Wyoming Peer Specialist
Qualification Requirements

Expectations of Peer Specialists, Employers, and the Behavioral Health Division (BHD)

Wyoming Peer Specialist Overview

A person who is or has been a recipient of mental health services for severe and persistent mental illness and/or substance abuse/addiction treatment services holds the position of a Peer Specialist. Peer Specialists are uniquely qualified through their life experience with recovery, stability within the community, and demonstration of self-sufficiency. Peer specialists provide expertise and consultation to the organization's entire treatment team to promote a culture in which each client's point of view and preferences are recognized, understood, respected, and integrated. As fully integrated team members of a treatment provider organization, peer specialists assist a client to direct their own recovery and advocacy process; to utilize client self-determination and decision-making; to teach and support the acquisition and exercise of recovery skills needed for management of symptoms; to create self-determined recovery and maintenance plans; and to utilize natural resources within the community.

Medicaid covers qualified peer specialist contact for the purpose of implementing the portion of the enrolled client's treatment plan that promotes the client to direct their own recovery and advocacy process. Services are provided from a perspective of an individual who has their own experience with the mental health and/or substance abuse system to assist the enrolled client with meeting their treatment plan objectives.

Prerequisites:

Peer Specialists have the following prerequisites:

- Identify themselves as former or current consumer of mental health or dual diagnoses services or substance abuse addiction services
- Be employed as a peer specialist within an organization that contracts with the Wyoming Department of Health to provide community mental health services and/or substance abuse treatment services and/or other similar programs (Employer)
- Be well-grounded in their own recovery
- Hold a high school diploma or equivalence
- Be 21 years old or older

There are three levels to qualify as a Peer Specialist:

1. New Hire Qualifications
2. Initial Qualifications
3. Re-Qualified

- Peer Specialists may also obtain a Mastery Endorsement

New Hire Qualifications:

The following qualifications are required to be met within thirty (30) days of employment.

- Complete a Wellness Recovery Action Plan (WRAP®)
    - Provide the BHD with a copy of the certificate of completion for the WRAP
    - Please do not send a copy of your WRAP as it is your private document
- Complete the orientation provided by the Employer including orientation regarding confidentiality and the Employer's ethics policies
- Obtain a letter of recommendation from the direct supervisor or employing organization's director
- Provide the BHD with the Peer Specialist Qualifications Form showing that these requirements have been accomplished

The Behavioral Health Division will:

- Review Provisional Qualification documentation within 15 work days of receipt
- Respond to the applicant and to the Employer within 20 work days of receipt
- Maintain a list of persons who have met the requirements and provide that list to Wyoming Medicaid

Initial Qualification:

Within six (6) months of hire the peer specialist will have met the following criteria:

- Complete New Hire Qualifications
- Complete training in these two areas:
    1. Introductory Training: Complete a peer specialist basic competency course of no less than 32 contact hours. The trainings must be pre-approved by the BHD. The competency course shall advance the Peer Specialists skills within the following domains:
        a. The recovery process
        b. How Peer Specialists and their own recovery stories promote recovery
        c. The meaning and role of peer support
        d. Skills for establishing healing relationships and support systems
        e. The role of the Wellness Recovery Action Plan
        f. Self-determination and consumer self-direction.
    2. Local Training: Attend at least two local trainings, each training including at least one hour of information related to the advancement of proficiencies related to peer specialist services.
- Obtain a letter of recommendation from the direct supervisor or employing organization's director
- Provide the BHD with the Peer Specialist Qualifications Form showing that these requirements have been accomplished
    - Document the trainings with an agenda and certificate of attendance.

The Behavioral Health Division will:

- Review Initial Qualification documentation within 15 work days of receipt
- Respond to the applicant and to the Employer within 20 work days of receipt

- Maintain a list of persons who have met the requirements and provide that list to Wyoming Medicaid

Continued Qualifications[1]:

Peer Specialists are required to obtain additional training annually.
During March of each year, the peer specialist will submit documentation to show that, at a minimum, training has been obtained in these three areas[2]:

1. Peer Specialist Annual Training: Annually, attend the Peer Specialist training provided by the BHD with completion of at least six contact hours of training from the Approved Topics List.
2. Statewide/Regional Training: Annually, attend one statewide, regional, or national training/conference with at least twelve contact hours and at least six of those contact hours of training from the Approved Topics List
    a. Document with a copy of a certificate of attendance and the conference agenda
3. Local Training: Annually, attend at least five (5) local trainings with each training including at least one hour of information related to the advancement of proficiencies related to peer specialist services
    a. Document with an agenda, sign-in sheet, and/or other information showing attendance

- Demonstrate continued employment as a Peer Specialist
    - Document via a letter from the Employer's director
- Obtain a letter of recommendation from the direct supervisor or employing organization's director
- Provide the BHD with the Peer Specialist Qualifications Form showing that these requirements have been accomplished

The Behavioral Health Division will:

4. Review Continued Qualification documentation by April 20
5. Respond to the applicant and to the Employer within 20 work days of receipt
6. Maintain a list of persons who have met the requirements and provide that list to Wyoming Medicaid
7. Provide at least one Peer Specialist training annually to include at least six contact hours from the Approved Topics List

Mastery Endorsement:

A Peer Specialist may apply for a Mastery Endorsement by completing two or more community-based advocacy or leadership accomplishments during the twelve proceeding months[1]. Mastery endorsement is in addition to other requirements and represents accomplishment of significant contributions outside of their normal scope of work. Application for a Mastery Endorsement must be renewed annually during the March review period. Mastery may be documented with up to three pages of information (i.e. newspaper clippings, certificate of attendance, documentation letter).

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[1] This requirement begins during March 1 2013. Persons who received Initial Certification or Recertification under the previous system may request a "grandfathering" to utilize training obtained during the previous 18 months. Approval of these trainings is at the sole discretion of the Division.

[2] If a peer specialist was initially hired within 6 months of this requirement (i.e. after September 1 of the preceding year) some of these requirements may be waived at the discretion of the Division.

Sample Mastery Endorsement Projects

- Play a key role in the establishment of a local mental health and/or substance abuse consumer advocacy group
- Serve on the board of directors for a statewide organization (this may be for any type of issue including those other than mental health or substance abuse)
- Complete an individualized personal recovery training/process other than WRAP that is recognized as a best practice or endorsed by a national advocacy organization
- Obtain a WRAP Facilitator Certification and assist three or more people in development of their WRAP
- Provide public testimony to a board, council, legislature, or other formal advisory group related to the services or situations that promote recovery or prevention
- Serve as a mentor for another Peer Specialist to include a minimum of 20 mentorship hours (telephone or face-to-face correspondence)
- Lead training or present at a statewide, regional, or national conference on any mental health related topic
- Other activity that shows exceptional commitment or skills related to consumer issues

For all peer specialists hired, the Employer will:

- Establish the criteria under which they will hire, train, and retain Peer Specialists
- Utilize the grant, if available, with the BHD for Peer Specialist to provide WRAP* and other training for the Peer Specialist
    - Utilize the grant or other funds to pay for the Peer Specialist's travel costs for required training. Costs for training and travel beyond what is required are at the center's discretion.
- Provide a supervisor who provides employment support for the Peer Specialist
- Encourage the supervisor to obtain training related to the Peer Specialist program (which may include WRAP training)
- Maintain the integrity of the Peer Specialist role within the Mental Health Center or the organization
- Respect the Peer Specialist position as a fully integrated team member who provides highly specialized and individualized services and promotes client self-determination and decision-making

Peer Specialist Training and Approved Topics List

This training topic list shall be reviewed annually. The training topic list and all other qualification information and forms shall be posted to the Behavioral Health Division website: http://www.health.wyo.gov/mhsa

Fee: The Behavioral Health Division shall assess no fee for processing documents related to these qualifications.

TRAINING LIST AND PEER SPECIALIST SERVICE ACTIVITIES
"Approved Topics List"
Updated February 2013
Wyoming Peer Specialist

The following list is an overview of commonly agreed practices and topics that advance the following recovery support areas:

1. What a quality peer supports service is and how it promotes recovery.
2. How to advocate for peer support & recovery in your community.
3. Tools for self-directed recovery and wellness.
4. How to start and sustain self-help/mutual support groups.
5. Information and advocacy for supported employment, housing, and recovery resources.
6. Self-determination and consumer self-direction.
7. Topics specific to mental health and substance abuse recovery.

Peer Specialists work with others to promote hope, recovery, and self-determination. Peer Specialist support is provided by a person who is uniquely qualified to provide these services because of training and their own experience. Wyoming Peer Specialists are fully integrated staff of the organization within which they work.

Meeting client needs and wishes—their self-determination—is vital to recovery; so flexibility within this list is encouraged. Ideas outside of this list may also be considered if you can provide "evidence" for its efficacy such as in a Peer Specialist training or publication.

Peer Specialists do not provide counseling or case management; they are not "techs" or life-skill coaches. Fidelity to the model requires that they not be assigned to those roles.

Peer Specialists will want to focus their training and service hours to the areas listed below. Items marked with * are considered best or promising or high priority practices.

▪ ***Adult Learning:*** Obtain and share skills to effectively teach groups of adults new concepts and skills. Promote skills to help others. Learn how to effectively teach community groups new concepts and skills around recovery and peer support. Utilize adult learning models to help others learn new concepts and skills.
• ****Psychiatric Advanced Directive:*** Facilitate the process for consumers to obtain assistance from a certified counselor or physician in the development and maintenance of a Psychiatric Advance Directive (PAD). Help staff, hospitals, and other mental health professionals to understand the use of Advanced Psychiatric Directives. More information is available at http://www.health.wyo.gov/mhsa/initiatives/Title25.html.
▪ ****Advocacy Leadership:*** Increase advocacy skills and opportunities for self, others, and the community; build leadership skills and empowering leadership opportunities.
▪ ***Beliefs and values that support and strengthen recovery:*** Explore individual, cultural, and community beliefs and values around recovery, strengths, and self-determination.
▪ ***Community Living:*** Advance consumer involvement/integration in the greater community. This may include working with community organizations, agencies,

events, resources, places to live, businesses, etc. This may also include activities to reduce stigma, discrimination, separation, and isolation.
▪ ***Community alternatives:*** Advance skills to identify wellness oriented resources, opportunities, and policies for treatment or intervention (one example is learning more about diversion from jail or the emergency room to a more appropriate alternative). Advance the Peer Specialist's role within inter-agency projects and support for clients served by multiple community organizations and agencies.
▪ ***Conflict resolution:*** Assist clients to improve their conflict resolution skills.
▪ ***Co-occurring issues:*** Within the scope appropriate to a peer specialist, facilitating information and practical applications regarding co-occurring issues including mental health, substance addiction, developmental disabilities, etc.
▪ ***Create a Recovery Environment:*** Work with others to explore the community's role and the consumer's role in creating environments that facilitate recovery.
▪ ***Crisis Stabilization:*** Within the scope appropriate to a peer specialist, assist clients who are in need of crisis stabilization. This may include assisting the person to develop, utilize, or understand a crisis plan; recognition of early signs of relapse and how to request help to head off a crisis; how to use a crisis plan; how to find and utilize less-restrictive resources; to develop a Wellness Recovery Action Plan and/or an Advanced Psychiatric Directive; and other activities as agreed with the Employer and the client. If the Employer organization participates in a Crisis Stabilization grant/project with the Division and/or their region, the Peer Specialist may play a key role to improve the process and the benefit of clients.
▪ ****Crisis Intervention Team (CIT):*** Serve as a part of the community's Crisis Intervention Team (CIT) which is a project for helping police officers and first-responders to appropriately respond in times of a mental health related crisis or incident. This may be an advisory, training, intervention, or post-crisis/recovery role as determined by the Employer.
▪ ***Crisis management:*** Help others to know the peer specialist's role in a crisis situation; improve the peer specialist's and/or other's ability to deal with crisis situations; develop and implement trauma programs or groups; obtain tips for defusing a situation before becoming a crisis.
▪ ***Cultural Competency:*** Assist in ways that are appropriate to the client and community culture; explore issues related to the specific cultures within a community, inclusion of cultural aspects, appropriateness of bridging cultural differences; enhance the person's recovery around their own culture and ability to utilize this as a strength.
▪ ***Cultural Discovery:*** Help others to develop a Strengths, Needs, and Culture Discovery Roadmap. This activity is appropriate for peer specialists who have completed High Fidelity Wraparound training.
▪ ***Cycle of engagement:*** Discuss the treatment and recovery cycle; explore issues related to Peer Specialist boundaries when providing assistance; provide information about assisting clients to develop boundary skills; provide and share tips to know when and how to assist the client with the next step of their plan.
▪ ***Duty to warn/Child & adult protection:*** Practical application of situations related to the duty to warn when children/adults are in need of protection. Overview of state and federal rules, laws, and practices.
▪ ***Establish and Facilitate Double Trouble or other co-occurring issue groups*** *within the scope of a peer specialist.*
▪ ***Establish/facilitate self-esteem/stigma and other similar recovery groups***

• ***Establish/facilitate Other Groups:*** Services delivered by a peer specialist to two or more unrelated clients for the purpose of implementing each client's treatment plan and to build hope and positive shared growth. Groups last over time, actively involve participants, promote hope, self-determination, growth, inclusion, unconditional high-regard, relationships, leadership, and rapport.
▪ ***Establishing Social Networks:*** Assist the individual with learning about the need for personal relationships; how to start new relationships; learning how to improve communications; relinquishing unhealthy relationships; locating and participating in peer support groups, advocacy groups, and other helpful relationship organizations.
▪ ***Ethics:*** Explore a practical understanding of ethics related to mental health/substance addiction treatment and recovery which may include a review of national ethics standards and exploration of practical application of the standards.
▪ ***Facilitating stable housing:*** Assist the individual with learning how to maintain stable housing or learning how to change an inadequate housing situation. (Does not include daily living skills.)
▪ ***Facing our fears:*** Facilitate a variety of approaches to understand the barriers that impede the peer specialist process, consumer issues, and/or recovery and utilize tools to address those barriers.
▪ ***Family and Community Dynamics***: Assist the individual with family unification and family dynamics as well as in navigating community systems. Help them to access new resources while attempting to practice new skills in the community.
▪ ****Hope:*** Peer specialists offer hope of recovery by appropriately sharing their own recovery stories, facilitating a sharing of recovery stories, and by helping others learn how to tell recovery stories in a way that increases recovery for others. o Practice unconditional high regard. o Model the value of every individual's unique recovery experience.
▪ ***Individual Recovery and Resiliency:*** Assist consumers in determining barriers and solutions; in identifying recovery goals; in setting objectives; to determine needed changes based on the consumer's recovery and life goals; to recognize and record progress towards meeting objectives; and with utilizing the changes necessary to meet objectives.
▪ ***Information:*** Serve as a catalyst for others to have the information needed to make informed, independent choices. Assist the client to gain information from the community and from others. This may include computer-based information and gaining skills to utilize new and emerging technology.
▪ ***Language matters:*** Provide practical workshop to explore the implications of language when working with consumers. Assist staff and others to cultivate recovery, strength-based language.
▪ ****Listen***
▪ ***Media and public speaking:*** Provide practical exercises to increase client skills for community advocacy such as working with the media; providing information to officials and community organizations; the importance and efficacy of communicating through public resources such the media, brochures, newsletters, etc.
▪ ***Medicaid, Medicare, SSI, SSDI, and Ticket to Work:*** Assist consumers to know more about these resources including how to successfully apply; explore merging issues; help them find what they need to know; help consumers apply for these resources.
▪ ****Mental Health First Aid:*** Organize and provide Mental Health First Aid training for

community first-responders and others. Assist the community to implement a Mental Health First Aid policy. Provide mental health first aid. (Also see Crisis Intervention Team, above)
▪ ***Mentorship:*** Work as a mentor with consumers; and/or help consumers increase their mentorship skills and opportunities.
▪ ***Peer-run Resources:*** Activities that empower and create businesses, organizations, resources, etc. that are peer/consumer governed, managed, and/or staffed.
▪ ***Peer Mentorship Basics:*** The Peer Specialist facilitates this workshop in which consumers learn some of the basic skills and content the Peer Specialist has learned.
▪ ****Person centered planning:*** Advance practical skills for learning and promoting the client's point of view towards a recovery process. Assist consumers to articulate personal goals for recovery. Assist consumers in determining the objectives the consumer needs/wants to take in order to reach his or her recovery goals. Help clients know how to link with resources and help them to advocate for these resources.
▪ ***Problem solving:*** Assist clients in developing problem solving skills.
▪ ***Promote prevention, treatment access, effective treatment, and recovery policies:*** Assist clients to advocate for community and statewide policies. Assist consumers to advance their advocacy skills.
▪ ****Recovery Dialogues.*** Facilitate Recovery Dialogues and help consumers learn how to facilitate recovery dialogues. www.gmhcn.org/acg/**recovery_dialogues**_manual.doc
▪ ****Recovery Process:*** Assist the individual to understand the recovery process and to explore community-based and individual resources to promote recovery.
▪ ***Role Model:*** Teach and role model the value of every individual's recovery experience.
▪ ****Self-determination:*** Assist the individual/group to articulate personal goals for recovery and their own lives; to determine reasonable and holistic steps to move toward/maintain recovery; identify personal strengths and potential barriers; cultivate a skill building environment where the individual articulates in the their own words their individual goals and aspirations.
▪ ***Self-help:*** Cultivate the individual's ability to make informed, independent choices. Facilitate the individual's ability to develop a network of contacts for information and support to include people who have similar experiences
▪ ***Social networks:*** Explore the importance of social networks as they relate to advocacy and community change. Advance inclusion of consumers within community networks (those of the larger community).
▪ ***Strength-based training (recovery model):*** Continually utilize the science and practical application of a strength based model in the recovery process.
▪ ***Substance Abuse Recovery:*** Increase the peer specialist's understanding of and/or teach to consumers the signs, symptoms, treatment options, recovery, prevention, and other emerging issues related to substance abuse.
▪ ***Suicide prevention and intervention:*** Facilitate best practice workshops provided by certified trainers regarding suicide prevention or intervention. This may include facilitating a "Suicide Gatekeeper" training.
▪ ***Telling our Recovery Stories:*** Facilitate training and practice to help others relate their own recovery stories. Facilitate ways to assist others who wish to tell their stories.
▪ ***The impact of diagnoses on one's self-image:*** Explore the benefits of diagnosis and developing skills to deal with stigma.

▪ ***Transference and counter transference:*** Attend trainings to learn more about reducing transference, counter-transference, projection, recognizing these situations, what to do prevent them/when they occur, and related issues.
▪ ***Value of Person Recovery Experience:*** Utilize unique recovery experiences to promote the value of every person's recovery experience; work with individual's and groups to share what works with them in recovery.
▪ ****Wellness Recovery Action Plan (WRAP):*** WRAP is a self-management and recovery system developed by a group of people who had mental health difficulties and who were struggling to incorporate wellness tools and strategies into their lives. Information is available at http://ww.mentalhealthrecovery.com. Assist with WRAP development with individuals or groups and/or arrange/conduct a WRAP group with a person certified as WRAP© facilitator.
▪ ***What is a Right:*** Explore the legal and cultural implications of the consumer's rights; advance practical applications to increase consumer's knowledge of and ability to advocate for rights; increase the community's response to allowing for consumer rights
• ****Whole Health Action Management (WHAM):*** Training program and peer support group model developed by the Center for Integrated Health Solutions (CIHS) to encourage increased resiliency, wellness, and self-management of health and behavioral health among people with mental illnesses and substance use disorders. A powerful program intended to strengthen the peer workforce's role in healthcare delivery, WHAM provides peer support professionals and volunteers a format for peer support meetings in which consumers engage in 8-week WHAM groups to support one another as they work toward, achieve, and maintain whole health goals. The skills learned in WHAM help participants engage in self-management and crystalize goals to achieve better whole health and wellness. *Whole health promotes exercise, nutrition, tobacco-free living, health screenings, practice of the relaxation response, and other health promotions.* http://www.integration.samhsa.gov/health-wellness/wham
▪ ***Whole Health Community Action:*** Help others in the community to know more about the ways in which persons with mental illness are disparately affected by chronic disease and early mortality.
▪ ***Workforce services and employment:*** Help consumer with what they need to know regarding Workforce Services and employment; how to locate and utilize resources; efficacy and science related to the role of work in the recovery process. Advocate to increase the efficacy of these programs. This may include facilitating workshops such as SAMHSA's "Workplaces that Thrive."

Six Key Concepts for Recovery
From Wellness Recovery Action Plan® Copeland Center

- Hope
- Personal Responsibility
- Education
- Self-Advocacy
- Support
- Unconditional High Regard