

# Use of Certified Peer Specialists

Mental Health Division

February 1, 2016



Minnesota Department of **Human Services**

## Legislative Report

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## **I. Executive summary**

This report provides an overview and assessment of certified peer specialist services in Minnesota and makes recommendations for improvement and expansion. The report also looks specifically at the role of peers in providing support to people transitioning between levels of care. In addition, this report includes research into national standards for the role of peers.

The report makes five major recommendations for DHS to pursue:

1. Provide more clarity on the role of certified peer specialists.
2. Recruit additional certified peer specialists and improve the capacity of peers to be successful in the workforce.
3. Increase the use of peers to support people transitioning between levels of care.
4. Address barriers to employing peers.
5. Explore opportunities to incorporate the use of peers into additional service areas.

## II. Legislation

This report is submitted to the Minnesota Legislature pursuant to:

### **Laws of Minnesota 2015, Chapter 78, Article 2, Section 15**

The commissioner of human services shall study and report on the use of certified peer specialists in the mental health system. The study and report shall include an assessment of the use of certified peer specialists within existing resources, an evaluation of the benefits of using certified peer specialists in hospital settings and intensive residential treatment services (IRTS), an analysis of the existing duties of certified peer specialists, options for expanding their duties and the benefits of expanding their duties, methods for obtaining reimbursement for services they provide, an analysis of the cost of expanding reimbursement, and any necessary proposed legislation. In assessing the use of certified peer specialists in hospital settings and IRTS, the commissioner shall make recommendations on how to obtain reimbursement for wraparound services by these specialists and warm handoffs to community services that facilitate the successful transition of persons with mental illness to the next level of care. The commissioner shall include stakeholder input in the study and development of the report. The report and any necessary proposed legislation shall be submitted to the chairs and ranking minority members of the committees in the house of representatives and senate with jurisdiction over health and human services finance by February 1, 2016.

### **III. Introduction**

Since 2007, Minnesota has been building the capacity for individuals with serious mental illness, who are doing well in their recovery, to support the mental health recovery of others as part of treatment. To this end, Minnesota recognizes “certified peer specialists,” which are individuals who have experienced a mental illness themselves and who are trained to be direct service mental health staff. A peer support specialist validates the client’s experience, helps them to identify their strengths and walks side by side in their recovery journey.

This report assesses the use of certified peer specialists in Minnesota’s mental health system. It provide background information on the development of peer services in Minnesota, the current number of peers trained, comments and concerns from providers and peers, along with lessons learned and recommendations for expanding and improving peer services.

Mental health provider agencies were surveyed in November 2015 and two stakeholder meetings were held at the Minnesota Department of Human Services (DHS) in December and January to review recommendations and survey information.

Individuals who are currently certified and employed as peer specialists were also heavily engaged in the development of this report.

## IV. Current Use of Certified Peer Specialists

### Development of Certified Peer Specialists in Minnesota

In a 2007 letter to State Medicaid Directors, the Centers for Medicare and Medicaid Services (CMS) declared peer support an “evidence-based mental health model of care” and specified requirements for Medicaid-funded peer support, including:

1. Supervision by a mental health professional defined by the States
2. Care-coordination within a comprehensive, individualized plan of care with specific, individualized goal
3. Training and credentialing, including continuing education requirements, that ensure providers have a basic set of competences necessary to support the recovery of others<sup>1</sup>

Minnesota passed legislation (MN Statute 256b.0615) in 2007 to cover Certified Peers Specialists under Medical Assistance for an array of rehabilitative mental health services. These services include Assertive Community Treatment Services (ACT), Adult Rehabilitative Mental Health Services (ARMHS), Intensive Residential Treatment Services (IRTS) and Crisis Stabilization services. In 2014, peers were added to mobile crisis teams

In 2008 the Adult Mental Health Division reviewed curriculums and chose Recovery Opportunity Center’s Peer Employment Training (PET) as the approved training curriculum for certified peer specialists in Minnesota. The first training was held in June of 2009, and fourteen peers were certified. As of this date, 385 peers have successfully completed the training.

This report’s recommendations will focus on certified peer specialist services for adults; however, Minnesota has also developed several additional types of peer services. In 2013, the Deaf and Hard of Hearing Division developed a training and curriculum for hearing impaired individuals with a lived experience of mental illness to provide peer support services. In collaboration with the Appalachian Consulting group and the Adult Mental Health Division, the Commissioner approved this curriculum for the training of deaf peer specialists fluent in American Sign Language. To date there are seven deaf certified peer specialists.

The other type of specialty mental health peers being established in Minnesota are mental health certified family peer specialist. Family peer specialists are parents or guardian of a child with a mental health diagnosis and has experience navigating the mental health system. Family peer services may be located in inpatient hospitalization, residential treatment, therapeutic foster care, children’s therapeutic services and supports and crisis services. The Minnesota Association for Children’s Mental Health was awarded the grant in 2015 to provide the training and develop the certification process.

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<sup>1</sup> U.S Center for Medicare and Medicaid Services, 2007

## **Qualifications for Certified Peer Specialists**

Minnesota has two levels of certified peer specialists – Level I and Level II.

*Level I Peer Specialists* must meet the following criteria:

- At least 21 years of age;
- High school diploma, GED or equivalent;
- Primary diagnosis of mental illness;
- Is a current or former consumer of mental health services; and
- Successfully completed the DHS approved Certified Peer Specialist training and certification exam.

*Level II Peer Specialists* must meet the following criteria:

- Meet all of the requirements of a Level I Peer Specialist; and
- Meet one or more of the following:
  - Is qualified as a mental health practitioner;
  - Has at least 6000 hours of supervised experience in the delivery of peer services to persons with mental illness; or
  - Has at least 4000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2000 hours of supervised experience in the delivery of peer services to persons with mental illness.

Individuals who are interested in pursuing work as a certified peer specialist must complete the 76 hour training that has been approved by the commissioner. In addition to the training and certification, certified peers are required to complete 30 hours of continuing education related to peer support every two years.

Training is offered a number of times a year. In order to be considered for training a peer must complete an application, provide letters of recommendation and references.

Beginning February 1, 2016 Northland Counseling in Grand Rapids, Minnesota under a contract with DHS will collect and review applications. For individuals whose training costs are subsidized by the State, Northland will conduct an interview and reference checks.

## **Covered Services Provided by Certified Peer Specialists**

Certified peer specialist services are eligible to provide services as a team member in the following mental health services:



- Adult Rehabilitative Mental Health Services (ARMHS);
- Assertive Community Treatment (ACT);
- Crisis Residential Services;
- Intensive Residential Treatment Services (IRTS); and
- Mental Health Mobile Crisis Services.

Peers are able to provide the following billable services under Medical Assistance in Minnesota:

- *Education* about the recovery journey from pre-recovery engagement, recovery initiation, recovery stabilization, and sustained recovery maintenance.
- *Assessing Unique Strengths and Abilities.* As a team member, help clients to identify abilities, strengths and assets and assist peers to recognize these strengths and use them to achieve their goals.
- *Identify, Encourage and Connect.* Identify community resources that support the client's goals and interests, identify barriers to participation in community resources, and provide encouragement for involvement in community based activities such as work, relationships, physical activity, self-directed hobbies, etc. Peers also develop relationships with community groups/agencies, visit community resources to assist clients in becoming familiar with potential opportunities, and teach and model the skills needed to successfully utilize community resources.
- *Self-Advocacy.* Support clients to identify their need for professional supports and services and connect clients to appropriate professional resources when needed.
- *Engagement, Support, and Encouragement.* Work as a team member to develop with the clients a self-directed recovery plan.

In some cases, certified peer specialists are employed in non-direct service roles such as staffing drop in centers, and serving as WARMLINE (peer support hotline) operators. Peers are also eligible to be employed as Case Manager Associates.

### **Payment for Certified Peer Specialist Services**

The methodology and billable rate for peer services under Medical Assistance varies with the type of service provided.

For services provided as part of ARMHS or mobile mental health crisis response, peers bill in 15 minute increments for their services. This payment rate is separate from the rate of the overall services. Payment rates for ARMHS and mobile crisis were increased in 2013 and 2015 respectively, however, payment rates for peer services were not included with the rate increase for crisis services.

For ACT, Crisis Residential Services, and IRTS, services are paid under a daily, bundled rate for the total package of services. As such, payment peer services are incorporated into overall rate and not billed separately.

## V. Defining the Role of a Certified Peer Specialist

Peer specialists assist clients in identifying strengths, setting goals, and strengthening self-advocacy skills. In addition, Certified Peer Specialists provide skill building, techniques, teach accessing resources and helping individuals to build relationships and gain confidence in their ability to be active participants in treatment planning are activities.

In order to be employed in a Medicaid reimbursable service as defined in the Minnesota State Plan, the peer must be able to tie the service they provide to an individual's treatment plan. Certified peer specialists are limited to the activities above in terms of what they can do that is reimbursable.

However, a peer's role is defined by their employer and can vary greatly from provider to provider and among different types of services. Some peers provide all of the billable services listed above, some provide only a portion of the billable services above, and some serve completely in a non-direct service, non-billable capacity. More work is needed to clearly define the scope of practice and role of the peer in different service types.

The Substance Abuse and Mental Health Services Administration (SAMHSA) describes the role of peers as “offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations.”<sup>2</sup> With input from both substance use recovery and mental health recovery communities, SAMHSA has outlined 12 core competencies of peer services:

- Engage peers in collaborative and caring relationships
- Provide support
- Shares lived experience of recovery
- Personalizes peer support
- Supports recovery planning
- Link to resources, service and supports
- Provides information about skills related to health and wellness
- Helps peers manage crisis
- Values communication

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<sup>2</sup> SAMHSA's Technical Assistance Center *Bringing Recovery Supports to Scale* December 7, 2015

- Support collaboration and teamwork
- Promotes leadership and advocacy
- Promotes growth and development<sup>3</sup>

These core competencies can guide best practices for peer support, can help to inform job descriptions for peers and to more clearly define their role, as well as inform on-going training needs.

To learn more about SAMHSA's description of how peers can implement these core competencies, see SAMHSA website and the article "Core Competencies for Peer Workers in Behavioral Health Services".

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<sup>3</sup> Ibid.

## **VI. Peer Specialists Supporting Transition to Community**

A certified peer specialist working for a certified Adult Rehabilitative Mental Health Service (ARMHS) provider can provide Transition to Community Living (TCL) services to individuals prior to discharge from a higher level of care. TCL services can support individuals who are transitioning from the following settings/services:

- Anoka Metro Regional Treatment Center
- Community Hospital
- Institution for Mental Diseases
- Intensive Residential Treatment program (IRTS)
- Board and care facility
- Skilled nursing home
- Assertive Community Treatment (ACT)

The purpose of this service is to implement the discharge plan developed by the higher level of service and to coordinate the discharge planning. A peer specialist is in a unique position to provide assistance in transition and by example offer hope and to help ensure that the discharge plan is person-centered and reflects the clients' preferences.

This service has been historically underused and it is the recommendation that technical assistance be available to providers to increase their use of peers and this service.

## VII. Provider Survey

In November 2015, 330 providers were surveyed to assess their use of certified peer specialists, the impact employing peers had on their agency, training needs and competencies they would like peers to have, and obstacles they face employing peers and/or expanding their use of peers. 89 providers (27 percent) responded to this survey. In the coming months, providers that did not respond to the survey will be contacted for follow-up as well.

Key findings of the survey include:

- Agencies who employ peers see significant benefits to their clients and staff:
  - 93 percent reported added value to service delivery.
  - 80 percent reported that their other staff improved as a result of working with Certified Peer Specialists.
  - A majority (55 percent) described the effect of employing peers on their agency as “transformational.”
- Providers expressed strong preferences about what skills they wanted peers to have before entering the workforce:
  - 75 percent believed that peers needed experience with or solid knowledge of clinical documentation. This is a key component to ensure that providers are able to bill for services peers provide.
  - 51 percent reported that this area was the most challenging job duty for peers.
- Providers face two main obstacles to expanding their use of Certified Peer Specialists:
  - Finding individuals with certification and qualified to take on the work assigned is a barrier for 55 percent of responding agencies.
  - 47 percent report difficulty making it financially sustainable to employ peers. This connects with the reported need for peers to be better equipped to perform documentation.
- Certified Peer Specialists are able to enter the workforce above minimum wage:
  - Agencies report a majority of CPS employees earn between \$12/hr - \$20/hr. Generally high unemployment among individuals living with serious mental illness makes this especially striking and demonstrates an additional benefit of the certified peer specialist service.

Lessons Learned:

- Peers need additional and on-going training on several key topics: documentation, substance use co-occurring disorders, and boundaries.
- Peer services need more sustainable payment rates.
- Providers would benefit from more technical assistance and additional training on the role of peers and recovery principles.
- Agencies that hire a number of peers find that there is a transformational effect on their organization.

A peer and provider comment on services they have received and have provided.

“In 2012 I began Peer Support Services. My Peer Support Specialist shared herself with me. She talked about her struggles, listened to mine, and challenged me to become more aware of who I am. I felt validated, understood, and more of a human being and less of a diagnosis. I received from my Peer Support Specialist what others working with me could not give me...Kinship, a sense of belonging and an understanding that I was not irrevocably broken.

I got a sense of a love for life from my Peer Support Specialist that was a kinship to a place deep inside of me. I felt the hope and the desire along with the strength to make it happen for me.

In September of 2015, I graduated myself from all supportive programs including Peer Support Services. The opportunity to train to become a Peer Support Specialist came up that same month and I jumped at it. I took the training and graduated in October of 2015. In December of 2015, I interviewed and was hired onto one of the best Peer Support Specialist teams in the state of Minnesota. Kiesler Wellness Center, an affiliate of Northland Counseling Center, Grand Rapids, MN. I have never been so happy in my life. I get to give back what I received and I want to support others who are where I was. It is truly a ‘coming back to humanity’ for me. I am happy every day I go to work”

Judy Benham  
Certified Peer Specialist  
Northland Counseling Center – Grand Rapids, MN

“It truly has been transformational on a number of levels. Having more than just a handful of CPRS staff is very beneficial since they can support one another-- just like the collegiality our clinical staff expect from one another. From an outcomes standpoint, the peer specialists are often the key that unlocks a client's self-imposed limitations on hope and potential, enabling all the other programs and services to be much more effective. We have 25 peer support specialists now, and I'm sure we could double that number and still have more peer support work that needs to be done.”

Glenn Anderson  
Executive Director  
Northern Pines – Brainerd, MN

## VIII. Report Recommendations and Lessons Learned

Based on an assessment of Minnesota's current use of certified peer specialists, research into national standards for the role of peers, a survey of providers, and stakeholder input, this report makes the following recommendations for the Department of Human Services:

1. Provide more clarity on the role of certified peer specialists.
  - a. Develop a model job descriptions for peers specific to each type of service provider.
  - b. Offer providers technical assistance and training on the role of peers and how to incorporate peers into their organizations.
2. Recruit additional certified peer specialists and improve the capacity of peers to be successful in the workforce.
  - a. Develop a workshop that would explain the role of certified peer specialists to prospective trainees.
  - b. Develop mentoring program for prospective or newly hired peer specialists and investigate possible funding sources.
  - c. Provide additional and on-going training on key topics including, documentation, substance use co-occurring disorders, and boundaries.
  - d. Seek additional state funding to provide a minimum of five certified peer trainings and four provider trainings per year.
3. Increase the use of peers to support people transitioning between levels of care.
  - a. Provide technical assistance to ARMHS providers, hospitals and residential services to increase the use of peers in Transition to Community Living services.
4. Address barriers to employing peers.
  - a. Examine the cost and appropriate rate structure for peer services as part of the comprehensive analysis of community-based mental health payment rates pursuant to Laws of Minnesota 2015, Chapter 71, Article 2, Section 39.
  - b. Examine the possibility of allowing for flexibility to employ peers who may have a criminal record.
5. Explore opportunities to incorporate the use of peers into additional service areas.
  - a. Investigate working with the Department of Corrections (DOC) to develop peer services in Minnesota prisons.



- b. Work with Individual Placement Services (IPS) supported employment providers to include and cross train peers as vocational workers.
- c. Encourage the employment of peer in other services such housing support staff, community health workers, case management associates, and outreach workers.

## **IX. Appendix A: Minnesota Statute 256B.0615**

### **MENTAL HEALTH CERTIFIED PEER SPECIALIST.**

Subdivision 1. **Scope.** Medical assistance covers mental health certified peers specialists services, as established in subdivision 2, subject to federal approval, if provided to recipients who are eligible for services under sections 256B.0622, 256B.0623, and 256B.0624 and are provided by a certified peer specialist who has completed the training under subdivision 5.

Subd. 2. **Establishment.** The commissioner of human services shall establish a certified peer specialists program model, which:

- (1) provides nonclinical peer support counseling by certified peer specialists;
- (2) provides a part of a wraparound continuum of services in conjunction with other community mental health services;
- (3) is individualized to the consumer; and
- (4) promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

Subd. 3. **Eligibility.** Peer support services may be made available to consumers of (1) intensive residential treatment services under section 256B.0622; (2) adult rehabilitative mental health services under section 256B.0623; and (3) crisis stabilization and mental health mobile crisis intervention services under section 256B.0624.

Subd. 4. **Peer support specialist program providers.** The commissioner shall develop a process to certify peer support specialist programs, in accordance with the federal guidelines, in order for the program to bill for reimbursable services. Peer support programs may be freestanding or within existing mental health community provider centers.

Subd. 5. **Certified peer specialist training and certification.** The commissioner of human services shall develop a training and certification process for certified peer specialists, who must be at least 21 years of age and have a high school diploma or its equivalent. The candidates must have had a primary diagnosis of mental illness, be a current or former consumer of mental health services, and must demonstrate leadership and advocacy skills and a strong dedication to recovery. The training curriculum must teach participating consumers specific skills relevant to providing peer support to other consumers. In addition to initial training and certification, the commissioner shall develop ongoing continuing educational workshops on pertinent issues related to peer support counseling.

## **X. Appendix B: Certified Peer Specialist Training Components**

The Recovery Opportunity Center's PET training is seventy six (76) hours and is taught by trained peers. It is comprised of 15 modules.

The first 6 modules deal with personal development and include:

- Understanding the Recovery and the Five Recovery Pathways
- Power of Peer Support: Clearly understanding the role of peer support
- Developing Self Esteem and Managing Self Talk
- Community, Culture and Environment
- Meaning and Purpose
- Emotional Intelligence

Modules seven and eight

- Telling your Personal Story
- Employment as a Path to Recovery and Ethical values and Boundaries

Modules nine through fifteen focus on skill development

- Communication
- Conflict Resolution
- Understanding Trauma
- Substance use Challenges and Co- Occurring Recovery
- Integrated Care and the Role of Peer Support
- Being with People in Challenging Situations
- Partnering with Other Professionals

Over 50 percent of class time is interactive with daily role plays. Students must pass a written midterm and final and an observed final role play. Upon successful completion of the class, and agreeing to a Code of Ethics, students are certified to work in the field under the clinical supervision of a mental health professional.

## XI. Appendix C: 2015 Provider Survey Results

Of the 330 providers who received the Certified Peers Specialist Survey, eighty-nine or 27% participated in this survey. The following questions and answers are their responses.

### Does your agency employ Certified Peer Specialists?

Yes (56) 60%

No (38) 40%

### Providers *who do not currently employ Certified Peer Specialist (CPS) cited their reasons*

Multiple responses are possible. Response rates are percents.

55% Our agency has difficulty finding *qualified individuals*. (21)

47% *It is not financially sustainable* for our agency to employ Certified Peer Specialists (18)

13% *Our agency does not understand* how CPS could be beneficial to our service(s). (5)

3% Our agency is unfamiliar with Certified Peer Specialists. (1)

0% Our agency is uncomfortable with employing individuals with mental illness. (-)

***In Table 1 the 60% of providers who do employ CPS described their CPS employment experiences.***

( In percent)	<i>ARMHS</i>	<i>Crisis</i>	<i>IRTS</i>	<i>ACT</i>
Agency provides these services...	63%	46%	44%	39%
Yes, we employ CPS in our program	46	25	57	29
We employ one CPS	58%	46%	61%	53%

Two CPS	8	15	19	0
Three CPS	15	23	7	13
More than 3 CPS	19	15	13	33
The wage we pay CPS (per hour) is:				
Less than \$12/hour	8%	8%	3%	0
\$12-14 per hour	77	31	48	36%
\$16-20 per hour	19	54	55	64
Over \$20 per hour	12	23	3	14
CPS Hours per week Employers had both full-time and part-time certified peer specialists.				
Full-time: 32 or more hrs.	50%	85%	55%	73%
Part-time: less than 32 hrs.	77%	46	69	53
PTE: average hours	20 hours	18 hours	19 hours	21 hours

**Providers indicated the roles of their Certified Peer Specialists.**

Multiple responses were requested. The maximum response possible is 100%.

91% Provide Education.

91% Model self-advocacy.

82% Teach/model stress reduction techniques.

78% Accompany the client to appointments or other locations to strengthen skills in order to accomplish stated treatment goals.

73% Facilitate support groups.

- 69% Assist clients to identify strengths and develop person centered treatment plans.
- 62% Answer phones and provide resources to clients.
- 42% Work with the client on identifying work skills for the purposes of resume writing to find a job.
- 13% Other roles described include:

Identify client challenges to attending psychiatric appointments.

Assist to develop plan to attend.

Facilitate an art group

Coordinate with ARMHS providers and other members of the treatment team

Take clients on group outings in the community.

WRAP education for developing crisis support plans

Tours for prospective clients in our IRTS

Follow up after discharge from Treatment facility

**When asked, “How much experience did the Certified Peer Specialist(s) have when hired?”**

“

providers reported multiple answers.

- 58% This is a change of career.
- 31% This is their first paid employment in many years.
- 31% They have worked at another agency as a CPS.
- 27% They are a Level 2 Certified Peer Specialist.

**Do Certified Peer Specialists receive benefits** (i.e. paid time off, health care) at your agency?  
 “Providers responded with **82% Yes** and 19% No.

The value-added assessment of CPS includes two questions.

**Our agency believes Certified Peer Specialists enhance the services provided to clients?**

Providers report the following.

- 69% Strongly agree (37)
- 30% Agree (16)
- 2% Disagree (1)

0% Strongly Disagree (-)

**How beneficial has, hiring a Certified Peer Specialist(s), been for your agency?**

Multiple responses were requested. Providers reported the following.

93% CPS have added value to our service delivery.

80% Our other staff have benefited from the addition of CPS to the workforce.

66% Our Clients have told us how much they have been helped by CPS.

55% CPS have had a transformational effect on our agency.

9% Other. *Five responses are listed here.*

1. We have just hired the CPS. Have not had enough experience yet to comment.

2. The PRS on our team is very recovery focused, and she effectively keeps recovery as a focus of the entire ACT team staff. She also is very comfortable using herself as a model for the people we serve as their potential to have a life more of their choosing.

3. There have been challenges with integrating CPS in terms of client engagement in the services.

4. Recently hired CPS for our IRTS program

5. They have assisted in enhancing programing and have given input into changes.

**Would it be beneficial to have more trainings for Certified Peer Specialists in the following areas? (Check all that apply.)** Providers replied:

75% *Documentation (42)*

66% Crisis de-escalation (37)

59% Substance abuse (33)

55% General knowledge about the mental health and social service systems (31)

46% Medication management (26)

14% Other (7)

1. Boundaries

2. Challenging other staff regarding recovery philosophy.

3. The certification training is very good. Additional training we find often most effective when done at the agency for focus on particular areas critical for the setting and consumer population.

4. Boundaries and appropriate self-disclosure.

- 5. Motivational Interviewing. Balancing their own mental health with the needs of the job.
- 6. Boundaries with clients
- 7. Boundaries/ethics, knowledge about mental health diagnoses
- 7% No additional training needed (4)

**For your Certified Peer Specialists, what has been, or is *the most challenging part of the job at your agency?* Select one answer.**

**51% Documentation (27)**

- 17% Boundaries with clients (9)
- 13% Working with other staff (7)
- 9% Adhering to a schedule (5)
- 9% Other (5)
  - 1. Unstable mental health
  - 2. Engaging clients. Previous CPS struggled with boundaries.
  - 3. Would have liked to put 'boundaries' but that sounded not quite right- our CPS does often take work 'home' and is affected at times by the client's issues that they are struggling with- more of a transference/self-care difficulty
  - 4. Being able to work enough hours to qualify for benefits and be able to afford the benefits. Group health insurance is expensive to our agency and for our employees
  - 5. Stress of the job has required much coaching and flexibility with scheduling

**For your other staff, what has been, or is the most challenging about adding Certified Peer Specialists to your service(s)? (Select one answer)**

- 30% Boundaries between Certified Peer Specialists and clients (15)
- 26% Reliability of the Certified Peer Specialists (13)
- 22% Working in a team with a person with a mental illness (11)



22% Other (11) Responses specified are:

1. Peer is trained for 2 weeks but this is really inadequate for this level of work.
2. Understanding the differences between the Mental Health Practitioner role and Cert Peer Rec Role, and respecting the boundary between these roles. At times it also appears that the CPRS role is less valued by the team than other roles, perhaps because this role does not complete work that is billable, despite that there is overlap in tasks (i.e. completion of interventions, groups, some crisis de-escalation).
3. An initial walking on egg shells with peers. With a bit of time, they seem to get over it!
4. It hasn't been challenging at all, except for a few staff who have a hard time getting used to being part of a team that includes someone who may have once been a client. Since many of our staff have a history of mental illness and even now are receiving mental health services, and yet have a professional degree and license, and are "out" or are known to be a consumer, it's not such a big deal. Since the agency strongly supports CPRS and employing consumers with lived experience, the few 'hold outs' realize that that's where we're going and don't resist, (although they may express concerns or ask questions, which is fine). Now that we've had CPRS on staff for several years, it's considered the norm and NOBODY objects, and if anyone has problems with it they keep it to themselves. This is one of the transformational parts.
5. Speed of service delivery
6. Referring to the service when CPS has struggled to engage clients.
7. There have been times when CPS leave employment due to health reasons, physical and/or mental.
8. This has been both temporary and a few times permanently. It can be a stressful job.
9. Staff's understanding of role of peer and the gifts peer has to offer
10. Initially, it has been a struggle to define clearly the role of this position. Over time it has become more clear.

It has not really been a challenge at all. Understanding the role of the peer specialist as part of the team