



# ***Peer Specialist Training Implementation Guide***

Version 1.0

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***Florida Department of Children and Families  
Office of Substance Abuse and Mental Health***

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## Introduction

### Overview of the Training

The peer specialist training is a five day, forty-hour intensive course with homework assignments. To receive a certificate of completion, individuals must:

- Attend all five days and not miss more than four hours of the training for any reason
- Actively participate in discussions and role plays
- Complete all homework assignments

The training will offer flexibility in delivery so that five, eight-hour days do not have to be completed sequentially. For example, the course could be offered over one week, Monday through Friday. It could be offered over two weeks, with three days covered in the first week and two days covered in the last week. The course could also be delivered over five weeks on a weekday or weekend.

### Overview of the Curriculum

The curriculum, *Helping Others Heal: Peer Support Training Manual*, addresses the four content areas for the Florida Certification Board's Recovery Peer Specialist Certification: Advocacy, Mentoring, Recovery Support, and Professional Responsibility. The training is intended to enable individuals to master the job tasks necessary to effectively work as a peer specialist. The following modules are covered in the curriculum:

- Introduction to Peer Support and the History of the Treatment of Mental Illness
- Roads to Recovery
- Qualities, Roles and Tasks of a Peer Supporter
- Telling Your Story of Courage and Empowerment
- Self-Esteem and Emotional Intelligence
- Clear Communication
- Cultural Competency
- Whole Health
- Ethics and Boundaries in Peer Support
- Conflict Resolution
- Working as an Effective Team Member
- Person Centered Thinking, Planning, and Documentation
- Peer Support for Specific Challenges
- Peer Support and Substance Use
- Trauma Informed Care and Helping Veterans

### Fidelity

The course must be delivered by two, DCF-certified facilitators. Each facilitator has signed a fidelity agreement. The curriculum schedule may be adjusted to fit needs of the region and organizing body, however, the curriculum must not be modified or shortened. Forty hours of content must be delivered to ensure that all course materials are presented to meet the Florida Certification Board's training standards for certification.

## Application Process

## Qualifications for Acceptance to Training

Working as a peer specialist may not be the right profession for every individual in recovery who has a desire to help others. Before taking the training, individuals should understand the job tasks of a peer specialist, be familiar with the certification process, have some experience working with other peers and have a personal plan for self-care. It is a good idea for individuals to work or volunteer in a peer specialist capacity for at least a few months before committing to the training. The training selection criteria described below favors those who have prior experience providing peer support services.

To be eligible to attend the Recovery Peer Specialist Training, an individual must:

- Be 18 or older,
- Be a high school graduate or have completed a G.E.D.
- Self-Identify as a person who has direct personal experience living in recovery from mental health and/or substance use challenges
- Have a primary diagnosis of a mental health condition or substance use condition
- Have a desire to use her/his experiences to help others with their recovery
- Be willing to publicly identify as person living in recovery for the purpose of educating, role modeling, and providing hope to others about the reality of recovery

## Steps in the Application Process

The application process must include both a written application and phone interview. At least one of the trainers should be reviewing the written applications and conducting the phone interviews. Sufficient time for the application process should be given before the selecting final participants.

### *Written Application*

Applicants must complete the attached application (Appendix A). Any alterations or additions to the application (beyond adding sponsorship logos) must be approved by the Department. Applications may be submitted by mail, email or fax or made available on an online application system such as Survey Monkey. To be considered, applications must be received by the established deadline and legible. Discretion should be used for which applicants move on to the phone interview.

### *Phone Interview*

All applicants being considered for the course should be asked to participate in a telephone interview with the course trainer after receipt of the written application (Appendix B). The purpose of the interview is to obtain a sense of the applicant's interpersonal skills (verbal communication and interaction during discussion) and whether the individual's skills are developed enough to become an effective certified recovery peer specialist. The telephone interview process is an important step in selecting participants who are ready to verbally and publicly identify with their recovery experiences.

### Record Keeping

It is good practice to keep completed applications for up to a year for the next training. There may also be opportunity for a neighboring organization to take one of your applicants if there is room in their class. Keeping a spreadsheet of those who have applied and of who have been accepted will assist you in determining future need for training and assist DCF in determining need for future train the trainer events.

### Priority System for Selecting Participants

Because of the participatory nature of the course, enrollment is limited to 18 participants. If applications exceed class size, participants should be selected using the following priority system:

- First preference is given to applicants who are currently employed in a peer specialist position
- Second preference is given to applicants who are currently volunteering in a peer specialist position
- Third preference is given to applicants who have an offer of employment pending successful completion of their certification class
- Fourth preference is given to applicants who have demonstrated mental health leadership and support experience

However, it is equally important to factor in the answers to the written application and verbal interview to determine if:

- Applicant understands the role of a peer specialist
- Applicant uses a WRAP plan or other plan for self-care
- Applicant is willing to share their recovery experience with others

### Pre-requisites

To take the peer specialist training there are no pre-requisites in terms of prior training, employment or volunteer experience, however, these factors should be considered in the evaluation of applications. Employment as a peer specialist can test one's coping skills. The expectation of the trainers is that the individuals taking the training will already have developed wellness tools and be able to take care of themselves during what can be a stressful training. Therefore, individuals applying for the training are strongly encouraged to develop personal wellness tools, such as WRAP, prior to attending the course.

([www.copelandcenter.com](http://www.copelandcenter.com))

### Readiness Survey

You may want to utilize a readiness survey to help participants self-identify if they are ready for the role of a peer specialist and the demands of the peer specialist course. (Appendix C)

## Program Administration

### Recruiting Trainers

A contact list of certified trainers will be maintained by DCF. All certified trainers have a resume specific to facilitating that can be requested to choose the best fit. If your organization is contracting with a trainer for facilitation, standard procedures would apply for contracting with an independent contractor.

## Recruiting Participants

To recruit participants for the peer specialist training, a wide net should be cast including:

- Persons served and staff at provider agencies
- Members of Clubhouses and Drop-In Centers
- Members of local family and peer-run organizations such as MHA and NAMI
- Participants of support groups

## Meals and Travel

Unless other arrangements have been made, it is helpful to remind participants that meals and transportation are their responsibility or the responsibility of their employer.

Remember, DCF funding cannot be used to pay for meals. However, it can be easier for participants if a lunch is provided. Several options include: working with a provider agency or non-profit to have the meals catered as a donation; charging participants a registration fee for the course that would cover the cost of five lunches.

## Choosing a Location

Finding a space where everyone feels safe and comfortable is essential to organizing a successful training event. Things to consider when choosing a location:

- Is it handicap accessible?
- Is it close to public transportation?
- Will you have privacy?
- Is the size of space too small or too large?
- Will you have access to tables AND chairs?
- Is it well lit? Is there plenty of light?
- Is the location available for the whole course?
- Are there set up and tear down issues to consider?
- Is there technology available in the room for PowerPoint?

## Funding the training

The training purchased by the Department will allow for Managing Entities to provide the necessary training to develop the peer specialist workforce. The costs below are just an estimate and will vary greatly based on the specific needs of each ME.

The Department has purchased a long term copyright for the curriculum. Trainers being trained in the curriculum will have the authority to make copies of the curriculum, as long as the material is being used in a training where two DCF- trained trainers are present. This will significantly reduce the cost to provide future trainings.

Budget for Course of 15 Peers for a 40 hour training

Training Material	\$350
<ul style="list-style-type: none"> <li>• Binders \$30</li> <li>• Copy of Curriculum \$250</li> <li>• 2 Flip Charts \$50</li> <li>• Flip Chart Markers \$5</li> <li>• Certificates \$10</li> <li>• Nametags/tents \$10</li> <li>• Pens \$5</li> </ul>	

Trainer Fees	\$2,800
Trainer #1 \$1,400	
Trainer #2 \$1,400	
Travel for Trainers	?
Staff Time for Registration	?
Staff Time to interview participants	?

The highest expense will be the facilitator's fee. The \$1,400 is a suggested fee based on going rates, however, this rate would be negotiated with the trainers based on experience. If an ME had two certified trainers as paid staff, the training fee would be eliminated. Likewise, if an ME has one certified trainer as paid staff, and the second trainer would be being paid under their current job, the training fees would be eliminated.

### Collaborating with Provider Agencies

Including network providers in the peer specialist training process from the very beginning is important to ensuring peers who are trained have access to volunteer opportunities and employment after training. One managing entity partnered with their network providers in the planning process for the peer specialist training they held. Providers participated in selecting dates for the training and promoted the training within their agencies. During the last day of the training, the providers participated in a job/volunteer fair for the course participants. Many were able to link with providers to find volunteer work to complete the required 500 supervised hours required for certification and explore future employment opportunities.

### Certificates

Certificates of completion should be given to each participant who completes the 40 hours of training. The training should be cited on the certificate as "Helping Others Heal: Peer Support Training". It is the responsibility of the sponsoring organization to create, distribute, and maintain records of certificates.

### Training Data

After each training is completed, please send an email to the Department with the following information in the body of the email, along with completed training evaluations:

1. Date of Training
2. Names of Trainers
3. Number of Individuals who completed the training and earned certificates

### Training Evaluation

While the sponsoring organization will likely have a satisfaction survey to be completed by each participant, we request that the Department Evaluation is also completed (Appendix D). This form will ensure program improvements and curriculum changes are driven by the needs of the participants. Forms should be scanned and submitted to the Department after each training.

### Certification Process

The Certification for Peer Specialists is managed by the Florida Certification Board. The certification process is explained in the CRPS candidate guide found at [www.flcertificationboard.org](http://www.flcertificationboard.org)

The Florida Certification Board, through funding from the Florida Department of Children and Families, Office of Substance Abuse and Mental Health, is administering a new scholarship program for certification-related fees for persons seeking initial certification, reinstatement, or renewal as a Certified Recovery Peer Specialist. This scholarship program is open now through June 30, 2016. Interested persons need to complete the FCB Scholarship Application form on the FCB website.

### Billing for Peer Specialist Services

Peer Specialist services became billable in Florida in 2014 (Appendix D). In March 2014, the community behavioral health handbook was released. Several services provided by Certified Recovery Peer Specialists, including Psychosocial Rehabilitation Services and clubhouse services were covered. Managed Care Organizations were also eligible to opt into using the substation code H0038, Self Help/Peer Services. Several plans use H0038 including Magellan which manages seven of the Medicaid regions in the state for behavioral health services. Finally, the Department added a billable service for Recovery Support allowing providers to bill for services provided by Certified Recovery Peer Specialists.

These policy changes have opened the door for peers to be hired in many more agencies providing services. A need exists to build capacity within the peer specialist workforce and provide adequate instruction to organizations so that peers will be used effectively.



## Appendix

### Appendix A: Written Application

# Recovery Peer Specialist Training Application



YOUR LOGO  
HERE

#### Contact Information

Full Name	
Street Address	
City ST ZIP Code	
Daytime Phone	
Evening Phone	
Work Email Address	
Personal Email Address	
Full Legal Name (for certificate)	

**Essay Questions:** Please answer the following 10 questions in your own words using complete sentences. This is not a test about right and wrong answers. It is a brief examination to assess your reading and writing skills as well as your understanding of the requirements to become a Recovery Peer Specialist in the state of Florida. If you need additional space for your answers, attach a separate sheet of paper. Please type your answers or use legible handwriting. Please make sure you include a phone number where you can be reached to go over your application. If your written application is approved, you will also be asked to participate in a short telephone interview.

Why do you want to become a Recovery Peer Specialist (RPS)?

Why do you think it is important for a peer specialist to tell their story?

What does recovery mean to you?

What were some of the important factors in your own recovery process?

What qualities do you have that would make you a good candidate to work with other consumers in the mental health and/or substance use disorders field?

What types of experiences have you had in advocating for consumers of mental health services? Please describe in detail, listing efforts in letter writing, personal advocacy, public testimony, programs you belong to, or the work you are doing now. Be specific.

Describe your current employment situation (or volunteer situation). If neither applies, how do you spend your time?

A minimum of 500 work **or** volunteer hours is required to be eligible for State of Florida Certification. How many of these hours do you have that can be documented and verified?

What will be your most difficult challenge in attending this training? How will you deal with this challenge?

Is there anything else you would like us to know in considering you for the Recovery Peer Specialist training?

### Agreement

Please sign your initials next to the statements that apply.

- ☐ I completed this application on my own.
- ☐ I completed High School and hold a High School Diploma.
- ☐ I completed my GED coursework and hold my GED Certificate.
- ☐ I can supply documentation of my High School or GED Certificate.
- ☐ I have been in recovery from a mental health condition for a minimum of two years.
- ☐ I have been in recovery from a substance use condition for a minimum of two years.
- ☐ I understand that to be employed I will have to complete a level two background check.
- ☐ I have read the certification process for peer specialists on the Florida Certification Board website and understand completion of this course will solely fulfill the training requirement for the Certification.
- ☐ I understand that my participation and completion of this training is **not** a promise of employment.
- ☐ I understand that a Recovery Peer Specialists works from the perspective of their own lived experience. I agree to be open about the fact that I have been diagnosed with a mental health condition or substance use condition. I understand that in doing so I help educate others about the reality of recovery.
- ☐ Yes, I agree to disclose my history with a mental health or substance use condition and recovery in keeping with the values of the Recovery Peer Specialist Program.
- ☐ No, I do not want to disclose my history with a mental health or substance use condition and recovery at this time.
- ☐ Yes, I understand I have to provide my own transportation to this training.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	

Work Phone	
E-Mail Address	

**Agreement and Signature**

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a class participant, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

## Appendix B: Phone Interview

### Trainer Phone Interview: Peer Applicants

The following six questions should be used in a telephone interview with each of the applicants. The interview should be done by one of the trainers of the peer specialist course. When scheduling the call with the applicant, you may want to resend the Peer Specialist Course Self-Assessment as preparation prior to the call.

These questions will ensure the participants truly understand what they are signing up for and prepare them for speaking in a class. There is an added benefit that the trainers will have “met” each participant prior to the course, which lowers the anxiety level for participants and helps the trainers tailor courses to the specific needs, personalities, and temperaments of the class participants.

In the introduction of the call, the trainer should let the participants know that they have six questions to ask and that the interview will take less than 10 minutes. This will help the participants from giving long answers and allows the trainer to give prompts for briefer answers if necessary.

1. **Why do you want to be a Peer Specialist?**
  - This question can identify motive, experience from receiving or offering peer support and potential supporters.
2. **What is your understanding of the role of a Peer Specialist?**
  - This will help you understand how informed the applicant is and ensure they are applying for something they want to be a part of.
3. **Tell me about your volunteer or work experience related to peer support?**
  - This question will gauge actual level of experience as some will report on the written application they have no experience, but when interviewed verbally will have more to share.
4. **Tell me some of the ways that you take care of yourself?**
  - An important question to identify if a person is engaging in recovery and what creativity they have employed in developing tools for self-care.
  - This question will help the trainer be aware of potential challenges the participant will have in taking the training and offers an opportunity to strategize about how to handle those challenges
5. **Briefly tell me about a time where you shared your recovery story with someone else.**
  - This question will help identify what recovery means to the participant and their ability to positively interact with others in that process.
6. **Is there anything else you would like me to know about yourself?**

## Appendix C: Readiness Survey

**Peer Specialist Course Self-Assessment**

The following questions will assist you to prepare for participation in the peer specialist course. These questions address the knowledge foundation and overall supports that have contributed to success in the class for past participants.

**Readiness for the CRPS Role: (Foundations)***Circle One*

<b>1</b>	I have been involved in peer-created and led groups or trainings, such as WRAP, NAMI Peer to Peer, Hearing Voices Network, NAMI Connection, Vet2Vet, Depression and Bipolar Support Alliance, WHAM, Peer Support Whole Health, etc.	<b>Yes</b>	<b>No</b>
<b>2</b>	I have used peer support as part of my own recovery process.	<b>Yes</b>	<b>No</b>
<b>3</b>	I have been active in a local drop-in center, clubhouse, peer connect, peer council, or NAMI group.	<b>Yes</b>	<b>No</b>
<b>4</b>	I have worked or volunteered as a peer facilitator, mentor or support specialist.	<b>Yes</b>	<b>No</b>
<b>5</b>	I have successfully kept up with regular weekly commitments for the last year (work, school, volunteer)	<b>Yes</b>	<b>No</b>
<b>6</b>	I have read about or seen videos by movement leaders, such as Judi Chamberlin, Pat Deegan, Leah Harris, William Anthony, Will Hall, Dan Fisher, Chacku Mathai, or others	<b>Yes</b>	<b>No</b>
<b>7</b>	I am willing to share my own story and experience regarding my recovery process.	<b>Yes</b>	<b>No</b>
<b>8.</b>	I can listen to others' stories with curiosity and interest, even when it is very different from my own, or very similar to painful places from my past.	<b>Yes</b>	<b>No</b>
<b>9</b>	I have a variety of self-help tools and strategies that I use to promote my own recovery.	<b>Yes</b>	<b>No</b>

**Readiness for CRPS (Training):**

<b>10</b>	I am able to be away from my home overnight if the training were far from my home.	<b>Yes</b>	<b>No</b>
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11	I have supportive friends, family, a mentor, or other supporters (not counting treatment providers).	Yes	No
12	I have personal tools or skills that I use to work through difficult emotions that may arise during class.	Yes	No
13	My employer is willing to support me to complete this training.	Yes	No
14	I'm able to organize my needs for a full day of training (transportation to and from training, lunch, child care, pet care, and wellness needs)	Yes	No
15	I feel ready to be an active participant in a group class for a full eight hour day.	Yes	No

If you would like to strengthen your foundation in order to be better prepared for the peer specialist course, review the questions where you answered “no,” and develop a personal plan that will help you change those answers to “yes.”

Here are some specific strategies that may be helpful:

- Study the history of the consumer/survivor/ex-patient movement to learn about the roots of peer support in mental health.
- Learn more from [INAPS](#) and others about the peer specialist role.
- Read the Florida Certification Board's [Candidate Guide](#).
- Attend peer support trainings and recovery activities listed in this assessment.
- Volunteer at a peer-run organization, facilitate a peer support group or advocate for peer support and recovery.

## Appendix D: Department Evaluation

Facilitators Names: \_\_\_\_\_

Date/Location: \_\_\_\_\_

### **Department Evaluation: Peer Specialist Training**

Please complete this evaluation form. Your input will be considered for improving future trainings and curriculum enhancements.

**Strengths of the Facilitators:** Identify the strengths of the facilitators, especially those that contributed to a successful learning environment.

**Knowledge and Skills:** Comment on the knowledge of the facilitators relating to the material and their effectiveness in presenting.

**Content and Structure:** Comment on how well the content and structure of the course met your needs to become an effective peer specialist, including material that could be expanded up or added.

**Needs and Next Steps:** Comment on what additional support you will need on your journey to become a peer specialist and the next steps you will be taking in your personal and professional journey after completing this course.

**Other Comments:**