

 <b>WRAPAROUND MILWAUKEE POLICY &amp; PROCEDURE</b>	Date Issued: <b>3/10/14</b>	Reviewed: <b>11/3/14</b> By: WA/BM Last Revision: <b>3/10/14</b>	Section: <b>ALL</b> (Supervisory, Care Coordination, Vendor Services, Provider Network)	Policy No:  72	Pages:  1 of 4 (5 Attachments)
	<input checked="" type="checkbox"/> Wraparound <input checked="" type="checkbox"/> Wraparound-REACH <input type="checkbox"/> FISS <input checked="" type="checkbox"/> Project O-Yeah	Effective Date:  <b>01/01/2015</b>	Subject:  <b>Certified Peer Specialist</b>		

**I. POLICY**

It is the policy of Wraparound Milwaukee that eligible youth and young adults receive access to behavioral health and recovery support services through a Certified Peer Specialist as identified in the Plan of Care/Future Plan. Youth and young adults referred for this service must be between the ages of 14 and 21. Services may not duplicate any other peer specialist services the member may be receiving.

**II. PROCEDURE**

**A. Certified Peer Specialist Role Description**

Certified Peer Specialists will use their own substance abuse and/or mental health recovery to assist, engage, and encourage participants who live in home and community settings. The Certified Peer Specialist will help support participants with a sense of belonging through a supportive relationship that encourages them to address their own mental health while helping facilitate self-direction and self-worth. A Certified Peer Specialist works as an equal with the participant to empower and motivate each participant through his or her own personal recovery. The Certified Peer Specialist will provide life experiences that help develop the participant's leadership, confidence and abilities to better ones own future. Certified Peer Specialists function as role models demonstrating techniques in recovery and in ongoing coping skills as someone who can:

- Identify as a person in mental health recovery and share own story to assist participants with his/her own recovery;
- Assist participants with creating their own individualized well-being plan;
- Help facilitate participants through transitional challenges, which may include learning, living, working, belonging, healing, and safety;
- Provide information, support, and understanding to encourage participant;
- Help recipient problem-solve, make better decisions, and set goals to assist in mental health recovery;
- Complete documentation as necessary and report to supervisor as appropriate.

Certified Peer Specialist Services are intended to be provided in the community or at the home of the participant, unless otherwise identified on the Referral Form or Plan of Care/Future Plan.

**B. Certified Peer Specialist Eligibility and Application Procedure**

1. Certified Peer Specialists must be 18 years or older, and have a minimum of a High School Diploma or G.E.D. Certified Peer Specialists must have successfully completed a peer specialist training program that utilizes an approved State of Wisconsin training curriculum. Those training curriculums include:
  - a) Depression and Bipolar Support Alliance (DBSA)
  - b) National Association of Peer Specialists (NAPS)
  - c) Recovery Innovations/Recovery Opportunity Center (ROC)

In addition, Certified Peer Specialists must have successfully completed the State of Wisconsin Peer Specialist exam, and will be required to submit proof of completion when agency is requesting to add the Certified Peer Specialist to the Wraparound Provider Network.
2. Certified Peer Specialists will meet the requirements and abide by the Wisconsin Certified Peer Specialist Code of Conduct (Attachment 1), which shall be signed and dated by the Certified Peer

Specialist and retained in the individual's personnel file.

3. Certified Peer Specialists must maintain their certification by successfully completing all required Continuing Education and complying with all recertification obligations and timelines as described in Attachment 3.
4. Certified Peer Specialists will abide by the General Wisconsin Adult Mental Health Certified Peer Specialist Position Description (Attachment 2), which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.

**C. Covered Services/Allowable Service Time**

Certified Peer Specialists will meet one-on-one with the participant for up to the allotted time authorized on the Provider Referral Form and Service Authorization Request and agreed upon by the Child and Family/Future Team. Work hours are determined by the needs of the participant, family and/or program and the availability of the Provider.

- Allowable service time per participant shall not exceed 3 hours/day, 6 hours/week, and 24 hours/month.
- **It is expected that Certified Peer Specialist sessions will occur between the hours of 8:00a.m. and 9:00p.m.** The reason for contact outside of these hours must be justified in the documentation.
- Certified Peer Specialists shall attend Child and Family Team and Future Plan meetings as requested, and/or any other meetings in which the participant/family is being discussed and are present. The Certified Peer Specialist Agency should bill at the hourly rate when attending these meetings.
- Contacting and speaking with AND/OR attempting to contact but not speaking with the participant by phone, as indicated by the Plan of Care/Future Plan, is billable. Documentation must indicate if an attempt was made but no contact actually occurred.
- Travel time (*to and from*, including travel to appointments that result in a no-show) and record-keeping/documentation time related to the service is billable. Travel time and record keeping time are not billed separately, but are billed as part of the covered service provided. Travel time may not exceed 50% of total hours billed per month.

**D. Documentation/Consents-**

**1. Consent for Service**

Consent for Service must be obtained according to Wraparound Policy #054, Provider Agency Responsibilities and Guidelines

**2. Progress Report Log**

Certified Peer Specialists shall document all service activities in Synthesis. A Synthesis User I.D. Request Form is included as Attachment 5.

**3. Transportation Consent (Attachment 4)**

A Transportation Consent form must be completed if the participant will be transported for any reason, and must be completed and dated prior to the first transport.

**E. Supervision**

**1. Program Supervisor**

Agencies providing Certified Peer Specialist services must identify a Program Supervisor. Program Supervisors must have, at minimum, a B.S. in a Human Services field plus 2,000 hours of experience or Certification as a Peer Specialist plus 4,000 hours of experience, in working in the same or similar capacity in a peer support service model. Program Supervisors shall train Certified Peer Specialists on agency and Wraparound policies and procedures, provide direction and guidance, assign Certified Peer Specialists based on the identified needs/strengths of the

referred participant, review Certified Peer Specialist notes, maintain organized participant files, handle participant complaints, attend Child and Family Team/Future Plan meetings as needed, engage in quality assurance activities/tasks to ensure that peer support is being provided in adherence with the Peer Support Specialist Policy and best practice.

## 2. Clinical Supervisor

*Note: The Clinical Supervisor can be the Program Supervisor.*

It is required that all Certified Peer Specialist Workers receive clinical supervision, at minimum, by a Masters level, Medicaid-Certified licensed clinician or 3,000 hour practitioner, with a minimum of one year of experience providing mental health and/or substance abuse services, preferably in a peer support service model. Clinical supervision of Certified Peer Specialists includes direct review, assessment and feedback regarding each provider's delivery of Peer Support services. Supervision services should also be used to seek consultation related to individual participant's needs. Agencies are encouraged to establish routine supervision times so that Certified Peer Specialists may obtain consultation and supervision as needed/required. Documentation that supervision occurred with the Certified Peer Specialist must be present. This can be in the form of a brief note indicating the name of the Certified Peer Specialist, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what participant(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign the note with full name and credentials and date.

The amount of Supervision that must occur with each Certified Peer Specialist is **one-hour for every 30 hours of face-to-face participant contact**. A Certified Peer Specialist must receive at least one hour of supervision every 30 days (*or per month*) regardless if they have documented 30 hours of face-to-face contact. The Clinical Supervisor can determine if the individual Certified Peer Specialist is in need of further supervision above and beyond the minimum requirements.

Supervision can be provided individually or in a group. In either situation, the content of the review must be participant specific regarding the participant's response to the plan, strategies that might be appropriate, etc. Group supervision may not be "topic" specific such as an in-service on working with participants with ADHD. Group supervision shall be limited to a maximum of 8 Certified Peer Specialists.

### **For individual supervision, the agency is to maintain a record of:**

- Date of the meeting
- Beginning and end times for each meeting
- Name(s) of the participant discussed at the meeting
- Name of the Certified Peer Specialist
- Summary of the content of the supervision (i.e.: current status of the participant, barriers to achieving POC/Future Plan goals, clinical recommendations)
- Signature of supervisor and Certified Peer Specialist.

### **For group supervision, the agency is to maintain a record of:**

- Date of the meeting
- Beginning and end times for each meeting
- A sign-in sheet for all Certified Peer Specialists in attendance at the meeting
- List of the names of the participants discussed at the meeting
- Brief statement as to the content of the supervision
- Signature of the Clinical Supervisor





## **Wisconsin Certified Peer Specialist Code of Conduct**

### **For Mental Health and Mental Health/Substance Use Disorder Peer Delivered Services**

The following principles will guide Peer Specialists in their various role relationships and levels of responsibility in which they function professionally.

1. The primary responsibility of Peer Specialists is to help service recipients understand recovery and achieve their own recovery needs, wants, and goals. Peer Specialists will be guided by the principle of self-determination for each service recipient.
2. Peer Specialists will conduct themselves in a manner that fosters their own recovery and will maintain personal standards that are respectful to self and community.
3. Peer Specialists will be open to share with service recipients and coworkers their stories of hope and recovery and will likewise be able to identify and describe the supports that promote their recovery and resilience.
4. Peer Specialists have a duty to inform service recipients when first discussing confidentiality that contemplated or actual harm to self or others cannot be kept confidential. Peer Specialists have a duty to accurately inform service recipients regarding the degree to which information will be shared with other team members, based on their agency policy and job description. Peer Specialists have a duty to inform appropriate staff members immediately about any person's possible harm to self or others or abuse from caregivers.
5. Peer Specialists will never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to the service recipients they support.
6. Peer Specialists will not practice, condone, facilitate or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition or state.
7. Peer Specialists will advocate with service recipients so that individuals may make their own decisions when partnering with professionals.
8. Peer Specialists will never engage in any sexual/intimate activities with service recipients they support. While a service recipient is receiving services from a Peer Specialist, the Peer Specialist will not enter into a relationship or commitment that conflict with the support needs of the service recipient.



**Peer Specialists**  
*Igniting Recovery*

## **Wisconsin Certified Peer Specialist Code of Conduct**

9. Peer Specialists shall only provide service and support within the hours, days and locations that are authorized by the agency with which they work.
10. Peer Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their coworkers and service recipients. Peer Specialists will refrain from sharing advice or opinions outside their scope of practice with service recipients.
11. Peer Specialists will utilize supervision and abide by the standards for supervision established by their employer. The Peer Specialist will seek supervision to assist them in providing recovery oriented services to service recipients.
12. Peer Specialists will not accept gifts of money or items of significant value from those they serve. Peer Specialists do not loan or give money to service recipients.
13. Peer Specialists will not discuss their employment situation in a negative manner with any service recipient.
14. Peer Specialists will protect the welfare of all service recipients by ensuring that all their conduct will not constitute physical or psychological abuse, neglect, or exploitation. Peer Specialists will provide trauma informed care at all times.
15. Peer Specialists will, at all times, respect the rights, dignity, privacy and confidentiality of those they support.

Revised November 19, 2010

Approved by the Peer Specialist Committee of the WI Recovery Implementation Task Force

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## **General Wisconsin Adult Mental Health Certified Peer Specialist Position Description**

(This Position Description is a sample of the functions of a Certified Peer Specialist. Tailoring would be necessary to fit the unique mission.)

### **Title of Position: Certified Peer Specialist (Paid Evidence Based Practice Position)**

**Job Summary:** The Wisconsin Certified Peer Specialist (CPS) engages and encourages mental health peers in recovery, and 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 focus, enhancing the skill and ability of peers to meet their chosen goals. The CPS works with peers as equals. In some programs, the CPS must be supervised by a qualified mental health professional. Peer support must be the core of every task performed by the CPS.

### **ESSENTIAL FUNCTIONS:**

#### **Providing Support**

The Certified Peer Specialist will:

1. Identify as a person in mental health recovery.
2. Be mindful of the ethics, boundaries, power and control issues unique to the CPS role.
3. Establish healing relationships with peers.
4. Assist peers to understand the purpose of peer support and recovery models.
5. Provide peers with the Substance Abuse and Mental Health Services Administration (SAMHSA's) definitions of recovery and its components.
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 the persons for taking charge of their own lives.
8. Mutually establish acceptable boundaries with the peers. Revisit boundaries on an ongoing basis.
9. Be trauma informed and explore with peers their experiences and support these individuals in getting appropriate resources for help.
10. Have and use his or her own recovery/wellness plan which also includes a proactive crisis plan.
11. Encourage peers to construct their own recovery/wellness plans which also include proactive crisis plans.
12. Support peers in crisis to explore options that may be beneficial to returning to emotional wellness.
13. Provide culturally sensitive and age appropriate services specific to each peer.
14. Provide an environment of recovery, wellness, and hope.
15. Encourage peers to become self-directed, focus on their strengths, exercise use of natural supports, develop their own recovery goals and strengthen valued roles within their community
16. Use active listening skills.

17. Together research and locate resources that are beneficial to peers needs and desires.
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 hierarchy to communicate needs, ask questions (especially about ethics, boundaries, and confidentiality), mention concerns, etc.
2. Understand his or her role and fully participate as an integral part of the professional recovery team.
3. Provide education to staff that recovery is achievable, and that peer support is an Evidence Based Practice.
4. Accurately, respectfully, punctually complete all required documentation.
5. Work with peers and staff to develop healing and trauma free relationships.
6. Report all peers' threats to harm self or others immediately to the appropriate person.

**Demonstrating Confidentiality**

**Certified Peer Specialists will:**

1. Be familiar with Wisconsin documents relating to confidentiality. Be very knowledgeable of all confidentiality 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. Be knowledgeable of information that is not to be kept in confidence: threats to harm self or others, and know how to handle these situations.

**PREFERRED TRAINING/SKILLS/EXPERIENCE:**

1. Computer skills (internet, email, Word)
2. Group facilitation or co-facilitation experience.
3. Knowledge of a variety of methods of creating wellness/recovery plans, and a variety of methods of teaching others to create their own plan.
4. Basic knowledge of how to assist peers with locating community resources (i.e. employment, housing, health, peers delivered services )
5. Work or volunteer experience providing peer support.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Updated November 2012





## Wisconsin Certified Peer Specialist Recertification Continuing Education Hours/Units

Wisconsin Peer Specialist certification is valid for two years. In this two year period, 20 total hours of Continuing Education (CEH) and/or Continuing Education Units (CEU) must be obtained to qualify for recertification.

The conversion rate for CEU/CEH is: .1 CEU = 1 CEH

The required areas of education are:

1. **Cultural Competence**—the ability to interact effectively with people of different cultures. Cultural competence is the ability to understand behavior from the standpoint of the members of a culture and to behave in a way that would be understood by the members of the culture in the intended way. Cultural competence involves understanding all aspects of a culture, particularly the social structure, the values and beliefs of the people and the way things are assumed to be done.
2. **Ethics and Boundaries** – to acquire the skills to be able to understand and maintain confidentiality and appropriate boundaries. To recognize when to seek guidance or consultation. (These could include the Health Insurance Portability and Accountability Act (HIPAA) training and ethical decision making models.)
3. **Trauma Informed Care** - Trauma-informed care is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives.
4. **Peer Specialist Specific** — to increase the skills in the role of a Peer Specialist in working with participants. These might Wellness Recovery Action Plans (WRAP), Recovery, Person-Centered Planning, Motivational Interviewing, etc.
5. **Substance Use Disorder** – to acquire knowledge and increase skills in the ability to engage people with a history of substance use disorder as well as mental health and recognize the role that substance use disorder has played in their lives.

**There must be at least 1.5 training hours in each of the five required categories.** Certified Peer Specialists may choose any other continuing education courses they wish

related to the Peer Specialist field, and must have a minimum of 20 hours of continuing education based on the Wisconsin Peer Specialist Core Training Competencies.

**Certified Peer Specialists are solely responsible for maintaining their Continuing Education Hours and documentation and providing documentation of completion to the University of Wisconsin-Milwaukee (UWM).**

The recertification form can also be downloaded at: [www.sce-peerspecialist.uwm.edu](http://www.sce-peerspecialist.uwm.edu)

After two years, recertification does not involve taking another certification test unless the initial Certification has lapsed and then the test must be retaken.

The recertification renewal fee is \$50 every two years.

For further information on the Wisconsin Peer Specialist Certification Exam please contact:

Alice F. Pauser, CPS  
WI Peer Specialist Program Coordinator  
608-242-8484 ext 224 or 1-800-362-9877 ext. 224  
[alicep@accessstoind.org](mailto:alicep@accessstoind.org)  
[www.wicps.org](http://www.wicps.org)

Thank you.



Please return form(s) and \$50.00 recertification fee to:  
 UW-Milwaukee School of Continuing Education  
 Mary Pick and Latonia Pernel  
 161 W. Wisconsin Ave. Suite 6000  
 Milwaukee, WI 53203-2602

Check is to be made out to:  
 UW-Milwaukee School of Continuing Education

UWM requests that you **DO NOT** send this form in until the month your recertification is due.

Name: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



Wisconsin Certified Peer Specialist  
 Recertification Continuing Education Hours Report\*

- All Certified Peer Specialists must document at least 20 hours of continuing education for recertification purposes.

Please use this form to document on-going educational hours.

Required areas of education are: **Cultural Competency, Ethics and Boundaries, Trauma Informed Care, Substance Use Disorder and Peer Specialist Specific.**

Please note which area each event falls under OR list the topic if it falls outside of these requirements.

**\*You must have at least 1.5 hours in each required area. Please do not submit copies of certificates!**

Name of Event	Host agency or conference name	Date of event	Speaker Name / Credentials	Number of training hours	REQUIRED* Topic Areas
					Cultural Competency
					Trauma-Informed Care
					Ethics and Boundaries
					Substance Use Disorder
					Peer Specialist Specific

Continued on page 2

Name of Event	Host agency or conference name	Date of event	Speaker Name / Credentials	Number of training hours	Additional Topic Areas

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

Required areas of education are: Cultural Competency, Ethics and Boundaries, Trauma Informed Care, Substance Use Disorder and Peer Specialist Specific. Please note which area each event falls under OR list the topic if it falls outside of these requirements. **\*You must have at least 1.5 hours in each required area. Please do not submit copies of certificates!**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# TRANSPORTATION CONSENT FORM

PARTICIPANT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Print)

\_\_\_\_\_ OF \_\_\_\_\_  
(Peer Specialist's Name) (Name of Peer Specialist Agency)

HAS PERMISSION TO PICK UP AND TRANSPORT \_\_\_\_\_  
(Name of participant)

FROM \_\_\_\_\_ THROUGH THE TERMINATION OF SERVICES FROM THIS AGENCY.  
(Effective Date)

**SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian (if participant under age 18) Relationship to Youth Date

\_\_\_\_\_  
Signature of Participant (must sign if age 14 or over) Date

**WITNESSED BY:**

\_\_\_\_\_  
Print Name of Witness

\_\_\_\_\_  
Signature of Witness Date Witnessed

\_\_\_\_\_  
Agency Address Agency Phone

**EMERGENCY CONTACT:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Unless otherwise specified, this consent will expire 12 months from the date it was signed. This consent or any part of this consent may be canceled at any time with written notification.**

# MILWAUKEE COUNTY APPLICATION FOR SYNTHESIS LOGIN I.D.

To request a Login in I.D. for Synthesis, complete the following application. **PLEASE PRINT LEGIBLY!**

Agency Name: \_\_\_\_\_ Staff Name \_\_\_\_\_

Phone No. \_\_\_\_\_ Ext. \_\_\_\_\_ Email: \_\_\_\_\_

Fax (if no email listed above): \_\_\_\_\_

### Type of User: (Check one or more that apply)

- |  |                         |                |                                     |                             |
|--|-------------------------|----------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> Care Coord / Worker   | ___ Worker              | ___ Lead       | ___ Supervisor                      | ___ Clerical                |
| <input type="checkbox"/> Crisis Stabilizer     | ___ Worker              |                | ___ Supervisor (submit credentials) |                             |
| <input type="checkbox"/> Vendor Billing Staff  | ___ View Authorizations |                | ___ Submit Invoices                 | ___ View Reports Only       |
|  | ___ Trip Logs/Invoices  |                | ___ Resource Guide Update           | ___ Bed Availability        |
| <input type="checkbox"/> Progress Report Entry | ___ Residential         |                | ___ Group Home                      | ___ Day Treatment           |
|  | ___ Independent Living  |                | ___ Foster Care                     | ___ CCC Crisis Plan         |
|  | ___ Emp Plcmt/Prep      |                | ___ Housing Assistance              | ___ Outpatient              |
|  | ___ Authorization Level | ___ Data Entry | OR                                  | ___ Data entry and approval |

**(Authorization Level is required for Progress Report entry requests)**

Other (describe) \_\_\_\_\_

### Programs: (Check one or more that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> Wraparound Milwaukee | <input type="checkbox"/> MUTT             |
| <input type="checkbox"/> REACH                | <input type="checkbox"/> Children's Court |
| <input type="checkbox"/> FISS                 |   |

The above named agency requests that a Synthesis Login I.D. be issued to the above named staff at their agency.

**The agency requesting a Synthesis Login I.D. for the above named individual agrees to notify the Synthesis Help Desk when this individual's I.D. is to be inactivated because the individual's job responsibilities no longer require access to Synthesis or the individual is no longer employed by the agency.**

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## SYNTHESIS USER I.D. AGREEMENT

I agree to keep my Synthesis Login I.D. and password confidential and not to share it with any other individuals within or outside my agency. I understand that information provided through Synthesis is confidential and agree to protect this information, using it only as needed to perform my job duties.

I agree to report to Synthesis Help Desk staff (257-7547) any unusual activity or inappropriate access to information that occurs while using Synthesis.

**NOTE: You are required to use Internet Explorer for Synthesis. If you log in with a different browser (Firefox, Chrome, etc). you will have READ-ONLY access to data.**

Staff Signature \_\_\_\_\_ Date Signed: \_\_\_\_\_

Authorized by (signature) \_\_\_\_\_ Print Name: \_\_\_\_\_

***FAX completed request to Synthesis Help Desk Staff at: (414) 257-7575***

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### OFFICE USE ONLY

Reviewed/Created by: \_\_\_\_\_ Date: \_\_\_\_\_