Wisconsin Peer Specialists Employer Toolkit

Incorporated for both Certified Peer Specialist and Certified Parent Peer Specialist

How to successfully hire, integrate, and support Certified Peer Specialists

Peer Specialists Igniting Recovery
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Thank you for your interest in the Wisconsin Certified Peer Specialist and Certified Parent Peer Specialist Employment Initiative.

This toolkit is designed to help you assess your agency’s readiness to successfully hire, integrate, and support a Certified Peer Specialist as part of your staff and services. You will also find information about continued support needs of a peer workforce as an organization grows and learns from experience.

This toolkit clarifies terms and practices that define a recovery-oriented workplace, provides practical guidance for service implementation, and resource references. An agency committed to focusing on mental health and substance use recovery can develop a staff support plan that addresses the needs of all staff members including staff selection, training, ongoing coaching and supervision, program evaluation and continuing education.

Thank you to Paula Buege, Kathie Geiger, John Holzschuh, Kathie Knoble-Iverson, Val Levno, Joan Sternweiss, and Scott Strong for their work in developing this toolkit.
How to use this Toolkit

It is important to remember while using this toolkit, it has been designed using the terms workforce, supporter, specialist, and others in an attempt to keep this general to all types of coordinated peer-to-peer interaction. With 72 counties and 11 federally recognized tribes in Wisconsin there is inconsistent use of terms and titles used for the peer support workforce. This can be extremely confusing for everyone when each organization uses a different title for similar roles. Whether peer supports are delivered in a volunteer, or paid structure, the information provided here is considered as “Emerging Practice” and/or “Best Practice” within the delivery of mental health and/or substance use peer-to-peer supports. When used in this toolkit, “Certified” identifies only those certified by the state of Wisconsin and working within an organization providing peer-delivered services. It is expected that each organization be knowledgeable about its own funding sources and requirements regarding state certification.

This toolkit has not been designed to be a static and finished product. It is anticipated that as peer support and certification of individuals continue to grow worldwide, that lessons learned, new research, and progressive ideas will continue to improve peer-delivered services. Resources will be renewed and substituted as this goal of improving outcomes and supporting people in their recovery through peer-delivered services continues. So, when referencing this toolkit always look for the most up to date version available on the Wisconsin Peer Specialist Employment Initiative website at www.wicps.org.

If while using this toolkit you encounter broken links or the inability to access any of the reference materials, please contact the Wisconsin Peer Specialist Coordinators. Likewise if in doing research and development in an effort to better support individuals you find new and interesting items, please let the program Coordinators know so that it may be evaluated for future inclusion and updates to this toolkit. Coordinators contact information can be found at www.wicps.org/ under “Contact us”.


History of Peer Support

Larry Davidson, Professor of Psychiatry at the Yale School of Medicine, traced the beginnings of peer support to a psychiatric hospital in late 18th century France. The governor of Bicêtre Hospital in Paris, Jean Baptiste Pussin, recognized the value of employing recovered patients as hospital staff. The chief physician at the hospital, Philippe Pinel, praised these peer staff for being “gentle, honest, and humane”, “averse from active cruelty”, and “disposed to kindness”. Hiring former patients marked a shift in the philosophy of mental health care that ushered in the “moral treatment” era. Pussin’s practice wasn’t just an isolated case either – Davidson found peer staff popping up periodically in several other inpatient settings as well.

Peer support surfaced again in 1965 with the efforts of Robert Carkhoff and Charles Truax, in which lay counselors, trained with specific skills, were successful in helping mentally ill patients in hospital settings. Professionals in community mental health were among the first to advocate for the integration of peers into primary care settings. In 1967, Emory Cowen proposed a model of community mental health care that requires the employment of nonprofessional peers in the development, implementation, and evaluation of community interventions. In contrast to the system of care provided in big state hospitals, community mental health emphasized a) primary care, b) matching the needs of the population, and c) employing “indigenous nonprofessionals”, or peers, in the development, implementation, and evaluation of intervention programs.

While the mental health profession was slow on the uptake of peer support, the philosophy was rapidly and widely adopted by the community of mental health consumers. The mental health consumer/survivor movement has been a driving force behind the dissemination, adoption, popularization, and growth of peer support. In the 1970s, big state hospitals across the country were being closed down, releasing patients with severe mental illnesses into the community with inadequate transitional support. Simultaneously, patients began to speak out about systematic mistreatment and denial of civil liberties while under the care of state mental hospitals. Once released, former patients sought relief through autonomous peer and mutual support groups, which helped empower individuals as well as the community.

In its most radical period, the mental health consumer movement sought autonomy and rejected traditional modes of care. However, the movement changed course in the 1980s as it reached out to governmental and professional organizations. This period of re-engagement led to improved mental healthcare practices, increased funding for technical assistance and training programs, and a subsequent boom in peer support services. Peer support specialists in the mental health field were among the first to be certified, and qualify for state and Medicaid reimbursement.
References


The above is an excerpt from Peers for Progress, by Patrick Tang, MPH from June 2013 retrieved 6-2016 from: http://peersforprogress.org/pfp_blog/a-brief-history-of-peer-support-origins/

Wisconsin History of Certified Peer Specialists

In 1996, Wisconsin Governor Tommy Thompson formed the Blue Ribbon Commission on Mental Health. This body was charged with examining how Wisconsin’s mental health services could be improved and recommended that Wisconsin services focus on the recovery process. These recommendations underscore the importance of providing Certified Peer Specialist services to service recipients.

Wisconsin recognizes Certified Peer Specialists in the Comprehensive Community Services Rule and is working to incorporate this provider position throughout the service system. Through a Medicaid Infrastructure Grant (MIG), funding was available to develop a Certified Peer Specialist program in Wisconsin. The Peer Specialist Committee was formed through the Wisconsin Recovery Implementation Task Force (RITF) to develop and implement the steps necessary to have a certification program and begin an employment initiative to have Certified Peer Specialists hired onto mental health recovery teams in the public and private sectors. The committee developed The Core Competencies...
on which the certification exam is based, the Code of Ethics which is a guideline for Certified Peer Specialists in their professional roles and relationships. The committee also developed a Scope of Practice which outlines the general roles of employment of a Certified Peer Specialist.

In 2009 the Wisconsin Department of Health Services, Division Care and Treatment Services agreed to hold the certification for Peer Specialists. Four national training curriculums were approved to qualify individuals to take the Wisconsin Peer Specialist Certification Exam. This certification states that a person has passed the approved training and state certification exam. Certified Peer Specialists are also required to complete continuing education hours based on the program’s core competencies to maintain their certification. All Certified Peer Specialists agree to adhere to the program Code of Conduct.

The first Certification Exam was proctored in January 2010. This was done in partnership with UW-Milwaukee, who houses the exam and the eight Wisconsin Independent Living Centers who proctor the exams online three times a year.

In 2017 Wisconsin completed its integration process of combining both Mental Health and Substance Use training into one state recognized curriculum. Along with the curriculum change, the state required test for obtaining state “certification” as also been changed to reflect the integration of stand-alone Substance Use peer support as approved by the U.S. Department of Health & Human Services (HHS) in 2010. This allows persons identifying with Mental Health, Substance Use, and co-occurring lived experience to be certified in Wisconsin within their individual scope of practice. This also allows agencies across this spectrum to employ a peer support workforce and offer this value to its organization.

Looking Forward

Steve Harrington
Executive Director of the International Association of Peer Supporters.

“Peer support has huge potential in a great many fields. What is happening in the areas of Mental Health and Substance Use Disorder is that we are on the cusp of the huge growth of people coming together in Peer Support and benefitting recovery. Human nature is to be helpful. Peer support is too good to keep to ourselves.”

The role of Certified Peer Specialists has provided increased opportunities for employment in both the public and private sectors. Survey results have shown that the private sector continues to grow rapidly in hiring Certified Peer Specialist (CPS) to provide
services here in Wisconsin. The majority of Wisconsin’s counties now offer Comprehensive Community Services (CCS). This program is bringing additional Certified Peer Specialist employment opportunities with service arrays that now include peer support services.

While private and non-profit employers are utilizing the “Certified” peer workforce in peer run respite, crisis programs, treatment courts and other recovery focused services, it is important to remember the Wisconsin Peer Specialist Employment Initiative programs were designed to access county, state and federal funding. Available alternative funding can be gained from grants, asset re-allocation, and other means to integrate and offer peer-to-peer supports.

Certified Peer Specialists will continue to play a central role in providing services to work with individuals and families with mental health and/or substance use concerns. In large part, this is due to the federal government expecting states to enhance recovery focused services. Specifically, services that produce outcomes that result in people having more fulfilled lives. Through the use of peers, health systems are transforming. We have come from a hesitant recognition that people with serious mental illness and/or substance use histories might be able to one-day hold a job, to an emerging regard for the value of peers working within in a recovery-based systems. These contributions will include reduced levels of stigma, relapse, emergency department visits, crime, and costs while leading to improved employment, housing, and family life.

While certification of mental health peer specialists is well-established, certification of addiction recovery peer specialists and co-occurring disorders is now in Wisconsin. The integration of mental health and substance use concerns in both training and certification will expand the field to provide additional supports in two ways. First, allowing more diversity in the self-identification of persons seeking certification. Second, in providing more comprehensive services to more individuals in Wisconsin.

Expanding into the Certified Parent Peer Specialist model has become a natural step for the continued growth in peer provided services in Wisconsin. The successes in the CPS program have been recognized by the state and in turn look for the same results for youth and families within Wisconsin. In having increased access to parent peer supporters, families will experience increased engagement, partnership, and better outcomes when they are involved with social, emotional, behavioral, mental health, and/or substance use services in Wisconsin.

Assisting others is a common desire for people who have the lived experience and found their personal path toward recovery. To show someone a different way, to walk side by side, to work with a peer one-on-one will assist individuals to transform from illness management to wellness management.
What is peer support and what it is not.

“What it is”

Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility and mutual agreement of what is helpful. Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another’s situation empathetically through the shared experience of emotional and psychological pain. When people find affiliation with others whom they feel are “like” them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of traditional (expert/patient) relationships. Further, as trust in the relationship builds, both people are able to respectfully challenge each other when they find themselves re-enacting old roles. This allows members of the peer community to try out new behaviors with one another and move beyond previously held self-concepts built on disability, diagnosis and trauma worldview. (S. Mead, 2003)

“What it is not”

In this area, we will refer to existing documents and others attempts to define a peer supporter's role in black and white. As with most newly developing careers and increasingly so in human service systems, this can be a lifetime task to account for continuous changes and advancement of application potential. Research is continuing in all aspects of peer support, and may never be complete. However, with the evidence available today, we can assume that peer support has many avenues to explore and unlimited opportunities to assist in advancing the recovery potential of individuals and families in many aspects of life.

Resources

Mississauga Halton Enhancing and Sustaining Peer Support Initiative - Support & Housing-Halton
https://www.youtube.com/watch?v=cEmEJ-u9iCU&feature=youtu.be
Peer Support Specialists for Mental Health Recovery, utexas.edu/mental-health-institute.
https://www.youtube.com/watch?v=U2VIU2Y TAR4
SAMHSA’s Recovery to Practice “Implementing Peer Supporters in the Workplace”
https://www.youtube.com/watch?v=jp8J1-AstVM
Substance Abuse and Mental Health Services Administration (SAMHSA) “What Are Peer Recovery Support Services?”
http://store.samhsa.gov/shin/content/SMA09-4454/SMA09-4454.pdf
## Peer Specialist/Recovery Coach Roles

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<th>Is or Does</th>
<th>vs.</th>
<th>Is not or Does not</th>
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<tr>
<td>A person in recovery</td>
<td>A professional</td>
<td></td>
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<tr>
<td>Shares lived experience</td>
<td>Gives professional advice</td>
<td></td>
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<tr>
<td>A role model</td>
<td>An expert or authority figure</td>
<td></td>
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<tr>
<td>Sees the person as a whole person in the context of the person’s roles, family, community</td>
<td>Sees the person as a case or diagnosis</td>
<td></td>
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<tr>
<td>Motivates through hope and inspiration</td>
<td>Motivates through fear of negative consequences</td>
<td></td>
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<tr>
<td>Supports many pathways to recovery</td>
<td>Supports many pathways to recovery</td>
<td></td>
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<tr>
<td>Functions as an advocate for the person in recovery, both within and outside of the program</td>
<td>Represent perspective of the program</td>
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<tr>
<td>Teaches the person how to accomplish daily tasks</td>
<td>Does tasks for the person</td>
<td></td>
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<tr>
<td>Teaches how to acquire needed resources, including money</td>
<td>Gives resources and money to the person</td>
<td></td>
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<tr>
<td>Uses language based on common experiences</td>
<td>Uses clinical language</td>
<td></td>
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<tr>
<td>Helps the person find professional services from lawyers, doctors, psychologists, financial advisers</td>
<td>Provides professional services</td>
<td></td>
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<tr>
<td>Shares knowledge of local resources</td>
<td>Provides case management services</td>
<td></td>
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<tr>
<td>Encourages, supports, praises</td>
<td>Diagnoses, assesses, treats</td>
<td></td>
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<tr>
<td>Helps to set personal goals</td>
<td>Mandates tasks and behaviors</td>
<td></td>
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<tr>
<td>A role model for positive recovery behaviors</td>
<td>Tells person how to lead his/her life in recovery</td>
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<tr>
<td>Provides peer support services</td>
<td>Does whatever the program insists he/she do</td>
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The Many Values of Peer Recovery Support Services

Historically, the substance use disorder and recovery field led the way in recognizing the importance of peer support services for a person seeking to come to terms with a life-changing condition. Utilization of peer support is, by now, a common practice in many fields. In the medical world of today, for example, there is scarcely a specialty where peer support is not recognized as a valuable adjunct to professional medical and social interventions. Improved outcomes are particularly notable when peer support services are
provided to people with chronic conditions that require long-term self-management. Thus, the peer recovery support services offered by Recovery Community Services Program (RCSP) grant projects and others stand in a long, well-documented, and copied evidence-based tradition.

Peer recovery support services can fill a need by treatment providers for services to support recovery after an individual leaves a treatment program. In addition, peer recovery support services hold promise as a vital link between systems that treat substance use disorders in a clinical setting and the larger communities in which people seeking to achieve and sustain recovery live. Using a nonmedical model in which social support services are provided by peer leaders who have experienced a substance use disorder and recovery, these services extend the continuum of care by facilitating entry into treatment, providing social support services during treatment, and providing a posttreatment safety net to those who are seeking to sustain treatment gains.

These services are proving to be very adaptable, operating within diverse populations, stages of recovery, and pathways to recovery, service settings, and organizational contexts. Notably, they build on resources that already exist in the community, including diverse communities of recovering people who wish to be of service. By serving as role models for recovery, providing mentoring and coaching, connecting people to needed services and community supports, and helping in the process of establishing new social networks supportive of recovery, peer leaders make recovery a presence in their communities and send a message of hope fulfilled.

Reference


What peers can bring to service delivery

Let’s first look at how the abilities and qualities of peers can enrich service delivery when things are working well. Often, the service improvements that they bring occur by virtue of their lived experience with mental illness and with navigating service systems. Generally, well-trained peers offer:

- Dedication and commitment to work.
- Ability to create an immediate connection with the people they serve.
- Ability to use their stories and lived experiences to inspire hope.
- Ability to build bridges that engage other providers on the treatment team.
- Ability to guide people in accessing community resources and services.
• Ability to model healthy relationships that others can replicate in the community by being trustworthy and supportive in an intentional relationship.

• Ability to demonstrate to family members and other supporters that people like their loved one can recover.

Systems that have the courage to add peer support workers demonstrate a commitment to working with peers that helps the system to transform old ways of thinking and being. For example, the presence of peers:

• Brings a different perspective to other treatment team members during team meetings;

• Supports the use of recovery language by reminding organizations to minimize the use of labels and diagnoses that are impersonal or demeaning to those seeking help; and

• provides living proof that people can live in recovery

Resource

February 2, 2012, by Lori Ashcraft, PhD, and William A. Anthony, PhD, “Lessons learned in peer workforce development”

https://www.behavioral.net/article/lessons-learned-peer-workforce-development
Wisconsin’s working Definition CPS

A **Certified Peer Specialist** is a person who has not only lived the experience of mental illness and/or substance use disorder but also has had formal training in the peer specialist model of mental health and/or substance use disorder supports. They use their unique set of recovery experiences in combination with solid skills training to support peers who have mental illness and/or substance use disorder. Peer Specialists actively incorporate peer support into their work while working within an agency’s team support structure as a defined part of the recovery team.

**A Certified Peer Specialist** is not a mental health or substance use disorder technician limited to providing ancillary services without a clear therapeutic role, but as an active participant on the consumer’s treatment and recovery team.

*The Division of Mental Health and Substance Abuse Services oversee the certification of Certified Peer Specialists which allows individuals to work within programs to provide peer support. DCTS adheres to Federal guidance that Peer Specialists must have supervision by a mental health professional, must be coordinated within the context of coordinated service plans and have continuing education. Therefore, Certified Peer Specialists are expected to work within the mental health and substance abuse services system programs that can provide the supervision and coordinated care required; not independently outside of the system programs...Kenya Bright, Section Chief, Integrated Services Section, Bureau of Prevention, Treatment & Recovery Division of Mental Health and Substance Abuse Services, WI Department of Health Services*
Core Competencies for Wisconsin Certified Peer Specialists

Domain 1: Values

1.1 Believes that recovery is an individual journey with many paths and is possible for all
1.2 Believes in and respects people’s rights to make informed decisions about their lives
1.3 Believes that personal growth and change are possible
1.4 Believes in the importance of empathy and listening to others
1.5 Believes in and respects all forms of diversity (As included in Wisconsin State Council on Alcohol and Other Drug Abuse Cultural Diversity Committee's definition of Cultural Competency: https://scaoda.wisconsin.gov/2cfiles/docs/Cultural Competency Definition.pdf
1.6 Believes in the importance of self-awareness and self-care
1.7 Believes in lifelong learning and personal development
1.8 Believes that recovery is a foundation of well-being
1.9 Believes that recovery is a process
1.10 Believes in the healing power of healthy relationships
1.11 Believes and understands there are a range of views regarding mental health and substance use disorders and their treatment, services, supports, and recovery

Domain 2: In-depth knowledge of recovery

2.1 Knowledge of SAMHSA’s definition of recovery: "A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential." http://blog.samhsa.gov/2012/03/23/definition-of-recovery-updated/#.V2HVPb6vc
2.2 Knowledge of mental health and substance use disorders and their impact on recovery
2.3 Knowledge of the basic neuroscience of mental health and addiction
2.4 Knowledge of stages of change and recovery
2.5 Knowledge that recovery and wellness involves the integration of the whole person including spirituality; physical, vocational, and emotional health; sexuality; gender identity; and community
2.6 Knowledge of trauma and its impact on the recovery process
2.7 Knowledge of person-centered care principles
2.8 Knowledge of strengths-based planning for recovery
2.9 Knowledge of the impact of discrimination, marginalization, and oppression
2.10 Knowledge of the impact of internalized stigma and shame
Domain 3: Roles and Responsibilities of a Certified Peer Specialist

3.1 Knowledge of the rights of peers seeking support, such as state and federal law regarding client rights, civil rights, and the Americans with Disabilities Act (ADA)
3.2 Knowledge of ethics and boundaries
3.3 Knowledge of the scope of practice of a Certified Peer Specialist
3.4 Knowledge of confidentiality standards
3.5 Knowledge of ways to encourage safe, trauma-sensitive environments, relationships, and interactions
3.6 Knowledge of appropriate use of self-disclosure
3.7 Knowledge of cultural competency (As defined by Wisconsin State Council on Alcohol and Other Drug Abuse Cultural Diversity Committee: https://scaoda.wisconsin.gov/scfiles/docs/CulturalCompetencyDefinition.pdf)

Domain 4: Skills

4.1 Ability to bring an outlook on peer support that inspires hope and recovery
4.2 Ability to be self-aware and embrace and support own recovery
4.3 Ability to problem-solve
4.4 Ability to assist people in exploring life choices, and the outcomes of those choices
4.5 Ability to identify and support a person in crisis and know when to facilitate referrals
4.6 Ability to listen and understand with accuracy the person’s perspective and experience
4.7 Effective written and verbal communication skills
4.8 Ability to draw out a person’s perspective, experiences, goals, dreams, and challenges
4.9 Ability to recognize and affirm a person’s strengths
4.10 Ability to foster engagement in recovery
4.11 Ability to locate appropriate recovery resources, including basic needs, medical, mental health and substance use disorder care; supports, including social support and mutual aid groups; and to facilitate referrals
4.12 Ability to facilitate and support a person to find and utilize resources
4.13 Ability to work collaboratively and participate on a team
4.14 Ability to know when to ask for assistance and/or seek supervision
4.15 Ability to set, communicate, and respect personal boundaries of self and others
4.16 Ability to utilize own recovery experience and skillfully share to benefit others
4.17 Ability to balance own recovery while supporting someone else’s
4.18 Ability to foster the person’s self-advocacy and provide advocacy when requested by the person
Ability to advocate for self in the role of a Certified Peer Specialist
Wisconsin Certified Peer Specialist Code of Ethics

The following principles will guide Certified Peer Specialists in their professional roles and relationships:

1. I understand that my primary responsibility is to help peers understand recovery and achieve their own recovery needs, wants, and goals. I will be guided by the principle of self-determination for each peer.

2. I will conduct myself in a manner that fosters my own recovery and I recognize the many ways in which I may influence peers and others in the community, as I serve as a role model.

3. I will be open to share with peers and coworkers my stories of hope and recovery and will likewise be able to identify and describe the supports that promote my recovery and resilience.

4. I have a duty to inform peers when first discussing confidentiality that intended serious harm to self or others cannot be kept confidential. I have a duty to accurately inform peers regarding the degree to which information will be shared with other team members, based on my agency policy and job description. I have a duty to inform appropriate staff members immediately about any intended serious harm to self or others or abuse from caregivers.

5. I will never intimidate, threaten, harass, unduly influence, physically force or restrain, verbally abuse, or make unwarranted promises of benefits to the peers I support.

6. I will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition or state.

7. I will advocate with peers so that individuals may make their own decisions when partnering with professionals.

8. I will not engage in sexual or any form of intimate activities with any peers I am currently serving, and for a minimum of one year after my peer services end. I will also not enter into dual relationships or commitments that may conflict with the interest of peers I support.
9. I will keep current with emerging knowledge relevant to recovery and openly share this knowledge with my coworkers and peers. I will refrain from sharing advice or opinions outside my scope of practice with peers.

10. I will utilize supervision and abide by the standards for supervision established by my agency. I will seek supervision to assist me in providing recovery-oriented services to peers.

11. I will not accept gifts of money or items of significant value from those I serve. I will not loan or give money to peers.

12. I will protect the welfare of all peers by ensuring that my conduct will not constitute physical or psychological abuse, neglect, or exploitation. I will practice with trauma awareness at all times.

13. I will, at all times, respect the rights, dignity, privacy and confidentiality of those I support.

14. As a professional, if I find that my own recovery journey is compromised and interferes with my ability to provide support to my peers, I will engage in my own self-care until such time that I am once again capable of providing professional care.

Wisconsin Department of Health Services
Division of Care and Treatment Services

P-00972A (11/2016)
Wisconsin Certified Peer Specialist Scope of Practice

**Summary**: The primary function of the Wisconsin Certified Peer Specialist (CPS) is to provide peer support. The CPS engages and encourages peers in recovery from mental health and/or substance use disorders. The CPS provides peers with a sense of community and belonging, supportive relationships, and valued roles. The goal is to promote wellness, self-direction, and recovery, enhancing the skill and ability of peers to engage in their chosen roles. The CPS works with peers as equals.

**ESSENTIAL FUNCTIONS:**

**Providing Support**

Certified Peer Specialist will:

1. Identify as a person in mental health and/or substance use recovery.
2. Be mindful of the ethics, boundaries, power, and control issues unique to the CPS role.
3. Establish supportive relationships with peers which promote recovery.
4. Assist peers to understand the purpose of peer support and the recovery process.
5. Provide peers with the Substance Abuse and Mental Health Services Administration (SAMHSA’s) definition of recovery and its components. [https://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.WQDqB002zcs](https://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.WQDqB002zcs)
6. Intentionally share his or her own recovery story as appropriate to assist peers, providing hope and help in changing patterns and behaviors.
7. Create an environment of respect for peers which honors individuals for taking charge of their own lives.
8. Mutually establish acceptable boundaries with the peers and agree to discuss on an ongoing basis as needed.
9. Demonstrate understanding of how trauma affects mental health and substance use disorder recovery, develop trauma-informed relationships, and support peers in obtaining appropriate resources for help.
10. Demonstrate an understanding of how substance use disorder affects mental health recovery.
11. Encourage and assist peers to construct their own recovery/wellness plans, which may also include proactive crisis and/or relapse prevention plans.
12. Support peers in crisis to explore options that may be beneficial to returning to emotional and physical wellness.
13. Provide culturally-sensitive and age-appropriate services.
14. Provide a welcoming environment of recovery, wellness, and hope.
15. Encourage peers to focus on their strengths, exercise use of natural supports, develop their own recovery goals, and strengthen their valued roles within the community.
16. Use active listening skills.
17. Together with peers, research and connect with resources that are beneficial to peers’ needs and desires (e.g. employment, housing, health, and peer-delivered services).
18. Understand and be able to explain the rights of the peers.

Communicating with Supervisors and Interacting with Staff Certified Peer Specialists will:

1. Understand and utilize the established supervisory structure to communicate needs, ask questions (especially about ethics, boundaries, and confidentiality), mention concerns, etc.
2. If employed in a Medicaid-funded and/or clinical program, understand the requirement of clinical supervision by a qualified mental health or substance use disorder profession.
3. Understand his or her role and fully participate as an integral part of the professional recovery team.
4. Demonstrate and model to staff that recovery is achievable, and that peer support is an Evidence Based Practice.
5. Complete all required documentation timely, accurately, and respectfully.
6. Develop healing and trauma-sensitive relationships with peers and staff.
7. Report all intended, serious harm to self or others immediately to the appropriate person.

Demonstrating Confidentiality Certified Peer Specialists will:

1. Know state and federal confidentiality standards, including directives from his or her own agency.
2. Maintain the utmost confidence concerning all verbal and written information, whether obtained from peers or otherwise.
3. Know information that is not to be kept in confidence: intended, serious harm self or others, and know how to handle these situations.
CPPS Working definition

Certified Parent Peer Specialists (CPPS) combine knowledge gained from parenting children and youth with social, emotional, behavioral, mental health and/or substance use challenges and training to increase their skills to guide and support other parents or those in a parenting role. CPPS can gain this experience in a variety of ways; it goes beyond those who are biological or legal parents. CPPS focus on maximizing parent support and growth by understanding and responding to individual family cultures, strengths, and needs.

While the role of a CPPS will vary from one family to the next, it generally includes empowering those who are parenting by:
- Increasing their knowledge and skills,
- Modeling behavior for others,
- Holding hope for change and growth, and
- Assisting in advocacy and teamwork.

Certified parent peer specialists use their experiences to assist other parents with:
- Navigating service and support systems,
- Encouraging and understanding the youth’s voice, and
- Providing peer support through the sharing of their own parenting experience.
Wisconsin Certified Parent Peer Specialists Core Competencies

DOMAIN 1: Personal Attributes

1.1 Understands, supports, and models the importance of family-driven care
1.2 Accepts the family where they are without judgment
1.3 Able to communicate with empathy
1.4 Able to interact with families with compassion and clarity
1.5 Believes that communication occurs in many forms, not words alone
1.6 Believes that behavior is a form of communication
1.7 Conducts oneself with honesty and integrity

DOMAIN 2: Ethics and Confidentiality

2.1 Understands and maintains confidentiality as required by state and federal law
2.2 Uses self-disclosure appropriately as a tool to provide support
2.3 Understands and maintains professional boundaries
2.4 Treats all people with dignity and respect
2.5 Understands personal and professional limitations and biases based on own knowledge, skill, or experience
2.6 Recognizes when, and to whom, to report ethical and safety issues

DOMAIN 3: Advocacy

3.1 Knows how to and where to find information on child and parental rights
3.2 Assists families in asserting their rights
3.3 Able to assist families to recognize the difference between an individual problem and a system problem or constraint
3.4 Able to assist families in how to advocate effectively within policy-making processes

DOMAIN 4: Wellness

4.1 Understands why self-care is important for parent peer specialists
4.2 Practices self-care strategies that enable one to work effectively with families
4.3 Able to work with families to explore wellness strategies
4.4 Understands the holistic view of family members’ physical, mental, social, and spiritual strengths and needs
4.5 Understands resiliency and recovery principles

DOMAIN 5: Crisis and Safety Planning

5.1 Provides appropriate supports and advises families in the midst of crisis
5.2 Understands the purpose of crisis and safety planning
5.3 Supports families going through a crisis and safety planning process
5.4 Knows safeguarding and relapse prevention strategies for issues such as self-harm and substance abuse
5.5 Knows about suicide and research-based prevention strategies
5.6 Understands the purpose of functional behavioral assessments
5.7 Able to assist others in identifying situations that may cause challenging behavior
5.8 Knows about crisis resources available in the community and region

DOMAIN 6: Empowerment

6.1 Able to assist families explore their own choices and recognize the positive and negative consequences of those choices
6.2 Able to allow families the space necessary to help themselves
6.3 Communicates the principles of family-driven care
6.4 Supports, teaches, and coaches parents in identifying and articulating their families’ needs and goals
6.5 Recognizes stigma, common superstitions, and myths regarding mental health and substance use issues
6.6 Able to assist families recognize their strengths and use them to effect change
6.7 Practices interventions to prevent or overcome stigma
6.8 Able to assist families to identify and build informal family and community supports

DOMAIN 7: Communication

7.1 Communicates and connects effectively with families of all cultures, value systems, and lifestyles
7.2 Listens actively
7.3 Practices effective information gathering and questioning techniques
7.4 Understands the value of fostering cooperation between families and the individuals and service systems involved in their lives
7.5 Communicates clearly in writing
7.6 Models effective working relationships

DOMAIN 8: Knowledge

8.1 Knowledgeable about resources (including funding options), rules, and regulations related to children’s mental health and adolescent substance abuse
8.2 Knowledgeable about child and adolescent mental health and substance use conditions, treatments, services, and supports
8.3 Knowledgeable about how to find information about mental health and substance abuse systems, community resources, treatments, services, supports and individual and family rights
8.4 Knowledgeable about the public education system as it relates to children and youth with mental health and/or substance use issues
8.5 Knowledgeable about how to find information regarding child welfare, juvenile justice, and health care systems in Wisconsin
8.6 Knowledgeable about the process and principles of collaborative systems of care, also known as “wraparound”
8.7 Knowledgeable about recovery-oriented systems of care (ROSC)
8.8 Knowledgeable about current best practices for addressing challenging behavior
8.9 Knowledgeable about impact of trauma on children, youth, and families
8.10 Understands the use of peer specialist services, as differentiated from clinical services
Wisconsin Certified Parent Peer Specialists Code of Ethics

This Code of Ethics will guide Wisconsin Certified Parent Peer Specialists in their roles, relationships, and professional responsibilities. The primary responsibilities of Certified Parent Peer Specialists are to promote the wellbeing of the families with whom they work, to promote family-driven practices that focus on strengths as part of the solution, and to ensure families and youth participate as partners in all aspects of their care.

As a Wisconsin Certified Parent Peer Specialist:

1. I will ensure that my conduct will not constitute physical or psychological abuse, neglect, or exploitation of the families I serve.

2. I will abide by the standards of supervision established by my employer, so long as the supervision is consistent with the Wisconsin Certified Parent Peer Specialist Core Competencies and this Code of Ethics. If conflict exists, I will follow a grievance procedure for resolution.

3. I will, at all times, respect the rights, culture, and dignity of the families I serve.

4. I will respect the privacy and confidentiality of the families I serve. When circumstances – such as an imminent risk to safety – require the disclosure of confidential information, only information that is essential will be revealed. To the extent possible, families will be informed before confidential information is disclosed.

5. I will not engage in sexual or any form of intimate activities with any family members I am currently serving, and for a minimum of one year after they are discharged from service.

6. I will neither give nor accept gifts of money or items of significant value from the families I serve.

7. I will not use undue influence, create undue dependence, or make unwarranted promises of benefits.

8. I will not enter into dual relationships or commitments that may conflict with the interests of the families I serve. For example, I will not endeavor to purchase items or property from a member of a family I serve.

9. I will be guided by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment possible.

10. I will not participate in stigma or the blaming of families and youth for the challenges they face.

11. I will act with integrity in all professional relationships.
12. I will seek to resolve philosophical differences with professionals and/or the families I serve in a respectful, fair, and honest manner.

13. I will take adequate measures to discourage, prevent, and/or report, following established agency policies, the unethical conduct of colleagues.

14. I will act in a manner to create and maintain safety for myself and the families I serve.

15. I will provide services consistent with the Wisconsin Certified Parent Peer Specialist Core Competencies in effect at the time the service is provided.

P-01081 (09/2016)
Wisconsin Certified Parent Peer Specialist Scope of Practice

Summary: The primary function of the Wisconsin Certified Parent Peer Specialists is to provide peer support and promote the well-being of the families with whom they work. Certified Parent Peer Specialists also promote family-driven and youth-guided practices that focus on strengths as part of the solution and ensure families and youth participate as partners in all aspects of their care.

Essential Functions

Providing Support

Certified Parent Peer Specialists will:

1. Identify with lived experience in parenting a child with mental health and/or substance use concerns and successfully navigated systems of care for that child.
2. Be mindful of the ethics, boundaries, power, and control issues inherent to the Certified Parent Peer Specialist role.
3. Use active listening skills.
4. Foster a collaborative partnership with the child, family, and service systems.
5. Provide culturally sensitive and age-appropriate services.
6. Establish supportive relationships with families with whom they work.
7. Support families in exploring options that may be beneficial to returning to emotional and physical wellness after a crisis.
8. Strategically share own story, as appropriate, for the benefit of the family served, providing hope and strengthening resiliency.
9. Assist families to understand the purpose of peer support.
10. Encourage and assist families to promote wellness and thrive as a family.
11. Discuss boundaries with the families on an ongoing basis.
12. Work with people in a way that reflects an understanding of trauma and the fact that it can impact all aspects of a person’s life.
13. Assist families in identifying their strengths, natural supports, goals, and support community connection.
Communicating with Supervisors and Interacting with Staff
Certified Parent Peer Specialists will:

1. Communicate needs and ask questions, especially about ethics, boundaries, and confidentiality, and know when to mention concerns to supervisors.

2. Be knowledgeable about state language regarding supervision of Certified Peer Specialists.

3. Understand his or her role and fully participate as an integral part of the professional support team.

4. Demonstrate and model that resiliency is possible and that peer support is an evidence-based practice.

5. Accurately, respectfully, and promptly complete all required documentation.

6. Work with families and staff to develop healing and trauma-sensitive relationships.

7. Report all intended, serious harm to self or others immediately to the appropriate person.

Demonstrating Confidentiality
Certified Parent Peer Specialists will:

1. Be familiar with state and federal policies relating to confidentiality.

2. Be knowledgeable of all confidentiality directives at his or her agency.

3. Maintain confidence concerning all verbal and written information, whether obtained from families or otherwise.

4. Be knowledgeable of information that is not to be kept in confidence, including intended, serious harm to self or others, and know how to handle these situations.
Preparing for the Inclusion of Peer workforce

When employing peer specialist workforce in your agency, it is important to actively prepare existing staff for this change. The Certified Peer Specialist has training and experiences and has passed a competency exam that prepares them to work as a peer specialist. Some staff may be uncomfortable with this change. Honoring these feelings and working towards a fact-based understanding of a peers role, trained peer staff can be helpful with this. One fear that existing staff throughout Wisconsin have expressed is their concern that the peer specialist is a cheaper and less educated clinician. The peer specialist model is clear that peer specialists are not clinicians and should not work outside of their scope of expertise. The role of the peer specialist workforce is different and not intended to replace solid clinical practice.

Another potential concern for existing staff may be related to stigma and discomfort around working with someone who identifies as having lived experience with mental illness and/or substance use histories. This may be due to personal or professional experiences or the belief that peer specialists will not be held to the same standards as the rest of the team. Peer specialists are expected to be responsible for their own recovery and accountable to themselves, service recipients, coworkers, and supervisors. Stigma may be overcome by working directly with the peer specialists to help staff gain a new perspective on the value of their role. Once again, honoring the concerns and working with staff to overcome these concerns is effective.

Sharing the Core Competencies, Scope of Practice and Code of Ethics is a good way to assist staff in understanding the peer specialist workforce. Also sharing the job description and other educational products found throughout this toolkit may be helpful in educating staff about the values that peer specialists bring to a team. The peer specialist works with service recipients and staff in a manner that incorporates the policies of the peer specialist program and the agency policies that outline conduct and responsibilities for all staff.

Some additional suggestions:

- Always encourage existing staff to share concerns
- Talk about the unique contribution a Peer Specialist brings
- Share this toolkit with staff to alloy understanding of the role differences
- Clarify roles in the workplace

Reference

California Association of Social Rehabilitation Agencies, “Meaningful Roles for Peer Providers in Integrated Healthcare” (pages 97-102)
http://www.casra.org/docs/peer_provider_toolkit.pdf
Common myths and misconceptions about peer workers.

Addressing myths and misconceptions will again assist both the organization and peer specialist with a smooth and welcoming addition to your service array. In doing this many staff will be more at ease knowing that the peer specialist will be held to the same standards regarding employment and expectations. Following are just a few resources that can be shared to help address and explain common concerns.

Resources

Implementing Recovery through Organisational Change, “Peer Support Workers: a practical guide to implementation” (pages 7-9)

Lyn Legere of Lyn Legere Consulting With contributions from the Western Mass Peer Network & Sera Davidow of the Western Mass Recovery Learning Community “The Provider’s Handbook On Developing & Implementing Peer Roles” (pages 4-5)

Organizational and Staff Assessment

Is your organization recovery-oriented? Are you ready to implement a Certified Peer Specialist into your program of services? What can you do to improve your organizations recovery-oriented mental health substance use service culture and services?

The following survey tool contains 25 items. It uses a four-point rating scale. To complete the survey, the organization/agency should select staff from administrative positions, clinical and other supervisors, and directly from existing staff. Staff selected should include individuals who are most knowledgeable about how services are delivered at the agency in specific programs. It is important to collect survey information from staff in each of your programs within the agency.

A staff person should be designated to take the lead in collecting, scoring, and interpreting the results and in applying findings as part of a recovery-oriented services and a Wisconsin Certified Peer Specialist workforce implementation plan.

Agencies may collect information by the following methods:

• Manual Collection: The survey and instructions may be distributed to staff members in hard copy to complete. Data from each survey may be entered into a spreadsheet application.

• Web-based: The survey may be loaded onto a web-based platform using survey software applications such as SurveyMonkey™. The survey and instructions may then be forwarded to
staff members via e-mail and accessed through a link in the e-mail message. This opportunity may provide a more streamlined data collection process.

In addition to the Assessment Survey, agencies may conduct staff focus groups to gather more detailed information about how services are implemented. The focus groups may discuss specific areas identified in the Assessment Survey and target specific programs and staff. The discussion can help provide a deeper understanding of staff perspectives and issues that affect the implementation of a Wisconsin Certified Peers Specialist workforce at the agency. The discussion can also help foster collaboration among staff and assist them in developing strategies for mental health program improvement.

The survey tool template that is included can be modified and/or expanded to include any additional information you may wish to gather regarding new programs and services that may include Wisconsin Certified Peer Specialists. These types of organizational surveys can be done on a quarterly basis for program review.

Health organizational culture in Mental Health Recovery is a crucial component in the success of a new or existing program. Some of the known successes are:

- Organizations/Agencies often become better places to work
- Programs show continued improved outcomes
- Employee retention grows and there is a greater ‘ownership’ in the workplace
- Synergy is created and teams work more effectively
- Service recipients/consumers receive higher quality services
- Community collaboration and partnerships improves
Please answer the following statements to assist in determining your organizations readiness for the integration of a Peer Workforce.

All of the items are scored on a four-point scale: 1 = Strongly Disagree, 2 = Mostly Disagree, 3 = Mostly Agree and 4 = Strongly Agree. *

<table>
<thead>
<tr>
<th>Overall Agency Readiness</th>
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<th>2</th>
<th>3</th>
<th>4</th>
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<tr>
<td>1. The agency has a comprehensive program to promote recovery/resiliency-oriented knowledge, attitudes and skills in its workforce.</td>
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<td>2. The agency staff implements culturally sensitive recovery plans that consider the impact of culture on the service recipients’ experience.</td>
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<td>3. The agency provides wellness education and support to service recipients.</td>
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<td>4. Agency staff uses person-centered planning that includes the service recipients in all aspects of their supports.</td>
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<td>5. The agency provides service recipients with information regarding peer run services, support groups, drop-in centers, respite center services and other programs available in the service area.</td>
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<td>6. Agency staff uses person-first language in all written and verbal communication.</td>
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<td>7. Agency staff works from a strength based approach with service recipients.</td>
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<td>8. Agency staff is knowledgeable about SAMHSA’s Eight Dimensions of Wellness and their current Mental Health Wellness Initiative.</td>
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<td>9. Agency staff is knowledgeable that Peer Specialist Services are an evidence-based practice.</td>
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<td>10. The agency provides ongoing education opportunities to staff regarding whole health care and holistic approach to recovery and resilience.</td>
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<tr>
<th>Individual Staff Self-Assessment (all staff members)</th>
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<tr>
<td>Please rate the following statements about how your agency currently reflects its readiness to incorporate a Peer Workforce as staff members.</td>
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<tr>
<td>11. I am knowledgeable about our agencies job description for the Peer Specialist.</td>
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<td>12. It is understood that a Peer Specialist is not a clinician, but</td>
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will bring the unique value of lived experience and important skills and insights to the workplace.

13. I recognize the value that Peer Supporters can bring to the effective services delivered by my agency.

14. I am knowledgeable about the guiding principles of recovery/resiliency.

15. I recognize that Certified Peers have distinct disciplines, ethical guidelines, training and certification requirements, detailed scope of practice and continuing education requirements.

16. I understand that Peer Supporters are not an ancillary position but are an integral part of a service recipient’s team.

17. My agency has regularly scheduled staff meetings and evaluations for employees in order to give and provide feedback.

18. I recognize that the Peer Supporters lived-experience with mental health and/or substance use concerns is a valuable tool when working with service recipients and staff.

19. I am able view a person with lived experience as a valued member of the agency team.

20. As a staff person, I would be willing to assist in the integration of a Peer workforce into my agency.

Current and Potential Supervisors of Peer Specialists please rate the following…

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<tr>
<td>21. I am willing to create opportunities for Peer Specialists to use their lived experience to increase awareness and understanding of the mental health/substance use recovery/resiliency journey for other team members.</td>
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<td>22. I see myself as a champion for a Peer Specialist workforce within my agency.</td>
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<td>23. I am prepared to respond in a supportive way to personal wellness concerns of all supervisees, including Peer supports.</td>
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<td>24. My agency is willing to support a flexible work schedule to allow time for Certified Peers to obtain Continuing Education Hours to maintain their certification.</td>
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<td>25. I recognize the importance of confidentiality of documents and files of all employees that may have received services from my agency before becoming an employee.</td>
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The survey items describe key recovery-oriented service activities for each of the three domains to help agency staff determine, on a four-point scale, the degree to which agency performance is reflected by each statement. An individual item score of one or two may identify an area of weakness needing improvement, and an individual item score of three or four may identify an area of strength.

Agencies should examine the scores for each domain, program, and the combined scores of programs to establish a baseline of strengths and areas of improvement for implementing recovery oriented services. It is important to note that this is a self-report instrument, and provides only staff impressions about each item; it does not provide an objective analysis of performance. Staff perceptions provide an important starting point to compare consumer impressions or the results of other objective reviews.

The results may be used to establish priorities and develop plans for program or agency wide improvement. Findings can also be compared to objective evidence such as policy statements and clinical records, in addition to observations of agency practices.

Creating the Workplace Environment

When we address a Workplace Environment, what we really mean to address is the ability of an organization to create an understanding and utilize knowledge that it already possesses to shift ideas to best serve **everyone** it comes into contact with. From service recipients, employees, managers, administration, board members, the community, and funders, shifting culture will be a change. Moreover, let’s face it, Change is not always welcome.

In the following 18-minute video, Jason Clarke will introduce many aspects of change. This is not specific to peer supporters, mental health providers, substance use services or even the healthcare industry at all. As you will see, change is hard for any organization of any industry or service sector and the info Mr. Clarke introduces is inherent to change across the board.

TEDxPerth - Jason Clarke - Embracing Change, December 2010  
[https://www.youtube.com/watch?v=vPhM8lxibSU](https://www.youtube.com/watch?v=vPhM8lxibSU)

Originally, this section followed the commonly used boilerplate outline and information specific to Integration of Peer specialist workers into an existing work environment. Information helping agencies be more recovery focused, stigma free and trauma informed for the integration of a peer workforce. As research initiated the question that we kept hearing was, “Why are we informing people with information that they already possess and have heard numerus times, numerus ways by numerus different sources?”

What should be done here is look back to grade school, when the concepts of learning were introduced to us. Sometime is grade school our teacher talked to us about higher learning skills and using what we learn to go beyond the words on the paper, the practical intent of the knowledge being taught and the application of what we know into useful and meaningful actions. This higher learning was and still is represented in a cognitive pyramid known as “Bloom Taxonomy of Learning”.

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This copy of Blooms Taxonomy is from the 1950’s; it has been altered, redesigned and changed in numerous ways to fit many different learning/teaching applications. In 2001 it was officially changed at the top two levels, but here we will utilize the original.

The following sections will introduce knowledge that you already know. However, while looking at the information again, think about the top three levels of the pyramid and take what you know to these levels by answering this question. “What would it look like if we took this information and applied it over the entire organization and not just in our delivery of services?”

Back in 2009 Lori Ashcraft, PhD and William A. Anthony, PhD published a short article called “What a recovery organization looks like” for Behavioral Healthcare online. In this article they explore many components to change towards implementing “Best Practices” into a recovery focused culture. This may serve as a good resource to help define why the change needs to happen and how to stay on track when implementing new attitudes across your organization.

Article available here: [http://www.behavioral.net/article/what-recovery-organization-looks](http://www.behavioral.net/article/what-recovery-organization-looks)

When the information is applied this way, the integration of a peer specialist workforce becomes a much more attainable and beneficial shift in culture. By applying what agencies already know, creating an overall change systemic wide that requires no additional knowledge, training, and minimal financial investments the overall outcomes within your organization will improve.
Recovery focused

Wisconsin as a whole has been moving its focus of service delivery to be recovery focused. As providers of Mental Health and Substance Use services and supports, organizations are gaining a better understanding on how to apply this in the delivery of services. However, this is not always a priority for the workforce and colleagues on a systemic level. With one in five individuals having the potential of experiencing a mental health and or substance use concern, organizations need to understand that this statistic does not stop when the doors of our agencies close.

As providers make efforts to be recovery focused in providing services it is important that they take available training and think about how these skills can be used to make changes within an organization. As more individuals and co-workers feel less shame, stigma, and embarrassment about identifying with concerns, co-workers must learn to support them. The peer specialist workforce is a great resource to learn from and may be utilized in creating a culture of acceptance and understanding. Much data is available in converting the learning service providers do to support individuals on a recovery path to the application of these skills to the provider workforce. In an attempt to help the dialog, minor changes need only be made to some of the training providers already receive. An example of this would be found earlier in a referenced document; http://www.casra.org/docs/peer_provider_toolkit.pdf (page 102). In this exercise, we substitute “colleague” for “peer provider” to help process staff concerns. A similar method of substitution can be applied and adapted to existing learning and training to assist in providing a more recovery focused working environment for all. Organizations ability to be more understanding, empathetic, and supportive to all employees has been proven to save money, improve moral, and overall job satisfaction.

Resources

The following pdf can be read using the substitution skill discussed above. Instead of just reading for the content of Substance Use and the workforce, think broader to include Mental Health, Substance Use and Whole Health across an agency.

“Supporting Our Greatest Resource: Addressing Substance Use, Misuse and Relapse in the Addiction Treatment Workforce”:

Creating the Peer-Support Environment

The main purpose of peer support services is to provide consumer mentoring, support, and care coordination for clients with histories of mental illness or substance abuse. The goals are to help others deal with personal and environmental barriers that impede recovery and
achieve wellness. Peer support accomplishes this through many activities, including advocacy, support during crises and recovery activities, modeling, education, and assistance in accessing available resources. Peer support programs send a powerful message to staff members, consumers, and the community—that recovery is possible through support, collaboration, and empowerment. These programs reinforce the trauma-informed premise that organizations need to reflect the populations that they serve and involve consumers in planning, implementing, monitoring, and delivering recovery services.

Notably, peer support services have the potential to be considerably flexible to meet client needs at each stage of recovery. Specifically, peer support services can be incorporated across the continuum of care, starting with outreach services and extending into long-term recovery services. Peer support specialists can enhance consumer motivation to change, to initiate services, and/or to engage in recovery activities. They can play powerful liaison roles by supporting clients entering treatment and explaining what to expect from services. They can ease the transition into treatment, from one service to the next, from one modality to another (e.g., inpatient group to outpatient group), and beyond formal treatment. Moreover, peer support services create an atmosphere focused on mutuality rather than pathology. They provide living models of resilience and promote hope—that recovery is possible and attainable.

Administrators should familiarize themselves with how other organizations have implemented peer support programs, current curricula, certifications and training processes, competencies and ethics, and peer support service State standards or recommendations, if applicable. The Carter Center’s Summit in 2009, The Pillars of Peer Support Services, supported in part by SAMHSA and CMHS, highlighted the numerous elements necessary to develop a strong, vital peer workforce. (Daniels et al., 2010).

These elements include:

- Clear job and service descriptions.
- Job-related competencies and competence-based testing processes.
- Peer support certifications.
- Ongoing continuing education.
- Media and technology access for peer specialists.
- Sustainable funding.
- Research and evaluation components.
- Code of ethics and conduct.
- Competence-based training for supervisors.
- Multilevel support and program support teams.

**Reference**

http://store.samhsa.gov/shin/content/SMA14-4816/SMA14-4816.pdf
Promoting a positive, productive workplace culture and minimizing risks to employees’ mental health, mentally healthy workplaces support people with a mental health condition and prevent discrimination, marginalization, and stigmas. Every workplace is different, so it is about taking this knowledge and tailoring it to suit your work environment.

It’s also about recognizing that you may already be taking some of the steps for a mentally healthy workplace – many actions are simply good business practice backed up by an increased awareness of workplace mental health. The best approaches evaluate what is already in place, build on strong foundations and identify any gaps or areas for improvement.

The good news is that there are a number of simple, effective actions you can take to promote positive mental health in your workplace. The good news is that there are a number of simple, effective actions you can take to promote positive mental health in your workplace, and this list provides some ideas to help you get started.

- encourage everyone to speak openly about mental health and substance use
- identify and reduce risks to all employees mental health and substance use
- encourage supportive relationships for all employees, including those with mental health and/or substance use conditions
- view diversity as an organizational advantage for all employees

This will help low staff turnover, sickness, and stress caused by an unhealthy work environment.

A positive working environment is everyone’s responsibility. How people within a business support this culture depends on their role. Regardless of their job title, all employees have a responsibility to look after their own mental health. It is necessary for an organization to visibly, and actively make commitments to a mentally healthy workplace for all.

Reference

Wisconsin Initiative for Stigma Elimination:  
http://wisewisconsin.org/

2014 Morneau Shepell Ltd. “Removing stigma”:  

The Employer Assistance and Resource Network on Disability Inclusion (EARN)  
http://www.askearn.org/

**Trauma-Informed Care**

Dan Griffin has an interesting take on the helping profession. Dan says: “We are a traumatized field working with traumatized clients, sending them to a traumatized recovery community.” The best kept secret is that adversity in childhood (ACEs) and trauma are prevalent in our society. ACEs and Trauma are often ignored or they are a check box on an intake form. If we accept the notion that ACEs and trauma are prevalent in society, and that many of us, consumer and helper alike, have trauma in our histories, it seems logical that we should design systems of care that take that into account and that’s where the philosophy of trauma-informed care (TIC) comes in.

Trauma-informed care is a principle-based, culture change process. Contrary to some thought, TIC is not a specific type of therapy to treat post-traumatic stress disorder. Because TIC is a culture change process, it involves everyone though out the system: leadership, staff, and consumers. TIC focuses on how trauma may affect an individual’s life and their response to behavioral health services. According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a TIC approach incorporates four elements: 1. realizing the prevalence of trauma; 2. recognizing how trauma affects all individuals involved with a program, organization, or system, including its own workforce; 3. responding by putting this knowledge into practice; and 4. actively resists re-traumatization.

Making the transition to a culture that is trauma-informed involves: leadership buy-in and vision, identifying TIC champions within the organization (including consumers), developing trauma-sensitive human resource practices and environments, creating trauma-sensitive strategies and tools, and to work towards fidelity. This transformation process normally takes three to five years to accomplish.
Resources


Fostering Futures: http://www.fosteringfutureswisconsin.org/


SAMHSA TIP 57: Trauma-Informed Care in Behavioral Health Services: http://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816


U.S. Department of Veterans Affairs, Alphabetical list of trauma and PTSD measures: http://www.ptsd.va.gov/professional/assessment/all_measures.asp

Addressing Organization Policies and Procedures

Human Resources need to promote peer provider integration by reviewing policies and practices that may impact peer providers, such as recruiting and hiring staff. Write universal policies for all staff; do not target peer providers. For example, write policies and procedures to safeguard staff members who have dual relationships or to safeguard staff from exploitation and marginalization.

Review the HR policy and procedure on fingerprinting and background checks to see if it will exclude peers from being hired based on their criminal history. For example, some peers may fail a background check because of their criminal history with drugs or alcohol or some other reason. Also, look into state requirements for background exemption; there may be an appeal process or waiver that can be filed so that the individual can be hired. Be aware, the state may exclude certain criminal activity that they will not consider waived, such as domestic violence, other violence, and an arrest or conviction of sexual molestation, or an arrest and conviction of rape.

When it comes to arrests without conviction, a conviction without a term of incarceration, or a conviction of a non-violent crime, a best practice related to criminal background checks is
that policies and procedures be tailored to the essential job requirements and the actual circumstances under which the job will be performed rather than the criminal history. (See List of Resources: EEOC Enforcement Guidance)

Policies on criminal background checks should be that any exclusion for hiring individuals with a criminal background should be job-related for the position and consistent with business necessity.

Review your health insurance policy to see how it will affect hiring peer providers. Peers may have health insurance coverage gaps as they transition to employment. One strategy is Medicaid Purchase Plan (MAPP) for working people with disabilities or extending the period of eligibility.

Identify policies, procedures and structures that other agencies have in place to assist the development of the peer workforce over time.

**Resource**

STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES, Division of Office Assurance, Division of Office Quality. “THE WISCONSIN CAREGIVER PROGRAM MANUEL for Entities Regulated by the Division of Quality Assurance”.
https://www.dhs.wisconsin.gov/publications/p0/p00038.pdf


EEOC Enforcement Guidance: https://www.eeoc.gov/laws/guidance/arrest_conviction.cfm


**Emerging Practice in Recruiting and Hiring a Peer Workforce**

1. Hire people who are qualified to do the job—no tokenism; lived experience by itself is not enough. Peer specialists need relevant work experience and/or training.

2. Develop a clear job description and provide detailed information about essential functions of the job, job expectations and requirements. Revisit the job description from time to time to ensure that it is up to date.

3. Apply the principles of universal design when you develop human resources policies that are flexible enough to create an accepting, adaptable program culture that works for everyone.
4. Provide accommodations through a standardized disability policy that applies to everyone. Inform all of your staff about the process for requesting accommodations.

5. Provide competency-based training and supervision and remember that changing practice (or any habitual behavior pattern) is much more difficult than teaching an inexperienced person the right way from the beginning.

6. Use a qualified and knowledgeable supervisor.

7. Enforce requirements through existing and standardized feedback, supervision and performance evaluation mechanisms.

Reference


The Certified peer workforce does not require “special treatment” but equitable treatment when medical or personal situations arise.

There are no indicators that a peer specialist workforce requires more “sick days” or take above average time off for medical reasons (based on surveys in Wisconsin).

Employers need to plan, as with any employee, for who will take over the responsibilities of the peer specialist should they need to take time off.

Considerations:

- Is there more than one Peer Supporter on staff?
- Do peer support staff have opportunities to network with other peer support workers and engage in mutual support?
- How will the consumer’s needs be met if the peer supporter has to take an extended leave?
- Can the employer partner with another agency/organization to provide peer services during a peer workers leave of absence?
- Does the employer have a plan in place for supporting all staff members to transition back into the workplace once they feel well enough to return?

Keeping the lines of communication open and discussing these possibilities can be a positive, effective way to plan for a continuation of services.

Recruiting/Job Posting
A successful peer specialist will bring more than the value of lived experience of Mental Health and/or Substance Use concerns to your organization. They will possess knowledge, attitudes, and skills to assist you in creating a trauma-informed, safe, trusting, and a healing environment that respects the perspective of the peers they support. They will also have the ability to set appropriate boundaries, be knowledgeable of HIPAA requirements, and understand the ethics and boundaries unique to peer providers.

With continued confusion on the part of both employers and employees on the ebb and flow of the boundaries around peer support services, a resource from William White and the Department of Behavioral Health and Intellectual disAbility Services in Philadelphia has been identified. The resource will assist agencies to initiate the conversation, at any time, to better process their own guidelines and policies around these concerns. By opening the link below and reading pages 31-34 and using the facilitated framework on pages 164-172, agencies have a more open, transparent and honest conversation to determine its individual course of action when Ethics and Boundary of peer support workers create concerns. [http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf](http://dbhids.org/wp-content/uploads/1970/01/PCCI_Peer-Support-Toolkit.pdf)

A large key to a peer specialist being successful during employment is the development of a comprehensive and accurate job description for your organization. A clear and descriptive job description will help facilitate the integration of peers into a multi-disciplinary team environment and add legitimacy to the support that peers can offer. Without clarity in an organizations job description, peer supporters may experience a great deal of job frustration, feelings of being under-utilized, and feel that their talents, gifts, and experience are not respected.

Organizations that have well-defined, well-written, and clear expectations in a job description have been shown to have better overall peer support programs, retain peer workers longer, and have increased engagement in services by service recipients. These are just a few of the reasons that peer support workforce is an Evidence Based Practice and allows federal funds to be utilized in programs throughout Wisconsin.

It would be nice to link to or insert an example of a well-done job description or job posting in this toolkit. The difficulties are that each time agencies post for a peer support job, there are several variations based on each organization’s needs and requirements. These may or may not be consistent with your agencies requirement or qualifications. We can recommend that you do some searches on the internet. Across the country, you will find “Certified” Peer support as well as non-Certified “Peer” Support job posting from many different types of organizations and agencies. By looking at them, you can identify the areas that best relate to your own requirements and expectations of peer workers and create your unique job description and postings. More locally, on the [www.wicps.org](http://www.wicps.org) site, under the “Employment” tab on top, you will find job posting from around Wisconsin. Attempts will be made to leave them visible even after the closing date for employers to use as examples.
In an effort to assist in building a detailed job description for a peer support workforce for your needs, a guideline has been adapted to include Wisconsin’s requirements for funding reimbursement. Again not all programs require “Certification” and it the agencies responsibility to know the specific requirements for reimbursements and funders.

**Elements of a Good Job Description/Posting**

A job description provides a summary of the primary duties, responsibilities, and qualifications of a position. It is important to reflect priorities and current expectations.

**Function:**

Summarize the main purpose of the position within the department/organization in one sentence. Certified peer specialists functions should be similar, with peer support being at the core of every task performed by peer workers.

**Reporting Relationships:**

Describe the “chain of command” and the types of supervision the employee will get and will give, indicating the specific job titles of the supervisors and the positions supervised. When “Certification” is required by funding “Clinical Supervision” or “Mental Health Professional” as defined by Wisconsin should be stated in this section.

**Responsibilities:**

List 4 to 6 core responsibilities of the position and identify several specific duties within each of the core responsibility areas. Certified peer specialists should be similar, with peer support being at the core of every task performed by peer workers.

**Qualifications/Competencies:**

If funding requires “Certification”, this needs to be indicated here. This allows the funders and applicants to know that the Wisconsin “Certified” peer: Core Competency, Code of Ethics, Scope of Practice, and Continuing Education are required for employment. An additional qualification to mention in this section is the requirement for formal documentation as required by an agencies policies and funding source.

**Employment Conditions:**

Describe any relevant circumstances, such as any physical requirements (e.g., standing, lifting), environmental conditions, unusual work schedule (e.g., rotating shift, on-call hours), and any other requirements (e.g., driver’s license, background check, random
drug screen). Funding is again considered in this area. Some Federal, State, and Local grants, contract, and other sources, can require “Certification” for peer support workers.

Additional tips from the Small Business Association sourced from:
https://www.sba.gov/starting-business/hire-retain-employees/writing-effective-job-descriptions

- A good job description begins with a careful analysis of the important facts about a job, such as tasks involved, methods used to complete the tasks, and the relationship of the job to other jobs.
- It is important to make a job description practical by keeping it dynamic, functional, and current.
- Do not get stuck with an inflexible job description! A poor job description will keep you and your employees from trying anything new and learning how to perform their jobs more productively. A well-written, practical job description will help you avoid hearing a refusal to carry out a relevant assignment because “it isn’t in my job description.”

With the increased utilization of “Certified Peer Specialists” in Wisconsin, we hear concerns by both employers and employees. Some of the more common questions are around the role of a peer support staff. Some areas of concern have been around Transportation, Medication, and Advocacy. As mentioned earlier in this Toolkit, the role of a peer support worker can be a difficult thing to put into black and white. In every case, when situations are brought to attention, the first response is to define the requirements of the funder that supports the Certified Peer Specialist and/or Certified Parent Peer Specialist employment within an agency. Another clarifying item to help resolve situations is identifying the “Scope of Practice” of each individual Certified Peer. This is again defined by the personal lived experience and comfort level of each peer supporter in assisting with a particular task. A third option that will assist in addressing questions is the written “Job Description” that a Certified Peer Specialist agreed to at the time of employment. Important here is mutual understanding that “Peer Support” is at the core of every task performed by a Certified Peer Specialist.

**Interview**

Some organizations are stepping up the interview process when it comes to peer specialist workforce interviews. It is found in many publications regarding the interview process that an “Emerging Practice” is to include others, such as, service recipients, clinical supervisors, (when appropriate) and current peer support staff on the interview panel. In doing this organizations get multiple perspectives and input into selecting the best candidates to support others.
Most people will be nervous before and during an interview. For some potential peer workers it can be even more difficult due to many things. Some potential peer workers have not interviewed for an extended period of time. Others may be anxious about sharing parts of their recovery story with strangers. A few may even identify feelings and behaviors with their nature that uniquely qualifies them for the peer support role. This in itself is an excellent opportunity for a candidate to model an ability to self-regulate and exhibit self-cares. This is one reason that including multiple perspectives in the interview process is becoming the “Emerging Practice” mentioned in the above paragraph.

In an effort to assist individuals with the interview process, a few suggestions can include items like, supplying an applicant with possible questions upon arriving for the interview to allow them time to prepare. Offering to have a current peer supporter welcome them and answer any questions they may have. Make sure the interviews are conducted in a trauma sensitive environment, free from panic buttons, multiple people going in and out of locked doors, or other possible distractions or triggers.

Another noticeable change in the interviewing of candidates for Peer Support positions is the use of unique and more specific questions. We must caution organizations that if they attempt to integrate some types of the following examples being used throughout the country to check with their agencies human resources and legal department to clarify any restrictions, regulations, and limitations in interviewing candidates.

1. Tell us how you take care of your own well-being and what supports you have in place?
2. What concerns do you have that this full time position could impact on your own self-care?
3. What supports would you need from your team and Manager?

The above suggested questions were edited from:
(page 4)

1. What interests you in applying for this position?
2. Please share with us what experience, work and personal (“lived” experience), that you have relevant to this position.
3. Tell us a bit about what you know of the consumer/psychiatric survivor movement.
4. How familiar are you with Peer Support and what does it mean to be a peer in your opinion?
5. What do you view as your personal strengths?
6. What does recovery mean to you?
7. What do you do to take care of yourself and nurture your own well-being?
8. Many peers are discharged from the hospital to the streets, jobless, homeless and broke. How will you support folks who know that is what they are facing when they leave?
9. There will be many opportunities to challenge the mental health system, doctors, nurses, social workers and advocate for peers in this position. Tell us a bit about your ability to respectfully challenge mental health professionals and others.
10. What challenges do you think you may encounter in this position?
11. What would you say about your dependability?
12. Are you willing to share your personal story with others?
13. What do you think about supporting people who may not necessarily want to participate in recovery?
14. Do you have the ability to work independently?
15. What would you expect from a supervisor and support system in this position?
16. Can you commit to making weekly staff meetings?

The above suggested questions were edited from:
https://www.mainequalitycounts.org/image_upload/Peer%20Services%20Tool-Kit.pdf
(pages 46 and 47)

1. Please tell us about your experience with recovery and why you are interested in this position?
2. As a person with direct experience with recovery please tell us how you are able to maintain stability and balance in your own life, including any support systems you have developed?
3. Would you please tell us about a person that you have helped, and how you helped them?
4. Can you describe a time that you taught, modeled and/or coached another person in developing a skill?
5. Would you please tell us what it is about people that bugs you the most?
6. Would you please tell us about the most frustrating thing that has happened to you this week, why it was frustrating, and how you reacted to whatever it was that frustrated you?
7. Please tell me about what you like to do in your spare time away from work?

The above suggested questions were edited from:
(pages 59-60)

**Living Wages and Benefits/Work-Incentive Counseling**

In an effort to help employers look at this, one of the World leaders in Peer Support, Lyn Legere of Lyn Legere Consulting does a great job exploring many aspects of “Setting Pay Rates” in the following document, and found at page 61-62. Although no answers are given, her ability to point to current thoughts and disparities with salary ranges will be a helpful starting point for thoughts to fair and equal value in consideration to organization values.

**Reference**

Lyn Legere of Lyn Legere Consulting With contributions from the Western Mass Peer Network & Sera Davidow of the Western Mass Recovery Learning Community:
Statistics are beginning to come in from all over the world on pay rates for all different types of peer support positions. In Wisconsin, we are seeing a slow increase of average Certified Peer Specialist wages. In 2013 the average was $12.19 per hour and now in 2015 the average was $13.89. Wisconsin seems to be slightly below the rest of the nation with the most recent data showing $15.42 average in comparison. The real difference is when looking at the number of full time vs part time peers workers. Other states, such as Texas are ranging in the 59% full time employment average vs Wisconsin’s 36% full time employment average. The full time employment numbers in Wisconsin are on the decline and that seems contrary to the national trend.

Data collected from:
Wisconsin Certified Peer Specialist Employment Survey 2016:

Texas Institute for Excellence in Mental Health, Peer Specialists in Mental Health Services: Workplace Integration and Outcomes:
http://sites.utexas.edu/mental-health-institute/files/2016/09/Peer-Specialist-Integration-7-25-16.pdf


In the years of formalized Peer Support employment in Wisconsin, we have heard some reasons for limiting aspects of the peer workers employment opportunities. Some common comments and beliefs are:

- People on benefits don’t want to or cannot work.

  Around 80% of people with a disability want a paying job, however only 25% believe they are likely to find employment. If a person applies for a full or part time position, the motivation and belief is already in them. Just as with people we support within our organization to achieve goals, how can we justify limiting others goals with our own beliefs.

- It’s too stressful for them to work full time, they might relapse.

  Although relapse may always be a possibility, there is no guarantee that any other staff, including yourself, may not have a life changing event that alters your ability to maintain employment. Helpful here is good supervision and supporting self-cares organizational wide.

- Peer support providers cannot handle the administrative demands of the job.
One of the more common employer comments about the peer specialist workforce are with the documentation requirements in some work environments. Documentation is not part of the Peer Specialist training, and this is by design. Each organization in Wisconsin has different requirements, policies and systems for documentation. There should be documentation training in your employee orientation process to assist new employees fulfil this requirement. Helpful here is the “Person Centered Planning” (PCP) training offered by the state that covers documentation. When both providers and service recipients learn about PCP and collaborate to apply this knowledge system wide, recovery will flourish.

**Work-Incentive Counseling**

Any employee receiving public benefits at the time of employment should be advised to utilize “Work Incentives Benefits Counseling” in order to have the information needed for making informed choices about work and earnings. Benefit and employment counselors are available throughout Wisconsin to assist individuals interested in working or already in the workforce. Benefit specialists help answer questions related to Social Security, Medicare, health insurance, and other public and private benefits for people with disabilities. Utilizing this free service will help employees better understand how paid employment can and will affect any entitlements, services or subsidies they may be receiving.

Much like the people we support towards recovery, a conversation around Work Incentive Benefits Counseling may be appropriate when considering work and employment. This could however be a sensitive subject if we automatically assume a person is on benefits just because of a history of Mental Health and/or Substance Use concerns. Personal experience shows that only 2 of 5 people hired to provide Peer Support within one agency had been receiving any type of public benefits at the time of employment.

**Work Incentives Benefits Counseling Resources**

Contact Your Local Independent Living Center: [Wisconsin Independent Living Network](https://www.wiln.org/)

Contact Your Local Work Incentives Benefit Specialist Association (WIPA) Provider: [https://www.wibsa.org/](https://www.wibsa.org/)

Contact Your Local Division of Vocational Rehabilitation (DVR) Counselor: [http://dwd.wisconsin.gov/dvr/locations/](http://dwd.wisconsin.gov/dvr/locations/)
ADA / Job Accommodations

To be protected by The Americans with Disabilities Act (ADA), one must have a disability or have a relationship or association with an individual with a disability. An individual with a disability is defined by the ADA as “a person who has a physical or mental impairment that substantially limits one or more major life activities”, a person who has a history or record of such impairment, or a person who is perceived by others as having such impairment. The ADA does not specifically name all of the impairments that are covered.

Reasonable accommodations are adjustments or modifications, which enable people with disabilities to perform the essential functions of a job efficiently and productively. Accommodations vary depending upon the nature of the job and the needs of the individual applicant or employee. Not all people with disabilities (or even all people with the same disability) will require the same accommodation or any accommodation.

Generally, employers have found that it may cost little to nothing to accommodate most employees with a disability. Studies by the Job Accommodation Network have found:

- Approximately 56% of accommodations have no associated costs
- Approximately 37% of accommodations have a onetime cost of $500 or less
- Approximately 4% of accommodations result in ongoing expenses on an annual basis

Sometimes, the job fit is just not right. Sometimes, the most ethical and respectful supervisorial response is to terminate the Peer Support Specialist’s employment. In the event that a peer specialist is not performing up to expectations, supervisors are encouraged to follow the human resources policies of their organization in a stepwise manner. Some employers may be concerned about the legality of terminating an employee with a documented disability. It is a myth that the ADA prohibits firing an employee with a disability. Peer specialists should be held accountable with respect to their job performance. As noted in the ADA policy, employers can terminate workers with disabilities in three circumstances:

1. The termination is unrelated to the disability;
2. The employee does not meet requirements for the job with or without reasonable accommodations;
3. Because of the disability, the employee poses a direct threat to health or safety in the workplace.

Reference

Behavioral Health &Wellness Program University of Colorado Anschutz Medical Campus School of Medicine: [https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf](https://www.bhwellness.org(toolkits/Peer-Support-Program-Toolkit.pdf) (page 45)
Supervising and Supporting the Wisconsin Certified Peer Specialist

Effective supervision is arguably the most important aspect of sustaining a peer support program. Supervisors of Peer Specialists should be thoroughly knowledgeable with the Scope of Practice, Core Competencies and the Code of Conduct as well as funding and state requirements around supervision.
“The Division of Care and Treatment Services (DCTS) oversees the certification of Certified Peer Specialists (CPS) which allows individuals to work within programs and/or agencies to provide peer support. DCTS strongly believes that CPS, like many professionals providing services to individuals with mental illness and/or substance use disorders, benefit from employer supervision. **Below is guidance on what employer supervision should be.**

For Wisconsin Certified Peer Specialists working in a program or agency that provides services that are reimbursed by Medicaid, DCTS adheres to Federal guidance that Peer Specialists must have supervision by a mental health professional, must be coordinated within the context of coordinated service plans and have continuing education. These programs have structured roles and supervision requirements that can be utilized by a CPS for employer supervision.

For Wisconsin Certified Peer Specialists working in a program or agency that provides services that are NOT reimbursed by Medicaid, such as Peer Run Respite, Peer Run Organizations and others; DCTS anticipates that the program or agency will provide supervision, by a knowledgeable and skilled individual, who understands the role of peer specialists, which will focus, not only on employment, but the peer specialist’s work and skills in working with individuals with mental health and substance use disorders. CPS and employers should be aware if the program or agency’s funding sources have supervision requirements and abide by those requirements”.

Ideally, the Peer Specialists will have a reflective/consultative supervisor with experience in mental health and/or substance use recovery, or has worked as a “Certified” peer. Someone learning from a professional discipline or role benefits from mentorship from someone trained and experienced in that role. Certified peers are sometimes described as “in but not of the system.” It is important that supervisors work to provide integration of the peer specialist workforce in goal planning and team meetings. Supervision of peer staff should be the same as supervision applied to other staff members and should be allowed the same level of privacy as extended to other staff. This in theory should also include some co-training in peer practice. Learning alongside peer supporters, as they learn new skills, further develop strengths, and improve skills will allow for increased understanding of the similarities and unique differences of roles. Supervisors are required to keep licensures for multiple reasons; there is little difference when supervising a peer workforce. Keeping the lines of communication open and discussing these possibilities can be a positive, effective way to plan for continuation of services.

**Effective Supervision**
Ultimately, the supervisor represents the service agency or institution in a quality control and quality improvement capacity, but the supervisor also other responsibilities. At times, these responsibilities may conflict with one another, which can create ethical dilemmas and stress.

- The responsibility to the service agency is to achieve the goal of delivering the highest possible care at the lowest possible cost in the shortest possible time.
- The responsibility to people who use the agency’s services is to help them achieve their own goals in the most efficient and supportive way.
- The responsibility to the trainee is to allow ample opportunity to practice and improve.

In human services, supervisors provide both administrative task-oriented supervision and reflective/consultative supervision. These two roles are both complementary and contradictory.

- Administrative supervision focuses on organizational efficiency, with all of the necessary attention on performance measures, required tasks, and urgent deadlines.
- Consultative supervision focuses on the professional development of the supervisee, along with his/her relationships with service users.
- Supervisees often benefit from having separate supervisors for these roles.

Supervisors of peer specialists must be thoroughly familiar with the job role requirements.

- Ideally, each peer specialist will have a reflective/consultative supervisor with experience working as a peer specialist. Someone learning a professional discipline or role benefits from mentorship from someone trained and experienced in that role.
- Peer specialists are often described as “in but not of the system.” This position can create job strain, and is an important area to explore routinely in supervision.

Supervisors need to know their limits (boundaries), when to refer to personnel to the EAP. It’s natural for a mental health worker who is a supervisor to try to help a colleague or a direct report using mental health techniques. This does the supervisee, whether a peer or non-peer, a disservice because:

- It blurs or distorts the normal work relationships.
- It may reduce the person’s self-efficacy.
- It has the potential to result in either inappropriate disclosure or clumsy “talking around” personal issues.

Supervisory methods and content need to be individualized, and may require negotiation.

- Negotiating a contract for the supervision (timing, content, and process) is helpful.
- The supervisee’s cognitive style, conceptual ability, personal approach to problems, and style of interaction are relevant to the supervision process, and need to be valued.

When supervisors share their experiences, especially their mistakes and anxieties, supervisees learn important lessons. Such disclosures create an atmosphere of trust and openness.

Reference


Awareness of Peer Drift

The role of the peer specialist workforce is unique and unlike any other position in your agency. Peers are not therapists or case managers; the boundaries they set, approaches they adopt, and relationships they cultivate are grounded in shared life experiences.

One of the challenges of many organizations that hire a peer specialist workforce is honoring the distinctly different perspective from which peers work. Over time, peer providers may feel pulled to take on a decidedly more clinical role and begin giving professional advice and/or avoid sharing their recovery stories and identifying with their peers.

This may happen as a result of a peer’s internalized pressure and expectations to fit in with the team. Alternatively, it may be that the treatment team and supervisors do not understand or value the unique role of the peer specialist and consciously or unconsciously pressure them to conform to the standards and boundaries upheld by other clinical team members. Ellison et al. (2012) term this phenomenon “peer drift,” which includes “discomfort or defensiveness utilizing one’s recovery story and drifting toward a more distant and hierarchical approach to service provision.” Signs of peer drift may include focusing on symptoms and diagnoses rather than strengths and skills, encouraging peers to comply with advice rather than make their own decisions, and demonstrating shame and insecurity around the peer specialist role. Supervision with peers should be certain to acknowledge the potential for peer drift, particularly in medical settings.

Reference

Self-cares - Organizational wide

On a daily basis, we have conversations with people about self-cares. So why is it that as provides we neglect to practice them? On a plane, we are told to put our own mask on before helping anyone else. As mental health service providers, our self-cares seem to take a back seat to many other demands. Supporting individuals that freely identify with lived experience with mental health and/or substance use histories in a work environment, is little different from supporting current staff. Administrators, managers or support staff within your existing organization will need to stay physically and mentally healthy to perform at the high levels we ask of them. Everyone must know and practice good self-care skills in order to continue to function and be productive. The peer support staff will have the experience of both knowing and practicing these skills. This can actually create a work environment that fosters and promotes good self-care habits through modeling.

The overall cost can range from stress overload leading to multiple health concerns, compassion fatigue and possibly leaving a job you once enjoyed. Not only is this costly to the person, but the organization now has to invest resources in replacing an employee. Another consideration is the people that receive services from your organization. The change of providers, the lack of a continuity of care and the service recipients’ outlook on recovery can be effected. With an overall culture shift to include self-cares across the board, organizations will assist in reducing negative impacts to all. Prevention is the best and most effective way to avoid costly consequences of self-care neglect in the workplace.

Resources

Headington Institute, “SELF CARE AND LIFESTYLE BALANCE INVENTORY “:

University of Buffalo, School of Social Work, “Our Self-Care Starter Kit”:
https://socialwork.buffalo.edu/resources/self-care-starter-kit.html

Dr. Betty Kramer – “Mindfulness, Self-Awareness and Self-care for Social Workers” 1:13:17 runtime:
https://www.youtube.com/watch?v=gs7vPHtuleY

Françoise Mathieu, M.Ed., CCC., Compassion Fatigue Specialist
© WHP-Workshops for the Helping Professions, March 2007
http://www.compassionfatigue.org/pages/Top12SelfCareTips.pdf
CPS recertification requirements

Wisconsin Certified Peer Specialist Recertification

Continuing Education Requirements

The Wisconsin Peer Specialist certification is valid for two years. In this two year period, 20 total hours of continuing education hours (CEH) and/or continuing education units (CEU) must be obtained to qualify for recertification. Recertification documents and the $50.00 fee are due by August 1 every two years from the year you passed the exam.

A minimum of 1.5 hours is required in each of the following six categories. The remaining 11 hours may be in any category of your choosing as it relates to the peer specialist role. The conversion rate for CEU/CEH is: .1 CEU = 1 CEH.

Independent reading does not qualify as continuing education. Organized study groups with specific learning objectives, and facilitated by trained individuals with direct knowledge of the content discussed may count for continuing education hours. In this case, it is recommended that the curriculum and trainer biography be submitted to the Wisconsin Certified Peer Specialist Coordinator for approval.

1. Cultural Humility: To acquire the knowledge and skills to set aside individual cultural expectations and honor the fact that there are multiple cultures. Gaining knowledge and skills to better interact effectively with people of all classes, ethnic backgrounds, gender identities, languages, races, religions, sexual orientations, and other diverse factors. A continued commitment to self-evaluation of individual beliefs, the understanding that people are experts in their own culture, and being open to the idea that learning people’s individual cultures is a continuous process. This may also be known as cultural competence, cultural responsiveness, cultural awareness, cultural curiosity, and cultural sensitivity.

2. Ethics and Boundaries: To acquire the knowledge and skills to be able to understand and maintain confidentiality, establish appropriate boundaries, and recognize the need to seek guidance or consultation from a supervisor. This could include training on the Health Insurance Portability and Accountability Act (HIPAA), ethical decision-making models, self-cares, and techniques of self-disclosure of lived experience. Reference the Wisconsin Certified Peer Specialist Code of Ethics for further knowledge and skill development.

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3. **Substance Use Specific:** To acquire knowledge and skills in supporting people experiencing challenges with substance use. This knowledge and skill development can include learning about neuroscience as related to addiction, current trends in substance misuse, treatment options, recovery-oriented systems of care, various peer support options, and recovery communities. *Reference the Core Competencies for Wisconsin Certified Peer Specialists for further knowledge and skill development.*

4. **Mental Health Specific:** To acquire knowledge and skills in supporting people experiencing mental health challenges. This knowledge and skills development can include learning about neurosciences as related to mental health, treatment options, recovery-oriented systems of care, various peer support, and recovery communities. *Reference the Core Competencies for Wisconsin Certified Peer Specialists for further knowledge and skill development.*

5. **Trauma-Informed Care:** To acquire knowledge and skills in supporting people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma played in their lives.

6. **Peer Specialist Specific:** To increase the knowledge and skills in the role of a Certified Peer Specialist (CPS) while supporting peers and working with staff. This knowledge and skills development can include information on what makes this role unique, such as: encouraging risking connections, supporting mutuality, and moving away from the expert/novice roles. Continuing education to assist the CPS in becoming a co-experiencer of lived experience, finding a personal recovery path, creating greater community connection, and creating a meaningful life as defined by the peer receiving services. This training may include recovery action plans, person-centered planning, motivational interviewing, trauma-informed care, etc., if provided specifically with the application of best practices in the CPS role. *Reference the Core Competencies for Wisconsin Certified Peer Specialists for further knowledge and skill development.*

The recertification form is available at: [www.sce-peerspecialist.uwm.edu](http://www.sce-peerspecialist.uwm.edu) or [www.wicps.org](http://www.wicps.org). Send the form to the address listed on the first page.

**Certified Peer Specialists are solely responsible for maintaining their continuing education hours and providing documentation of completion to the University of Wisconsin-Milwaukee (UWM). Random audits may occur within the year of recertification. It is recommended that documentation of attendance and training materials be available for the year following the recertification application.**

For further information on the recertification process, contact:

Alice F. Pauser  
Wisconsin Certified Peer Specialist Program Coordinator  
608-242-8484 ext. 224 or 1-800-362-9877 ext. 224  
[alicep@accesstoind.org](mailto:alicep@accesstoind.org)  
[www.wicps.org](http://www.wicps.org)
Wisconsin Certified Parent Peer Specialists
Continuing Education Requirements

Wisconsin Certified Parent Peer Specialists practice within their area of competence and attain appropriate continuing education to maintain proficiency and remain current with emerging knowledge relevant to their work.

Twenty hours of continuing education hours (CEH) are required every two years. A minimum of three hours is required in each of the following categories.

Cultural Humility: Cultural Humility is the ability to strive to set aside individual cultural expectations and honor the fact that there are innumerable cultures and micro-cultures. It is a commitment to self-evaluation of individual beliefs, the understanding that people are experts in their own culture, and to being open to the idea that learning people’s individual cultures is a continuous process. This may also be known as, “Cultural Competence,” “Cultural Responsiveness,” or “Cultural Awareness.”

Ethics and Boundaries: Ethics and Boundaries is the ability to understand and maintain confidentiality and appropriate boundaries and to recognize when to seek guidance or consultation. This includes training on the Health Insurance Portability and Accountability Act (HIPAA) and ethical decision-making models.

Parent Peer Specialist Specific: Parent Peer Specialist Specific training builds skills specific to the population served. Examples include Motivational Interviewing, Peer Support, Individualized Education Program (IEP) Development, Systems of Care, Serious Emotional Disturbance, or Substance Use Disorders.

Child/Adolescent Development or Parenting: Child/Adolescent Development or Parenting builds awareness and skills that may assist families as they engage with peer support services. Skills can be gained from an understanding of the physical, social, psychological, and cognitive development of young people and successful parenting strategies involved with each stage.
Funding/Billing for Wisconsin Certified Peer Specialist Services

The funding source that is the focus of this toolkit are the Medicaid psychosocial rehabilitation services such as Comprehensive Community Services and Community Recovery Services. With the continued improvements in outcomes with peers and families, the opportunities for more funding options may increase. For example:

Certified Peer services may also be covered by Medicaid HMOs as “in lieu of services” in some instances. The specific benefit serving the member will determine how and what services can be billed. For private insurance, an agency biller would need to contact the insurance carrier.

NOTE: Within the “Certified Parent Peer Specialist” model, only county-run programs that provide services to children and youth will be billable and reimbursed by Medicaid. Families participating in Children’s Long-Term Support (CLTS) Waiver programs will need to be “Dually Enrolled” to access “Certified Parent Peer Specialist” services if billing and reimbursement of Medicaid funding is required.

(See Joint memo here for clarification):

Also see “Peer/Advocates Supports” on page 17 and page 118 of the following document for further explanation:
https://www.dhs.wisconsin.gov/waivermanual/waiverch04-10.pdf#page=1

While we have tried to provide organizations with the most accurate and up to date information, information changes often. The best resource that is available for questions on funding, billing and reimbursement for any “Peer” related services is the funder itself. In the case of county-run programs, that contact will vary depending on the program. Each county-run program has a program Administrator or Coordinator at the state level along with administrative codes that outline and define each program.

For specific assistance with billing and reimbursement for county-run programs, the forward health portal will also be of assistance to agencies. “The ForwardHealth Portal serves as the interface to ForwardHealth interChange, the new Medicaid Management Information System for the state of Wisconsin. Through this portal, providers, managed care organizations, partners, and trading partners can electronically and securely submit, manage, and maintain health records for members under their care. This Portal also provides users with access to the current health care information available.”

Wisconsin Department of Health Services, ForwardHealth Portal:

If you are a health care provider or HMO representative, contact Provider Services at 1-800-947-9627.

Resource
Wisconsin Department of Health Services, Division of Care and Treatment Services (DCTS)
https://www.dhs.wisconsin.gov/dcts/index.htm
Frequently Asked Questions about Certified Peers (FAQ’s)

1. **Does a Certified Peer Specialist require more sick time than other staff members?**
   According to Wisconsin surveys CPS do not require more “sick days” or take above average time off for medical reasons. The Certified Peer workforce does not require “special treatment” but equitable treatment as medical or personal situations arise.

2. **Are Certified Peers the same as clinicians?**
   The Certified Peer models are clear that they are not clinicians and should not work outside of their Scope of Practice. The role of a Certified Peer is different and not intended to replace solid clinical practice. Certified Peers are not licensed clinicians, but hold a certification from the State of Wisconsin.

3. **How much training is required to become a Certified Peer?**
   Individuals must be accepted to and pass the Wisconsin Peer Specialist Training Curriculum. The training is a minimum of 40 hours. Once the individual has passed the training they are eligible to apply to take the certification exam.

4. **How does a peer specialist relate to their peers if at one time they received services together and now the peer specialist is employed and assigned to work with them?**
   It is important for the peer specialist to have a clearly defined role and expectations set by the employer. This discussion should be ongoing with the supervisor offering guidance and constructive feedback. It is important for the peer specialist to reassure the peer that this does not make anyone “better than” another, and that the lessons learned together as peers are part of what prepares peer specialists for this role.

5. **How does the agency handle hiring a Peer Specialist that was receiving services at the agency?**
   It is advisable that the Peer Specialist discontinue receiving services at the agency where they are employed. The Peer Specialists file should be secured so that other staff does not have access to it.

6. **Can one person be both a Certified Peer Specialist and a Certified Parent Peer Specialist?**
   Yes, a person that both identifies with a lived experience of mental health and/or substance use histories and as a parent of a child with social, emotional, behavioral, mental health and/or substance use concerns. It is however, strongly recommended that these dual roles remain separate within the services being delivered.
Technical Assistance for Wisconsin Employers: If you would like to receive Technical Assistance regarding hiring, integration and supporting Certified Peer Specialists or Certified Parent Peer Specialists please use the Technical Assistance Request form available at: