

A GUIDE TO MISSISSIPPI'S
Certified Peer
Support Specialist
PROGRAM



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Introduction

Creating a Person-Centered and Recovery-Oriented System of Care is a priority of the Mississippi Department of Mental Health (DMH). According to the Substance Abuse and Mental Health Services Administration (SAMHSA), a Recovery-Oriented System of Care is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families, and communities to achieve health, wellness, and quality of life for those with or at risk of behavioral health challenges.

At the heart of a Person-Centered and Recovery-Oriented System of Care is the belief that people with serious mental health issues and substance use disorders can and do recover, and that people in recovery can provide vital support to each other in achieving long-term recovery. One major emphasis in DMH's transformation efforts is the availability of Certified Peer Support Specialists (CPSS). DMH strongly believes in the contribution of family members and/or persons who have received or are currently receiving behavioral health services and values their lived experience.

Background

- November 2011 - The Board of Mental Health approved the CPSS program credentialing.
- January 2012 - DMH held its first CPSS Training.
- January 2012 - Medicaid approved Peer Support as a billable service.
- July 2012 - Peer Support Services are added as a Core Service for Adult Mental Health Services, Children & Youth Mental Health Services and Recovery Support Services for Alcohol and Drug Services.

What is Recovery?



To clearly define recovery, the Substance Abuse and Mental Health Services Administration (SAMHSA), within the U.S. Department of Health and Human Services, and the Interagency Committee on Disability Research, in partnership with six other Federal agencies, convened the National Consensus Conference on Mental Health Recovery and Mental Health Systems Transformation in December 2004.

More than 110 expert panelists participated, including individuals living with mental health issues, family members, providers, advocates, researchers, academicians, managed care representatives, accreditation organization representatives, state and local public officials, and others. A series of technical papers and reports were commissioned that examined topics such as recovery across the lifespan, definitions of recovery, recovery in cultural contexts, the intersection of mental health and addictions recovery, and the application of recovery at individual, family, community, provider, organizational, and systems levels.

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.



“Recovery for me is that I can participate in the community just like everyone else. I can hold my job. I can go to different places in the community and interact with people and not be afraid. I can maintain good relationships with my family. CPSS training helped me be more comfortable around people and helped me have a better feeling of self-worth. The training also helped me to be better able to speak up when I need to.”

**David Connell,
CPSS**

What are the components of recovery?

SELF-DIRECTION: To the highest degree possible, individuals lead, control, exercise choice over, and determine their own path of recovery by optimizing autonomy, independence, and control of resources to achieve a self-determined life. By definition, the recovery process must be self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

INDIVIDUALIZED AND PERSON-CENTERED: There are multiple pathways to recovery based on an individual's unique strengths and resiliencies as well as his or her needs, preferences, experiences (including past trauma), and cultural background in all of its diverse representations. Individuals also identify recovery as being an ongoing journey and an end result as well as an overall paradigm for achieving wellness and optimal mental health.

EMPOWERMENT: Individuals have the authority to choose from a range of options and to participate in all decisions—including the allocation of resources—that will affect their lives and are educated and supported in so doing. They have the ability to join with others to collectively and effectively speak for themselves about their needs, wants, desires, and aspirations. Through empowerment, an individual gains control of his or her own destiny and influences the organizational and societal structures in his or her life.

HOLISTIC: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. Recovery embraces all aspects of life, including housing, employment, education, mental health and healthcare treatment and services, complementary and naturalistic services, addictions treatment, spirituality, creativity, social networks, community participation, and family supports as determined by the person. Families, providers, organizations, systems, communities, and society play crucial roles in creating and maintaining meaningful opportunities for an individual's access to these supports.

NON-LINEAR: Recovery is not a step-by-step process but one based on continual growth, occasional setbacks, and learning from experience. Recovery begins with an initial stage of awareness in which a person recognizes that positive change is possible. This awareness enables the consumer to move on to fully engage in the work of recovery.

STRENGTHS-BASED: Recovery focuses on valuing and building on the multiple capacities, resiliencies, talents, coping abilities, and inherent worth of individuals. By building on these strengths, consumers leave stymied life roles behind and engage in new life roles (e.g., partner, caregiver, friend, student, employee). The process of recovery moves forward through interaction with others in supportive, trust-based relationships.

PEER SUPPORT: Mutual support—including the sharing of experiential knowledge and skills and social learning—plays an invaluable role in recovery. Individuals in recovery encourage and engage others in recovery and provide each other with a sense of belonging, supportive relationships, valued roles, and community.

What are the components of recovery?

RESPECT: Community, societal acceptance, and appreciation—including the protection of rights and the elimination of discrimination and stigma—are crucial in achieving recovery. Self-acceptance and regaining belief in one’s self are particularly vital. Respect ensures the inclusion and full participation of individuals in all aspects of their lives.

RESPONSIBILITY: Individuals have a personal responsibility for their own self-care and journeys of recovery. Taking steps towards their goals may require great courage. They must strive to understand and give meaning to their experiences and identify coping strategies and healing processes to promote their own wellness.

HOPE: Recovery provides the essential and motivating message of a better future— that people can and do overcome the barriers and obstacles that confront them. Hope is internalized; but can be fostered by peers, families, friends, providers, and others. Hope is the catalyst of the recovery process. Mental health recovery not only benefits individuals with mental health disabilities by focusing on their abilities to live, work, learn, and fully participate in our society, but also enriches the texture of American community life. America reaps the benefits of the contributions individuals with mental disabilities can make, ultimately becoming a stronger and healthier Nation.

RESILIENCY: (Source: President’s New Freedom Commission on Mental Health) The personal and community qualities that enable us to rebound from adversity, trauma, tragedy, threats, or other stresses - and to go on with life with a sense of mastery, competence, and hope.

Who would benefit from utilizing this guide?

The Certified Peer Support Specialist Guide is designed to provide information about the CPSS Program sponsored by the Mississippi Department of Mental Health (DMH). The information contained in this guide will be useful to individuals who would like to learn more about Peer Support Services and who are considering becoming trained as a CPSS.



“Being a CPSS has helped me become a stronger person and given me tools to help other individuals in their own recovery journey. It’s given me a voice when before I was in the shadows and kept silent. It has shown me that life is full of opportunity and I have so many networks to help me help not only myself but others.”

*June Boudreaux, CPSS
Gulf Coast Mental Health Center*

Who are Certified Peer Support Specialists and what do they do?

Certified Peer Support Specialist (CPSS) is a title for individuals who have progressed in their own recovery from substance use or mental illness, are willing to self-identify as someone in need of behavioral health services, and to work to assist family members or others also receiving those services. Family members of individuals in recovery can also be Certified Peer Support Specialists. Additionally, a CPSS must successfully complete formal training recognized by the Mississippi Department of Mental Health (DMH) and be employed by a DMH Certified Provider.

Because of his or her lived experience, a CPSS has knowledge and skills that professional training cannot replicate. The hallmark of peer support is not so much what kind of service is provided, but who provides

it and how. The “who” must be a person with lived experience of mental illness and/or substance abuse. The “how” must be built on the values and principles of peer support.

Certified Peer Support Specialists are qualified to help others in many capacities. The exact roles, responsibilities and/or activities of a CPSS will be determined by the employer, and depend on the needs of the people being served and the lived experience of the CPSS. It should be noted that Peer Support involves face-to-face contact with one or more individuals. If a CPSS is assigned a task that does not involve working with individuals receiving services and/or family members, they are not providing peer support.

Certified Peer Support Specialist

Is/Does	Is Not/Does Not
A person in recovery	A professional clinician
Share lived experience	Give professional clinical advice
A role model	An expert or authority figure
See whole individuals in the context of their roles, family and community	See an individual as a case or diagnosis
Motivate through hope and inspiration	Motivate through fear or negative consequences
Support many pathways to recovery	Recommend one specific pathway to recovery
Function as an advocate for the person in recovery, both within and outside of the program	Represent perspectives of the program
Help foster independence	Help foster dependence
Teach how to access needed resources	Provide basic necessities, such as place to live, money, etc.
Use language based on common experiences	Use clinical language
Share knowledge of local resources	Provide case management services
Encourage, support and praise	Diagnose, assess, or treat
Help set personal goals	Mandate tasks and behaviors
Provide one-on-one recovery support	Tell a person how to lead his/her life in recovery

Source: Substance Abuse and Mental Health Services Administration (SAMSHA)

What does the research say about Peer Support Services?

Peer Support Services have been found to serve as an effective part of the behavioral health system by a number of researchers (Davidson et. al., 2003; Felton, et. al., 1995; Mead & MacNeil, 2006). The evidence is growing and shows high satisfaction from services that use Peer Support.

Some of the positive outcomes for people who receive Peer Support Services include:

- Increased sense of self-efficacy
- Increased social support, networks, and functioning
- Increased ability to cope with stress
- Improved quality of life
- Increased ability to communicate with mainstream providers
- Reduced symptoms and/or substance use
- Reduced need for physical health services, including hospitals
- Improvements in outcomes such as employment, housing, and finances
- Reduced mortality rates, particularly for suicide in people with addiction

There are also proven benefits for people who provide Peer Support Services, including:

- Learning new skills and developing routines that lead to additional job opportunities
- Restoring confidence, increasing self-awareness, and providing fulfillment and friendships
- Staying well and active in their own recovery

(Davidson et al, 2012; Doughty and Tse, 2011; Janzen et al, 2006; Rogers et al, 2007; White, 2009)



Where can a Certified Peer Support Specialist be employed?

Certified Peer Support Specialists are an integral part of treatment teams in the public mental health system, including inpatient care, community-based services, individual-run services and in a wide variety of other roles. Peer Support happens in various settings, including the community, the organization, or the peer's home. The list of programs and settings in which peers are employed includes, but is not limited to, the following:

- Inpatient and Outpatient Care
- Community Living Programs
- Homeless Programs
- Partial Hospitalization Programs
- Psychosocial Rehabilitation Programs
- Emergency Rooms
- Prison and Forensic Programs
- Programs of Assertive Community Treatment (PACT) Teams
- Psychosocial Rehabilitation Programs
- Day Programs
- Drop In Centers
- Primary Residential Treatment Programs for Substance Abuse
- Crisis Stabilization Units
- Court Diversion Programs
- Transition Age Services
- Making A Plan (MAP) Teams
- Mobile Crisis Response Teams

“Serving as a CPSS has really allowed me to be that extra support families need to show them you can overcome anything and you are not alone.”

Coreaner Price, CPSS

“Being a CPSS gives me the opportunity to share my story of recovery and to have a closer relationship with the people that I talk to and to show them that a new beginning is possible. It also helps me keep my life in check.”

**Stacy Shadburn, CPSS
Timber Hills Mental Health
Services**



What is the training to become a Certified Peer Support Specialist?

The CPSS Training includes an online, pre-training requirement, followed by four (4) days of classroom training and a written examination. The CPSS training provides acknowledgement that a peer has met a set of requirements necessary to provide support to family members and/or individuals with substance use issues and/or a mental illness.

Individuals and/or family members may qualify to become a Certified Peer Support Specialist in Mississippi by meeting the following criteria:

- Residence in the State of Mississippi
- Self-identification as a family member and/or current or former recipient of mental health and/or substance use services
- Employment in Mississippi's public mental health system, which means the applicant is working in a program certified by DMH under the supervision of a trained mental health professional. However, with some applicants, employment may not occur until after successful completion of the Certified Peer Support Specialist Training
- Have a high school diploma or GED certificate
- Be at least sixteen (16) years of age and enrolled in school or a GED program to provide services to transition-age youth
- Proficiency in reading and writing
- Have a minimum of 250 hours of paid work or volunteer hours or activities in a support or advisory role with adults or transition-aged youth diagnosed with a serious mental illness and/or substance use disorder. One year of college or educational experience (within the last three years) can be substituted for work experience. All experience must be gained prior to applying for certification
- Two references that confirm the individual's ability to perform the role of a Certified Peer Support Specialist
- Successful completion of Certified Peer Support Specialist Training
- A score of 75% or higher on the Certified Peer Support Specialist Examination

One week after the training, participants must take an online examination and pass with a score of 75 or greater. The training prepares participants for the examination. The examination gives them the opportunity to show they have learned the different tools, strategies and concepts needed to become a CPSS. Participants have two (2) opportunities to take the examination. Many people who do not pass the examination the first time will pass on the second attempt. After two attempts, applicants will have to repeat the Certified Peer Support Specialist Training.

Candidates are selected for the training based on their ability to meet the CPSS criteria listed above. Applicants who are currently employed by a DMH Certified Provider are considered for acceptance first. Peers who are being sponsored by a DMH Certified Provider for possible hire are given next priority. Individuals seeking certification to improve their marketability are given next priority.

The Department of Mental Health does charge fees associated with the CPSS training and the application process:

Training Fee	\$50
Application Fee	\$30

A limited numbers of scholarships are available depending on the availability of funds.

Many participants have increased their skills and marketability by successfully completing the CPSS training. However, participating in the training does not guarantee credentialing or employment as a CPSS.

What are other considerations in becoming a Certified Peer Support Specialist?

Although Peer Support Services have proved to bring great value and success to the behavioral health community, there are hurdles that may be encountered. Certified Peer Support Specialists should talk to their supervisors if they experience any of the following hurdles:

Difficulty fully integrating with a clinical team

CPSSs may have no experience working on a team. Clinical staff members like case managers and therapists may also be reluctant to fully recognize CPSSs as full partners on that team.

Being the only Certified Peer Support Specialist employed by an agency

Although it is desirable to have more than one CPSS employed by an agency whenever possible, it is not always the case. In these situations, it is suggested that the CPSS connect regularly with other CPSSs for support, reflection and learning.

Difficulty gaining the trust of staff

This hurdle will probably be experienced by most CPSSs even when staff has been adequately prepared. Not all staff will embrace the concept of peers providing services. CPSSs may learn to work closely with staff who are supportive and wait for others to follow when they are ready.

Participation on numerous committees

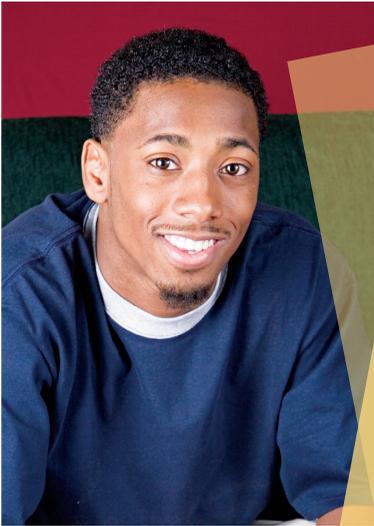
CPSSs can often be asked to represent a voice on many committees. This can be a potential problem, especially when it prevents the CPSS from interacting or providing direct services.

Being overworked, overtired, over-extended

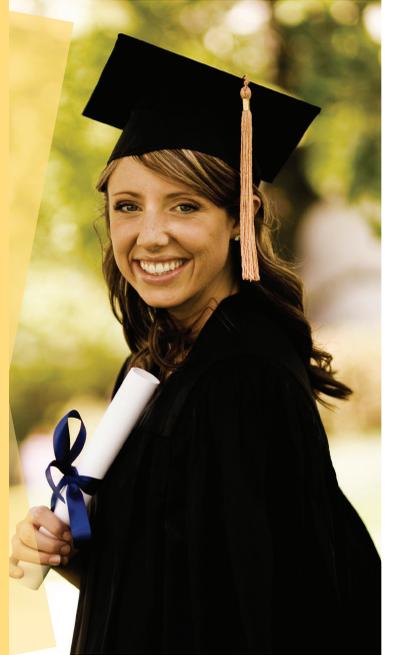
Sometimes, CPSSs may take on too many responsibilities or experience difficulties such as “letting go” of a situation or person. Self-care is very important in maintaining wellness. Regular communication with supervisors can also assist in preventing burnout.

“Peer Support is using my life story to help someone else. I enjoy my job as a CPSS because it gives me a chance to meet people who have various situations going on in their life. The part I love the most is the bonding and being able to help people make better choices. When I speak to some of the individuals, they see things from a different perspective. I’ve come to understand while talking to some of the older individuals that they didn’t think a person so young was going through so much. So being able to inspire someone else and just help others means a whole lot to me.”

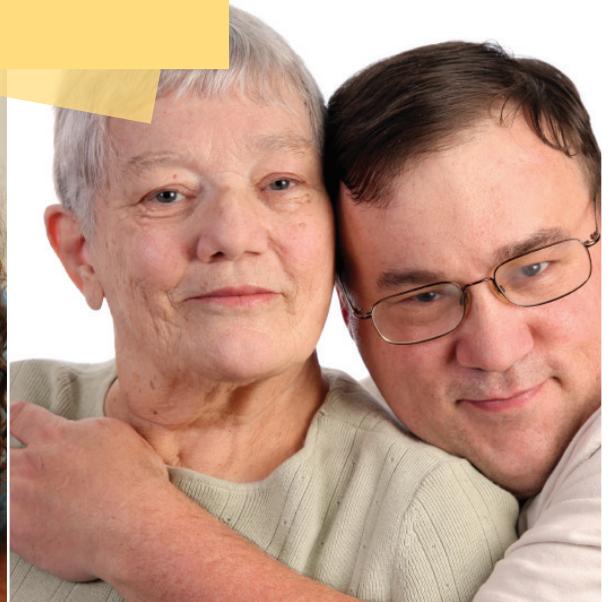
*Dazshea Petty, CPSS
Community Counseling Services*



“Peer Support has been a great addition to the services provided at Region IV, but more than that it has been the needed service for many of our individuals. It has provided them with hope and personalized understanding through the great work of the CPSS. It has provided individuals the opportunity to stay in the community and receive what they need without being hospitalized. They have been allowed to see that it can be done and they can keep trying because recovery is possible.”



*Charlie Spearman, Executive Director
Timber Hills Mental Health Services*



What else has been said about Peer Support?

“My experience as a Peer Support Specialist has been an amazing journey. To be able to work with my peers and point out to them that recovery is possible, to try to instill hope, and to try to help them get beyond those very bad, dark times has been simply an amazing journey for myself and for them. So many years back, hope was never offered to me. No one ever said ‘you can move past this.’

Now that mental health has progressed to the point where we know that Peer Support is a valuable tool, it’s been wonderful. When consumers find out that I have a diagnosis, they often go back to their case workers and say ‘Did you know that Sandra has a diagnosis?’ The case workers are great about saying ‘yes, and it’s good to talk to Sandra because she understands that experience.’

When I encourage others to take on a Peer Specialist course and to really consider this, what has been valuable for me is recognizing that as a Peer Specialist, I continue to work in the very tools that will help them improve their lives. It keeps me working in my own mental health. I actually take a very active part in my own therapy, and to continue to encourage others is really like saying ‘Hey, there’s this wonderful thing. You can be a Peer Specialist and at the same time, without realizing it, you’ll continue to work in your own recovery.’”

*Sandra Caron, CPSS
Central Mississippi Residential Center*

“It is very beneficial to have Peer Support Specialists. It’s just having the book knowledge versus having the inside knowledge and the lived experience. I can think of times when Sandra has been able to recognize signs and symptoms and encourage the treatment team since our Peer Support Specialists

are both part of our treatment team. If they recognize symptoms, they’ve been able to come to the team and say they recognize something that’s starting so we can act quickly.

You can’t beat what a Peer Specialist knows. They’ve actually been there themselves. They know what it’s like to be on the inside. I can tell you from a book what it’s like, but I can’t tell you what it feels like as a person.”

*Jennifer Savel, Case Management Director
Central Mississippi Residential Center*

“I guess I need to start off and tell you I was one of the ones that battled against the whole idea of Peer Support in the beginning. It started real small. I had an individual who came through treatment. I had a job opening for him, so my thought was ‘We’ll give it a try.’ I guess I really wanted to see what it would do, so we hired this individual and had him trained as a Certified Peer Support Specialist, and oh my gosh, our whole world began to change.

To watch our beginnings, our humble beginnings of fighting against it, and finding the place we are now, we’re actually able to see the miracle behind recovery. Since then, I’ve gotten five Peer Support Specialists. Peer Support today plays a role in everything.

We’re able to see those true dreams of people and how they begin to get into their heads that they can actually do these things. If nothing else, we’re actually creating a miracle.”

*Shane Garrard, Director of Alcohol and Drug Services
Region 1 Mental Health Center*

