



# **TETON INTERAGENCY PEER SUPPORT**

A PROGRAM OF THE COMMUNITY  
FOUNDATION OF JACKSON HOLE

## **Peer Support Program Manual**

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## 1. Introduction

Teton Interagency Peer Support (TIPS) exists to promote and sustain the mental, emotional, and psychological well-being of first responders across Teton County, Wyoming. TIPS operates through a collaborative interagency model that brings together fourteen organizations (local, county, state, federal, and private) to ensure consistent delivery of culturally informed peer support throughout the region. For the purposes of this manual, all participating organizations are referred to as “agencies.”

Across Teton County, more than 650 first responders serve in emergency response roles and are eligible for TIPS assistance. TIPS proudly supports the following agencies:

- Bridger-Teton National Forest<sup>1</sup>
- Grand Targhee Ski Patrol
- Grand Teton National Park
- Jackson Hole Airport Aircraft Rescue Fire Fighting
- Jackson Hole Fire/EMS Department
- Jackson Hole Ski Patrol
- Jackson Police Department
- National Elk Refuge Law Enforcement
- Snow King Ski Patrol
- Teton County Search and Rescue
- Teton County Sheriff’s Office
- Teton Village Fire Department
- Wyoming Game and Fish<sup>2</sup>
- Wyoming Highway Patrol<sup>3</sup>

TIPS is built on a foundation of emotional support, active listening, and normalization of stress responses following potentially traumatic calls. This is mainly achieved by recognizing when agencies have experienced moderate or significant exposure and then monitoring and providing support for individual team members and/or groups of employees exposed to the same event/incident. At the core of the program is peer support and the delivery of Stress First Aid (SFA), which can be practiced by any first responder or agency leader and constitute the essential components of basic peer support interactions.

Beyond this foundational level, TIPS offers a continuum of care through embedded First Responder - Peer Support Specialists (PSS) within each participating agency. PSS are trained first responders who volunteer through their agencies and serve as the next level of support. They provide confidential, compassionate, and informed assistance to their peers. Their non-judgmental approach includes two

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<sup>1</sup> Bridger Teton National Forest spans more than 3.4 million acres across multiple counties, this policy covers all employees regardless of their duty location

<sup>2</sup> Wyoming Game and Fish Department operates statewide; this policy covers those wardens assigned to the Jackson District

<sup>3</sup> Wyoming Highway Patrol operates statewide; this policy covers troopers primarily working in District 3 Troop K

elements that extend beyond basic peer support: safety assessments and an evaluative component to determine if a recommendation for professional level care is advised

If a PSS determines that a peer’s needs exceed their training—or identifies indicators of significant stress, depression, or suicidal ideation—they are trained to act on that assessment. This may include providing information about resources, making referrals to the Clinical Advisors,, or initiating emergency intervention when appropriate.

PSS are expected to demonstrate competency in the following core functions:

- Stress First Aid (SFA)
- Normalizing stress reactions
- Emotional support and active listening
- Self-care and stress management strategies (“green choices”)
- Follow-up after critical or high-risk exposures (3-3-3 model)
- Creating actionable support plans for peers
- Connection and referral to professional services
- Suicide prevention and intervention
- Family support when appropriate
- Extended outreach across agencies

Confidentiality is a critical component of TIPS and is upheld to the full extent allowed under Wyoming Statutes and applicable federal law. Peer support interactions and peer support counseling sessions remain private, with exceptions only as outlined in statute (section 12.3).

To effectively serve the first responder community of Teton County, the TIPS Program aims to train and sustain a cohort of PSS equivalent to 10% of the total number of first responders in the county, embedded within participating agencies.

## 2. Authorities

**2024 Wyoming Statutes, Title 7 – Criminal Procedure, Chapter 23 – Peer Support Counseling**, which defines peer support specialists, peer support teams, and the protections and limitations associated with peer support communications in Wyoming.

**Public Law 117-60 (November 18, 2021) – Confidentiality Opportunities for Peer Support Counseling Act (COPS Counseling Act)**, which provides federal confidentiality protections for certain peer support communications and outlines exceptions where disclosure may be required.

## **3. Vision and Mission**

### **3.1 Vision**

All First responders and their families have access to education, resources, and mental health care they need to be mission ready in service and resilient in life.

### **3.2 Mission**

Teton Interagency Peer Support team provides mental health support and stress management for first responders and their families in the Teton County, Wyoming community through education, confidential peer support, and a direct link to mental health professionals.

## **4. Definitions**

### **4.1 Approved Provider**

A vetted, licensed mental health professional—such as a counselor, therapist, psychologist, or psychiatric nurse practitioner—authorized by TIPS to provide counseling and support services to eligible responders and family members. Vetting is done by Clinical Advisors and TIPS Director.

### **4.2 Code of Ethics**

A formal set of standards and expectations that guide the conduct, professionalism, and ethical behavior of Peer Support Specialists.

### **4.3 Confidential Counseling Sessions**

Up to six (6) free counseling sessions available to first responders and their immediate family members, delivered by an approved provider in accordance with state and federal confidentiality laws and TIPS policy.

### **4.4 Critical Incident**

Any event or series of events that is extraordinary, traumatic, or unusually intense and has the potential to overwhelm a responder's normal coping abilities. Examples include traumatic injuries or deaths, major rescue operations, severe accidents, or any event identified as significantly impactful by a responder or supervisor.

### **4.5 Conflict of Interest**

Any situation where a Steering Committee member knows or thinks their personal, financial, or professional interests could influence their decision making.

### **4.6 Director of TIPS**

The program lead responsible for the administration and oversight including training standards, confidentiality compliance, program advancement, financial oversight, and maintenance of the roster of peer support specialists and approved providers.

#### **4.7 First Responder**

Any individual employed or volunteering in an emergency response role within a participating agency, including but not limited to law enforcement officers, firefighters, EMTs, dispatch/communication personnel, search and rescue personnel, federal land management officers, ski patrollers, game wardens, and highway patrol.

#### **4.8 Participating Agency**

Any federal, state, local, private emergency response organization that works in Teton County Wyoming choosing to utilize the services provided by TIPS.

#### **4.9 Peer Support Counseling Session**

An interaction between a peer support participant (PSP) and a peer support specialist (PSS) in response to a critical incident or traumatic event affecting personnel within a participating agency.

#### **4.10 Peer Support Interaction**

A non-clinical, supportive engagement between peers intended to reduce stress, encourage healthy coping strategies, identify resources, and support personal and professional well-being.

#### **4.11 Peer Support Participant (PSP)**

Individual(s) who receive peer support within the TIPS Program, including family members of first responders.

#### **4.12 Peer Support Specialist (PSS)**

A trained first responder designated by their agency and the TIPS Director to lead, moderate, or assist in a peer support counseling session. PSS are members of the TIPS Peer Support Team and have received specialized training in providing emotional, moral, and stress-related support to emergency services personnel involved in emotionally traumatic incidents. Related to this document, PSS is specific to “first responder” specific peer support specialist.

#### **4.13 Referring Clinician**

An approved provider that monitors and coordinates clinical requests from the website. This person matches requests for therapy or psychiatry with an available therapist or specialist if necessary.

#### **4.14 Stress First Aid (SFA)**

Stress First Aid (SFA) is a structured, evidence-informed approach that helps people cope after distressing events by promoting safety, calming the environment, fostering connection, strengthening self-efficacy, and restoring hope to support emotional recovery.

#### **4.15 TIPS Steering Committee**

A multi-agency advisory body composed of representatives from participating organizations. The Steering Committee supports policy implementation, promotes interagency coordination, and ensures consistency in TIPS program delivery.

## 5. Governance

### 5.1 Purpose

This section establishes the governance structure, authorities, roles, and responsibilities necessary to administer, sustain, and oversee TIPS. Governance ensures legal compliance, accountability, transparency, and consistent program direction across all participating agencies.

TIPS operates to support the participating agencies of Teton County, Wyoming, and this governance structure is designed to uphold TIPS' mission while complying with all fiduciary and legal requirements of the Community Foundation of Jackson Hole (CFJH).

### 5.2 Governance Structure

The TIPS Program operates under a four-tier governance structure:

- **Community Foundation of Jackson Hole** – Governing authority
- **TIPS Director** – Program leadership and implementation
- **TIPS Steering Committee** – Advisory body
- **Designated Subcommittees** – established as needed to support specialized program functions

This structure ensures program direction, policy implementation, training standards, and operational activities align with the mission, vision, and ethical principles of both CFJH, TIPS, and the participating agencies.

### 5.3 Governance Authority, Fiduciary Responsibility & Oversight

CFJH is the legal and fiscal governing body for TIPS. CFJH cannot delegate governance authority to any external committee, all binding decisions must flow through CFJH (either staff or board). In practice, CFJH defers the TIPS Director for day-to-day program leadership and looks to the Steering Committee for program guidance. CFJH reserves the right to exercise its governing authority when matters implicate legal compliance, fiduciary responsibility, reputational risk to CFJH, or CFJH policy.

#### CFJH Authority Includes

- Full fiduciary responsibility for all TIPS funds, including budgeting, contracting, vendor payments, and grant management
- Approval of TIPS annual budget

- Oversight, supervision<sup>4</sup>, and performance management of the TIPS Director
- Amending this governance document as needed
- Determination of prevailing program policies

## 5.4 Director of TIPS

The TIPS Director is responsible for the day-to-day leadership and administrative oversight of the TIPS. Responsibilities include:

- Administering and implementing all TIPS policies and procedures
- Ensuring compliance with applicable laws
- Creating and recommending the annual TIPS budget to CFJH in collaboration with the Steering Committee
- Implementing the approved budget
- Facilitating interagency coordination and communication
- Leading and implementing the process of determining the optimal governance structure for TIPS, including organizational documents
- Providing the Steering Committee with data aggregation and strategic planning

The Director is governed by CFJH policies; for participating agency employees serving as PSS, their home agency's policies prevail over employment-related matters. A more detailed job description for the Director can be found in Section 9 of this document.

## 5.5 TIPS Steering Committee (Advisory Role)

The Steering Committee serves as an advisory and collaborative body guiding program development and implementation across the participating agencies. It does not hold governance or fiduciary authority.

Responsibilities include:

- Representing agency interests
- Communicating TIPS initiatives
- Program implementation
- Recommend budget priorities (training, events, materials, marketing, clinical expenses)
- Nominate, support, and mentor agency PSS
- Promote mental health awareness
- Collaborate on interagency priorities
- Review aggregate program data
- Identify opportunities for program growth and advancement
- Endorse recommended training standards and program priorities

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<sup>4</sup> The Backbone Leader of the Teton Behavioral Health Alliance supervises the TIPS Director and reports to the CFJH Chief Operating Officer, who is accountable to the CFJH President.

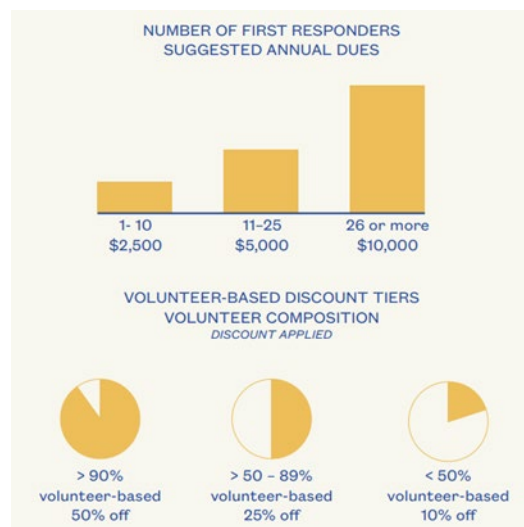
- Recommend policy or procedural updates to CFJH
- Establish and support subcommittees as needed
- Support agency resiliency teams

### 5.5.1 Composition

- TIPS Director (non-voting member)
- Two licensed mental health providers serve as Clinical Advisors
  - Clinical Advisors do not vote on matters pertaining to clinical services
- Each participating agency may appoint one representative to serve in renewable terms appointed by agency leadership
  - Agencies may change their representative at any time
  - Steering Committee participation requires financial support through the Agency Giving Program

### 5.5.2 Agency Giving Program

Agencies wishing to have representation on the Steering Committee must make an annual contribution based on agency size and makeup:



Process:

- The TIPS Director will issue invoices in Q1 of each calendar year
- Agencies must submit payment to CFJH by December 31 to retain their Steering Committee representation
- Agencies unable to meet their contribution may request a reduced fee with written justification

### 5.5.3 Meetings

- The Steering Committee meets monthly, typically on the third Wednesday from 9:00–10:30 a.m., or more frequently as needed.

- A quorum consists of a simple majority of members.
- The TIPS Director prepares and distributes meeting notes documenting attendance, decisions, and assigned actions.

## 5.6 Subcommittees

Subcommittees may be formed by the Steering Committee to support specialized functions. Each subcommittee:

- Reports to the Steering Committee
- Operates within an approved scope
- Provides non-binding recommendations

## 5.7 Decision-Making Process (Steering Committee)

Because governance authority resides with CFJH, decisions made by the Steering Committee are advisory recommendations, not binding actions with regards to fiduciary obligations. Recommendations within TIPS' scope and approved budget may be implemented by the Director without additional CFJH approval. Recommendations that implicate CFJH policy, legal obligations, or unbudgeted expenditures are forwarded to CFJH for review. CFJH anticipates affirming the great majority of Steering Committee recommendations and will communicate its reasoning when it modifies or declines to adopt one.

When making recommendations the Steering Committee will:

- Strive for consensus
- Use voting to recommend actions to CFJH when consensus cannot be reached
- Disclose conflicts of interest<sup>5</sup> prior to discussion or voting

## 5.8 Confidentiality and Information Handling

- Governance activities must never compromise confidentiality protections under applicable laws
- Only aggregate, non-identifiable data may be reviewed or shared
- While some statistical information is gathered to evaluate the efficacy of the TIPS program, there will be no agency-level comparison or ranking

Case study discussions that occur during Steering Committee meetings must:

- Exclude identifying details
- Not to be recorded in Steering Committee Meeting Notes

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<sup>5</sup> Should the need arise the CFJH Conflict of Interest Policy will be followed and awareness training will be held for Steering Committee members.

## 5.9 Alignment with Agency Policies

This governance structure complements, but does not override, internal agency policies for agency employees. When a Peer Support Specialist (PSS) is an employee of a participating agency, that agency's policies prevail for employment matters.

For the TIPS Director and all TIPS program operations, CFJH policy and this governance document take precedence.

TIPS will work collaboratively to harmonize standards across agencies whenever possible.

## 5.10 Review and Amendments

The Steering Committee should review this document annually and recommend revisions to the Director. Annual review should consider:

- Best practices
- Operational needs
- Legal requirements
- Interagency feedback

# 6. Program Administration, Design, and Scope

## 6.1 Overview

The Teton Interagency Peer Support (TIPS) Program is designed as an active, engagement-focused model of first responder wellness. PSS proactively check in with first responders within their own agencies and across partner agencies to support early identification and intervention related to stress, potentially traumatic events, and cumulative operational demands.

A substantial portion of this work is grounded in Stress First Aid (SFA) principles and informal peer support interactions that help prevent stress injuries before they escalate. These interactions create a culture of awareness, mutual support, and psychological safety among responders.

## 6.2 Interagency Wellness Support

TIPS serves all first responder agencies in the county and operates as one component of each agency's broader wellness system. While TIPS provides a consistent, standardized framework (shared training standards, peer support practices, confidentiality protocols, and referral pathways), each agency remains responsible for the health, well-being, and duty-of-care obligations for their personnel.

TIPS strengthens, but does not replace agency-specific wellness, behavioral health, human resources, or supervisory roles and responsibilities.

## 6.3 Program Administration

The TIPS Program is administered through the CFJH and provides:

- Organizational governance and fiscal management
- Administrative oversight
- Program documentation and resource management
- Support for the TIPS Director and Steering Committee

This structure ensures consistent implementation of peer support standards across all participating agencies.

## 6.4 Critical Incident and Enhanced Support Capacity

In addition to ongoing, routine peer support, TIPS is willing to coordinate and support expanded peer support operations following significant critical incidents or large-scale events affecting first responder well-being.

- Structured peer support response coordination
- Additional PSS resources
- Guidance for supervisors and agency leadership
- Mental health resource research and recommendations/referrals
- Ongoing follow-up or recovery-phase support

# 7. Policy

## 7.1 Purpose and Scope

Leveraging the grassroots efforts initiated in 2018, this policy serves as the overarching framework for TIPS guiding the Director, Steering Committee, and all participating agencies in the delivery of coordinated, confidential, and compassionate peer support to all first responders and their families across Teton County, Wyoming (including all BTNF first responders regardless of duty station).

This policy provides structure for interagency coordination and establishes consistent access to peer support resources and up to six free confidential clinical counseling sessions with a TIPS approved provider. Any first responder or family member may request peer support or clinical counseling by contacting the Director, a peer support team member, their supervisor or confidentially through the TIPS website.

## 7.2 Establishment of the TIPS Program

This policy formally codifies TIPS as an interagency support team with trained PSS to assist first responders and their family members experiencing personal or professional stress.

While confidentiality protections vary under state and federal law, TIPS applies the highest feasible standard of privacy to all peer support communications, as outlined in Sections 12 and 13.

### 7.3 Alignment with Wyoming Statute

TIPS acknowledges and aligns with **Wyoming Statute, Title 7, Chapter 23 — Peer Support Counseling (2024)**, which defines the following:

§ 7-23-101. Definitions

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**(a)(vii)** “Peer support specialist” means a person who:

**(A)** Is designated by a law enforcement agency, emergency services provider, employee assistance program *or peer support team leader* to lead, moderate or assist in a peer support counseling session;

**(B)** Is a member of a *peer support team*; and

**(C)** Has received training in counseling and providing emotional and moral support to law enforcement officers or emergency services personnel who have been involved in emotionally traumatic incidents by reason of their employment.

**(viii)** “Peer support team” means a group of peer support specialists serving one (1) or more law enforcement agencies or emergency services providers;

**(ix)** “Peer support counseling” shall not include professional counseling sessions provided by licensed counselors as defined by W.S. 33-38-102(a)(iii).

### 7.4 TIPS Interpretation and Expanded Eligibility

This Statute primarily frames peer support within law enforcement and emergency services, the TIPS Program is intentionally applying a broader, community-based interpretation to ensure equitable support for all first responders serving Teton County. This approach respects the statutory structure while ensuring that responders across all disciplines have access to the same level of care.

Based on statutory definitions and operational needs, TIPS recognizes the following positions as eligible to serve as Peer Support Specialists, provided they meet training and experience requirements:

- Correctional Officers
- Deputies / Sheriff’s Office Personnel
- Dispatchers / Communications Specialists
- Emergency Medical Technicians (EMTs)
- Firefighters
- Federal Law Enforcement Officers
- Game Wardens
- Park Rangers
- Police Officers
- Search and Rescue Personnel
- Ski Patrollers

- Wyoming Highway Patrol Troopers

Personnel in these roles may be paid or volunteer, full-time or part-time, provided they meet ALL the requirements below.

1. Designated by their home agency as a PSS
2. Designated by the TIPS Director as a PSS
3. Member of the TIPS Team
4. Completed TIPS approved training in counseling skills, emotional support, and trauma-informed peer assistance

## 8. Directives

### 8.1 Stress Management

Recognizing the inherent stressors associated with first responder work is essential to fostering a healthy, resilient, and supportive organizational culture. First responders are routinely exposed to both operational and organizational stressors, potentially traumatic incidents, high-risk environments, shift work, and cumulative workload demands.

All first responders play a critical role in promoting a healthy work environment by remaining attentive to their own wellness and the wellness of their peers. It is important for personnel at every level to understand that the human body and mind exhibit natural reactions following exposure to traumatic, critical, or high-stress incidents. These reactions may occur immediately or be delayed, and they can vary in intensity from mild to severe. Repeated exposure to traumatic stress may lead to stress injuries that impact mental, emotional, and physical functioning.

Indicators of stress and/or stress injuries may include, but are not limited to:

- Lack of motivation
- Sleep disturbances
- Change in appetite
- Irritability or anger
- Social withdrawal or isolation
- Increased use of alcohol or substances
- Anxiety or panic symptoms
- Depressive symptoms
- A sense of hopelessness or helplessness
- Thoughts of self-harm or suicidal ideation

Recognizing and responding to these signs is a shared responsibility. All employees are empowered to support peers who have been involved in critical incidents or who are experiencing work-related stress injuries.

While peer support is foundational to a healthy wellness program, first responders may require additional support beyond what peers can provide. Peer support does not replace Employee Assistance Programs (EAP), Critical Incident Stress Management (CISM), or professional clinical services, nor does it constitute therapy or psychological treatment. When a first responder demonstrates signs or symptoms of a stress injury, leaders at all levels are empowered, and expected to act in the best interest of the employee, ensuring access to appropriate care and professional resources.

TIPS utilizes the Stress Continuum to ensure agencies have a shared understanding of the language around stress injury formation.

## RESPONDER STRESS CONTINUUM

READY	REACTING	INJURED	CRITICAL
Sense Of Mission	Sleep Loss	Sleep Issues	Insomnia
Spiritually & Emotionally Healthy	Change In Attitude	Emotional Numbness	Hopelessness
Physically Healthy	Criticism	Burnout	Anxiety & Panic
Emotionally Available	Avoidance	Nightmares	Depression
Healthy Sleep	Loss Of Interest	Disengaged	Intrusive Thoughts
Gratitude	Distance From Others	Exhausted	Feeling Lost Or Out Of Control
Vitality	Short Fuse	Physical Symptoms	Blame
Room For Complexity	Cutting Corners	Feeling Trapped	Hiding Out
	Loss Of Creativity	Relationships Suffering	Broken Relationships
	Lack Of Motivation	Isolation	Thoughts Of Suicide
	Fatigue		

ADAPTED FROM COMBAT AND OPERATIONAL STRESS FIRST AID BY LAURA MCGLADREY | RESPONDERALLIANCE.COM

## 9. Peer Support Program

### 9.1 Program Oversight

The TIPS Director is responsible for the overall administration, coordination, and operational support of the Teton Interagency Peer Support (TIPS) Program. This includes overseeing peer support activations, coordinating training and meetings, maintaining program documentation, and ensuring the program operates in alignment with applicable laws, ethical standards, and interagency policies.

### 9.2 Duties of the TIPS Director

- *Administrative Oversight:* Ensure efficient program operations including invoicing, budget management, and facilitating consistent meetings for the Steering Committee to implement TIPS initiatives.

- *Fundraising & Sustainability*: Develop and implement a fundraising strategy, including grant writing, donor cultivation, and community partnerships, to secure long-term financial sustainability.
- *Strategic Guidance*: Partner with the Steering Committee and Backbone Leader to develop and implement a compelling, forward-looking strategy for TIPS.
- *Governance*: Lead and implement the process of determining the optimal governance structure for TIPS, including organizational documents.
- *Community & Stakeholder Engagement*: Strengthen relationships with agency partners, donors, and peer supporters to expand TIPS' impact through marketing and communication efforts.
- *Program Coordination*: Manage communication platforms (e.g., GroupMe, website) to support peer networks and partner agencies, monitor therapy requests, and ensure the timely distribution of essential information. Maintain an updated roster of all active PSS, including when a PSS elects to take a break from service and temporarily remove PSS from active status, when necessary.

*Training Coordination*: Organize and oversee peer support training sessions and strive for consistency of training for PSS. Oversee agreements or training to support continuing education for the Clinical Team (see section 10.8).

*Manage the TIPS website*, which serves as a primary point for first responders or their family members to seek help from peers and/or the clinical team. Additionally, the website features communications tools for upcoming events, news, a wellness resources library, and serves as a place for donors to connect with the program.

### 9.3 Supervision of Peer Support Specialists

While the TIPS Director provides overarching program support, the selection, day-to-day supervision, and performance management of PSS remain the responsibility of their home agencies.

When selecting a potential PSS, agency leadership should look for individuals who demonstrate professionalism, sound judgment, good character, and good standing within their agency, and who are performing successfully in their roles. Peer support work is an additional duty that can be demanding and may increase workload, even for strong candidates.

Supervisors must recognize that PSS may occasionally perform peer support duties during on-duty time in support of the interagency program. PSS shall not travel outside their home agency for peer support duties without supervisor or agency approval and adherence to agency policy. This is regardless of another agencies or TIPS' willingness to cover costs.

### 9.4 Agency-Level Peer Support Expectations

Participating agencies are encouraged to establish internal peer support capacity that complements the TIPS Program. Examples include:

- Maintain multiple active PSS within the agency, as feasible
- Establish and sustain relationships with culturally informed, licensed mental health professionals within the community

- Support all employees/volunteers within an organization in a similar or equivalent manner to the TIPS program
- Ensure supervisors understand the role and limitations of PSS and support their participation in TIPS activities
- Provide funding for continuing education in peer support beyond what TIPS provides

## 10. Clinical Team Standards and Procedures

### 10.1 Clinical Team Composition

The TIPS Director maintains an up-to-date roster of all approved providers. This list is available on the TIPS website or from the TIPS Director upon request. Only approved providers are authorized to deliver services funded by the TIPS Program.

### 10.2 Session Coverage and Use of Insurance

- The TIPS Program will fund six (6) one-hour clinical sessions per client per calendar year, regardless of billing or reimbursement method used.
- Clinicians are encouraged to utilize the client’s health insurance benefits when feasible and clinically appropriate.
  - When insurance is used, clinicians may invoice TIPS for the client’s co-pay.
  - This blended billing model ensures responsible resource management and benefits the first responder community.
- No more than six (6) sessions per calendar year may be funded without prior approval as outlined in Section 10.5.

### 10.3 Clinical Rates and Reimbursement

Clinical billing rates are contained in Appendix C and are not publicly published.

Clinicians will be compensated only for services authorized under the TIPS Program.

### 10.4 Non-Covered Services

The TIPS Program does not fund the following services:

- Wellness Retreats
- Inpatient treatment centers
- Residential substance use programs
- Ketamine therapy
- Reimbursement for clinicians not approved by TIPS

Exceptions: Outside clinicians may be eligible for TIPS funding if pre-approved when:

- A specialized referral is needed (e.g., substance use, couples counseling, child/adolescent therapy)

- A first responder has an established therapeutic relationship with a local provider, and the clinical team recommends continuity of care for a client following a traumatic event.

While some of these programs may be necessary for a first responders' recovery, they shall be the responsibility of the individual and/or the agency. The TIPS Director can be consulted to assist agencies with resource identification.

## 10.5 Approval for Sessions Beyond Six

Clinicians seeking authorization for more than six (6) annual sessions must submit justification to the Clinical Advisors. The Clinical Advisors will review the request and make a recommendation to the TIPS Director, who retains the final approval authority. Additional sessions may be authorized only when (1) the Clinical Advisors support the request, and (2) funding is available within the TIPS Program.

Funding to support therapy is resource limited, therefore all other funding options should be exhausted prior to seeking an extension beyond six sessions in a calendar year. Any additional session(s) authorized should include total number approved based on an agreed upon need for a special or higher needs case. Typically, extensions of up to eight total annual visits funded by TIPS may be authorized using the above protocol. Beyond eight sessions in a calendar year for an individual should be addressed outside of this policy.

## 10.6 Clinical Advisors, Coordination/Referring and Steering Committee Roles

### 10.6.1 Steering Committee Mental Health Providers

Two licensed mental health professionals serve on the TIPS Steering Committee as Clinical Advisors. Their responsibilities include:

- **Providing subject-matter expertise** to ensure that all program decisions, policies, and clinical practices reflect current evidence-based best practices in first responder and family mental health care
- **Vetting, selecting, and recommending clinicians** for participation with the TIPS Clinical Team
- **Advising on clinician capacity needs**, specialty gaps, and expansion priorities as demand evolves
- **Supporting the development of standardized onboarding, training, and mentoring processes** for new clinicians
- **Establishing and reinforcing clinical expectations**, including ethical standards, responsiveness, documentation norms, and coordination with TIPS leadership
- **Serving as clinical liaisons** between the Steering Committee, TIPS Director, and the broader Clinical Team

One Clinician will serve as the Referring Clinician and will receive all requests for therapy or psychiatric care via the TIPS website Get Help requests. Request will alert an email [TIPSClinician@gmail.com](mailto:TIPSClinician@gmail.com). The referring clinician will check the emails daily and monitor the clinical team for their availability. Multiple clinicians will have access to this email box to ensure redundancy. This work will be reimbursed by TIPS cumulatively monthly at a rate of \$150 per hour. The Referring Clinician will be responsible for maintaining a running log for this work. Recognizing that some coordination can occur in minutes, while others could be more complex and take more time to match a request with the best qualified and available clinical team member.

## 10.7 Invoicing Requirements

### 10.7.1 Submission Deadlines

- Invoices must be submitted to the TIPS Director no later than the 5th of each month.
- Payments will be issued during the second week of each month.

### Clinical Team Reporting

- The Clinical Team maintains a monthly TIPS Therapist Log that captures aggregate program data, including:
  - Provider name
  - Number of TIPS clients seen
  - Number of first responders seen not paid for by TIPS
  - Number of family members served
  - Number of new intakes
  - Total sessions
  - Wellness checks
  - Administrative time
  - Professional development hours
  - Education and outreach hours

### 10.7.2 Required Documentation

- Department of the Treasury, Internal Revenue Service, Request for Taxpayer Identification Number and Certification (Form W-9)
- Proof of professional liability insurance
- Completed Clinical Log, with invoice numbers matching log entries

### 10.7.3 Invoice Format

All invoices must be submitted in PDF format, using the following file name convention:

TIPS\_Month\_Invoice\_BusinessName.pdf

Invoices must include:

- Dates of individual therapy sessions
- Dates of educational outreach or training events

Educational outreach hours require prior approval from the TIPS Director to qualify for funding.

## 10.8 Meetings and Training Requirements

- Attend at least six Clinical Team meetings/trainings per year
- Clinicians will not be reimbursed for meeting/training when a contractor has been hired to provide continuing education.

## 11. Peer Support Specialists (PSS)

### 11.1 Role of Peer Support Specialists

- Provide empathetic listening, stabilization, and supportive intervention, including referral pathways to professional mental health services
- Maintain a non-judgmental and compassionate approach during peer interactions
- Perform safety assessments and an evaluative component during peer interactions
- Consult with Clinical Advisors when concerns arise outside their scope of training
- Record peer contacts on the website to facilitate fundraising and identify training gaps based on what peers are talking about with peers

PSS may deliver support in person or remotely, depending on the nature, and complexity of the request. Support may be provided to peers the PSS knows personally or to individuals from another agency. In all cases, the PSS must verbally provide the TIPS Confidentiality Statement when formally engaged in a peer support counseling session (see Appendix B).

### 11.2 Training Requirements

PSS training is skills-based and experiential. All Peer Support Specialists must:

- Complete a minimum of 16 hours of initial training, including role-play scenarios to build confidence and competence in peer support interactions. All current PSS will have two years to complete this training upon approval of this document (see training 13.6)
- Complete two (2) hours of continuing education annually to maintain active PSS status
- PSS should maintain their own training records; this documentation is required for retention as an active PSS

### 11.3 Program Guidance for Peer Support Specialists

- Recordkeeping: PSS shall not make or retain recordings, notes, or written records of peer support communications, except for aggregate, non-identifying statistics used to track program efficacy (e.g., number and type of contacts). Utilize the Peer Contact Form located on the TIPS website.
- Boundaries: PSS must establish and maintain healthy boundaries consistent with program expectations and operational demands. A PSS may withdraw from a specific interaction for personal reasons (e.g., conflict of interest, personal stress, recent critical incident exposure) and must refer the peer to another PSS or consult a Clinical Advisor for guidance.
- Non-advocacy: PSS do not advocate for employees in administrative, disciplinary, or workplace matters.
- Dual Roles: PSS who also serve in roles such as union representatives must not act as a PSS for any matter that overlaps with their representational responsibilities.
- Compensation: PSS serve in a voluntary capacity at the discretion of their agencies. (agencies may provide compensation for PSS at the discretion of the agency)
- Compensation for off-duty peer support activities follows each agency's personnel policies; agencies may authorize travel or compensatory hours if operationally required.

- Safety: If a PSP expresses an explicit intent to harm themselves or others, the PSS must immediately contact local emergency or crisis response authorities. When uncertain, the PSS must consult a Clinical Advisor immediately.

### **Immediate Support**

If you or someone you know is experiencing a mental health crisis or needs urgent assistance, please reach out right away:

- **Stay with the subject** in crisis
- **Mental Health and Recovery Services of Jackson Hole** – (307) 733-2046 (24-hour crisis line)
- Call **911** – If you are 911 follow your agency procedures to protect and protect the individual until turned over to next level of care.
- Transport if reasonable to **St. John’s Health Emergency Room**, 625 East Broadway, Jackson, WY 83001
- **988 Suicide & Crisis Lifeline** – Call, text, or chat by dialing 988

## **11.4 Roster and Designation**

- The TIPS Director maintains the official roster of all trained and active PSS at [www.tetontips.org](http://www.tetontips.org)
- Once designated, PSS are responsible for retaining proof of completed training, required continuing education, and official communications related to PSS status

## **11.5 Inactive Status**

- A PSS may request inactive status at any time and for any reason by submitting a request to the TIPS Director.
- A PSS placed on inactive status may return to active service once they notify the TIPS Director and complete required training or refreshers.
- PSS subject to formal investigations or administrative actions may be temporarily placed in inactive status until a determination regarding continued suitability is made.

## **11.6 Complaints and Removal**

- Complaints regarding a PSS shall be directed to the PSS’s home agency supervisor and simultaneously reported to the TIPS Director
- The TIPS Director, in coordination with the affected agency, will determine suitability for continued participation
- Grounds for removal from the PSS roster may include breach of confidentiality, failure to meet training requirements, conduct inconsistent with TIPS ethical standards (Appendix A), or misuse of the PSS role

## 12. Confidentiality and Duty to Report

### 12.1 Principle of Confidentiality

Understanding the limitations of confidentiality is an important component of providing peer support. The following section is provided for awareness of PSS and agency leadership. This serves as a reminder to utilize the Confidentiality Statement (Appendix B) when providing peer support counselling sessions.

**Non-federal peer support team confidentiality within the Federal court system:** Currently, there is no U.S. Constitutional provision, federal statute, or U.S. Supreme Court ruling that provides confidentiality privileges within the federal court system for *non-federal* peer support teams.

**Peer support team confidentiality within the Federal court system in states with a peer support team confidentiality statute:** Wyoming, has a peer support team confidentiality statute, however confidentiality privilege established by this statute may or may not apply in civil cases within the federal court system. Whether the Wyoming confidentiality privilege applies in a federal civil case will depend upon the "rule of decision" as specified in the Federal Rules of Evidence - "The common law, as interpreted by United States courts in the light of reason and experience, governs a claim of privilege unless any of the following provides otherwise: the United States Constitution; a federal statute; or rules prescribed by the Supreme Court. But in a civil case, Wyoming law governs privilege regarding a claim or defense for which state law supplies the rule of decision" (Federal Rules of Evidence, 2023, Rule 501, *Privilege in General* ).

**Federal law enforcement peer support teams:** In November, 2021, qualified federal law enforcement peer support teams were granted specified confidentiality privileges in federal courts with the enactment of the U.S. *Confidentiality Opportunities for Peer Support Counseling Act* also referred to as the *COPS Counseling Act* (U.S. Public Law 117-60).

**Limits of peer support team confidentiality privilege:** The statutory confidentiality privilege afforded to federal and state peer support teams is limited. For instance, the COPS Counseling Act and all presently existing state peer support team confidentiality statutes exempt information pertaining to criminal activity from the confidentiality privilege. Additional limitations include "mandatory reporting" provisions as well as other disclosures required by law. Wyoming statutes contain limitations of peer support team confidentiality. It is the ethical responsibility of peer support team members to advise recipients of peer support of the limitations of confidentiality *prior* to engaging in peer support (Appendix B).

Despite any of the limitations to confidentiality established by the laws, the success of the TIPS Program relies on the confidential nature of peer support communications between PSP and PSS. Except as outlined in Sections 12.3 and 12.4, PSS shall not disclose the contents of a peer support communication to any person who was not a party to that communication.

Consultation with TIPS Clinical Advisors, who serve as part of the TIPS peer support system, does not constitute a breach of confidentiality when conducted for the purpose of case guidance, safety consultation, appropriate referral or initiating emergency interventions.

TIPS personnel must take reasonable precautions to protect the privacy rights of PSP and ensure that peer support communications are not disclosed to employers, co-workers, or other individuals. Administrative or internal investigators shall not compel or request information from a PSS about peer support communications. Supervisors shall likewise not compel such disclosures.

Where statutory protections apply, TIPS shall honor them. Where protections are not expressly provided by law, the TIPS Program's confidentiality standards still apply, subject to the exceptions in Sections 12.3 and 12.4.

PSS must inform every PSP of the TIPS Confidentiality Statement, including the exceptions, prior to providing peer support counseling session (see Appendix B).

## **12.2 Recordkeeping**

PSS shall not make or retain recordings, detailed notes, or written records of peer support counseling sessions. Only aggregate, non-identifying program statistics (e.g., number and general type of contacts) may be maintained for program administration and quality improvement.

## **12.3 Duty to Report (Safety and Legal Exceptions)**

Notwithstanding Section 12.1, the following categories of information must be reported immediately to the appropriate local emergency/crisis resources and as soon as practicable, to a Clinical Advisor and the TIPS Director for guidance:

- **Imminent Risk of Self-Harm:** An explicit threat of suicide accompanied by stated intent and a plan or means (beyond general suicidal ideation).
- **Imminent Risk to Others:** An explicit threat of imminent and serious physical harm or death to another person.
- **Abuse or Neglect:** Information indicating suspected or confirmed abuse or neglect of a child, older adult, or other vulnerable person.
- **Felonious Conduct:** An admission of felonious criminal conduct.
- **Legal Compulsion:** When disclosure is required by law, including a valid order or subpoena issued by a court of competent jurisdiction.

Where confidential information is required to be released under any of the above, the PSS shall promptly consult a Clinical Advisor and notify the Director to ensure compliant, minimum-necessary disclosure.

## **12.4 Discretionary Duty to Report (Professional Judgment)**

Admissions of non-felony criminal conduct are not confidential to the extent required by applicable law. In such cases, the PSS shall exercise sound professional judgment—in consultation with a Clinical Advisor—to determine whether disclosure is warranted, considering the severity of the conduct, the presence of identifiable victims, the risk of ongoing harm or community safety concerns, and any legal obligations triggered by the disclosure.

Confidentiality does not extend to information a PSS learns outside a peer support conversation (e.g., personal observations unrelated to a peer support interaction) or to knowledge obtained from sources other than the peer support communication.

Consent-Based Disclosures: Confidentiality does not prohibit disclosure when each party to the peer support communication provides informed consent to share specific information for a defined purpose (e.g., coordinated referral, hand-off to a clinician). Such consent must be voluntary.

## **12.5 Notification and Acknowledgment**

All PSS shall verbally provide the TIPS Confidentiality Statement and exceptions prior to initiating peer support. TIPS will provide annual acknowledgment of confidentiality and mandatory reporting standards related to peer support to all participating agencies.

## **12.6 Violations and Corrective Action**

A breach of confidentiality or failure to follow mandatory reporting requirements constitutes a serious violation of TIPS standards and may result in:

- Immediate removal from the active PSS roster
- Program remediation or re-training requirements
- Administrative action by the PSS's employing agency in accordance with agency policy

The TIPS Director maintains final authority for PSS roster status in consultation with the relevant agency and Clinical Advisors.

# **13. Support for Peer Support Specialists**

## **13.1 Purpose**

Peer Support Specialists (PSS) play a vital role in providing confidential, compassionate support to first responders. Because of the emotional weight and responsibility inherent in this work, TIPS is committed to supporting PSS in setting clear boundaries that focus on self-care to ensure the sustainability of the PSS cadre.

## **13.2 Self-Care for Peer Support Specialists**

The following supports are offered to all PSS.

- Set reasonable limits on availability and peer support provided
- Maintain regular contact with a licensed mental health clinician for wellness check-ins (13.4)
- Practice ongoing self-care and monitor well-being, especially following challenging peer support interactions
- Take a break from the team when you feel overwhelmed or peer support work is negatively impacting your day-to-day job functions

### 13.3 Access to Clinical Advisors

- Clinical Advisors are available for wellness check-ins, case consultation, and guidance regarding boundaries, safety, or best practices
- Consultations with Clinical Advisors are not therapeutic in nature and do not constitute counseling
- If a conversation transitions into therapy, informed consent is assumed based on the PSS's voluntary initiation

### 13.4 Annual Wellness Check-In

PSS are encouraged (but not required) to participate in an annual wellness check-in with a TIPS Clinical Advisor or approved clinician too:

- Evaluate the PSS's professional quality of life
- Support mental and emotional well-being
- Address cumulative effects of peer support work

\* These conversations are confidential and focus solely on the PSS's wellness in relation to their role in providing peer support. This annual check-in is covered by TIPS and is in addition to the six TIPS sessions provided to all first responders, even if a PSS is already seeing an approved provider.

### 13.5 Communications Tools for PSS

#### 13.5.1 Requesting Clinical Support for Self or Others

All requests for clinical support will be routed through the TIPS website using the **Get Help** button. These requests will be received by the Clinician Team. This central intake process will result in the following:

- Matching requests or referrals to clinicians with the right skill set and availability
- Eliminate the lack of transparency that is inherent with the current GroupMe app – increasing confidentiality
- All requests will go to clinicians for coordination improving confidentiality. (the director will be notified of the request but not the details of the request.
- Tracking referral flow and bottlenecks to ensure no clinical request goes unfulfilled.

#### 13.5.2 Purpose of GroupMe

TIPS maintains a GroupMe platform to allow the Steering Committee and PSS a platform outside of email to share information on ongoing events or opportunities. GroupMe serves as a fast, accessible method for:

- Requesting peer support
- Coordinating with available PSS

The platform is intended solely for operational communications—not for the exchange of identifying peer information.

### 13.5.3 Required Practices for Confidentiality

- Do NOT include the name, agency, or identifying information of any peer seeking support
- Use only general descriptors (e.g., “Request for a PSS familiar with EMS concerns”)

### 13.5.4 Joining the Teton Interagency Peer Support Group

Recommended username format:

[First Name] [Last Name] – [Agency]

Example: *Alex Martinez – GTNP*

The TIPS group is for members to share information, request peer support, or other operational/logistical needs.

PSS can join by searching for the groups in the app or using direct links provided by the TIPS Director. PSS may contact the TIPS Director for help. Participation is encouraged but voluntary.

## 13.6 PSS Training Basics

### 13.6.1 Required Training

Basic Training for all PSS

- 2 hours - Suicide Prevention and Intervention (Prosper)
  - Building crisis support plans
- 2 hours - Stress Injury Formation and the Stress Continuum
- 2 hours – Normalizing the Stress Response and Understanding the Window of Tolerance
- 2 hours - TIPS Policy and Procedures
- 2 hours – Psychological First Aid
- 2 hours – Clinical Team – therapy modalities
  - Making referrals
  - PSS self-care and annual check-ins
- 2 hours – team cohesion and introduction to peer support
- 2 hours - counseling skills, emotional support, and trauma-informed peer assistance



STATE TROOPERS



## Appendix A – Code of Ethics

### Scope of Practice

Provide services only within your training, experience, and competence.

### Confidentiality

Confidentiality is required under Wyoming Statutes §7-23-101 and §7-23-102 and Public Law 117-60 (COPS Counseling Act).

- All spoken or written communication shared by a Peer Support Participant (PSP) or Peer Support Specialist (PSS) during a session is confidential and may not be disclosed.
- Consultation between a TIPS clinician and a PSS is permitted and encouraged when needed for guidance.
- Confidentiality may be waived only with PSP consent or when required by mandatory reporting laws.

### Mandatory Reporting

- A PSP communicates suicidal threats or intent
- Information regarding abuse of spouses, children, or the elderly, or other legally reportable abuse

### Professional Integrity

Act ethically, maintain boundaries, and avoid conflicts of interest or relationships that may harm the PSP.

### Dual Relationships

Avoid dual relationships with PSPs. Preexisting friendships, intimate relationships, or chain-of-command relationships may compromise boundaries or create perceived favoritism. When uncertain, consult with the Clinical Advisors or the TIPS Director.

### Respect

Uphold the dignity, privacy, and rights of PSPs always.

### Money

Do not give, lend, or accept money or payment for peer support services.

### Non-Discrimination

PSS shall not deny access or participation in the rights, privileges, programs, or activities generally accorded or made available through TIPS, nor discriminate against any member or participant, applicant, or constituent on the basis of race, color, religion, sex, sexual orientation, marital status, family composition, ethnicity, national origin, immigration status, language spoken, age, disability, gender identity, gender expression, housing status, military status, or any other characteristic protected by law.

## **Falsification**

Do not falsify documentation.

## **Retaliation**

Do not retaliate against anyone who raises concerns about services provided.

## **Agency Policies**

Follow all applicable organizational policies and guidelines.

## Appendix B – Confidentiality Statement

The following advisement should be provided to the peer support participant prior to initiating a formal peer support counseling session.

*"I'm here to listen and support you as a first responder peer, not as a counselor. Our conversation is meant to be confidential within the limits of the law and your agency's policy. However, there are situations where I may be required to share information, such as if you talk about:*

- *A threat to harm yourself or others*
- *Suspected abuse or neglect of a child, vulnerable adult, or elder*
- *Information about a felonious crime that has not been reported*

*If any of these situations come up, I will explain the steps I need to take to keep you and others safe. Otherwise, what we talk about stays between us. Do you understand and agree to continue?"*

## Appendix C – 2026 Clinical Billing Rates

Available upon request to licensed mental health professionals only.

This appendix describes the hourly billing rates for the following

- Clinical Counseling Sessions
- Co-pays at actual rate of client if utilizing insurance (still limited to six sessions/year)
- Psychiatric Sessions
- Educational Outreach
- Coordination/Consultations (Referring Clinician)
- Support Debriefings: (agencies can request this service outside of TIPS)
- Meetings (including Steering Committee Meetings)