Behavioral Health Peer Support Specialist Services

Best Practices Guide

2020

Developed by:

MONTANA'S PEER NETWORK

Contents

Introduction

The best practices guide for Behavioral Health Peer Support Specialist services was designed by Montana's Peer Network to be a framework in the development of Behavioral Health Peer Support Specialist programming in Montana. The target audience is those who are responsible for developing, supervising, managing, operating, or over seeing BHPSS services or programs. We have done our best to include the latest, most up to date information on peer support service. It has been 2 years since the first peer supporter has been certified in September 2018 and new peer support programs are proliferating throughout Montana. The workforce continues to develop.

If you need additional consultation, consider contacting us. Consulting and technical assistance is available from Montana's Peer Network for a very nominal fee. Some organizations may qualify for non-cost consultation. We have 11+ years of experience planning, implementing and operationalizing peer support services in a variety of settings. While not a traditional service provider MPN develops new peer support service through demonstration projects. Data on these projects can be found at https://mtpeernetwork.org/what-we-offer/psdp/

In addition

We offer monthly *Realizing Recovery* webinars, in person and virtual trainings, BHPSS mentoring and *Recovery Talks* podcast on topics related to peer support and the recovery movement in Montana.
If you would like to receive monthly emails about the MPN email andi@mtpeernetwork.org

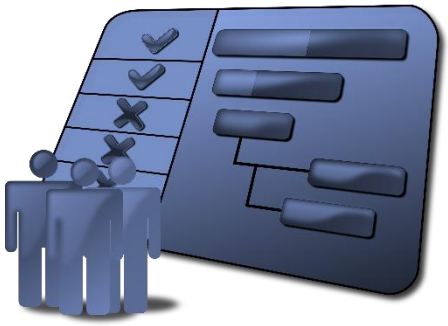
Jim Hajny
Executive Director
jim@mtpeernetwork.org
406 551-1058
109 E. Lewis St. Livingston, MT 59047
www.mtpeernetwork.org

Three phases of development for peer support service

There are 3 identifiable phases in the process of developing peer support services. They are identified below. Each phase builds on the previous phase, like stair steps. Be sure to take them one at a time.

- **Planning**
- **Implementation**
- **Operational**

We have broken out each phase in detail on the following pages. Utilize this as a guide when developing a program.

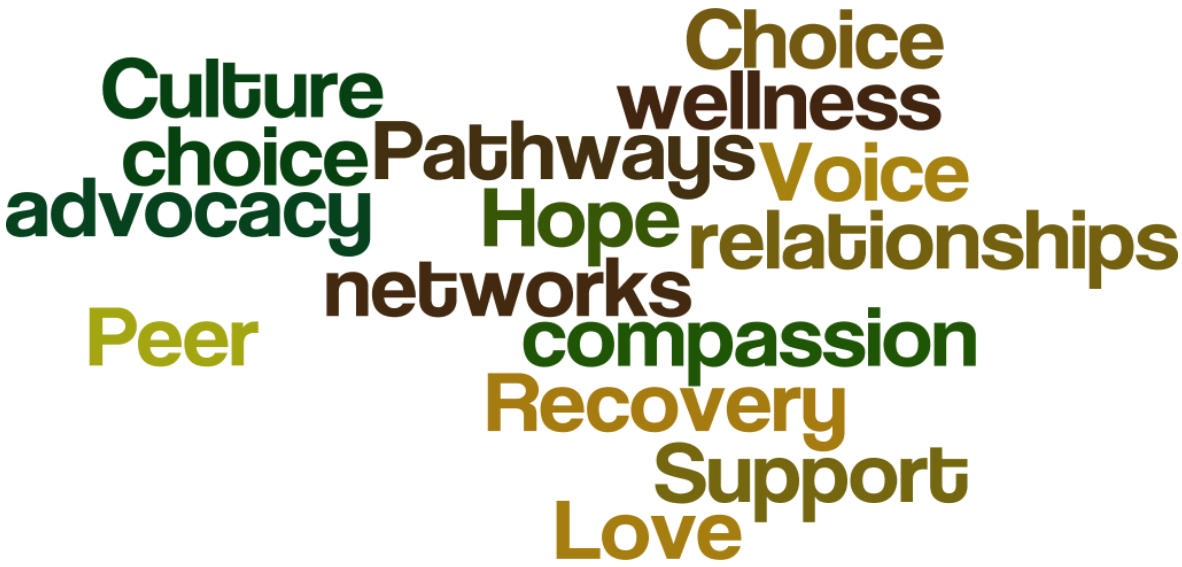


- **Planning**
  - Internal meeting to discuss possible BHPSS programming
    - Organizational Evaluation (included in this toolkit)
    - Internal cultural issues identified
    - Plan developed for addressing each issue
  - Research peer support services (statewide and nationally)
  - Outline developed for peer support programming
    - Program mission identified
  - Data collection points and methods identified (page 16 has more detail)
    - What will you collect to demonstrate the effectiveness of the peer support program?
    - How will you collect it?
  - Funding identified
    - What is required from your funder? Reports, data, documentation
  - Presentation on peer support services for current staff
    - Buy in or acceptance from current staff (non-peer support staff)
    - Address all concerns with current staff in this phase
  - Full support of upper management
    - Address all issues with management in this phase before proceeding
  - Planning Phase 0-1 year

- **Implementation**
  - **All** areas of the planning phase are addressed
  - Funding is secured
    - Contract is signed
  - Policies and Procedures
    - A new program requires new P & P
      - Ex. How will the organization address employee relapse or crisis?
  - Recruitment
    - Hiring
      - Where will you advertise? What will the ad say?
      - What is the current rate of pay for BHPSS?
      - What benefits will be offered?
    - Interviewing
      - Specific questions for BHPSS developed
        - What unique qualifications do you require?
  - Training
    - Does their training meet state requirements? Or do they need training?
    - When is the next training? What is the cost? Who will pay for it?
    - Orientation
  - Certification
    - Consider meet state requirements?
  - Clinical supervision
    - Who will provide CS?
    - Are they qualified to provide clinical supervision? Page 30
      - 3 years post licensure or 20 clinical supervision CEU's
    - What will be the cost to the organization?
      - How is this cost covered in the funding?
  - Documentation
    - Funder may require something specific
    - BHPSS should also be taking "notes" on sessions
  - Data collection platform/methods in place in place
    - All staff clearly understand the importance of data collection
  - Evaluation
    - How/when will you evaluate the peer support program
    - A program that does not evaluate will fail
  - BHPSS begins providing services
    - One on one
    - Support groups
    - Outreach
    - Clinical Supervision begins
  - Implementation Phase 3-6 months

- **Operationalize**
  - Adjustments made to original plan
  - Fully implemented into organizational services
  - BHPSS staff is providing services to clients
  - Data collection ongoing
  - Program analysis quarterly
  - Outreach to the community is ongoing
  - Training/continuing education ongoing
    - Navigating Complex Relationships training
  - Phase is continuous

Identify which phase you are currently in _____



What are peer support services?

Peer-based recovery support is the process of giving and receiving non-clinical assistance to achieve long term recovery from mental health, physical health, and substance abuse issues. This support is provided by people who are experientially credentialed and trained to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

The primary target population for Peer Support Services are people with a chronic condition of mental health needs, addictions, substance use and/or physical health needs along with their family members and significant others. People in a recovery design, and as peer service providers, deliver peer recovery support services. Successful peer recovery support programs offer participants a network for building strong and mutually supportive relationships with formal systems in their communities (i.e., treatment programs, housing, transportation, justice, education). Peer services are delivered primarily by individuals in recovery to meet the targeted community's recovery support needs, as the community defines them. Therefore, although supportive of formal treatment, peer recovery support services are not treatment in the commonly understood clinical sense of the term. Peer supporters offer individuals with mental health, substance abuse and physical health conditions encouragement, hope, assistance, guidance and understanding that aids in recovery. Supports are offered in the community anytime, anywhere when two or more peers are in a mutual supportive relationship.

Peer recovery support services are expected to extend and enhance the treatment continuum in at least two ways. These services help prevent relapse and promote long term recovery, thereby reducing the strain on the overburdened treatment system. Additionally, when individuals do experience relapse or crisis, recovery support services can help minimize the negative effects through early intervention and, where appropriate, timely referral to treatment.

Peer recovery support services are designed and provided primarily by peers who have gained practical experience in both the process of recovery and how to sustain it. They provide social support to individuals at all stages on the continuum of change that constitutes the recovery process. Services may be provided at different stages of recovery and may:

- Precede formal treatment, strengthening a peer's motivation for change
- Accompany treatment, providing a community connection during treatment
- Follow treatment, supporting relapse prevention and focusing on long term recovery
- Be delivered apart from treatment to someone who cannot enter the formal treatment system or chooses not to do so.

Behavioral health settings where you may find peer support.

- Substance use treatment centers/programs
- Community health centers
- Mental health centers
- Behavioral health centers
- Tribal health
- Wellness centers
- Private Practice
- Drug Courts
- Veterans Administration
- Montana State Hospital
- Crisis Response Teams
- PACT
- Criminal Justice
- Recovery Homes
- Community Settings

Defense Centers of Excellence, Best Practices for Peer Support Programs

"…the benefits of peer support can be applied to a range of goals across vastly different settings. It is critical for the implementing organization to identify the needs of the target population and set specific program goals to meet those needs."

SAMHSA's, "Value of Peers 2017"

The role of a peer support worker complements but does not duplicate or replace the roles of therapists, case managers, and other members of a treatment team. Peer support workers bring their own personal knowledge of what it is like to live and thrive with mental health conditions and substance use disorders. They support people's progress towards recovery and self-determined lives by sharing vital experiential information and real examples of the power of recovery. The sense of mutuality created through thoughtful sharing of experience is influential in modeling recovery and offering hope (Davidson, Bellamy, Guy, & Miller, 2012).

Mental Health America National

Peer support has existed in behavioral health for decades. Its rapid growth in recent years is for good reason. Research and experience show that peer support specialists have a transformative effect on both individuals and systems. Peer support has been shown to:

- Improve quality of life,
- Improve engagement and satisfaction with services and supports,
- Improve whole health, including chronic conditions like diabetes,
- Decrease hospitalizations and inpatient days, and
- Reduce the overall cost of services

Peer support empowers people to make the best decisions for them and to strive towards their goals in their communities. Peers are an essential component of recovery-focused systems and are key across settings and stages of recovery.

Surgeon General of the United States, Jerome Adams, M.D.

You're in recovery for life; and we can, if we wrap people with the appropriate support services, have a higher success rate for life. We're actually getting a return on investment by wrapping people with the recovery support services they need to be successful in recovery.

Peers for Progress

Peer supporters in behavioral health provide the following benefits at the individual level

- Reduce distress and both symptoms and incidence of mental health conditions
- Serve as role models to consumers
- Voice and broker the needs of consumers
- Provide an important source of information
- Serve as a powerful source of motivation
- Help others while helping themselves
- Serve as mentors to others, helping them to better understand paths to recovery

Optum® health has worked successfully to incorporate peer support services into the public mental health system in more than 20 states. The results: stronger adherence to follow-up treatment and fewer unnecessary hospital readmissions. https://www.optum.com/business/health-insights/peer-support-programs.html

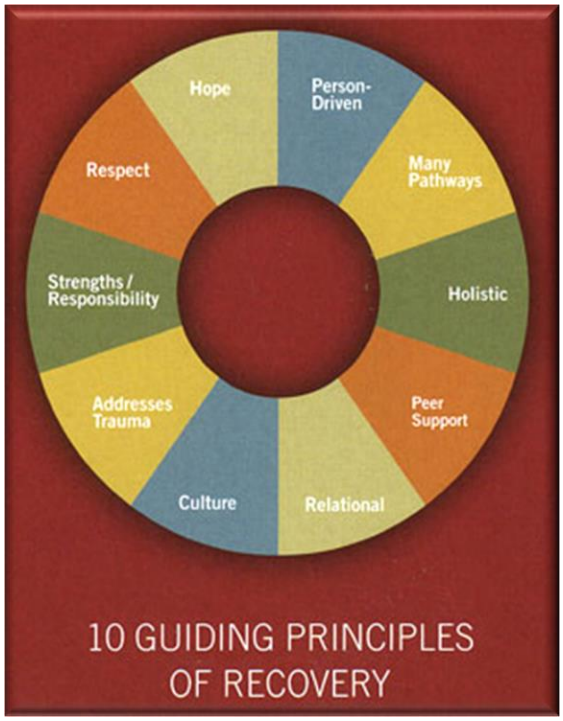
Additional Resources on the benefits of peer services can be found here

https://www.mhanational.org/peer-support-research-and-reports

A Life in the Community for Everyone
SAMHSA
Substance Abuse and Mental Health Services Administration
U.S Department of Health and Human Services

There are 4 dimensions of recovery Home, Health, Community and Purpose. Think of these as the cornerstones for recovery.

Does your organization address all 4 with all clients?



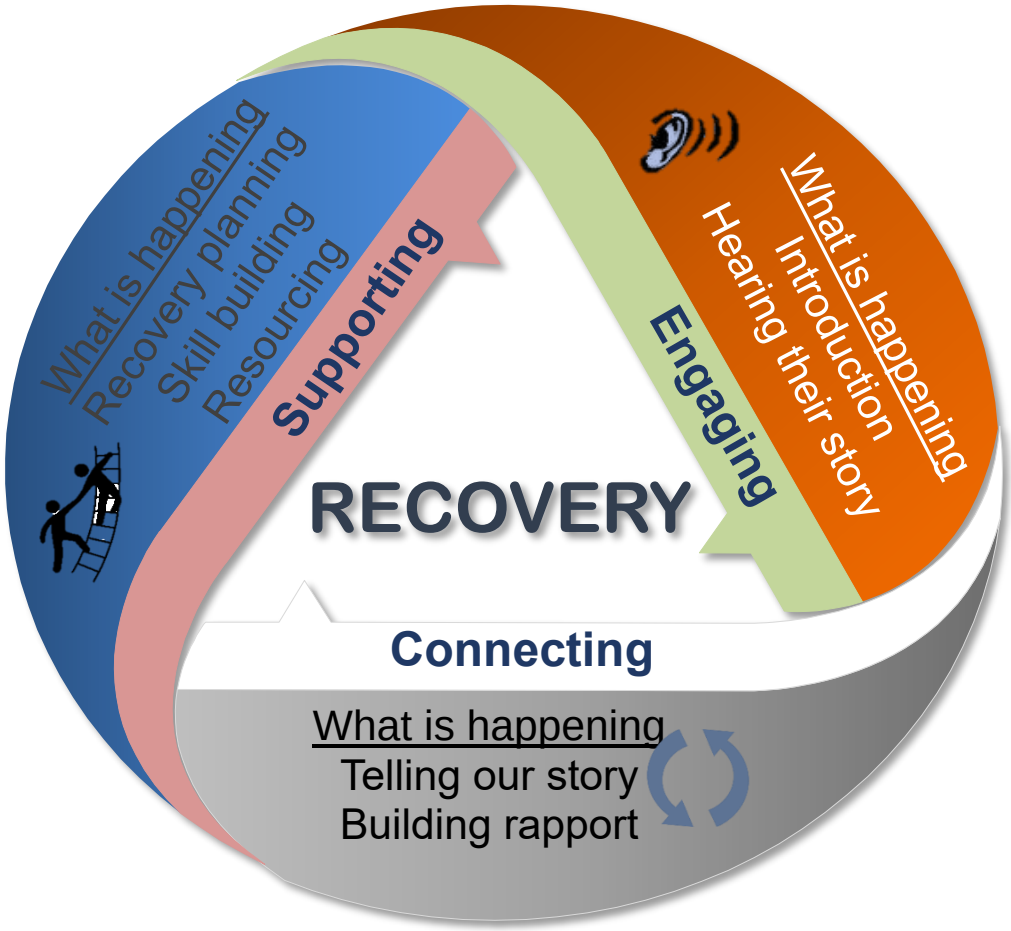
The 4 dimensions then are further delineated into the 10 Guiding Principles of Recovery

https://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/#.W1iC-NJKg2w

These dimensions and principles are a good framework for BHPSS. Everyone on the team should understand them. They should be promoted with clients and staff throughout the program through language we use, literature including posters and handouts and in DAP notes.

DEFINITION. **SAMHSA's working definition of recovery** from mental. disorders and/or substance use disorders. *A process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential.*

Model for providing peer support



There are 3 distinct phases to providing peer support, **Engaging, Connecting and Supporting**. This model was developed Montana's Peer Network and is taught in the 40-hour Peer Support 101 certification training. This is a very effective tool to help peer supporters identify where they are with any given individual they are working with. This can help to reduce that "*lost"* feeling many BHPSS report when working with someone. Each relationship the BHPSS builds should start with engaging and connecting to build a bond of trust with the individual before moving to supporting. Rushing into supporting can lead to a "fix-it" mentality, which is not supportive.

Engaging:

- Introductions/greetings
- Invite individual to share what is happening
- Listen
- Validate

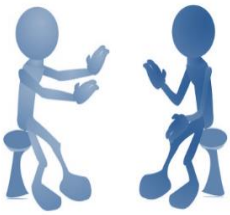
Connecting:

- Peer Supporter shares a relevant experience with individual
- Builds rapport/trust
- Listens
- Mutuality
- Utilizing the guiding principles of recovery

Supporting:

- Skill building
- Recovery planning
- 8 dimensions of wellness/medicine wheel
- Resourcing/Referrals
- Crisis/relapse support
- Utilizing the guiding principles of recovery

At any time in this model the peer supporter may feel resistance from the individual as they try to move from one phase to another. That is a signal to go back to engaging, then connecting.



Recovery is not linear, that is why the model is circular. It will rotate around at different points in the relationship. The client may choose a different pathway for recovery than the one being presented by the agency, program or even the peer supporter. Engaging and connecting helps to build the relationship. This is the basis of peer support work. When someone is in an extreme state just being with them, not fixing them, not referring them, not guiding them may be the best option. By being present with someone BHPSS are acknowledging them in the present moment. That's what makes peer support unique. The work of BHPSS is not all task oriented and should not be presented as such from the agency or organization. There is a great deal of relationship building, which could look like communication skill building. When the relationship becomes strictly task oriented then peer supporters lose the "peerness" of the relationship and can come across like a Jr. clinician.

This 3 phase model is a tool that can be utilized in clinical supervision sessions also. The CS may ask the BHPSS questions such as, "What phase are you in with client X?" or "Last time we

spoke you were trying to connect with client X. How did that go?" The BHPSS should be able to identify the phase with each client they work with.

Once the 3rd phase (supporting) is reached with an individual there are 4 kinds of support that can be offered:

4 Types of Support

Emotional support- demonstrations of empathy, caring, and concern in such activities as peer mentoring and recovery coaching one on one and peer support groups

Informational support- provision of health and wellness information, educational assistance, and help in acquiring new skills, ranging from life skills to employment readiness and citizenship restoration.

Instrumental support- concrete assistance in task accomplishment, especially with stressful or unpleasant tasks (e.g., filling out applications, obtaining public benefits) or providing supports such as childcare, transportation to support group meetings, and clothing closets.

Affiliation support- opportunity to establish positive social connections with others in recovery so as to learn social and recreational skills.

Peer Supporters are NOT:

Treatment providers including therapists and LAC's
Case managers
Sponsors for 12 step programs
Clergy members
Nurses/ Doctors
Van drivers
Friends

Funding Peer Support Services in Montana

All programs should be financially sound. Peer Support programming is no different. Utilizing a combination of funding sources is best practices. (Think all eggs in one basket) Common options for funding peer support services are as follows. There may be other less common methods.

Billing the state of Montana (Medicaid or Federal Block grant dollars) $13.48 per 15 minutes or $53.92 per hour. Must be pre-approved state provider. Contact AMDD.

Billable Direct Service Hours (type of service) for BHPSS are defined as the following:

- coaching to restore skills;
- self-advocacy support;
- crisis/relapse support;
- facilitating the use of community resources; and
- restoring and facilitating natural supports and socialization

Grants – lump sum to pay for all program costs for a specified period. Typically 1-2 years. This can come from funders such as SAMHSA, DPHHS, Foundations, counties, etc. This is a good option for pilot or demonstration projects. This is also a good choice when you are working out details on other funding options. This is not a good choice for long term sustainability.

Contracts – A contract between your agency and another party. You provide peer support services and they pay for that service. An example might be contracting with a hospital for peer support services in the emergency room. You employ the BHPSS and they work when need , say on call in the emergency room. You bill the hospital for hours worked and they pay for that service as needed. Fees can be negotiated between the two parties.

PACT – lump sum of state funds to cover all members of the PACT team including BHPSS. Best practices for PACT include peer support. Contracts are signed with MT DPHHS.

Fee for service – 1 hour of peer service for a flat pre agreed upon fee with a client. Most all professions have fee for service, peer support is no different.

Fund raising – Good old fashion fund raising for a cause. This is a tried and true method for funding a peer support program.

Employer/Provider Readiness Self-Assessment

This Provider Readiness Self-Assessment tool was designed by the Peer Support Task Force to assist organizations in the creation, development and or enhancement of peer recovery support services in their organization. In order to ensure success of peer services in an organization, vital components are needed to facilitate a recovery-oriented culture.

Please answer yes or no to the following questions.

__Y __N Our organization engages in regular community behavioral health education activities around wellness and recovery.

__Y __N Our organization promotes the 10 Guiding Principles of recovery.

__Y __N Our Organization believes peer support staff would be an added benefit to our treatment team.

__Y __N Our organization promotes recovery and wellness to the best of our ability.

__Y __N Our organization routinely offers peer support at every level of service to our clients.

__Y __N We offer flexible hours for clients in recovery.

__Y __N Our organization use recovery oriented language when interacting with clients.

__Y __N Trauma informed care is an integral part of our delivery of services.

__Y __N Management routinely provides learning opportunities around wellness and recovery for staff.

__Y __N The wellness of staff is strongly supported in our organization.

____Total number of “Yes” answers

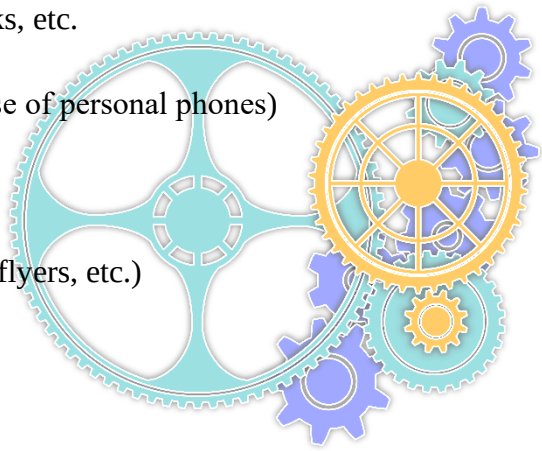
We would recommend that an employer be at an 80% or above (8 questions answered yes) before implementing Peer Recovery Support Services or have a plan on how you are going to reach 80% or above in the next year.

Is your organization ready to implement peer support services? _____

Internal Meeting Guide

Items to consider

- Identify phase of development – Planning, Implementation or Operational
- # of BHPSS to be hired
- Hours per week
- Overhead cost - Salary & Benefits
- Identify a clinical supervisor
- A company vehicle, laptop, recovery workbooks, etc.
- Insurance
- A company phone (we don't recommend the use of personal phones)
- Initial Training cost
- Ongoing Support
- Certification fees
- Outreach materials (brochures, business cards, flyers, etc.)
- Continuing Education trainings
- Administration costs



What is the total cost per employee? This is not the hourly wage, but total cost including all of the above. Or overhead.

_____Total "cost" of one peer support staff. This includes all costs.

Next consider how the organization will pay for this cost. Where will this funding be derived from? Multiple sources is best practice.

_____ Funding available per BHPSS

_____ Total (Subtract)

Is this total positive or negative? It needs to be positive. If it is negative, go back and recalculate costs or funding. Do not run the program at a deficit. Funding must support peer services before starting the program. Consider increasing the funding before lowering the wage of a peer supporter. Currently peer support staff earn on average in Montana $15 per hour. With many new peer support programs starting up across the state the peer supporters have choices on who to work for. Do not price yourself out of the workforce by offering a low wage. Quality staff is hard to find. Peer Support staff need a livable wage or they will go elsewhere. Where have seen this over the first 2 years of certification in Montana. This is a critical portion of the planning process. Funding must support peer services before starting the program.

Employer/Provider Training

Montana's Peer Network offers Employer/provider training on site. Contact our office 406-551-1058 or jim@mtpeernetwork.org

This half day training (4 hours) is intended for employers or providers of peer services, or those who intended to start up peer services in their organization. Such as – Managers, Directors, and Supervisors.
Peer Supporters are the newest edition to the behavioral health field. They utilized their "lived experience in recovery" to support clients in their recovery journey. Sounds simple, right? Yet, it can be a complex process. The most common question we are asked is, "What do peer supporters do?" We will explore that topic and all of those complexities of recruiting, hiring, training, supporting and maintaining peer support staff in this training.

This training explores the following –

- History of peer support
- Employer assessment and readiness evaluation
- Peer Supporter Standards
- Hiring and support for peer support staff
- Clinical Supervision
- Programing

Recovery Program Must-Haves training

Recovery Program Must-Haves explores best practices for recovery programs including 7 domains ***Leadership, Culture, Peer Support, Barriers, Resources, Data and Funding***. This is a hands-on training with in class exercises and discussion for recovery program staff to lay the ground work for success. *"Failing to plan is planning to fail."* Benjamin Franklin

What is recovery? How does your program embrace these principles? How will you demonstrate the effectiveness of the recovery program? These are just a few of the questions we will be discussing and hopefully, answering in this training. Come prepared to work, this is not a passive interaction. This is a 4 hour training that can be provided virtually or in person. Inquire at jim@mtpeernetwork.org.

Peer Support Data Collection

Why is it important to collect data?
Evaluation and data collection are essential components to assess how a service works. If you can't measure what you are doing, then you will be limited in what you can accomplish. We see evaluation in all forms of practice today and it is important that for peer services to be recognized as a sustainable service then we must start with a thorough evaluation process. The Montana Legislature has requested data regarding outcomes, cost savings, and overall health and wellness.

How often will you collect data?
As often as possible. Data collection should be ongoing. Starting as soon as possible.
Every client should be surveyed in each and every interaction. This is not too often. If you make this part of your peer support services it will become routine. The more often the more data you will have to measure results.

What are you trying to measure?
In order to show that programming is effective, or engagement in recovery you need data to show outcomes. To obtain this kind of information or data, you need to collect clear, precise and specific qualitative and quantitative measurements. What do you plan on measuring within your peer support program? *(this is not an extensive list, please create data points that best meet your program needs):*

- Client satisfaction with peer support services
- Client's self-assessment of mental well-being
- Number of clients served
- Cost per recovery support encounter
- Number of times each client and peer supporter met
- Clients use of other services
- Clients next option for care, if peer support was not available
- Diversion dollars (these are dollars that are saved by diverting a client from expensive services to a lower cost service)
- Reduction is use of emergency services
- Number of relapses (prior to meeting vs. during time meeting with peer supporter)
- Other: _____

What will the data you measure show?

Example: For the Recovery Coach program in Gallatin County, Montana's Peer Network measured, among other data, what clients would have done if a peer supporter wasn't available. Options for answers ranged from "done nothing" and "called a

friend" to "called 911" or "gone to the hospital". Montana's Peer Network estimated the costs that would have been associated with using high-cost services (such as the cost associated with a police officer attending to a 911 call) to approximate the total crisis dollars saved by having peer supporters available. That savings, minus peer support program costs, was estimated at over $420,000 to Gallatin County—a 5 to 1 cost savings.

Example: RI International (formerly Recovery Innovations of Arizona) employs hundreds of peer specialists to offer peer advocacy services to individuals in the hospital. Their focus on recovery planning and recovery-oriented discharge plans has produced significant improvements, including: • 36% reduction in the use of seclusion • 48% reduction in the use of restraints • 56% reduction in hospital readmission rates (RI International, 2016)

Behavioral Health Peer Support Specialist Scope of Practice

Recovery Support
o Be able to share their own recovery story in a meaningful and hopeful way
o Provide peer support that is mutual and respectful
o Be able to assist others in developing their own wellness or recovery plan
o Understand the key components of the recovery process
o Be able to facilitate a peer support group
o Be able to connect others to community resources
o Have a working knowledge of the mind body connection and its relation to recovery
o Provide education around wellness and recovery
o Be able to listen and be present in the moment

Mentoring
o Act as a role model for wellness and recovery
o Assist in others in recognizing and building natural supports
o Be able to support others in planning and achieving their own goals at their own pace
o Utilize a strength-based approach

Professional Responsibility
o Fulfill necessary training and continuing education requirements
o Understand the role of peer support in the system
o Understand and abide by a code of ethics and standards
o Be able to work as part of a treatment team
o Understand the importance of confidentiality and HIPAA
o Understand mandatory reporting and why this is necessary
o Participate in clinical supervision
o Understand risk factors for suicide

Advocacy
o Provide education around self- advocacy
o Assure those they work with know their rights and responsibilities
o Provide referrals to other community supports
o Advocate for those we work with when necessary

Certified Behavioral Health Peer Support Specialist Code of Ethics:

Taken from the Certified Behavioral Health Peer Support Specialist Code of Ethics

(a) act in a way that encourages and promotes recovery for themselves and those they serve without placing judgment on the recovery path of others;

(b) share their own recovery story in a manner that promotes recovery, instills hope, and is a benefit to those they are serving;

(c) always use first person or recovery language and encourage this practice in others;

(d) engage in resolving concerns in a respectful and professional manner;

(e) maintain high standards of personal and professional conduct, always acting in a way that represents peer support in a positive and beneficial light;

(f) act as a positive role model in recovery;

(g) conduct themselves in a way that fosters their own recovery. CBHPSS shall take personal responsibility to seek support and manage their wellness;

(h) provide clients with accurate and complete information regarding the extent and nature of the services available to them;

(i) terminate services and professional relationships with clients when such services and relationships are no longer required or where a conflict of interest exists;

(j) make every effort to keep scheduled appointments;

(k) notify clients promptly and seek the transfer, referral, or continuation of services pursuant to the client's needs and preferences if termination or interruption of services is anticipated;

(l) attempt to make appropriate referrals pursuant to the client's needs;

(m) obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to the client's involvement in any research project of the CBHPSS that might identify the client or place the client at risk;

(n) obtain informed written consent of the client or the client's legal guardian and supervisor approval prior to taping, recording, or permitting third-party observation of the client's activities that might identify the client or place the client at risk;

(o) safeguard information provided by clients. Except where required by law or court order, a CBHPSS shall obtain the client's informed written consent prior to releasing confidential information;

(p) disclose the estimated fees and/or the method of fee calculation to the client or prospective client, and obtain written acknowledgement of the disclosure;

(q) respect and protect the confidentiality, rights, and dignity of those they serve;

(r) advocate for those they serve unless it would threaten the safety, security, or recovery of others;

(s) take proper and adequate measures to prevent, report, and correct unethical conduct;

(t) follow all state and federal laws including the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR part 2;

(u) as mandatory reporters, report elder abuse and child abuse to appropriate authorities and supervisors;

(v) disclose any pre-existing relationships, sexual or otherwise, to immediate supervisor prior to providing services to that individual; and

(w) report risk of imminent harm to self or others to the proper authorities and to their supervisor. When reporting, the minimum amount of information necessary will be given to maintain confidentiality.

(3) A CBHPSS shall not:

(a) commit fraud or misrepresent services performed;

(b) engage or offer advice on the matters of diagnosis, treatment, or medications;

(c) divide a fee or accept or give anything of value for receiving or making a referral;

(d) violate a position of trust by knowingly committing any act detrimental to a client;

(e) engage in or promote behaviors or activities that would jeopardize the CBHPSS's recovery or the recovery of those they serve;

(f) participate in bartering, unless bartering is considered to be essential for the provision of services negotiated without coercion, and entered into at the client's initiative and with the client's informed consent. A CBHPSS who accepts goods or services from a client as payment for professional services assumes the full burden of demonstrating that this arrangement will not be detrimental to the client or the professional relationship;

(g) exploit in any manner the professional relationships with clients or former clients, supervisees, supervisors, students, employees, or research participants;

(h) engage in or solicit sexual contact with a client or commit an act of sexual misconduct or a sexual offense if such act, offense, or solicitation is substantially related to the qualifications, functions, or duties of the CBHPSS;

(i) enter into sexual or personal relationships with a client or a client's immediate family member;

(j) condone or engage in sexual harassment. Sexual harassment is defined as deliberate or refuted comments, gestures, or physical contact of a sexual nature that are unwelcome by the recipient;

(k) discriminate in the provision of services on the basis of race, creed, religion, color, sex, physical or mental disability, marital status, age, or national origin;

(l) abuse, harass, demean, or discriminate against others based on race, culture, religion, age, gender, gender identity, disability, nationality, sexual orientation, or economic condition;

(m) provide professional services while under the influence of alcohol or other mind-altering or mood-altering drugs which impair delivery of services; or

(n) engage in any advertising which is in any way fraudulent, false, deceptive, or misleading.

Job Description

Job descriptions should be tailored to the specific position offered. There is no single job description for peer support services. Create a job description that meets your organizational need. Be sure to include elements of the scope of practice and code of ethics in the job description. Below is example information you might find useful to include in the job description you create.

Job Title:
In Montana the profession is recognized as Behavioral Health Peer Support Specialist, within your company you can choose what the peer supporters title will be. Here are some common titles: Peer Mentor, Peer Specialist, Recovery Advocate, Recovery Coach, etc. (John Doe, Recovery Coach, CBHPSS (once Certified the "c" should be added)

Supervisor:

Salary range: *average rate of pay for BHPSS is $15.00 per hour in Montana*

Work hours:
Set hours? Flexible? On call? Mixed? How many hours a week? Are there limits from your funder? Consider the strategy "less in more". Over working or over loading BHPSS with too many clients/hours has led to relapse and or a decrease in effectiveness of service. Think quality not quantity.

Job Overview:
Sample: A BHPSS provides flexible, community based peer support services that are designed to promote the recovery, empowerment, and community integration of individuals who have severe behavioral health challenges by facilitating opportunities for individuals receiving service to direct their own recovery and advocacy process, by teaching and supporting the acquisition and utilization of skills needed to facilitate the individual's recovery, promoting the knowledge of available service options and choices and the utilization of natural resources in the community, and helping facilitate the development of a sense of wellness and self-worth.

Requirements:

- *Must be able to attain state certification within _____*
- *BHPSS must be willing to self- identify as a client of mental health and or substance abuse services who is well established in a recovery program*
- *Able to maintain long-term, stable recovery (with a minimum of 2 years in recovery)*
    - *No hospitalizations (longer than 72 hours) or incarcerations*
- *Will travel will be required for this position? If so, Candidate should have a reliable vehicle and a clean driving record. Mileage is reimbursed by _____.*
- *Candidate must be willing to submit to and pass a background check as part of the application process*
- *Others?*

Skills:

- *Ability to articulate personal recovery journey*
- *Take direction*
- *Be prompt*
- *Team player*
- *Communication skills*
- *Computer skills*

Duties:

- *Direct Contact with clients*
- *Manage workload of up to __ participants that support wellness recovery through direct service*
- *Work directly with clients developing a wellness recovery plan and supporting implementation of that plan*
- *Advocate for clients actively working in recovery that are developing life skills and building confidence to attain their personal goals.*
- *Link participants to resources identified within the wellness recovery plan*
- *Outreach to community organizations – these are two way referral points*
- *Employee Development- de-escalation, suicide intervention, trauma care training*
- *Training (40 hours initial training and 20 CEUs every subsequent year)*
- *Clinical supervision - 1 hour required for every 20 hours worked*
- *Paperwork/email*
- *Documentation (DAP notes)*
- *Staff, team or organizational meetings*
- *Office duties*

Interviewing

The following section is divided into two sections with the first assessing the applicants' general qualifications and the second grouping of questions assessing the recovery stage of the applicant and their comfort level in sharing their experience. In section one, appropriate responses are given to the questions. None of the questions are required to be asked during the interview stage and interview questions should be tailored to best fit the needs of your organization and be program specific.
We do not recommend hiring your clients. Very rarely does this work out for the program, the organization, the peers or the peer supporter. The best candidates are ones who do not need your services. They have progressed in their own recovery journey and have a solid foundation. Additionally, the state requires 2 years in recovery to qualify for certification with no hospitalizations over 72 hours or incarceration.
Look to interview candidates that fit your program needs. People in recovery have varied experiences. Develop questions that get at the programs needs. Such as a Medication Assisted treatment program is going to want to ask how the candidate feels about MAT. A mental health program is going to want to hire someone who is in recovery from a mental health diagnosis or co-occurring.

While interviewing applicants it may be helpful to rate answers on a 1-5 scale and add up the points at the end of the interview as well as making a chart of 'positives about candidate' and 'concerns about candidate'. This can help you in narrowing down the application pool for 2nd round interviews or when deciding between applicants for the position.

Interviewing (assessing general qualifications)

1. Are you willing to disclose to your peers, clients, staff and the general public that you have been diagnosed with a mental illness, addiction disorder or both?
This is a requirement of becoming a Peer Supporter

2. Please tell us about your experience with recovery and why you are interested in this position?
The successful candidate will be able to give detailed information about his/her journey with recovery and be able to identify his/her individual pathways to recovery that worked for them. The successful candidate will demonstrate passion and dedication for those actively pursuing recovery. Listen for length of time in recovery (must be at least two years to meet the requirements for employment). Key terms to listen for will be holistic approach, positive recovery identity, individualization, supporting others. A candidate who talks about fixing problems, or seems rigid in his/her recovery perspective may not be the best fit for this position.

3. As a person with direct experience with recovery please tell us how you are able to maintain stability and balance in your own life, including any support systems you have developed?
If the candidate cannot provide a clear answer to this question, then it probably means that there is no clear plan to maintain stability, and therefore be considered a negative response. If the

candidate has self-identified themselves as a person in recovery, it is perfectly acceptable to ask how they maintain their stability. If their answer includes physician prescribed medication and treatment, you can ask further if they have a recovery wellness plan to augment their stability.

4. Would you please tell us about a person that you have helped, and how you helped them?
The answer to this question will point to whether your candidate is a nurturer or enabler. If he/she is a nurturer, the answer will revolve around how the candidate helped another person to help themselves, or how the candidate discovered resources that could be utilized to support self-efficacy. If the candidate is an enabler, the answer will revolve around what the candidate did personally for another person. This question can be tricky. For example, if the candidate took another person to a team meeting that could be construed as a nurturing act. If the candidate made the appointment, arranged transportation, gathered all the necessary documents etc. rather than use this as an opportunity to teach a person the skills needed to do this for themselves the candidate leans more towards an enabler.

5. Can you describe a time that you taught, modeled and/or coached another person in developing a skill?
A successful candidate will walk you through a step by step process of how they taught a specific skill. Key terms to listen for are; modeling, breaking down action steps, encouraging strengths, seeing another person's potential etc.

6. Would you please tell how you go about planning your day's activities?
Look for a response that involves the use of a calendar or a list of activities. If the candidate states something to the effect that they would be lost without their calendar, that they carry it everywhere, or that they being each morning with a list of things they need to get done that day, those would be considered positive responses.

Follow up question: Would your friends say that you are usually early for appointments, on time for appointments, or late for appointments? *If the response is "usually early" or "usually on time", there will probably be included a philosophical statement on time management. If the response is "usually late", the candidate will usually list excuses for that behavior, or simply laugh it off.*

7. Would you please tell us what it is about people that bugs you the most?
While the responses to this can vary greatly, by the time the response is completed there should be no doubt whether you are dealing with a judgmental or non-judgmental person.

8. Would you please tell us about the most frustrating thing that has happened to you this week, why it was frustrating, and how you reacted to whatever it was that frustrated you?
An inflexible candidate will take delight in telling you about details of the frustrating event, and who to blame for the event. A flexible candidate will focus on how he/she overcame the event, and possibly what they learned in the process.

9. Let me give you a hypothetical scenario, and tell us how you would react:

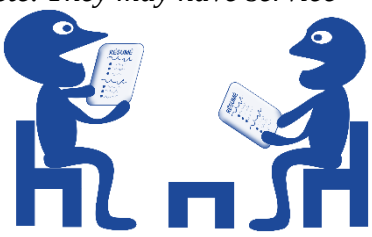
You are working with a person in recovery where a therapist and a case manager are also involved. You overhear the therapist explaining to the case manager that he is thinking that the client needs to be in a higher level of care. You know the person you are working with wants to stay in his home and community and you personally think the needs of the person in recovery would be better met in the community. What do you do?
You are looking for evidence that the candidate is a team player. If the candidate responds that he/she would warn the client so that the client could fire his team members, or that the candidate would go directly to the therapist or case manager's supervisor for an intervention, those would be considered negative responses. The responses we are looking for is an action that would create a dialogue with the case manager and therapist and the person in recovery, to discuss why the therapist thinks this person needs a higher level of care, and what could be done by all parties to deter or delay this higher level of care.

10. Give the candidate a blank piece of paper and a pen. State this: " please write down a time you had a conflict with someone and what you did to resolve it. Take 5 minutes to complete this".
A successful candidate will be able to describe the intervention used and you should be able to tell if he/she was proactive and assertive or passive and unable to communicate. This also gives you an opportunity to observe the candidate under stress. When the time is up ask the candidate to read what they have written. This should lead to further discussion and further opportunity to observe the candidate's communication skills.

11. Do you have 24/7 access to a reliable, safe vehicle and insurance?
This is a straightforward question requiring a yes or no answer and is important if the position requires the Peer Support to be able to flexibly navigate the area without relying on friends or family for transport.

12. Please tell me about what you like to do in your spare time away from work?
A successful candidate will be able to explain how he/she takes care of themselves and hopefully reflects on the importance of wellness through mind, body and soul. Listen for how he/she explains to you what interests he/she has and how he/she takes care of themselves. Someone who presents as rushed or stress may not be ready to commit themselves to supporting others in a recovery environment. If well versed in recovery, he/she will have an understanding of balance and self-care.

13. Do you have any reasonable accommodations?
Peer Supporters may require time to go to therapy, support groups, etc. They may have service animals or take medications that could affect their ability to perform certain tasks or work at certain times of day.



14. How comfortable do you feel working with people using a medication-based recovery model instead of an abstinence-based recovery model?
This is an important question to ask if the peer supporters you are hiring will be working with clients utilizing Medication Assisted Treatment (MAT). This could be a potential trigger for some peer supporters or affect their own recovery

Interview (assessing recovery stability and ability to share experience)

1. Can you describe in detail the type of supports you have found helpful to move from where you were to where you are now in recovery?

2. Can you describe what you have had to overcome to get where you are today?

3. Can you describe what you have learned about yourself in recovery?

4. Can you describe some of the things that you do daily to keep yourself on the path of recovery?

5. Can you describe what having a diagnosis means, how it impacted your life?

6. Can you describe some of the strengths you have developed for your recovery?

7. Can you describe the role that a sense of hope played in your life?

8. Could you describe some of the community supports you currently use or have used in the past?

9. Have you ever lead or facilitated a support group?

10. Do you have any experience with advocacy organizations in Montana?

11. Do you have any experience volunteering in a recovery program or serving on related boards or committees?

12. Of the 10 guiding principles of recovery which ones are most important to you?

Recovery Packet

What are recovery packets?

Recovery packets are envelopes filled with useful national, state-wide and local behavioral health resources. Both outside and inside the system. With the advent of the recovery movement and shrinking state budgets resources outside the system out number those within the system.

Who receives recovery packets?

Recovery packets can be given to anyone who might find the information inside useful. That includes people in recovery and their natural supports (family and friends).

What does a recovery packet look like?

Montana's Peer Network uses 6x9 clasp envelopes and prints packet labels to put on the front of the envelope that include the company label and read: "you have been given this packet because you have been identified as someone who may benefit from additional support. Inside you will find resources and information you may find valuable."

What information should be included in a recovery packet?

Montana's Peer Network includes the following information in their recovery packets:

-What peer support is
-Peer supporter contact information
-Free or low cost counseling services in the area
-Infographics on depression, substance abuse and suicide risk and bipolar disorder
- Phone numbers and logos for alcohol and drug services, the warm line, Mental Health America, Eating disorder Center of Montana and NAMI
-Almost 50 different websites (support groups, resources, blogs, etc.)
-Recommended phone apps (such as SoberGrid and MY3)
-Warnings of suicidal behavior 1-pager (with suicide prevention lifeline number)
-Supporting Friends and Family Members 1-pager
-Advanced Directive 1-pager

BHPSS Certification Training

Montana's Peer Network provides a comprehensive 40-hour training program to provide basic education and instruction around the most important elements of peer support work. This empowering and highly interactive training includes the core competencies for peer supporters in Montana.

During this training there will be instructions, role play, group discussion, homework and an exam. This training is designed to allow the participant to develop core competencies of peer support. Gain better understanding of their own recovery story, build upon strengths, network with other peer supporters and understand the important role peer support can play in the recovery process. Upon successful completion of this training participants will receive a certificate of completion and letter from Montana's Peer Network. This course meets the National Practice Standards for Peer Supporters and the guideline set up by the Montana Peer Support Task Force and the guidelines for Behavioral Health Peer Support Specialist Certification.

Peer Support 101 covers the core competencies as required by the Board of Behavioral Health.

SAMHSA core competencies
Boundaries and Ethics
Confidentiality
Scope of Practice
Communication Skills
Self-Care
Suicide Awareness
Stages of Change
Trauma informed care
Cultural Awareness
Pathways of Recovery
Recovery Story
Clinical supervision
Accessing community resources
Emotional Intelligence
Supporting others in recovery
One on one session and Support group facilitation
Recovery Planning

Visit https://www.youtube.com/watch?v=l7MOr5pH7dE

To watch a short video clip on Peer Support 101 training.
This page also includes a link to the application to apply for Peer Support 101 training.

Clinical Supervision of BHPSS

Characteristics of clinical supervisors for peer supporters:

- Understand the recovery model
- Supports and values the work of peer supporters
- Understands the role of peer work and how this is different than clinical work
- Can support the peer support without providing therapy
- Holds boundaries with employment or administrative issues
- Can demonstrate skills that may be utilized by peer supporters
- Monitor the overall wellbeing of the peer supporter

Board of Behavioral Health rules state: The supervisor must be one of the following:

- Physician
- Psychologist
- Social Worker
- Professional Counselor Licensed
- Advanced Practice Registered Nurse, with a clinical specialty in psychiatric mental health nursing
- Marriage and Family Therapist
- Licensed Addiction Counselor Licensed

What happens during clinical supervision?

- Defining your personal mission
- Witnessing both positive and negative experiences
- Skill building
- Brainstorming and problem solving
- Celebrating successes
- Accountability
- Check-in
- Documentation or log

Board of Behavioral health outlines the rules for clinical supervision for BHPSS on their website in detail. It is advised that they are reviewed and discussed in detail within the organization.

What clinical supervision is not?

- Therapy (or the same clinician as BHPSS therapist)
- Gripe session
- Available on call
- Administrative supervision

BHPSS Clinical Supervision log should include the following:

- BHPSS name and certification #
- Clinical Supervisors name and licensure #
- Date supervision took place
- Start and stop time of session
- CS sign off on assessments, interpretations, referrals
- CS sing off on support interventions, assessment results, planning interventions

A good clinical supervisor will invest time into the relationship. Preparation and follow up are often needed for BHPSS. 40 hours of training provide what real time experience and skill development can. The peer supporter clinical supervisor relationship takes time and patience. This is not about checking boxes to get the clinical supervision completed or out of the way. Peer supporters have a minimal amount of training. Role playing and skill building are vital to the development of the work they do. Equally important is the review of ethics and scope of practice. In the first few years since certification, ethics and boundaries are far and away the two most challenging areas for BHPSS. They are the leading cause of termination. Best practice is to review this often in clinical supervision. Utilizing scenarios presented by the peer supporter to reinforce the importance of healthy boundaries. Peer Supporter report struggling with the blended role of "being in recovery" and being a professional. This is where the clinical supervisor can assist.

Additional resources:

- The National Association of Social Workers also offers a 20 CEU course. naswmt.org
- https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/brss-209_supervision_of_peer_workers_overview_cp6.pdf
- "Peer Support Toolkit", City of Philadelphia, DBHIDS, and Achara Consulting
- "Partners in Recovery" Addressing Substance Use and Relapse in the addiction treatment workforce, SAMHSA, US Dept. HHS
- https://www.samhsa.gov/practitioner-training

State Certification

The profession of BHPSS as defined in Montana by Senate Bill 62, 2017 legislature, *"Behavioral health peer support" means the use of a peer support specialist's personal experience with a behavioral health disorder to provide support, mentoring, guidance, and advocacy and to offer hope to individuals with behavioral health disorders."*

Montana Senate Bill 62, put BHPSS certification into law starting October 1, 2017

The standardization of peer services ensures the following key qualities:

- Public Safety concerns are addressed such as professionalism
- Standardized training, supervision and continuing education for all peer workers
- Workforce development
- Establishment of a recovery-oriented curricula for peer supporter and behavioral health providers
- Peer Services are considered a resiliency factor for healthier communities
- Paradigm shift to "recovery-oriented" service delivery which positively impacts the human, social and financial consequences of untreated serious mental illness and substance use and or addiction

BHPSS applications can be found on the Board of Behavioral Health website:

http://boards.bsd.dli.mt.gov/bbh

****RULES FOR BHPSS CERTIFICATION ARE SUBJECT TO CHANGE**
Please visit the Board of Behavioral Health website for more information**

Initial Certification	Every Subsequent Year
Application	
$125 fee	$93 yearly renewal fee
40 training hours (core competencies)	20 hrs. Continuing Education Units
Pass exam 80% or higher	
Written agreement with clinical supervisor	Clinical supervision 1 hr. for every 20 hrs. worked
Fingerprinted/pass background check	Maintain record of clinical supervision meetings (BHPSS & CS)
Must be 2 years in recovery (with no psychiatric hospitalizations over 72 hrs. or incarcerations)	Must remain in long term stable recovery
Attestation of behavioral health diagnosis, received treatment and identify as being in recovery	Must maintain certification through achieving the above

FAQ: **What about peer supporters with felonies?**
Senate Bill 62, Section 4.5: Pursuant to 37-1-203, an applicant who has a history of criminal convictions has the opportunity to demonstrate to the board that the applicant is sufficiently rehabilitated to warrant the public trust. The board may deny the license if it determines that the applicant is not sufficiently rehabilitated. Many peer supporters who apply for certification with criminal justice backgrounds have been certified by the BBH.

FAQ: **Does Montana's Peer Network certify peer supporters?**
No, we only train peer supporters and provide consultation. The Board of Behavioral Health certifies peer supporters. The training we facilitate is called Peer Support 101 and has been approved by the Board of Behavioral Health.

FAQ: **How many hours of clinical supervision does a peer supporter need per month?**
1 hour for every 20 hours worked, whether this is direct contact or not.

FAQ: **What if I don't pass the training exam? Can I take the test over?**
A score of 80% or higher is considered passing. A certificate and letter are issued stating such from Montana's Peer Network. If a score of 79% or lower is achieved then the entire 40-hour training must be re taken. There are no exam retakes.

FAQ: **Can I take a portion of the training then complete the rest later?**
No, the training is intended to be taken continuously.

FAQ**: Once I am certified where do I go for continuing education credits?**
The Board of Behavioral Health has approved Montana's Peer Network as a training provider. More information can be found on our website www.mtpeernetwork.org.

FAQ: **Who keeps track of clinical supervision meetings?**
It is the responsibility of the certified BHPSS and the Clinical Supervisor to keep a record of clinical supervision meetings for up to 7 years.

FAQ: **With Covid-19 pandemic is the certification training still available?**
Yes, Peer Support 101 is now available virtually starting in August of 2020. Check our website for specific dates.

FAQ: **Can peer support be delivered virtually?**
It can, and since the spring of 2020 it has been a billable service. Be sure to utilize a HIPAA approved platform. This may change as we move forward through the pandemic but nothing prohibits a provider from utilizing technology to support clients.

Continuing Education

Per the Board of Behavioral Health, BHPSS are required to obtain 20 hours of continuing education in the core competencies of their profession per year starting in year 2. Year two begins January 1 for all BHPSS regardless of when they were certified. You can also transfer up to 20 CEU credits into the following year.

BHPSS Mentoring Program

Montana's Peer Network has developed a mentoring program to further help support BHPSS across the state and to advance the profession. We ask that you encourage staff to consider participating in our mentoring program. The program includes monthly networking, monthly conference call, monthly "speed skills" webinar, workforce updates, networking with other certified BHPSS across Montana and of course 1 to 1 mentoring and support. The cost is $55 annually. For more information visit our website. www.mtpeernetwork.org/mentoring

Benefits of being a Mentor

- Improved communication skills
- Development of leadership skills
- Reinforcement of skills and knowledge
- Added sense of purpose
- Expanded professional network

Benefits of being a Mentee

- Increased skills and knowledge
- Learning from the experience of others
- Increased personal and professional confidence
- Increased communication skills
- More effective goal setting

Benefits to the organization

- Increased employee retention
- Demonstrated investment in employees
- Reduction in training costs
- Development of high-potential leaders
- Creates a collaborative and inclusive environment

Studies show that 71% of Fortune 500 companies have mentoring programs –
(Fortune magazine survey)

Conclusion

This best practice guide was developed to help support the growing peer support workforce in Montana. MPN's Certified Behavioral Health Peer Support Specialist Professional Advocacy and Action committee works tirelessly to address workforce issues and find solutions. Peer Support services are new to Montana and are expanding rapidly with many changes. We strive to provide the most up to date information available. If you have additional questions, feel free to reach out to any of the staff at Montana's Peer Network (406-551-1058) or visit our website at www.mtpeernetwork.org