

THE BENEFITS OF IMPLEMENTING CERTIFIED PEER
SPECIALISTS IN COMMUNITY MENTAL HEALTH

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THE BENEFITS OF IMPLEMENTING CERTIFIED PEER
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Abstract

THE BENEFITS OF IMPLEMENTING CERTIFIED PEER SPECIALISTS
IN COMMUNITY MENTAL HEALTH

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Since the start of deinstitutionalization, there have been many changes in best treatment practices for individuals diagnosed with severe and persistent mental illness. Today's model describes many benefits of having a peer support specialist. The prospective peer support specialist needs to go through a certification process before becoming a peer specialist. Once certified, a peer specialist can be hired to work in a large array of settings.

In Rock County Wisconsin, the Outpatient Mental Health division is considering implementing peer specialists. The research indicates that there are many benefits to having a peer specialist as part of the mental health treatment team. Not only is having peer support specialists beneficial to the individual receiving the support, there is also benefit to the peer specialist.

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Chapter One: Introduction

Certified Peer Specialists (CPS) are persons who have not only lived the experience of mental illness but also have formal training in the peer specialist model of mental health supports for adults. They use their unique set of recovery experiences in combination with solid skills training to support peers who have mental illness. Peer specialists actively incorporate peer support into their work while working within an agency team support structure as a defined part of the recovery team

Incorporating peer support specialists in outpatient mental health is the growing trend. Research indicates that this is the best practice model for recovery for persons diagnosed with a severe and persistent mental illness. (Davidson, Chinman, Sells, & Rowe, 2006). Twenty-three states have this type of program (Evidence based support for the use of peer specialists). Once an individual is trained, he or she can work with individuals who have a mental illness diagnosis.

A consumer of mental health services can become a trained peer support specialist. The trained specialist is able to draw on his or her own experiences as someone who has been there. “At some time in life all of us have had peer support. In the face of challenge in our lives, we have turned to people who had walked a similar path. Their thoughts and ideas were of special value to us because we felt they could relate to us, they had been where we are and found a way out” (Kennerson-King, Achara-Abrahams, O'Hara, Shair, & Menkir, 2006, p. 9). This model is being considered by Rock County, Wisconsin and there is a strong desire from administration, staff and clients to have this model of treatment implemented.

Statement of the Problem

This paper will answer the following questions:

- Does having a peer support specialist help to promote mental health stability?
- Would Rock County Outpatient Community Mental Health benefit from implementation of a peer support program?
- How could a peer support system be implemented in an outpatient setting?

Definition of Terms

Severe and Persistent Mental Illness: Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood and ability to relate to others and the individuals daily functioning.

Peer Support Program: Peer support has been defined as a form of social network therapy in which stigmatized persons interact with each other, feel self-acceptance, and strive to be valued members of a community (Schubert & Borkman, 1991).

Community Support Program: A coordinated care and treatment program which provides a range of treatment, rehabilitation, and support services through an identified treatment program and staff to ensure ongoing therapeutic involvement, individualized treatment, rehabilitation, and support services. "Community Support Programs for," 2010

Delimitations of Research

The references used for the review of literature were collected using the resources of the Karmann Library at the University of Wisconsin - Platteville. The search engines used were Google Scholar and Ebscohost. This project is limited to research on best practices in serving persons with a severe and persistent mental illness, whose treatment is from a Community Support Program or an Assertive Community Treatment Program. The key search terms were

“severe and persistent mental illness,” “peer support specialist,” “peer support programs,”
“Community Support Program, “mental illness, “schizophrenia.”

Method of Approach

A review of literature related to the search on how to implement a peer support program was presented. A review of literature relating to research, studies, and anecdotal evidence of peer support programs in assertive community treatment programs will be conducted.

A second review of literature related to the benefits of a peer support program was conducted. The findings were summarized and the benefits were stated.

An interview with Katherine Flanagan, division manager for Rock County Outpatient Community Mental Health was conducted. Her interview was summarized and stated.

Chapter Two: Review of Literature

Implementing a Peer Support Program

When deinstitutionalization started in the 1960s, community mental health programs were created to fill the need for psychosocial support. Community Support Programs (CSP) were created as an option for individuals with a diagnosis of severe and persistent mental illness so that they could receive their treatment in the community versus the institution. A CSP is a form of the assertive community treatment model (ACT) that was developed in the 1960's at Mendota State Hospital in Madison, Wisconsin. The idea was that when patients were in the hospital their symptoms were decreased because they received services from twenty-four staff. When the patients were discharged to the community, the staff support was gone and the gains they had made in the hospital were lost ("Assertive Community Treatment", n.d.).

Treatment of this nature was developed for persons diagnosed with severe and persistent mental illness. The goal is to lessen the symptoms of the person's illness while providing support to live as independently as possible in the community. Treatment that an individual with a mental illness can expect to receive from their treatment team is based on what the individual needs are. Examples of services include: psychiatry, psychopharmacologic treatment, supportive psychotherapy, activities of daily living (ADL) skills training, supported employment in volunteer or paid positions, and support for returning to school, to name only a few (Assertive Community Treatment, n.d.).

In April of 1997, the final report of the Blue Ribbon Commission on Mental Health was submitted to Wisconsin's governor. The purpose of this report was to analyze how mental health treatment is delivered, the impact of stigma on the public and on current mental health policies. The conclusion outlined a vision for all persons with mental health issues. The treatment

methods should be recovery-oriented, and promote independence and an improved quality of life. Early intervention and prevention of mental disorders were emphasized as well (Health and Human Services 1997).

In December 2006, the Peer Specialist Advisory Committee was formed by the Wisconsin Recovery Implementation Task Force (RITF) to create and put into practice a peer specialist certification for mental health. A peer specialist advisory committee was formed and worked for three years to develop this program. It included the following: Peer Specialist Code of Conduct, Domains and Objectives (Test Blueprint), Core Training Competencies, General Job/Position Description, the Certification Application and Guidelines, and the Wisconsin Peer Specialist Certification Exam. The exam went through a rigorous validation before going live January 13, 2010 (Wisconsin Department of Health Services, 2010).

The Code of Conduct outlines eight principles to guide the CPS. The primary responsibility is to work with those they serve to gain a better understanding of the individuals' own recovery and goals. The CPS will need to continue to foster his or her own recovery and be willing to share his or her own personal story. Those working as a CPS will need to inform the people they serve that they have a duty to report to staff any contemplated or actual harm to self or others. Like other mental health professionals, the CPS is bound by the laws of confidentiality based on the agency's policy. A CPS is not to be involved in intimate relationships with clients, cannot accept money or gifts, and cannot discriminate against any client they serve. The CPS will utilize supervision according to the agency's standards (Wisconsin Recovery Implementation Task Force, Peer Specialist Committee, 2010 Employer guide).

Wisconsin has identified four areas for the core training competencies that include values, personal abilities, knowledge and skills. Values include belief in the importance of

consumer-directed services. Consumer directed services means that the client receiving the services is in a sense driving the train. The client is the expert on his or her life and illness and directs where treatment is going. The client works with the treatment team to create a treatment plan that identifies his or her goals. In working as a CPS, having an outlook that inspires hope is necessary. This value ensures the client that if the treatment team has hope, the client can build his or her own hope. Belief that growth and change are possible lets the client know that they have a chance at recovery, too.

The CPS sharing their story of where they once were and where they are now demonstrates growth and change. The capacity to care and show empathy is another value necessary when working as a CPS. Being able to put oneself in the clients' shoes is something those working in the capacity of CPS should be able to do, as they may have had similar experiences. Two additional values a CPS must exhibit are a non-judgmental attitude and a belief in consumer choice. Consumer choice relates to any area in the consumer's life, not just their mental health treatment. Although the values may be different, a CPS needs to be able to respect others' culture and family culture, sexual orientation, and spiritual beliefs.

There are many abilities a CPS should possess to be effective. Primarily, a CPS uses his or her own experience and translates this to others with mental illness. Being adept at supporting one's own recovery while helping others, yet maintaining personal boundaries, is essential. Self-awareness and openness to learning and continuing education are also of great importance. The CPS must have the ability to use self to inspire others and to remain open-minded and tolerant of the consumers' choices and consequences. Ability to work as a team member, make good decisions and be a good role model are other areas in which the CPS needs to be competent. Ability to identify strengths and challenges in others will be helpful. Flexibility, patience and

resilience are also useful characteristics. Problem-solving skills are necessary when working with any person regardless if they have a mental illness. Lastly, empowering others is key to the client's recovery.

The knowledge base of a CPS should be broad, covering many areas. Working as a CPS, one needs to know one's role and what one's own personal strengths are. As a part of the recovery team, the CPS must be well versed in person-centered planning, and have in-depth knowledge of recovery. A basic understanding of mental illness and substance abuse as well as or treatment, services, and supports is essential. Another function as part of the recovery team is knowing and helping the client locate community resources. Because the majority of people in mental health treatment have a trauma history, working with individuals with mental health issues will require knowledge and understanding of the impact of trauma on recovery as well. As a CPS, knowing how to have healthy relationships and interactions, and how to encourage a safe environment are vital parts of being a positive role model.

Like any other professional, being educated on ethics and boundaries is imperative. Being able to have a grasp of the roles of spirituality and sexuality in recovery will also be invaluable when working with a client who may have struggles in these areas. Helping the client win the battle with stigma in their community will require the CPS to share their own experience with stigmatization.

A CPS needs to have a good understanding of some potential legal issues. There are many areas where a client may have rights violated. If the violation is related to medical records (mental or physical), a Health Insurance Portability and Accountability Act (HIPAA) violation occurs. To provide the best support, a CPS will need to be familiar with HIPAA and know where to refer the client. The CPS would need to know how to access consumer rights as defined in

Wisconsin by a combination of patient rights, ADA standards, and civil rights afforded to all citizens. Knowing client rights as determined by the Wisconsin Department of Health Services, Chapter 51 statutes, and the Wisconsin Administrative Code DHF 94 and 92 may be helpful to the client who is in treatment.

An individual who works as a CPS needs to possess a variety of skills. The ability to listen and communicate clearly both verbally and in writing is essential. If there is miscommunication between the client and CPS, many things can go awry. To get to know a person requires the ability to ask questions, and listen to the consumer's story. This allows the CPS to foster the relationship and engage the client in recovery. While building the relationship, the CPS should be able to interact with people in a way that does not increase client anxiety while they assess the strengths and needs of the client.

Part of the job of a CPS is to identify people in crisis and make referrals. This requires having information about mental health treatment options and alternatives and to have the capability to advocate for the client. Being a CPS requires one to use one's own history in a useful way but be able to recognize one's limitations and boundaries and ask for help when needed. This is particularly important when the client is in crisis. Like any other employee, a CPS would need to know and follow personnel policies of their employer (Wisconsin mental health peer specialist certification).

Benefits of a Working with a Certified Peer Specialist

Peer support has an important role in the recovery process. A CPS has insight from personal experiences and knows what it takes to make recovery a reality. Adults with severe and persistent mental illnesses improve in many areas of their life when a CPS is involved in their treatment (Evidence based support for the use of peer specialists (n.d.). The recovery is more

complete when a CPS is added than it is in the traditional medical and psychotherapeutic treatment model. A more complete recovery does not simply mean a reduction of symptoms, but also includes a sense of purposefulness and ability to recover quickly. A few of the areas in a person's life that show change may include: a decrease in overall symptoms, improved quality of life, more social opportunity, feeling empowered, increased self-esteem, fewer inpatient hospitalizations with shorter stays when hospitalized, and overall improvement in well being.

For an individual with a severe mental illness, empowerment calls for the consumers in community settings to conquer the effects of stigma, poverty and social isolation that reinforce feelings of cognitive deficiency, emotional insecurities, and social dilemmas. Empowerment means having the authority and control over one's own treatment and being able to advocate for oneself. The CPS will aid in empowering the client and will serve as an example of advocacy for oneself.

Further, social isolation can be disempowering for people with mental illness (Adame & Leitner, 2008). Social isolation can contribute to the continuation or worsening of psychiatric symptoms. Having a CPS can help overcome this isolation. The CPS can assist a person in finding resources to improve functioning and build a base for the individual to be better able to deal with stress and loss. When social isolation is decreased, there can be greater assimilation into the community. Working with a CPS can improve alliances and help the client become a valued participant in the community.

According to the Tennessee Mental Health Consumers Association (TMHCA), the basic goals of a CPS are being responsible for oneself, having respect for others in recovery, and helping those who are not as far in the recovery process to focus on recovery and wellness. Peers collaborate with one another regarding their life's events, assets and aspirations (Peer

support. (n.d.). The opinion of TMHCA is that peer counseling accomplishes these goals. There are no restrictions, except when a client expresses thoughts of harm to self or others. These situations obligate the CPS to involve professional staff. Because peer counseling develops a relationship of trust between the CPS and the client, such referrals can easily made.

Finally, peers offer a sense of optimism and inspiration. The relationship can generate a chance for the client to accomplish a higher level of freedom and autonomy through role modeling and inspiration by the CPS. Peer support is a strong medium for transformation.

Credentialing

In 2009, the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services agreed to oversee the certification for Peer Specialist. This certification states that a person has passed the approved training and certification exam. Certified Peer Specialists are also required to complete continuing education hours based on the program's core competencies in order to maintain their certification. Each CPS agrees to adhere to the program Code of Conduct (Wisconsin Department of Health Services, Pathways to Independence, 2010). The Wisconsin DHS website includes that a “CPS will also have training in cultural competence, consumer rights, ethics and boundaries, crisis planning, trauma informed care, and specifics to the peer specialists role. The Peer Specialists will be supervised by a mental health professional” (Wisconsin Department of Health Services, 2011 p.4). The certification is valid for two years, and as with many other certifications, a CPS is required to have twenty hours of continuing education (CEU) to qualify for recertification, before the end of that two-year period. As in other certifications, there are certain areas of education that must be included in the twenty hours. A CPS must only retake the test if their certification has lapsed.

Wisconsin currently has four approved training curricula for CPS. These include: the National Association of Peer Specialists (NAPS), the Kansas Consumers as Providers (CAP), The Depression and Bipolar Support Alliance (DBSA), and Recovery Innovations (RI). These models have been reviewed for the Core Competencies set forth by the Peer Specialist Committee of the Recovery Implementation Task Force of Wisconsin.

Professional Job

A CPS is a paid part of the recovery team. The team members in a CSP include: a psychiatrist, social workers/case managers, registered nurses, vocational counselors and substance abuse counselors. Although CPS are not mental health technicians, they are not limited to the services they can provide. A CPS can work in many different areas that may include crisis intervention, emergency rooms, acute psychiatric hospitals, outpatient mental health clinics in the public and private sector, drop-in centers and club houses, to name a few.

The Wisconsin Peer Specialist Employers guide states the following example of a job description:

The CPS engages and encourages the client in recovery and provides a sense of belonging, supportive relationships, valued roles and community. The goal is to promote wellness, independent living, self-direction, recovery focus, enhancing the skill and ability of clients to meet their chosen goals. The CPS works with clients as equals except in having more recovery experience and training (Wisconsin Recovery Implementation Task Force, Peer Specialist Committee, p. 4).

A more specific skill set that the CPS can help the consumer to develop may include communication, interpersonal skills, problem solving, assertiveness, and conflict resolution. For

instance, an important part of any recovery is teaching consumers how to identify and combat negative self-talk and how to identify and overcome fears. A portion of the services offered is to inform consumers about their community and natural supports, and how to use these in the recovery process. This may be found in part, in self-help groups, which the CPS might help identify.

Funding the Certified Peer Specialist

Currently, in the State of Wisconsin, if a county is enrolled the 1915i Wisconsin State Plan Amendment, CPS services can be billed through Community Recovery Services (CRS). The agency can be reimbursed through the Center for Medicare and Medicaid (CMS) for a part of the CPS salary (Wisconsin Department of Health Services, Pathways to Independence (2010)). CRS services are a state plan benefit with counties providing the non-federal share of payment.

Wisconsin will provide psychosocial rehabilitation under the 1915i Home and Community Based Services (HCBS). Psychosocial rehabilitation includes three service areas: Community Living Supportive Services, Supported Employment, and Peer Supports. If a county decides to offer this benefit, the agreeing county must provide services in all three of the service areas. An individual who receives these services must have a person-centered assessment that indicates what their needs are. ("DMHSAS memo 2009-03," 2009).

A CPS can provide many eligible services. One of the primary services is lending their unique insight into mental illness and what makes recovery possible. The CPS can attend treatment team and crisis plan development meetings. During these meetings, the CPS will assist the consumer in the use of self-directed recovery tools, and with the development of the consumers treatment plan. The treatment plan should be a part of recovery-based services. A portion of the plan can include vocational services/work. The CPS can assist in the vocational

area with services related to pre-employment preparation, skills assessment, anxiety reduction, education about workplace etiquette, and arranging transportation. Assisting consumers to develop empowerment skills through self-advocacy is another important service in the vocational arena. An additional service that may be used in the vocational area is assisting consumers to build their social skills in the community that will enhance integration opportunities.

On average, a CPS can expect to earn \$13.50 an hour as a starting salary, and work approximately 20-25 hours per week. Full time hours may be available depending on the employers needs (Wisconsin Recovery Implementation Task Force, Peer Specialist Committee (2010)).

There are reasons why a CPS may work on a part time basis. First, working full time may have an impact on the CPS' Social Security cash benefit. Second, to provide good service to the individuals they serve, the CPS needs to keep balance in his or her own life, so the work does not have a negative impact on their own recovery (Wisconsin Recovery Implementation Task Force, Peer Specialist Committee (2010)).

A CPS who receives SSI/SSDI cash benefits, should be knowledgeable about how working may affect this benefit. The CPS can receive benefits counseling to help him or her make an informed decision about the effects of working on benefits. The employer should provide the CPS with information on benefits that the employer provides, if they are applicable to a part-time employee.

Benefits to the Certified Peer Specialist

“At the heart of a recovery oriented system is the belief that people with serious mental health issues can and do recover. People in recovery provide vital support to each other in achieving long-term recovery. Peer support is sharing what you have learned and developing the

role of the contributor to the recovery of others” (Kennerson-King, Achara-Abrahams, O'Hara, Shair, & Menkir, 2006, p. 6).

Another benefit of peer support is that it has proven beneficial not only for the individual receiving the support but for the CPS that is giving the support. The CPS continues to grow in confidence and self-esteem. Many people with mental illness have considerable courage and determination. Coupled with education and support, they have the ability to lead others into recovery. “Helping someone else feels good, it helps you to recognize how far you have come and have more hope for your own ability to move even further along in your journey” (Kennerson-King, Achara-Abrahams, O'Hara, Shair, & Menkir, 2006, p.9).

Rock County Outpatient Community Mental Health

It is the desire of the Rock County Outpatient Community Mental Health (RCOCMH) manager to implement CPS. She is 100% supportive of CPS and believes they can be used in every area that is currently being serviced. Currently, there are two CPS positions available for 2012 that have been approved by Rock County. One position is for the PATH program, a crisis outreach program, and one is for the Crisis Stabilization Unit. The CPS position for the PATH program is grant funded and the second CPS is in the 2012 budget. When the current positions are filled, the CPS would work approximately 24 hours in a 2-week period. This will protect the SSI/SSDI cash benefit the CPS may be receiving through the Social Security Administration. At this time, no benefits would be offered through Rock County because of the plan to hire through a contracting agency. This may be re-evaluated in the future.

Currently, there are barriers for RCOCMH implementation of CPS work. First, the county is only interested in contracting out the service of a CPS rather than hiring them as county employees. This may make such jobs less desirable to a potential CPS. Second, agencies that

were contacted within the last six months did not have an available CPS to be hired. For this reason, the division manager would like to invest in providing the county's own CPS training while at the same time continuing to look for a contracted CPS. A third barrier is that there is not full support to integrate CPS into the existing structure. Cultural change would need to occur in some of the divisions. There would be some challenges to integration in certain areas.

Rock County would consider hiring previous or current clients. For the interview process, interviewers who do not know the client clinically would be used. The interview would need to be standardized regarding what the county is looking for and what qualities are required. The potential CPS' clinical information would not be used in the interview process. The potential CPS would be asked what they see as the pros and cons of such employment.

The CPS would most likely share office space. To have the ability to be mobile in the community, a CPS could have access to county vehicles, or they can use their own vehicle. As with other county employees, a CPS would need to possess a valid driver's license and have the minimal state mandated vehicle insurance. A different option would be to negotiate reimbursement for travel during work hours with the contracting agency as part of the CPS salary.

Advantages to implementing CPS in RCOCMH are that the CPS has lived in the area and used the services. This would make it easier for the CPS to be integrated into the service delivery team. Clients have a better chance to have improved outcomes with a CPS who knows the community. The CPS can assist in building rapport and engagement among the clients they work with and within the Rock County system.

If a CPS were to become symptomatic and need to take a medical leave, the situation would not be handled any differently than for any other employee who requested a medical

leave. The state provides extensive training to employers on how to handle this situation. The state or the contracting agency's supervisor would be contacted for consultation. If the CPS needed hospitalization, another county would be called in to handle this process or a supervisor from a different department would be involved (K. Flanagan, MSW, LCSW, personal communication, November 9, 2012).

Chapter Three: Conclusions and Recommendations

When deinstitutionalization started in the 1960s there was a need to provide support for individuals who were discharged from the institutions. Community support programs were created to meet this need. Over the years, best treatment practices have changed with the growing quantity of research on mental illness. The newest trend is having peer support specialists as part of the treatment team.

Throughout the United States, there are many different certification processes to become a certified peer specialist. In Wisconsin, there are four different curricula by which a person in recovery to become certified. Once certified, the CPS must have 20 CEU's over a two-year period to retain their certification.

A CPS is an individual who has a mental illness diagnosis. The CPS can use his or her lived experiences to connect with other persons diagnosed with a mental illness. Often the person in treatment will have a better response to the CPS than to other professional staff.

There are numerous benefits to having a CPS as part of the treatment staff. A few of the benefits include: empowerment, better recovery, a decrease in overall symptoms, more social opportunity, increased self-esteem, fewer inpatient hospitalizations with shorter stays when hospitalized, and overall improvement in well-being.

Empowerment is one of the biggest attributes a person can gain from a CPS. When an individual feels empowered, this can be a life- changing event for the person trying to build a better life for him or herself. A more complete recovery does not simply mean a reduction of symptoms, but also includes a sense of purposefulness and ability to recover quickly. Having a CPS can help overcome isolation. When social isolation is decreased, there can be greater

assimilation into the community. Research indicates that there is also benefit to the CPS who is providing support, in that their confidence and self-esteem continue to grow.

To implement a CPS program in the state of Wisconsin, a county would need to enroll in the 1915i Wisconsin State Plan Amendment. This allows for said county to bill for CPS services through Community Recovery Services (CRS). A client who is to receive the services of the CPS will have a needs assessment that indicates what the individual's service needs are.

In 2006, the Peer Specialists Advisory Committee was formed. They developed a program to provide certification for individuals who are interested in becoming a CPS. The developed program included: Core Training Competencies, a General Job Description, Certification Application and Guidelines, and the Wisconsin Peer Specialist Certification Exam.

The CPS is a paid position. The CPS can work in a variety of settings including crisis intervention, emergency rooms, acute psychiatric hospitals, outpatient mental health clinics in the public and private sector, drop-in centers and clubhouses. They can be hired at the county level or hired by an agency and contracted out. Typically, the CPS will work on a part-time basis so their benefits from the Social Security Administration are not affected.

In summary, this paper, showing the benefits of implementing peer support specialists into community mental health is an obvious step for Rock County. For Rock County Outpatient Community Mental Health Services to provide evidence based, best practice treatment, the County would need to move forward in hiring Certified Peer Support Specialists. The persons who are currently in treatment would benefit the most with the implementation of CPS.

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