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MILWAUKEE COUNTY
DEPARTMENT OF HEALTH
& HUMAN SERVICES
**BEHAVIORAL
HEALTH SERVICES**

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Owner Dana James

Policy Area Wraparound
(Wrap, REACH,
youth CCS)-
Administration

#072- Certified Peer Specialist & Parent Peer Specialist

I. POLICY

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced to as Wraparound Milwaukee) that eligible youth and young adults receive access to behavioral health and recovery support services through a Certified Peer Specialist as identified in the Plan of Care. Youth and young adults referred for this service must be between the ages of 14 up to 23. Services may not duplicate any other peer specialist services the member may be receiving.

The policy of Wraparound Milwaukee also utilizes parents with lived experience who can apply knowledge and skills gained from parenting children and youth with social, emotional, behavioral, mental health, substance abuse, or trauma related challenges in the Wraparound process. Certified Parent Peer Specialist creates supportive partnership and opportunity to increase parents' knowledge, skill, and capacity to prevent hospitalization and out of home placement, or address barriers to reunification.

Note: The term "Youth" is used in this policy and applies to the enrollee in the program, whether a child, adolescent, or young adult.

II. PROCEDURE

A. Certified Peer Specialist Role Description

Certified Peer Specialists will use their own substance abuse and/or mental health recovery to assist, engage, and encourage participants who live in home and community settings. The Certified Peer Specialist will help support participants with a sense of belonging through a supportive relationship that encourages them to address their own mental health while helping facilitate self-direction and self-worth. A Certified Peer Specialist works as an equal with the participant to empower and motivate each participant through his or her own personal

recovery. The Certified Peer Specialist will provide life experiences that help develop the participant's leadership, confidence and abilities to better one's own future. The Certified Peer Specialist can assist the family and team to understand and support the participant's recovery journey, so that the service extends beyond the youth. Certified Peer Specialists function as role models demonstrating techniques in recovery and in ongoing coping skills as someone who can:

- Identify as a person in mental health recovery and share own story to assist participants with his/her own recovery;
- Assist participants with creating their own individualized well-being plan;
- Help facilitate participants through transitional challenges, which may include learning, living, working, belonging, healing, and safety;
- Provide information, support, and understanding to encourage participant;
- Help participants problem-solve, make better decisions, and set goals to assist in mental health recovery;
- Complete documentation as necessary and report to supervisor as appropriate.
- Certified Peer Specialist services are intended to be provided in the community or at the home of the participant, unless otherwise identified on the Referral Form or Plan of Care.

B. Certified Parent Peer Specialist Role Description

The role of the Certified Parent Peer Specialist is to enhance parenting knowledge and skills to minimize crisis and maximize the long-term benefit of involvement in the Wraparound process through a focus on parent and youth strengths as part of the solution and family participation as partners in all aspects of their care. A Certified Parent Peer Specialist will use their lived experience navigating the Mental/Behavioral Health, Child Welfare, or Youth Justice system with their child. The Certified Parent Peer Specialist will strategically share personal lived experience to provide hope, peer support, and strengthen resiliency with families experiencing similar challenges, while maintaining ethical and professional boundaries. In addition to, ensuring that other parents have a voice in their child's care and are active participants in the Wraparound process. In addition to:

- Engage and collaborate with people from diverse backgrounds and provide culturally sensitive, age appropriate, and developmentally appropriate services.
- Assist the team to understand and identify underlying needs, effective strategies, and transition planning from the parent's perspective to best support the youth and family in working toward their vision
- Be accessible to respond to crisis via phone or in person as outlined in the family's individual crisis response plan and be available to accommodate a family's schedule to include evening and weekend hours as needed.
- Provide strength based professional documentation in accordance with policy standards and timeliness related to provider notes.

Certified Parent Peer Specialist are intended to work directly with the parent and children to create a sustainable network of supports and resources in the community, as well as partner with other supports in a family's life to enhance their advocacy and other skills to best support

families beyond Wraparound Milwaukee.

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

1. Certified Peer Specialists must be 18 years or older and have a minimum of a High School Diploma or G.E.D. Certified Peer Specialists must have successfully completed a peer specialist training program, completed Certification exam and obtained Certification from the State of WI.
2. Certified Peer Specialists will meet the requirements and abide by the Wisconsin Certified Peer Specialist Code of Ethics, which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.
3. Certified Peer Specialists must maintain their certification by successfully completing all required Continuing Education and complying with all recertification obligations and timeliness.
4. Certified Peer Specialists will abide by the Wisconsin Certified Peer Specialist Scope of Practice, which shall be signed and dated by the Certified Peer Specialist and retained in the individual's personnel file.

D. **Certified Parent Peer Specialist Eligibility and Application Procedure**

1. Certified Parent Peer Specialist must be the biological, foster, kinship or adoptive parent who has been the primary caregiver of a child with mental health or substance abuse challenges.
2. Certified Parent Peer Specialist must have a valid WI driver's license and willingness to transport parents, youth, and families as needed, be able to maintain a non-judgmental attitude towards both families and professionals, possess a high school diploma or equivalent.
3. Certified Parent Peer Specialist must demonstrate a high level of knowledge in the areas of: child development, mental health diagnosis, and trauma informed care; and demonstrate parenting and behavior/crisis management, and coaching skills, and have a working knowledge of the Milwaukee community and available resources for youth and families.
4. Certified Parent Peer Specialist must have a Parent Peer Specialist Certification from the state of WI and meet the required 20 hours of continuing education every two years post certification.

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

1. Certified Peer and Parent Peer Specialists will meet with the participants alone or with their supports for up to the allotted time authorized on the Provider Referral Form and Service Authorization Request and agreed upon by the Child and Family Team. Work hours are determined by the needs of the participant, family and/or program and the availability of the Provider.
2. Allowable service time per participant shall not exceed 3 hours/day, 6 hours/week, and 24 hours/month.
3. **It is expected that Certified Peer and Parent Peer Specialist sessions will occur between the hours of 8:00a.m. and 9:00p.m.** The reason for contact outside of these hours must be justified in the documentation.

4. Certified Peer and Parent Peer Specialists shall attend Child and Family Team meetings as requested, and/or any other meetings in which the participant/family is being discussed **and are present**. The Certified Peer and Parent Peer Specialist Agency should bill at the hourly rate when attending these meetings.
5. Contacting and speaking with AND/OR attempting to contact but not speaking with the participant by phone, as indicated by the Plan of Care, is billable. Documentation must indicate if an attempt was made but no contact occurred. For CCS, if no contact, this is non-billable.
6. Travel time (*to and from*, including travel to appointments that result in a no-show) and record-keeping/documentation time related to the service is billable. Travel time and record keeping time are not billed separately but are billed as part of the covered service provided. Travel time may not exceed 50% of total hours billed per month.
For CCS, NO SHOWS are not a billable service.

F. Documentation/Consents

1. **Consent for Service**

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

2. **Provider Documentation**

Certified Peer and Parent Peer Specialists shall document all service activities in Synthesis. A Synthesis User I.D. Request Form is found on Frequently Used Forms.

3. **Transportation Consent** (Attachment 1)

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

G. Supervision

1. **Program Supervisor**

- a. Agencies providing Certified Peer and Parent Peer Specialist services must identify a Program Supervisor. Program Supervisors must have, at minimum, a B.S. in a Human Services field plus 2,000 hours of experience or Certification as a Peer Specialist or Parent Peer Specialist plus 4,000 hours of experience, in working in the same or similar capacity in a peer or parent peer support service model. Program Supervisors shall train Certified Peer or Parent Peer Specialists on agency and Wraparound Milwaukee policies and procedures, provide direction and guidance, assign Certified Peer or Parent Peer Specialists based on the identified needs/strengths of the referred participant, review Certified Peer or Parent Peer Specialist notes, maintain organized participant files, handle participant complaints, attend Child and Family Team meetings as needed, engage in quality assurance activities/tasks to ensure that peer support is being provided in adherence with the Peer Support Specialist Policy and best practice.

2. **Clinical Supervisor**

Note: The Clinical Supervisor can be the Program Supervisor.

- a. It is required that all Certified Peer and Parent Peer Specialist Workers receive clinical supervision, at minimum, by a Masters level, Medicaid-Certified licensed clinician or 3,000 hour practitioner, with a minimum of one year of experience providing mental health and/or substance abuse services, preferably in a peer support or parent peer support service model. Clinical supervision of Certified Peer and Parent Peer Specialists includes direct review, assessment and feedback regarding each provider's delivery of peer support or parent peer support services. Supervision services should also be used to seek consultation related to individual participant's needs. Agencies are encouraged to establish routine supervision times so that Certified Peer or Parent Peer Specialists may obtain consultation and supervision as needed/required. Documentation that supervision occurred with the Certified Peer or Parent Peer Specialist must be present. This can be in the form of a brief note indicating the name of the Certified Peer or Parent Peer Specialist, the date that supervision occurred, the length of the supervision session (i.e., one hour), and the content of the interaction/discussion (i.e., what participant(s) was/were discussed, interventions to be employed, strategies to consider). The Supervising Clinician must then sign the note with full name and credentials and date.
- b. The amount of Supervision that must occur with each Certified Peer or Parent Peer Specialist is **one-hour for every 30 hours of face-to-face participant contact**. A Certified Peer or Parent Peer Specialist must receive at least one hour of supervision every 30 days (*or per month*) regardless if they have documented 30 hours of face-to-face contact. The Clinical Supervisor can determine if the individual Certified Peer or Parent Peer Specialist needs further supervision above and beyond the minimum requirements.
- c. Supervision can be provided individually or in a group. In either situation, the content of the review must be participant specific regarding the participant's response to the plan, strategies that might be appropriate, etc. Group supervision may not be "topic" specific such as an in-service on working with participants with ADHD. Group supervision shall be limited to a maximum of 8 Certified Peer or Parent Peer Specialists.
- d. **For individual supervision, the agency is to maintain a record of:**
- i. Date of the meeting
 - ii. Beginning and end times for each meeting
 - iii. Name(s) of the participant discussed at the meeting
 - iv. Name of the Certified Peer or Parent Peer Specialist
 - v. Summary of the content of the supervision (i.e.: current status of the participant, barriers to achieving Plan Of Care goals, clinical recommendations)
- e. **For group supervision, the agency is to maintain a record of:**

- i. Date of the meeting
- ii. Beginning and end times for each meeting
- iii. A sign-in sheet for all Certified Peer or Parent Peer Specialists in attendance at the meeting
- iv. List of the names of the participants discussed at the meeting
- v. Brief statement as to the content of the supervision
- vi. Signature of the Clinical Supervisor

3. Records

- a. Agency must maintain Certified Peer or Parent Peer Specialist – Clinical Supervision Records in a location that can be readily accessed by agency staff and Wraparound Milwaukee staff for review such as a three ring binder with the binder organized by month and by Certified Peer or Parent Peer Specialist with the most recent note on top.

III. References

- A. Wisconsin Certified Peer Specialist Scope of Practice: <https://www.dhs.wisconsin.gov/library/p-00972.htm>
- B. Wisconsin Certified Parent Peer Specialist Score of Practice: <https://www.dhs.wisconsin.gov/library/p-01081c.htm>
- C. Wisconsin Certified Peer Specialist Code of Ethics: <https://www.dhs.wisconsin.gov/publications/p00972a.pdf>
- D. Wisconsin Certified Parent Peer Specialist Code of Ethics: <https://www.dhs.wisconsin.gov/publications/p01081.pdf>
- E. Core Competencies for Wisconsin Certified Peer Specialists: <https://www.dhs.wisconsin.gov/library/p-00972b.htm>
- F. Core Competencies for Wisconsin Certified Parent Peer Specialists: <https://www.dhs.wisconsin.gov/library/p-01081a.htm>
- G. Wisconsin Certified Peer Specialist Recertification Requirements: <https://www.wicps.org/recertification/>
- H. Wisconsin Certified Parent Peer Specialist Continuing Education Requirements: <https://www.dhs.wisconsin.gov/publications/p01081b.pdf>

Attachments

[1: Transportation Consent Form](#)

Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/23/2022
	Brian McBride: ExDir2 – Program Administrator	8/23/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022
	Dana James: Integrated Services Manager- Quality Assurance	8/16/2022

COPY

TRANSPORTATION CONSENT FORM

PARTICIPANT'S NAME: _____ DOB: _____
(Print)

_____ OF _____
(Peer Specialist's Name) (Name of Peer Specialist Agency)

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

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

SPECIAL CONSIDERATIONS/MEDICAL-MEDICATION ISSUES/LIMITATIONS:

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

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

WITNESSED BY:

Print Name of Witness

Signature of Witness Date Witnessed

Agency Address Agency Phone

EMERGENCY CONTACT:

Name: _____

Address: _____

State: _____ Zip: _____ Phone: _____

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