

**TITLE: Mental Health Certified Peer Specialist**

**Responsibility and Scope of Practice:**

A mental health certified peer specialist under the treatment supervision of a mental health professional or certified rehabilitation specialist must provide individualized peer support to each client, promote a client's recovery goals, self-sufficiency, self-advocacy, and development of natural supports, and support a client's maintenance of skills that the client has learned from other services.

The ability to share personal recovery experiences and to develop authentic peer-to-peer relationships is essential to effective CPS performance. Consequently, CPS must hold the following beliefs and demonstrate the following qualities:

- A personal belief in recovery.
- A genuine hope and optimism that their peers will succeed.
- A sincere interest in the welfare of their peers, including the ability to see each person as a unique individual.
- A willingness to share their own recovery experience.
- An ability to flexibly engage people based on their level of receptivity and individual needs, acknowledging that even the same person may need different types of peer-based services at different points in their recovery process.

**Hours:**

May be full or part-time; hours may include day time, afternoons, evenings and weekends. Usual scheduled hours should be established upon hiring. All persons in this position should be prepared to work weekends and holidays. Schedule changes may be made upon short notice to meet requirements of the program.

**Responsible To:**

Mental Health Certified Peer Specialists are directly responsible to the Program Director and under clinical supervision of the Treatment Supervisor - Mental Health Professional.

**Qualifications:**

A Mental Health Certified Peer Specialist must be at least 18 years old and qualify as stated in 245I.04 Subdv.10(1-3).

**Responsibilities and Standards of Performance:**

**Recovery Education**

- Recovery education should span every phase of the recovery journey from pre-recovery engagement, recovery initiation, recovery stabilization, and sustained recovery maintenance.

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- Provide vision driven hope and encouragement regarding opportunities for varying levels of involvement in community based activities (e.g., work, school, relationships, physical activity, self-directed hobbies, etc.).
- Provide a model for both people in recovery and staff by demonstrating that recovery is possible.
- Educate clinical and other staff about the recovery process, and the damaging role that stigma can play in undermining recovery.

## **Assist Peers to Assess Unique Strengths and Abilities**

- Identify recovering persons' abilities, strengths and assets (both internal and external) and assist them to recognize these strengths and use them to achieve their goals.

## **Community Integration and Recovery Goal Development and Planning**

- Assist recovering persons to identify their personal interests and goals in relation to recovery and toward, "getting the life they want" in the community.
- As appropriate for the person receiving services, connect recovering persons to WRAP or other wellness-oriented groups to develop their own plans for advancing their recovery.
- Assertively support connections to community based, mutual self-help groups.

## **Promote Self-Advocacy**

- Assist recovering persons to have their voices fully heard and their needs, goals and objectives established as the focal point of rehabilitation and clinical services.
- Support recovering persons to identify their area of need for professional supports and services, and then communicate those needs to provider staff.

## **Assertive Linkage to Professional Assessment/Treatment Services**

- Link individuals to appropriate professional resources when needed.

## **Identify Community Resources**

- Identify community resources (communities of recovery, educational, vocational, social, cultural, spiritual resources, etc.) that support the recovering person's goals and interests. This will involve a collaborative effort including the recovering person, as well as agency staff and other relevant stakeholders.
- Identify barriers (internal and external) to full participation in community resources and developing strategies, with other stakeholders, to overcome those barriers.

## **Community Liaison**

- Develop relationships with community groups/agencies in partnership with others in the agency.

## **Connect Persons to Community Resources**

- Discuss with recovering person possible matches and opportunities between their interests and community resources.

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- Link recovering persons to self-help and mutual support groups that exist in the community
- Visit community resources with recovering persons to assist them in becoming familiar with potential opportunities.
- Teach recovering persons, in real world settings, the skills they need to successfully utilize community resources.
- Coach recovering person in the independent use of community supports.

## Recovery Planning

- Facilitate the transition from a professionally directed service plan to a self-directed Recovery Plan. The goal should be to transition from professionally assisted recovery initiation to personally directed, community supported recovery maintenance.

## Long-term Engagement, Support, and Encouragement

- Maintain contact by phone and/or e-mail with recovering person after they leave the program to insure their on-going success and to provide re-engagement support in partnership with others in the agency if needed.

**All others duties as assigned and documented by the Program Director or Mental Health Professional.**

I acknowledge that I have read and understand this document.

\_\_\_\_\_  
Date of Hire

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First Date of Direct Contact

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date