individual interviews, or systematic discussion in individual

supervision. In this way, a program can devise more effective strategies to meet client needs, based on peers' first-hand experiences and insights. Peer feedback should inform all aspects of a program and may serve as the basis for fundamental changes in operations. Peers make valuable contributions to research meetings, social service coordination meetings, interdepartmental meetings, and strategic planning sessions. Peers can also play an important program development role in selecting new peers, facilitating workshops, and presenting the program at conferences and special events.

External Training Opportunities and Professional Development

External training resources can provide peers with valuable opportunities to develop skills and extend their service-related networks. However supervisors or program managers should select and monitor these resources carefully to ensure a beneficial experience for the peer.

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► FOR MORE INFORMATION

Read More for Section 5

- Cultural sensitivity and peer orientation
- Confidentiality and peers
- Orienting non-peer employees on peer support, philosophy and program models
- Benefits questions to discuss with peers

Resources for Section 5

(available at <http://peer.hdwg.org/program-dev/resources>)

• Recruitment and Hiring

- o Hiring checklist (JRI)
- o Sample interview questions (JRI)
- o Interviewing peers: sample questions and possible responses (The Lotus Project)
- o “Do and don’t” interview questions (JRI)
- o Peer selection process: what staff and potential peers should consider (Project ARK)
- o Guide to writing job descriptions (JRI)
- o Creating a recruitment plan (JRI)
- o Applicant assessment template (JRI)
- o Avoid common interview mistakes (JRI)
- o Peer interview scenarios (Kansas City Free Health Clinic)
- o Sample peer screening questions (The Lotus Project)

• Orientation

- o Orientation checklist (JRI)
- o Sample orientation training plan (JRI)
- o Sample peer orientation agenda and resource packet (Kansas City Free Health Clinic)
- o Sample peer-client confidentiality agreement (The Lotus Project)

• Cultural Competency

- o Awareness spectrum (JRI)
- o Cultural competence model (JRI)
- o Cross model of cultural competency - information
- o Cross model of cultural competency - handout (JRI)

This section is part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

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READ MORE: CULTURAL SENSITIVITY

Cultural Sensitivity and Peer Orientation

Recent immigrants account for an increasingly large proportion of persons with HIV in the United States. Degrees of acculturation, culturally specific beliefs related to health and illness, and perceptions of the U.S. medical and public health care systems all impact the success of health promotion and prevention interventions. Therefore, health care providers should interact with patients in culturally appropriate ways that maximize the effectiveness of the adherence support they offer. (Note: Profound cultural differences may also exist among persons born in the United States, not just among those coming from other countries.)

Cultural awareness or inclusiveness refers to the body of knowledge and interpersonal skills that allow providers to understand and collaborate with staff and patients from diverse cultures. Beyond self-awareness, cultural sensitivity requires awareness and acceptance of cultural differences, familiarity with the relevant patient cultures, and adaptation of appropriate skills.

The first step towards cultural sensitivity is for supervisors and others involved in peer programs to increase their awareness of how their own cultural backgrounds influence their approach to others, whether they are peers or patients. The Cultural Competency resource under Section 5 in the [Program Resources](#) can help organizations and individuals assess their cultural sensitivity.

The second step towards cultural sensitivity is increasing one's familiarity with the populations being served. At a basic level, this includes determining the primary languages spoken and which cultural groups predominate in the community. If resources for interpreters or translators fluent in relevant languages are insufficient, HIV programs may reach out to community-based organizations serving immigrant populations, which may be a source of qualified interpreters/translators at low or no cost.

Next, one should become familiar with the values and beliefs that prevail in the populations being served. Peer supervisors and others should not assume that a given peer or patient will exhibit all characteristics of his/her culture of origin, but should use their familiarity with the culture of origin to facilitate and deepen communication with the peer. This will create a foundation from which patient perceptions about health, illness, and health care systems, especially in relationship to HIV, can be explored.

A culturally sensitive approach to care can help build trust and credibility. This is especially important among populations in which HIV is stigmatized and who are unfamiliar with the U.S. medical and public health systems. Focus group discussions with community members and leaders, international medical graduates (IMGs), and former and current patients can provide insight into the beliefs and practices of a particular population, as can online resources. Collaborations with community-based organizations (CBOs) can also yield information and insight, and bring HIV treatment programs into community networks.

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READ MORE: CULTURAL SENSITIVITY

▶ CULTURAL SENSITIVITY RESOURCES

Resources on cultural sensitivity are widely available, including manuals, training materials, and courses. Local health departments and medical associations may also offer workshops for health care providers, some of which are free of charge and/or offer continuing education units. Some resources for developing cultural sensitivity are listed on HRSA's website:

<http://www.hrsa.gov/culturalcompetence/>

Staff members should be educated about relevant cultural beliefs and practices of the communities they serve and should practice techniques for good communication with patients. This knowledge is crucial, as misinterpretation of certain behaviors or intentions can adversely affect the peer-supervisor or patient-provider relationships.

Employing individuals from the community with a diversity of backgrounds also helps to create a culturally sensitive environment. However, incorporating small changes, such as ensuring that patient forms and educational materials are available in multiple languages, can have a big impact on the comfort level of foreign-born patients.

In Summary: Basic Steps Toward Cultural Sensitivity

- Use translators, preferably the same gender as the patient or parent/caregiver.
- Ensure that educational materials are available in multiple languages.
- Provide medical history and consent forms in multiple languages.
- Work with CBOs and community leaders to build partnerships to establish trust and credibility with community members.
- Involve community members as volunteers and/or employees for the program.
- Collaborate with volunteers and patients to identify common misconceptions about HIV and address these issues with patients and parents/caregivers.

This “Read More” section accompanies [Section 5: Recruiting, Hiring and Orienting Peers](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

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READ MORE: CONFIDENTIALITY

Confidentiality and Peers

Protection of private health information is a legal concept that is incorporated into agency culture, policies and procedures and that agencies have a duty to insure that all employees and volunteers practice. It is a concept that all professionals working in health care learn early in their training and integrate into all aspects of their practice. The history of stigma and discrimination in the HIV/AIDS epidemic make maintaining strict confidentiality on behalf of clients a critical issue. Maintaining confidentiality and protecting the privacy of health information is a responsibility of peers just as it is a responsibility of all health care workers. Peers, especially those with no experience working in a health care setting, may not be as familiar with these concepts, and the practices needed to implement these concepts, as their co-workers and colleagues. In addition, the unique nature of peer work, that is, that the

peer is from the community he or she serves, may place the peer in difficult and confusing situations related to confidentiality.

Health care professionals have education, training and experience to deal with these situations. Peers usually have not. It is beneficial that all employees receive ongoing training on confidentiality; it is a complex issue that can challenge the most seasoned professional. Without orientation, training and ongoing supervision, peers may react to these situations from their personal point of view rather than from their role as a peer worker. It is imperative that peer programs recognize this and develop activities to provide peers with the tools they need to protect privacy and confidentiality.

A thorough review of the agency's policies and procedures regarding confidentiality and privacy is usually included in any employee orientation. Following this agency review, a review by the peer supervisor with the peer may be helpful. The focus of this review should include application of the agency's policies and procedures to the peer role. Most importantly, this review should include the unique aspects of the peer role and special circumstances, like the examples in the box to the left, which the peer may encounter. Role playing these situations may be most helpful for the peer. Encouraging peers to discuss confidentiality and actions peers will take to protect their clients' confidentiality may alleviate some awkwardness if situations like the examples occur. It is helpful for the new peer to hear from experienced peers about strategies and situations that they have needed to navigate regarding confidentiality.

▶ **EXAMPLES OF DIFFICULT SITUATIONS** related to confidentiality which peers might encounter:

- The peer is at a social gathering and overhears someone say, "I hear John (client of the peer) has AIDS"
- The peer is making appointment reminder phone calls for his clinic and recognizes a name on the patient list as a member of his church.
- A peer is meeting a friend for dinner and sitting at the table next to him is patient at the HIV clinic where the peer works.

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READ MORE: CONFIDENTIALITY

Additional training regarding the Health Insurance Portability and Accountability Act (HIPAA), health information privacy and confidentiality may be helpful. (For more about HIPAA, see [Section 7.6: Evaluating Peer Programs: Protection of Human Subjects and Evaluation](#)). It is important for all of us, not just peers, not to get bogged down in legal terms, but an understanding of the legal foundation of confidentiality and privacy may be beneficial. Giving peers a brief historical context around confidentiality and HIV/AIDS will help them understand why there is a significant emphasis on this issue.

Training regarding the agency's policies, procedures and forms that protect health information is necessary. Assisting peers

in understanding these documents and discussion regarding implementing them can empower peers to better protect their clients' confidentiality. Confidentiality and protection of privacy must be a part of peer orientation, training and ongoing supervision.

Finally, supervision, whether administrative, supportive or clinical, is an excellent opportunity to discuss situations, role play responses, review policies and procedures, complete forms and otherwise work with peers to assure their protection of private health information.

The [Peer Role section](#) (Workplace Issues) of [Building Blocks to Peer Success](#), a toolkit for training HIV-positive peers, provides several training modules which address issues of confidentiality. The [Program Resources](#) section for Chapter 5 (Recruiting, Hiring, and Orienting Peers) contains a [sample confidentiality agreement](#) created by the Lotus Project.

This "Read More" section accompanies [Section 5 Recruiting, Hiring, and Orienting Peers](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

5. RECRUITING, HIRING, AND ORIENTING PEERS

READ MORE: ORIENTING NON-PEER STAFF

Orienting Non-Peer Employees on Peer Support, Philosophy and Program Models

It is critical to the success and sustainability of peer programs that all employees within organizations understand the unique roles, philosophy and goals of peer programs. This understanding will also provide a workplace culture that is more likely to value peer work and leadership within the organization. Inclusion of peer work, whether it is paid or volunteer, in new employee orientation demonstrates that the organization values peer work. It also helps to set the stage for new employees to view peers as their colleagues and co-workers.

The actual orientation may include the following topic areas:

1. The philosophy of peer support and services: what peers bring to the service system that is unique and how it can impact program outcomes
2. Having a peer speak to new employees as part of orientation is a key component. Discussing their role as a peer, the impact that they see with clients and how they came into the work
3. A training component on cultural competency considerations in working alongside employees who are HIV-positive and may bring very different life experiences to the work
4. Some brief reading on peer models of service delivery, challenges and successes

Providing non-peer staff orientation can result in the following outcomes:

1. Peer employees, who may not have the depth of professional experience that other employees bring, will enter into a work culture that is welcoming and values their skills.
2. Non-peer employees will be in a better position to know when to access peer support and services. They will be able to maximize overall support for clients they may be working with.
3. Non-peer employees will know how to discuss peer service with the broader community of service providers and clinicians.
4. Diversity within the organization will be enhanced. More often than not, the inclusion of peers within the employee pool enhances diversity in terms of life experience, HIV status, race and class. This creates a stronger team in supporting people living with HIV.

Because formalized peer models of support are still fairly new to most clinics and organizations serving people with HIV, it is important that a focused orientation for non-peer employees is in place. This will help avoid a situation where the peers are isolated and underutilized within organizations.

This “Read More” section accompanies [Section 5: Recruiting, Hiring, and Orienting Peers](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev

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READ MORE: BENEFITS QUESTIONS

Benefits questions to discuss with peers

Salaries, stipends, or other monetary compensation paid to HIV-positive peers might, in some cases, affect or risk their benefits/entitlements. During the hiring process, supervisors or program directors have a responsibility to raise peers' awareness of this risk and provide information and referrals to legal and other services where they can receive training or individualized guidance regarding their benefits. Below are some of the questions potential peers may ask about how working as a peer might impact their benefits, with information about things to consider. This information is of a general nature—you may wish to consult with state agencies, local case managers or employment benefits counselors for more specific information.

Will receiving a stipend affect my Medicare part D, Medicaid, SSI, Food Stamp Program (SNAP), or Housing Program (HUD)?

This information is of a general nature. We provide some guidelines; however, you are strongly advised to contact your state agency regarding your benefits.

Receiving a stipend may affect your other benefits. This is not an easy question to answer because it depends on your specific situation. Some programs vary depending on the state you live in. The best we can do is give you some idea of where to look for more information about each program. Read more below for information. A local case manager or employment benefits counselor may be able to provide you with more information.

Medicare, Part D: If you receive Medicare Part D prescription drug coverage, which is a Social Security disability benefit, any additional income should be reported to the Social Security Administration (SSA). In general, if your disability still meets regulations, you can keep your Medicare coverage for at least 8½ years after you go back to work (including the nine-month trial work period, during which a beneficiary receiving Social Security disability benefits may test his or her ability to work and still be considered disabled).

Please refer to this link about specific questions related to working and keeping your Medicare benefits:

<http://www.socialsecurity.gov/disabilityresearch/wi/extended.htm>

For more information about the Medicare part D program, please refer this link:

<https://www.medicare.gov/part-d/>

Medicaid: Medicaid provides medical coverage to income-eligible individuals and families. The state and federal government share the costs of the Medicaid program. Medicaid plans and services vary by state. Some people who are blind or disabled (16-65) and who have Medicaid prior to going back to work can continue to have Medicaid while working if their disabling condition is still present.

To learn more about working and still receiving Medicaid benefits, please refer to this link:

<http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-State/By-State.html>

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READ MORE: BENEFITS QUESTIONS

Social Security: Social Security Income (SSI) gives assistance to aged, blind and disabled individuals (minors <19) who have limited income and do not qualify for SSDI (Social Security Disability Insurance) or whose SSDI is less than the SSI standard benefit amount (\$637 in 2008).

When income goes up, SSI goes down. SSI will discontinue if your income is more than the limit, which in 2008 was \$637. However, SSA disregards the first \$85 of earned income, and also disregards Impaired Related Work Expenses (transportation, job coach, etc) and half of your earned income. Below is an example:

If you lose SSI because of earned income and then lose your job, you can request to have your SSI benefits begin again. No new disability application needs to be completed if it's within 5 years of benefits stopping. For more information on SSI, please refer to this link: http://www.ssa.gov/pgm/links_ssi.htm

To talk to a SSI representative: 1-800-772-1213
You can go to this link to find a Social Security office near you: <http://secure.ssa.gov/apps6z/FOLO/fo001.jsp>

▶ AN EXAMPLE OF HOW WORKING MAY AFFECT YOUR SSI BENEFITS

Before you started to work, you received the standard SSI benefit amount of \$637 per month.

In December 2008, you started working and earned: \$1,000

SSA disregards the first \$85: \$1000-\$85=\$915

SSA then disregards ½ of your remaining earned income: \$915 divided by 2=\$457.50

The remaining amount will be deducted from your previous SSI payment. Your SSI payment will be: \$637-\$457.50=\$179.50

Your December income: \$1,000 (Earned Income) +\$179.50 SSI
=\$1179.50

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READ MORE: BENEFITS QUESTIONS

The Ticket to Work Program: SSA's Ticket to Work Program is an employment program that is available to most Social Security beneficiaries with disabilities who meet certain criteria. The Ticket to Work special rules are called "work incentives" which allow you to keep your cash benefits and Medicare or Medicaid while you test your ability to work. The Social Security Administration notifies those beneficiaries who are eligible to participate in the Ticket Program by issuing them a Ticket. The medical conditions of all beneficiaries of Social Security are given the designation of "medical improvement expected", "medical improvement possible", or "medical improvement not expected". Most, if not all, individuals receiving Social Security due to HIV-related illness have had their conditions designated as "medical improvement not expected" and will receive tickets.

You can find out more about the Ticket to Work program from these links:
<http://www.socialsecurity.gov/work/>
<http://www.yourtickettowork.com/>

Food Stamps: The food stamp program (Supplemental Nutrition Assistance Program or SNAP) is a nutrition assistance program for families and individuals who meet income eligibility criteria. Because eligibility is based on income, a change in income may affect your eligibility.

Please refer to this link for more information and examples about income and the Supplemental Nutrition Assistance

Program (SNAP):

<http://www.fns.usda.gov/snap/eligibility>

To email a SNAP representative for more specific information, please refer to this link:

<http://www.fns.usda.gov/snap/state-informationhotline-numbers>

Housing and Urban Development (HUD) Housing:

Eligibility for this program, which offers housing to income-eligible families, the elderly, and persons with disabilities, is income-based, so a change in income may affect your eligibility. Each year, there is a set program income limit for each state. To find out your state income limit, please refer this link:

<http://www.huduser.org/datasets/il.html>

For HUD housing counseling agencies by state:

<http://www.hud.gov/offices/hsg/sfh/hcc/hcs.cfm>

To find your Local Public Housing Agency (PHA):

<http://www.hud.gov/offices/pih/pha/contacts/index.cfm>

How much can I work before my SSI benefits are affected?

This information is of a general nature. We provide some guidelines; however, you are strongly advised to contact your state agency regarding your benefits.

The SSA offers a Ticket to Work Program, which is an employment program that is available to most Social Security beneficiaries with disabilities who meet certain criteria. The Ticket to Work special rules are called "work incentives" which allow you to keep your cash benefits and Medicare or Medicaid while you test your ability to work. By using the Ticket to Work Program, you can have a Trial Work Period. The government does not consider services performed during the trial work period as showing that the disability has ended until services have been performed in at least 9 months (not necessarily consecutive) in a rolling 60-month period. In 2008, any month in which earnings exceed \$670 was

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► QUESTIONS TO CONSIDER

An organization can help a peer to ensure that working or receiving a stipend will not impact benefits by becoming informed about state benefit requirements and possibly referring a peer to a benefits counselor to discuss the peer's specific situation. The organization should take benefits into account when discussing with the peer how many hours the peer will work (part-time/full-time) and negotiating a pay rate.

Questions to consider include:

- How many hours can the peer work?
- What is an appropriate pay rate?
- What are the peer's career goals?
- How will the position accommodate the peer's medical needs?

Organization staff and the peer candidate should discuss these questions during the employment process and revisit them on a periodic basis to ensure both the peer and organization are benefitting positively from the work.

considered a month of services for an individual's trial work period. In 2009, this monthly amount increased to \$700.

If you lose SSI because of earned income and then lose your job, you can request to have your SSI benefits begin again. No new disability application needs to be completed if it's within 5 years of benefits stopping. You can still qualify for other work incentives, like the Ticket to Work Program which can help you get back to work without affecting your benefits for a period of time.

You can find out more about the Ticket to Work program from these links:

<http://www.socialsecurity.gov/work/>
<http://www.yourtickettowork.com/>

For more about the trial work period, visit this link:
<http://www.ssa.gov/OACT/COLA/twp.html>

For more about how working may affect your benefits, please see the answer to the question [Will receiving a stipend affect my Medicare part D, Medicaid, SSI, Food Stamp Program \(SNAP\), or Housing Program \(HUD\)?](#)

What other questions should I consider as an HIV-positive peer?

This information is of a general nature. We provide some guidelines; however, you are strongly advised to contact your state agency regarding your benefits.

Beyond considering how working might impact your benefits, (see the above questions Will receiving a stipend affect my... benefits? and How much can I work before my SSI benefits are affected? for more information), you may want to think about your peer work in the context of your personal and career goals. You may consider setting life and career goals

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for yourself and creating a plan of action. Examples of goals might include:

- Supplementing your income
- Testing your ability to work
- Improving your benefits portfolio

Working as a peer can be very empowering, but only you as a peer can determine what is most important to manage your condition and live the life you want.

Don't sell yourself short, be realistic and set your goals incrementally. And most importantly, have fun in the process!

This “Read More” section accompanies [Section 5, Recruiting, Hiring and Orienting Peers](#), part of the online toolkit *Building Blocks to Peer Program Success*. For more information, visit http://peer.hdwg.org/program_dev