

# Certified Peer Specialists (CPS) in the Workplace

A guide for the effective hiring, integration, and supporting of CPS services in Wisconsin



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# Introduction

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

This guide 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 guide 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 plan for staff that addresses the needs of all employees, 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 the first iteration of employer guidance.

Thank you to Access to Independence staff, Brittyn Calyx and Tim Saubers, the Certified Peer Specialist and Certified Parent Peer Specialist Trainers, and the CPS and CPPS employers that provided feedback for their work in developing this updated document.

## How to Use this Document

When used in this guide, "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 guide has not been designed to be a static and finished product. It is anticipated that as peer support and certification of individuals continues to grow worldwide, that lessons learned, new research, and innovative ideas that align with peer values will continue to improve peer support services. Resources will be renewed and substituted as this goal of improving outcomes and supporting people in their recovery through professional peer support continues. When referencing this guide, always look for the most up-to-date version available on the Wisconsin Peer Specialist Employment Initiative website at [www.wicps.org](http://www.wicps.org).

If while using this guide you encounter broken links or the inability to access any of the reference materials, please contact the Wisconsin Peer Specialist Program Manager.

Likewise if in doing research and development, in an effort to better support individuals, you find new and interesting items, please let the Peer Specialist Program Manager know so that it may be evaluated for future inclusion and updates to this guide. Peer Specialist Program Manager contact information can be found at [www.wicps.org/about-us](http://www.wicps.org/about-us).

## **History of the Wisconsin Peer Specialist Employment Initiative**

### **Origins:**

Wisconsin has a long history of engaging with and supporting peer inclusion in the delivery of public mental health and substance use systems of care. The Wisconsin Peer Specialist Employment Initiative embodies this engagement, though the concept of peer support existed long before a certification for professional employment began. The Wisconsin Peer Specialist Employment Initiative was launched by the Wisconsin Recovery Implementation Task Force (RITF) in December 2006.

The Peer Specialist Committee (PSC) of the RITF provided recommendations to the Department of Health Services (DHS) for the creation of the initiative. Funding was secured from the Medicaid Infrastructure Grant, and a contract was established with Access to Independence, Inc. (Access) to work with the PSC, DHS, and other stakeholders to build core competencies, a job description, ethics and boundaries guidelines, and more from 2007-2009. Once those documents were in place, Access, DHS, and the PSC worked together to establish a training protocol and statewide competency-based examination process.

In January of 2010, the Wisconsin Peer Specialist Employment Initiative held their first certification exams and brought the initial cohort of newly Certified Peer Specialists to Wisconsin. By the end of 2010, approximately 100 Certified Peer Specialists were available throughout the state.

In February 2011, a separate design committee was developed with leaders in the parent support community in order to build a system that reflects the challenges and opportunities in supporting parents of children and youth experiencing mental health and substance use challenges. In partnership with Access and DHS, this committee developed guiding documents. The training protocol and the competency-based exam were launched in 2018.

### **Looking Towards the Future:**

Since 2006, many accomplishments have been achieved, including: building an active and engaged workforce composed of more than 1,400 Certified Peer Specialists throughout the state, developing a peer workforce that can offer quality support to people with lived experience of mental health or substance use challenges or both, collaborating with tribal nations to ensure professional peer support services are available in communities that want them, bringing CPS training, certification, and services to incarcerated persons throughout Wisconsin, launching a Certified Peer/Parent Peer Specialist Advisory Committee, and developing and implementing a Certified Parent Peer Specialist certification.

Wisconsin is a leader in peer specialist services, and both the Certified Peer Specialist and Certified Parent Peer Specialist initiatives continue to evolve as we learn.

## **What is a Certified Peer Specialist?**

A Certified Peer Specialist (CPS) provides peer support to people receiving services related to mental health and/or substance use challenges. Whether a Certified Peer Specialist works in a peer-run organization on a team entirely composed of other peer support professionals, or as part of a treatment or recovery team including clinicians and other service providers, they are active participants and colleagues with their own valuable expertise and skill-sets.

A Certified Peer Specialist is a person who has their own lived experience of mental health and/or substance use challenges and has completed formal training and certification in the peer specialist model of mental health and substance use-oriented peer support. They use their unique set of lived experiences and recovery in combination with comprehensive skills-training, including continuing education, to support people living with mental health and/or substance use challenges. Certified Peer Specialists actively center peer support and associated principles in their work, while operating under a clearly defined role and collaborate in a complementary fashion as part of an agency's team support structure.

## **What is the role of a Certified Peer Specialist?**

The role of the Certified Peer Specialist can vary to an extent depending on the work environment and encompass several forms of support and assistance. Although roles may vary in agencies and organizations, it is generally recognized that Certified Peer Specialists provide the following services to people living with mental health and/or substance use challenges:

- Cultivate empowering and supportive relationships
- Use self-disclosure and their own lived experience as a valuable tool
- Provide information about community and recovery-oriented resources upon request
- Assist in supporting their peers, even in crisis
- Value self-determination as a guiding ethical principle

- Facilitate person-centered goal setting
- Communicate effectively with their peers, other team members, and clinicians
- Create an environment of respect for their peers and those with lived experience
- Seek to understand the roles culture, community, and identity play in their peers' lives
- Practice trauma-informed approaches in their peer relationships and work places
- Affect positive change in systems
- Inspire hope for recovery and wellness

Inherent in this list are the many benefits that Certified Peer Specialists bring to an employer and their peers. The CPS has the privilege of being guided by principles such as self-determination, person-centered approaches, trauma-informed support practices, and strengths-based perspectives without the constraints faced by many clinicians. This freedom allows these principles to flourish and inspire change within the peer relationship, organizations, and the greater mental health and substance use service systems

## **Certified Peer Specialists as Change Agents**

The Certified Peer Specialist workforce in Wisconsin is composed of a number of strong and forward-thinking advocates. They demonstrate the ability to center choice and self-determination, as well as the recognition and validation of many pathways to self-defined recovery. Many find that the freedom to define their struggles and victories on their own terms and make meaning of their own experiences as they see as instrumental in fostering a life worth living.

The CPS recognizes the people they support as the ultimate experts in what will work best for themselves. The CPS trusts and respects their peers' decisions and advocates alongside them in order to ensure their needs are met in a person-centered, self-determined manner.

One of the most important values of a CPS is providing non-judgmental support to those they serve. Oftentimes people with lived experience have felt shamed and judged by the systems they interface with, even the systems and agencies meant to support them directly. An effective CPS serves as a validating and non-judgmental resource to their peers as they navigate the system and foster their own recovery and resiliency.

### **How Employers can Support this Change**

The following can be found in the City of Philadelphia DBHIDS Peer Support Toolkit, a valuable resource for understanding more thoroughly how some are implementing peer specialist services: [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)

Embedding peer support services into treatment settings is more than just adding a new service option; it is a culture change that aims to improve service delivery across the entire organization. The inclusion of peer support shifts the focus and nature of treatment services themselves. As a result, the administrative context in which staff deliver those services (organizational policies, budgets, evaluation practices, and so on) must also align to support recovery-oriented services.

All of these changes, and more, require the active efforts and strong support of agency leadership in articulating a clear vision of where the agency is headed, addressing the inevitable barriers to achieving that vision, and institutionalizing the changes so that they endure.

Understandably, the prospect of initiating agency-wide culture change can be daunting. Where to start? Regardless of where the impetus for transformation originates—direct care staff, service users, advocates, or others—to fully reorient your agency culture, the transformation must be endorsed and promoted from the top down, as well as implemented from the bottom up.

“For culture change to occur, a ... prerequisite is for someone in a position of significant authority and leadership in the agency to announce that a recovery-focused transformation process is an agency-wide priority.” ~ Joe Schultz, Clinical Director, NET

### Three Approaches to Systems Change

1. Additive Approach In this model, organizations add recovery services such as peer-led support groups, peer-based telephonic aftercare, and other services as discreet options to supplement existing treatment practices, which themselves remain unchanged.
2. Selective Approach The selective approach strategically aligns services in certain programs or levels of care with a recovery-orientation, but not all. Within the targeted elements, both clinical and nonclinical services become more recovery-oriented and the administrative context is aligned to support this orientation, while non-targeted aspects of the organization continue to operate as usual. The changed components of the organization may be viewed as pilot projects or recovery projects, but they do not influence the broader culture of the organization.

3. Transformative Approach True transformation integrates recovery-oriented principles throughout the entire entity under consideration. Both clinical and nonclinical services and supports are aligned with a recovery-orientation. The transformative approach ensures that all administrative and operational processes, policies, and fiscal strategies support the delivery of recovery-oriented services. As such, is it a value-driven culture change throughout the entire organization or system?

For a deeper discussion about ROSC transformation, see Achara-Abrahams, Evans, & King, 2010.

Philadelphia Dept. of Behavioral Health and Intellectual Disabilities Services and Achara Consulting Inc. (2017). Peer Support Toolkit. Philadelphia, PA: DBHIDS

## **What makes Wisconsin's Certified Peer Specialists Unique?**

Certified Peer Specialists recognized in the State of Wisconsin complete peer support training, examination, and continuing education requirements specific to both mental health and substance use-oriented lived experiences.

Most states that offer certification for peer specialists currently only cover peer support related to mental health challenges. Wisconsin recognizes the significant co-occurrence and overlapping of these struggles and found it important to offer a certification model that prepares Certified Peer Specialists to provide effective peer support to individuals experiencing both, as well as those who experience solely one or the other.

Certified Peer Specialists in Wisconsin are guided by and expected to work in accordance to a list of Core Competencies, a clearly defined Scope of Practice, and a Code of Ethics.

These documents are central to the role of the Certified Peer Specialist in Wisconsin. The training curriculum and examination coordinated by the Wisconsin Peer Specialist Employment Initiative is structured in such a way as to ensure a clear understanding of these documents and their application in the workplace.

## **Where are Certified Peer Specialists employed?**

- Within the Wisconsin Community Mental Health Programs
- Comprehensive Community Services (CCS)
- Community Recovery Services (CRS)
- Community Support Program (CSP)
- Coordinated Services Teams (CST)
- Children's Long Term Support Waivers (CLTS)



- Crisis Services
- Wisconsin Department of Public Instruction (DPI)
- Wisconsin Department of Corrections (DOC)
- Non Profit and Provider Organizations
- Peer Recovery Centers
- Peer-Run Respite
- Outpatient Settings
- Inpatient Settings
- Hospitals
- Jail

## Clarifying Certified Peer Specialist Services

### Informal Peer Support / Certified Peer Specialist / Clinical Role

Is this a professional role?	Usually not	Yes	Yes
Do they utilize self-disclosure?	Yes	Yes and always with the needs of the peer in mind	Generally discouraged
How mutual is the relationship?	Can be truly mutual	Strives towards mutuality and mitigating inherent power imbalances (one's being paid, the other isn't)	Little mutuality and usually seen as an expert or authority figure
What models are used in training?	Varied and often informed by the community or program in which they are providing peer support. May or may not have formal	Peer support model with emphasis on trauma-informed practices, strengths-based approaches, person-centered planning, etc.	Medical model with emphasis on diagnoses, treatment, medication, clinical intervention, etc.

	training.		
How do they engage with the person receiving support?	Varied. Stress tends to be placed on the shared lived experience above other components of a peer relationship.	Meets the peer where they are at, seeks connection, and supports self-determination and harm reduction.	Prioritizes treatment plans specific to diagnoses, compliance-focused, engagement varies via level of care, individual approaches vary.
What is their scope of practice?	No clearly defined scope of practice. May provide support or advice in many areas of life.	Peer principles and guiding documents guide the support offered. Explores options with peers regarding other professional services that might be beneficial	Provides professional medical or clinical services - may make referrals for other specialties
How are resources provided?	Resource and information sharing can be done various ways, from one-size-fits-all approaches to	Peer Specialists share resources in a person-centered way. They support empowering relationships	Referrals for resources are made in order to support the treatment plan. Formation of treatment

	more person-centered models.	and do “with” not “for” the peer.	plans can rely on varying levels of input from the service recipient.
How is feedback given or progress measured?	Entirely dependent on the framework of informal peer support.	“Progress” is measured and defined by the peer. Peer specialists do not focus on fixing or evaluating.	Clinicians review clients’ progress by measuring markers of engagement, “functionality,” compliance, and data collection.
How are goals and priorities determined?	Goals and priorities are determined based upon the framework in which support is provided. This may be done in a collaborative manner with the peer or in a predetermined manner based upon the program.	Supports the peer in developing and defining their own goals on their own terms. Validates and supports the peer in working towards their goals regardless of how “realistic” they may be.	Goals and priorities are determined partly by the client, the treatment team, insurance stipulations, and treatment method. Level of input from client varies upon restrictiveness of setting and treatment

			method.
How is recovery modeled?	Recovery is usually defined and modeled by the people providing support.	Peer specialists seek to inspire hope. They do not pretend that recovery is pretty or simple. They demonstrate resilience and model options for pursuing wellness.	Though individual clinicians may have varying definitions of recovery, healing is still seen through the lens of a treatment plan and therapy model.
How are services documented?	Rarely.	Differs from program to program. When required, peer specialists must complete documentation in a collaborative, strengths-based, respectful manner.	Required by all clinicians. Must complete regular progress notes, evaluating progress towards goals established by the treatment plan.

## Resources

Sera Davidow of the Western Mass Recovery Learning Community With contributions from Erin Levesque & the Western Mass Peer Network, “A Handbook For Individuals Working in Peer Roles” (pages 14-20)

[http://www.psresources.info/images/stories/peer\\_role\\_booklet\\_peer\\_side.pdf](http://www.psresources.info/images/stories/peer_role_booklet_peer_side.pdf)

Peer Support Resources, “Declaration of Peer Roles”

<http://www.psresources.info/declaration-of-peer-roles>

Shery Mead, M.S.W., David Hilton, M.A., Laurie Curtis, M.A., “Peer Support: A Theoretical Perspective”

<http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Peer-Support-A-Theoretical-Perspective.pdf>

Shery Mead, Cheryl MacNeil, “Peer Support: A Systemic Approach”

<http://www.intentionalpeersupport.org/wp-content/uploads/2014/02/Peer-Support-A-Systemic-Approach.pdf>

Office of Consumer Affairs, Office of Adult Mental Health Services in consultation with Shery Mead with funding from Center for Medicaid Services June 2006, “Intentional Peer Support: What Makes it Unique?”

[https://www.pathwaysrtc.pdx.edu/HTItoolkit/files/05-Organization\\_of\\_Peer\\_Support/1-Peer\\_Support\\_Descriptions/B.Intentional\\_Peer\\_Support-What\\_Makes\\_It\\_Unique.pdf](https://www.pathwaysrtc.pdx.edu/HTItoolkit/files/05-Organization_of_Peer_Support/1-Peer_Support_Descriptions/B.Intentional_Peer_Support-What_Makes_It_Unique.pdf)

## Wisconsin’s Working Definition of the Certified Peer Specialist

**A Certified Peer Specialist** is a person who has their own lived experience of mental health and/or substance use challenges and has completed formal training and certification in the peer specialist model of mental health and substance use-oriented peer support. They use their unique set of lived experiences and recovery in combination with comprehensive skills-training, including continuing education, to support people living with mental health and/or substance use challenges. Certified Peer Specialists actively center peer support and associated principles in their work, while operating under a clearly defined role and collaborate in a complementary fashion as part of an agency’s team support structure.

# Wisconsin Certified Peer Specialist Core Competencies

## *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/scfiles/docs/CulturalCompetencyDefinition.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/#.V2IHVPb6vcs>
- 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
  
- 4.19 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.

# 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 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 walk their unique recovery pathway. The CPS strives to work with peers in a mutual manner, ever aware of any power imbalances that may exist.

## 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/definition-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. Peer Specialists will adhere to confidentiality standards put forth by the WI CPS Guiding Documents.
2. They will be aware of and incorporate their employer's confidentiality policies and procedures into their practice.
3. Peer Specialists will respect and validate how their peers define "crisis," and will not identify or report a crisis when one has not occurred.
4. Certified Peer Specialists are not mandated reporters by virtue of completing the WI CPS Training.

## 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 peer's role is important, and trained CPS 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 CPS are not clinicians and should not work outside of their Scope of Practice. The role of the CPS workforce is different and not intended to replace clinical practice. It's meant to be one more support option for people who are sometimes given little choice in the services available to them.

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 CPS will not be held to the same standards as the rest of the team. CPS are expected to be responsible for their own recovery and accountable to themselves, those they support, coworkers, and supervisors. Stigma may be overcome by working directly with the CPS to help staff gain a new perspective on the value of their role. Once again, honoring the concerns and working actively 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 CPS works with those they support and staff in a manner that incorporates both the Wisconsin Certified Peer Specialist Scope of Practice, Code of Ethics, and Core Competencies as well as the agency policies that outline conduct and responsibilities for all staff.

Some additional suggestions:

- Always encourage existing staff to share concerns openly and respectfully
- Talk about the unique contribution a Certified Peer Specialist brings
- Share this guide with staff to assist in understanding of the role differences
- Clarify roles in the workplace

## Resource

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](http://www.casra.org/docs/peer_provider_toolkit.pdf)

### Common Myths and Misconceptions about Peer Specialists

Adapted from A Provider’s Handbook on Developing and Implementing Peer Roles, which was originally adapted from the Western Massachusetts Peer Network’s ‘Myths & Misconceptions: Shedding the Misunderstandings as a First Step to Progress’ (2011): <http://www.peerspecialist.org/Document PS/A Providers Handbook on Developing Implementing Peer Roles 022515.pdf>

#### Top Ten Misconceptions about Peer Specialists

The ten misconceptions listed below are some of the most common misunderstandings about ‘peer’ roles.

1. **Peer specialists are just ‘mini mental health counselors,’ and a next logical step in their career path would be to aim to become a mental health or substance use counselor or clinician:** In actuality, working in a peer role is a completely different track than being a mental health or substance use counselor. Their focus and duties are substantially different. People working in peer roles also have their own career ladder. There are peer support group facilitators, peer mentors, Certified Peer Specialists, Peer Specialist trainers, and so on.
2. **Peer support work is a type of vocational rehabilitation for someone working on their own recovery:** Hiring someone with the intention of having them doing peer support work as a tool of strengthening their own recovery is one of the most common (and worst) mistakes an employer can make. Ultimately, this does not serve either the individual or the people receiving services.
3. **Anyone who has received mental health or substance use services can make a good peer specialist:** A history of receiving mental health or substance use services or supports is just a small fraction of what could help a person be an effective CPS. The ability and interest in connecting with people, sharing one’s story,



communication skills and so much more go into being good at this work. Some people who've received mental health or substance use services would make a terrible peer specialist, but they'd make a great teacher, scientist, nurse, etc.

4. **One of the primary uses for a peer specialist is to get them to uncover information about a person receiving services to bring back to the rest of the team:** Peer specialists should not be used as moles! The trust that a peer specialist forms with someone that they are supporting is priceless, and angling to get information just to share it with others can break that trust in a second. If there are particular things that a peer specialist would be required to share, they should be as upfront about that as possible. Otherwise, they should be given flexibility in what they do and don't bring back to the team.
5. **Peer specialists should never engage in conversation about tricky topics like suicide, medication, etc.:** Peer-to-peer conversations shouldn't be limited to light or social topics. Actually, the training required to become a certified peer specialist covers topics like suicide, self-harm, medication assisted treatment, and so on. Supporting a peer as they navigate experiences around these topics is well within the scope of practice of a CPS. Additionally, peer specialists are strongly encouraged to engage in training around these topics as the work towards recertification. Sometimes, a peer specialist might be the only person that someone feels comfortable sharing these thoughts and feelings with, and so they should be supported by their supervisor to develop their skill level and confidence in having serious conversations as they arise.
6. **There are no boundaries in peer support work:** It's true that peer specialists set limits that are different than people working in clinical roles. However, that doesn't mean it's a free-for-all. Any CPS is expected to adhere to the Wisconsin Certified Peer Specialist Code of Ethics that includes boundary and ethical considerations.
7. **The primary difference between a peer specialist and a clinician is that the peer specialist has 'lived experience' and can share their story:** Lots of people working in clinical roles identify as having 'lived experience,' and some organizations even support people in those roles to share their stories. Understanding how to effectively self-disclose is a core part of being a peer specialist. The key difference between a CPS and clinical staff lies more in the model through which services are provided. CPS are expected to utilize a peer support model, whereas clinical staff work primarily within the medical model.
8. **Anti-psychiatry is really common in the peer movement, and many peer specialists are likely to tell people who receive services to get off their meds or go against what their treatment providers want them to do:** Peer Specialists have a variety of beliefs and experiences—often a mix of positive and negative, where the mental health and substance use services system is concerned. However, most importantly, whether a peer specialist has had a positive experience with this system or not, all of their training stresses supporting the process of self-

determination and exploration as determined by the person receiving services. CPS are not in the business of directing a person's recovery pathway or changing minds.

9. **An organization needs to develop special policies for peer specialists and learn how to evaluate who is and isn't stable enough during the interview process:** The reality is that all employees have the potential to be good or bad at their jobs, or have personal issues that arise and impact their work. Anyone who has served as a manager in any field will know that. Peer Specialists should not be treated any differently. While an organization may benefit from re-evaluating its policies to make sure they represent at least some degree of flexibility, fairness, and compassion toward their workforce, the policies should be applied across the board.
10. **As long as everyone is invested in integrating Peer Specialists, and take all the right steps, this should be easy, right?:** Any change is going to bring about tension, and especially one that asks an organization to shift elements of its belief system. In actuality, complete lack of tension or bumps in this process should be a red flag that you may not be implementing the roles properly!

## Resources

Implementing Recovery through Organisational Change, "Peer Support Workers: a practical guide to implementation" (pages 7-9)  
<http://yavee1czwq2ianky1a2ws010-wpengine.netdna-ssl.com/wp-content/uploads/2016/09/7- Peer-Support-Workers-a-practical-guide-to-implementation.pdf>

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)  
<http://www.peerspecialist.org/Document PS/A Providers Handbook on Developing Implementing Peer Roles 022515.pdf>

## Embracing Change in the Workplace

In the following 18-minute video, Jason Clarke of Mindsatwork will introduce many aspects of implementing meaningful change. As you will see, change is hard for any organization, industry, or service sector. The information presented in this talk is inherent to change universally.

TEDxPerth - Jason Clarke - Embracing Change, December 2010

<https://www.youtube.com/watch?v=vPhM8lxibSU>

## Emerging Practice in Recruiting and Hiring a Peer Workforce

Adapted from: Living the values of recovery in policies, programs, and practice,  
NJPRA: <http://www.patnemec.com/pdfs/NJPRA-HO-2010-Swarbrick-Nemec.pdf>

1. Hire people who are qualified to do the job—no tokenism; lived experience by itself is not enough. CPS need relevant work experience, training, skill sets, and values that align with the employer's.
2. Develop a clear job description and provide detailed information about essential functions of the position, job expectations, and requirements. Revisit the job description from time to time to ensure that it is current and applicable.
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 is much more difficult than teaching an inexperienced person the right way from the beginning.
6. Use a qualified supervisor who is knowledgeable about the peer role, peer relationship, and peer model of service delivery. When possible, it is most beneficial to have a supervisor with personal experience in a CPS role.
7. Ensure quality of services through feedback, supervision, and performance evaluation mechanisms.

The CPS 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 CPS should they need to take time off.

Considerations:

- Is there more than one CPS on staff?
- Do CPS have opportunities to network with other CPS and engage in mutual support?
- How will peers’ needs be met if the CPS has to take an extended leave?
- Can the employer partner with another agency/organization to provide peer support during the leave of absence of a CPS?
- 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 continuity of services.

## **Recruiting/Job Posting**

A successful CPS will bring more than the value of lived experience of mental health and/or substance use challenges to your organization. They will possess knowledge, attitudes, and skills to assist you in creating a trauma-informed, safer, trusting, and 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 CPS.

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 Boundaries of peer support workers create concerns. <http://dbhids.org/wp-content/uploads/1970/01/PCCI-Peer-Support-Toolkit.pdf>

A large key to a CPS 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 organization's job description, peer specialists may experience a great deal of job frustration, feelings of being under-utilized, and feel that their talents, gifts, and experience are not respected. It is also crucial that employers hire more than one CPS when launching their program in order to ensure that no staff is working in isolation.

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 specialists longer, and have increased engagement in services by peers. These are just a few of the reasons that peer specialists are an Evidence Based Practice and allows federal funds to be utilized in programs throughout Wisconsin.

Job descriptions for Certified Peer Specialist are variable and change based on the program and agency looking to hire them. In this handbook, several examples of job descriptions have been included. To see additional examples visit the following link: <http://wicps.org/jobs>

In an effort to assist in building a detailed job description for a peer specialist for your needs, a guideline has been adapted to include Wisconsin's requirements for funding reimbursement. Again not all programs require "Certification" and it is the agency's responsibility to know the specific requirements for reimbursements and funders.

## Interview

One thing found helpful in the Certified Peer Specialist workforce regarding the interview process is that an "Emerging Practice" is to include others, such as, peers receiving services, supervisors, and current CPS team members on the interview panel. In doing this, organizations get multiple perspectives and input into selecting the best candidates to support others.

Strive to conduct interviews 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 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 agency's human resources and legal department to clarify any restrictions, regulations, and limitations in interviewing candidates.

**Below are some questions to be considered when interviewing CPS:**

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 role of a peer specialist.
4. How familiar are you with peer support and what does it mean to be a peer to others in your opinion?
5. What do you view as your personal strengths?
6. What does recovery and resilience mean to you?
7. What do you do to take care of yourself and nurture your own well-being?
8. Many people we support are facing systemic injustices and oppressions that peer support alone will not fix. How do you think you as a peer specialist will face this challenge?
9. There will be many opportunities to challenge the mental health and substance use service system, doctors, nurses, social workers and to advocate for peers in this position. Tell us a bit about your ability to respectfully challenge individuals working in these systems.
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? How about as a collaborative team member?
15. What would you expect from a supervisor and support system in this position?

The above suggested questions were edited from:

[https://www.mainequalitycounts.org/image\\_upload/Peer%20Services%20Tool-Kit.pdf](https://www.mainequalitycounts.org/image_upload/Peer%20Services%20Tool-Kit.pdf) (pages 46 and 47)

## **Living Wages and Benefits**

When establishing pay rates for Certified Peer Specialists, employers have a wide variety of factors to keep in mind. It is primarily important for employers to recognize the value that peer specialists bring by ensuring that they are paid a living wage. This wage, at a minimum, must increase as the cost of living increases. Of additional importance to recognize are the unique skills in which peer specialists have been trained, the work required to maintain a professional certification, and the pay rate for others at the same employer providing similar services. Employers also need to recognize additional certifications, degrees, and trainings that CPS may have upon hire and take those into account when determining an appropriate pay rate.

When CPS advance into supervisory positions, it is expected that they will be paid on par with other supervisory staff. Employers must also take into consideration the size of the program they're supervising, the number of staff they have, and their overall performance when determining wages for CPS in supervisory positions.

Employers of CPS need to ensure that they receive benefits at the same level as other staff. This can be a crucial step to take in order to better retain peer specialists.

# Supervising and Supporting the Wisconsin Certified Peer Specialist

Effective supervision is one of many important aspects of sustaining a peer support program.

Supervisors of CPS should be thoroughly knowledgeable with the Wisconsin Certified Peer Specialist Scope of Practice, Core Competencies, and the Code of Ethics as well as funding and state requirements around supervision.

## Certified Peer Specialist Supervision DHS-Approved Language February 2016

*“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”.*

There is absolutely no question that the most qualified supervisor for a CPS is someone else who has also worked as CPS. This is because:

- People who have ‘been there’ themselves are better able to understand the challenges of working in a system where one has potentially previously received services.



- People who have worked as CPS are better able to understand the tensions and potential isolation of working in a role where they may be one of the only people in that position and are nonetheless asked to challenge others and act as a change agent.
- People who have been through the training for CPS are more likely to understand the core competencies and functions of the job.
- People who have been asked to sign on to the same Code of Ethics and/or values are more likely to understand the integrity of the role and when certain duties may be in conflict with it.

Another bonus of having a supervisor with this experience is that they are often in a much better position to unite people working as CPS across an organization. That is to say, in organizations where individuals working as CPS are placed separately on various clinical teams, they are much less likely to know one another and much more likely to feel isolated in their work. On the other hand, when there is a centralized supervisor who has also worked as a CPS and who is responsible for supervising other CPS, there are more likely to be regular team gatherings for all CPS and for individuals to feel that their roles are well understood and supported.

In organizations where this just isn't possible, sometimes including Medicaid-billable services, some ideas include:

- Requesting training and technical assistance on CPS supervision from the Peer Specialist Program Manager
- Seeking supplemental supervision for your employee from a local peer-run organization
- Sub-contracting with a local organization to hire CPS to work in your agency and so that their direct supervisor is someone who has that experience
- Supporting and encouraging your employed CPS to attend networking meetings, trainings, and other gatherings related to peer roles offered by other organizations and then working with them to implement ideas and best practices learned at such gatherings.

Programs that utilize Certified Peer Specialists are varied and a relatively new piece of the mental health and substance use service system. This is important to keep in mind and can be viewed as an opportunity to shift the way supervision has traditionally been provided towards specialized, tailored supervision that meets the needs of the programs and the CPS providing services.

Some programs may benefit from having a clinical supervisor and a program supervisor while others may benefit from having one supervisor who is able to provide both forms of oversight, while still others may benefit from a different arrangement. Supervision needs to be viewed as flexible and adaptable and the way it is provided for programs and individual CPS should be re-evaluated and adjusted regularly and/or as needs change.

## Supervision in Peer Support

The following example of supervision of someone in a peer support role comes from the Western Mass Recovery Learning Community. Though not specific to supervising Certified Peer Specialists, employers of CPS may find great benefit to a similar structure depending on their organization and its values.

### **Supervision Meeting Tool\***

Formal supervision meetings should be happening – at a minimum – once per month with all team members who work in permanent roles. Supervision meetings should also take place at least once per month with team members who have worked a number of shifts and/or hours that are essentially equivalent to a regular part-time position in that space/role in the last month. (What is considered ‘equivalent to a regular part-time position’ should be defined by each space/division based on at least one shift per week for a number of hours that is comparable to an average shift for that space.) This is in addition to any team meetings or more casual conversations and interactions that may take place. However, individuals who have regular supervisors in other parts of the RLC, need not participate in an additional supervision meeting when filling in in a different space/role (unless a particular need is identified based on a specific concern or request), provided regular supervisors are taking care to address needs, successes and concerns in all areas.

**Both people in the meeting should review and respond to the following questions at each meeting.** If one or both people have nothing to offer in regards to a particular question, that is fine, but the question should at least be noted out loud and it should be acknowledged that there are no concerns or information in that area at that time.

Please also bear in mind our values as these conversations happen. Both people involved are responsible for doing their best to hold values around transparency, compassion, how they’re talking to and about each other and others, etc.

Please keep track of meeting as they occur!

1. Beyond the questions below, what other agenda items do **each** of you bring to today’s meeting?
2. What are some of the contributions, strengths, etc. that you have noticed, appreciated, or what to thank the other person for since your last meeting?
3. Are there any positive interactions, strengths, etc. that you’ve witnessed in **other team members** (who are not at this meeting) and of which you think the other person should be aware?
4. Is there anything either of you need from the other to make your job/work/community run more smoothly or feel better supported?

5. Do either of you have any lingering hurts, upsets or concerns ***with each other*** that you'd like to address at this meeting?
6. Do either of you have any lingering hurts, upsets or ***concerns with someone outside of this meeting*** that you'd like some support on thinking through how to address?
7. Have you noticed anything (concerns *and/or* successes) related to the team's awareness of racism, sexism, transphobia, homophobia, classism, ableism or other social justice-related issues that you want to check in about?
8. What are you both agreeing to do/work on between now and the next meeting?
9. How did you each do with holding RLC values throughout this meeting?

*\* Although not something that needs to be reviewed at each meeting, please be sure to at least periodically talk about thoughts, feelings and hopes for future job development, personal growth, etc.*

## **Professional Development of CPS Staff**

Supporting the professional development of CPS staff is a key responsibility of the program and employer of the CPS. It is important for employers to keep in mind that CPS have completed professional training and hold a certification backed by the State of Wisconsin. CPS staff require and deserve the same level of investment and support that all other staff receive.

Within the Wisconsin Certified Peer Specialist Code of Ethics it is stated that CPS are expected to stay up-to-date with emerging knowledge relevant to recovery and one way to ensure that they are able to do so is for the employer to support their professional development. This can include being sent to trainings, attending conferences, workshops, networking events, and so on. It is crucial that employers and CPS evaluate which events they attend in order to ensure that the information presented is in line with peer values rather than presented through the traditional, clinical lens.

By ensuring that CPS stay knowledgeable with emerging best practices, employers position their staff, programs, and agency on the cutting edge of service provision, serving as leaders in the communities in which they provide services. Additionally, sending CPS staff to certain trainings such as WRAP, Intentional Peer Support, Emotional-CPR, Alternatives to Suicide, and so on creates opportunities for the employer to expand the services and supports provided to peers and community members.

Finally, CPS are required to maintain their certification and recertify every 2 years. Many of the requirements necessary for this process can be obtained while simultaneously working on professional development. The following section will break down specific requirements for CPS recertification.

# 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 30 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.*
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:

Tim Saubers  
Wisconsin Peer Specialist Program Manager  
608-242-8484 ext 232 or 1-800-362-9877  
[tims@accesstoind.org](mailto:tims@accesstoind.org)  
[www.wicps.org](http://www.wicps.org)

## **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):  
<https://www.dhs.wisconsin.gov/dltc/memos/2014-01policymemo.pdf>

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:  
<https://www.forwardhealth.wi.gov/WIPortal/Default.aspx>

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. What leads to turnover of Certified Peer Specialists?**

The turnover rate for Certified Peer Specialists has not been found to be significantly higher than other professions in the behavioral health field. A common cause for CPS leaving their position or becoming “burnt out” is a lack of clarity in their role and a lack of understanding from their employer about their role and the scope of their work. Additionally, CPS often face inadequate supervisory support due to supervisors without experience providing peer support services not understanding the CPS role or the ethical guidelines to which they must adhere.

## **2. Will Certified Peer Specialists replace clinical employment opportunities?**

Certified Peer Specialists are not here to take over clinical roles or replace other service providers. The peer support offered by Certified Peer Specialists is a unique and distinct service that is different from that of a clinician. Some individuals will find that the services provided by a CPS effectively support them in their recovery. Others will find that traditional clinical and/or therapeutic models of support are best. Still others, will find that a combination of the two in a complementary fashion is best. Supporting multiple pathways to recovery and providing person-centered services is a cornerstone of peer support.

## **3. How much training is required to become a Certified Peer Specialist?**

The WI Certified Peer Specialist Training is 48 hours long. It is an integrated training meaning that it covers both mental health and substance use challenges. The training covers a wide variety of topics including effective self-disclosure, multiple pathways to recovery, communication, understanding and applying the CPS Core Documents, trauma-informed principles, person-centered planning, and strength based approaches. Upon completion of the training participants must pass the WI Certified Peer Specialist Exam with a score of 85% or higher in order to be recognized as certified by the State of Wisconsin. In order to maintain this certification, CPS must recertify every 2 years by completing 20 hours of continuing education in 6 different areas. At the time of writing this document Wisconsin is the only state with a curriculum designed specifically to train participants in both mental health and substance use challenges.

## **4. How does a certified peer specialist support someone with whom they received services and have now been assigned to work?**

When scenarios such as these come about, peer specialists and their employers



need to address them on a case by case basis. It is important for the peer specialist to be cognizant of the power imbalance that can easily be exacerbated when they are seen as being “more recovered” than the person with whom they were receiving services. Peer specialists and their employers must recognize that the people they’re supporting are the experts in their own recovery.

Similarly, the CPS should be supported in navigating healthy boundary-related and ethical questions by their supervisors. The CPS should examine these questions through the lens of the employer’s policies and procedures, the Wisconsin Certified Peer Specialist Code of Ethics, and the boundaries mutually identified within the peer relationship.

**5. How does an agency navigate hiring a Peer Specialist that was receiving services at that agency?**

Any agency that is interested in hiring a Certified Peer Specialist who received services at that agency must do so in an impartial manner. It is important when navigating the hiring process that any documentation related to the CPS’ time receiving services is not taken into account. Additionally, employers must examine who is involved in the hiring process in order to ensure that no member of that CPS’ treatment team has a role in making the final hiring decision. Employers must treat the CPS as an equal and respected member of the staff after they’re hired. Just as any other staff member it is the role of the CPS to see to their own wellness and it is not the role of the employer to monitor or oversee their recovery.

**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

**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: [https://www.wicps.org/wp-content/uploads/2019/11/cps\\_pps\\_ta\\_form.pdf](https://www.wicps.org/wp-content/uploads/2019/11/cps_pps_ta_form.pdf)