



**AMHD**  
ADULT MENTAL HEALTH DIVISION

# **HAWAII CERTIFIED PEER SPECIALIST PROGRAM**

**GUIDELINES, STANDARDS AND PROCEDURES**

**June 2012**



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## **ADULT MENTAL HEALTH DIVISION HAWAII CERTIFIED PEER SPECIALIST PROGRAM**

### **I. INTRODUCTION**

Hawai'i's Certified Peer Specialist (HCPS) program provides certification for individuals who provide direct peer-to-peer support services to others diagnosed with mental illness and co-occurring disorders. Because of their life experience with mental illness and co-occurring disorders, HCPSs can use their unique experiences to inspire hope and provide support to others who are likely facing similar situations and stigma. This certification allows HCPSs to provide a level of service and support that professional training cannot replicate.

This certification does not imply that HCPSs are qualified to diagnose an illness, prescribe medication, or provide clinical services. The HCPS program is not an offer of employment or job placement by the Adult Mental Health Division (AMHD). The certification in no way guarantees employment. Each person that is certified as a Peer Specialist should apply for positions available in his or her community.

### **II. HCPS DEFINITION**

A Hawai'i Certified Peer Specialist (HCPS) is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has completed training recognized by AMHD on how to assist others in regaining control over their lives based on the principles of recovery and resiliency.

By inspiring the hope that recovery and resiliency are achievable goals, HCPSs can assist others who are diagnosed with mental illness or co-occurring disorders to achieve their personal recovery goals by promoting self-determination, personal responsibility, and the empowerment inherent in self-directed recovery.

Direct peer-to-peer services can include a variety of support services, such as:

- assisting in the development of strengths-based individual goals,
- serving as an advocate, mentor, or facilitator for resolution of issues that peers are unable to resolve on their own,
- assisting in the development of rehabilitation goals,
- developing community support,
- providing education on ways to maintain personal wellness and recovery, or
- providing education on mental health system navigation.

Each HCPS who is employed by a Hawai'i AMHD-funded agency and who is under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State is authorized to provide peer-to-peer support services in outpatient and inpatient programs.

### **III. HCPS PROGRAM OPERATION**

The Hawai'i Adult Mental Health Division Office of Consumer Affairs (OCA) operates the HCPS Program in conjunction with the HCPS Advisory Committee.

The Office of Consumer Affairs shall develop and reserves the right to make any necessary changes to HCPS Guidelines, Standards and Procedures without prior notification so that appropriate authority to grant certification and acceptable professional standards are established.

#### **A. HCPS Advisory Committee**

The HCPS Advisory Committee meets on an as-needed basis and shall be made up of, but is not limited to, representatives from the OCA, Certified Peer Specialists, and the AMHD Administration. This core group provides specific recommendations that include, but are not limited to, requirements of certification, training, and acceptable continuing education. The AMHD Administration shall provide guidance related to funding and the role of HCPS in the service delivery system.

### **III. HCPS PROGRAM CERTIFICATION GUIDELINES**

Each applicant must meet all minimum requirements as outlined by the HCPS Guidelines, Standards and Procedures Guide. The average application processing time is six weeks. After the application has been reviewed applicants will be mailed a letter confirming their status.

#### **A. Certification Standards**

To become certified as a Peer Specialist in the State of Hawai'i, all applicants must meet the following minimum requirements:

1. Be at least age eighteen (18) years of age or older;
2. Hold a high school diploma or General Equivalency Diploma (GED);
3. Have a primary diagnosis of mental illness or co-occurring disorder. A single, primary diagnosis of a substance use disorder does not meet certification requirements;
4. Self-identify as a person who has received or is receiving mental health or co-occurring services as part of his or her personal recovery process;
5. Have demonstrated a minimum of twelve consecutive months in self-directed recovery in the last two years. Self-directed recovery includes experience in leadership, advocacy, and peer support;
6. Successfully complete an AMHD OCA-approved Peer Specialist Training Program;
  - a) Other evidence-based or best practice Peer Specialist Training Programs may be considered if appropriate documentation related to the program's curriculum, requirements and competencies is submitted to OCA. For information on recognized trainings and/or facilitators, contact the Office of Consumer Affairs at (808) 586-4688.
7. Have successfully demonstrated mastery of the following competencies through testing and evaluation as required by a Peer Specialist Training Programs recognized

by the Office of Consumer Affairs:

## **B. Certification Competencies**

### **1. An understanding of the basic skills and knowledge needed to provide direct peer-to-peer support service includes:**

- a) Knowledge of the structure of the State mental health system and how it works,
- b) A thorough understanding of the HCPS Scope of Activities,
- c) A thorough understanding of the HCPS Code of Ethics,
- d) Knowledge of the meaning and role of providing direct peer-to-peer support services as a HCPS,
- e) The ability to create and facilitate a variety of group activities that support and strengthen recovery,
- f) The ability to document activities related to delivery of direct peer-to-peer support services,
- g) The ability to help peers combat negative self-talk, overcome fears, and solve problems,
- h) The ability to help peers articulate, set, and accomplish goals,
- i) The ability to teach peers to create their own recovery plans, and
- j) The ability to teach peers to work with mental health or co-occurring disorder professionals in order to obtain the services they want.

### **2. An understanding of the recovery and resiliency process and the ability to use one's personal recovery story to help others includes:**

- a) The stages in the recovery process and what is helpful and not helpful at each stage,
- b) The role of direct peer-to-peer support at each stage of the recovery process,
- c) The ability to identify the power of a peer's beliefs and values and how they support or work against recovery,
- d) The basic philosophy and principles of psychosocial rehabilitation,
- e) The basic definition and dynamics of recovery,
- f) The ability to articulate what has been helpful and what has not been helpful in their own personal recovery, and
- g) The ability to discern when and how much of one's personal recovery story to share and with whom.

### **3. An understanding of healing and collaborative relationships and the ability to establish such relationships with other peers includes:**

- a) The dynamics of power, conflict, and integrity in the workplace,
- b) The concept of "seeking out common ground",
- c) The ability to ask open-ended questions that relate a person to his or her inner wisdom,

- d) The ability to deal with conflict and difficult interpersonal relations in the workplace,
- e) The ability to participate in “healing communication”, and
- f) The ability to interact sensitively and effectively with people of other cultures and beliefs.

**4. An understanding of the importance of taking care of oneself and the ability to do it includes:**

- a) The dynamics of stress and burnout,
- b) The role of a personal recovery plan,
- c) The ability to discuss one’s own tools for taking care of oneself, and
- d) The ability to develop and utilize a personal support network related to both recovery and professional activities.

**B. Application Procedure**

1. Read, understand, and agree to the following
  - a. The peer specialist training program required competencies,
  - b. The HCPS Code of Ethics,
  - c. The HCPS Scope of Activities, and
  - d. To engage in paid or volunteer work experience
2. Enclose all of the following documents prior to mailing the application packet:
  - a. Completed application,
  - b. Signed acknowledgement of the HCPS Scope of Activities,
  - c. Signed acknowledgement of the HCPS Code of Ethics, and
  - d. Three completed professional reference forms (Applicants, please make two copies of the form and ask each reference to return the completed form to you in a sealed envelope). Note: Do not use a family member as a professional reference.
3. It is the applicant’s responsibility to ensure that all required documents are submitted and completed as accurately as possible.
4. The completed application is to be mailed directly to:

Office of Consumer Affairs HCPS Certification Program Department of Health Adult Mental Health Division P.O. Box 3378 Honolulu, Hawai`i 96801
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5. Please allow seven (7) business days for documents mailed to the Office of Consumer Affairs (OCA) to be received and logged in. If Federal Express or special courier services are used, OCA shall not be responsible for any charges incurred.
6. OCA will discuss the application status with the applicant only. Please inform all others that updates must be obtained by the applicant. A status report will be sent to the applicant at the contact information listed on the application.

7. The average application processing time is six (6) weeks. Once complete, each application is reviewed and a determination made. Upon successful review, applicants will be contacted by OCA.

8. If the application is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant within fourteen (14) business days of receipt. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs within thirty (30) calendar days from the date of the deficiency letter.

9. Applications not completed within thirty (30) calendar days of date of deficiency letter will be closed. Once an incomplete file has been closed, the applicant must submit a new application.

10. To obtain a HCPS Application, contact the Office of Consumer Affairs at (808) 586-4688 or visit the AMHD website at <http://www.amhd.org/Consumer/HCPS.asp>.

#### **IV. CERTIFICATION RENEWAL GUIDELINES**

To maintain *active* status, each Certified Peer Specialist must:

- A. Complete and submit annually an application for renewal;
- B. Provide documentation of successful completion of required continuing education as approved by the HCPS Advisory Committee; and
- C. Have no reports of violation of the HCPS Code of Ethics.

In addition, please submit the following information in writing to the Office of Consumer Affairs within fourteen business days of the change or occurrence:

1. Change in name, address, or other contact information,
2. Change in the agency staff person responsible for providing supervision, even if the agency does not change,
3. HCPS no longer provides direct peer-to-peer support services, or
4. Any violation of the HCPS Code of Ethics.

Failure to provide notification of any of these conditions may result in suspension of certification.

#### **Certification Renewal Procedure**

Each Hawai'i Certified Peer Specialist is responsible for maintaining his or her certification and must submit his or her renewal application and all other required documentation at least forty-five (45) calendar days prior to the end of the recertification date. Unless renewed annually, *active* status shall expire one year from the most recent renewal or certification date.

To obtain an application for Certification Renewal, contact the Office of Consumer Affairs at (808) 586-4688 or visit the *For Consumers* section of the [www.amhd.org](http://www.amhd.org) website (<http://www.amhd.org/Consumer/HCPS.asp>).

## V. CONTINUING EDUCATION GUIDELINES

Continuing education is required for each Certified Peer Specialist to maintain active status and must be earned within the annual certification period (January – December).

- A. Continuing education trainings are not transferable to any other certification period.
- B. Educational trainings completed prior to obtaining certification as a Peer Specialist are not eligible for maintaining certification.

### **Continuing Education Standards**

As of January 2012, HCPSs must complete 16 hours of continuing education trainings, seminars, workshops, or college courses each year. **Note:** Online trainings can be counted towards this annual requirement however must not exceed 8 hours out of the 16 required.

Examples of relevant training topic areas include, but are not limited to, the following:



- 1. Recovery in the Fields of Mental Health and Co-Occurring Disorders**
  - a) Crisis Management,
  - b) Mental Health Disorders,
  - c) The Impact of Diagnoses,
  - d) Understanding Mental Health Treatment, and
  - e) Mental Health in Rural Settings.
  
- 2. Peer Support Services Promoting Recovery and Resiliency**
  - a) Peer-Directed Recovery,
  - b) Illness Management and Recovery,
  - c) Wellness Recovery Action Plan,
  - d) Person-Centered Planning, and
  - e) Relapse and Recovery.
  
- 3. Assisting Peers in Starting and Sustaining Self-Help Groups**
  - a) Building Self-Esteem,
  - b) BRIDGES,
  - c) Recovery Stories,
  - d) Mental Illness and Substance Use, and
  - e) Relapse Prevention.
  
- 4. Self-Directed Recovery and Resiliency**
  - a) Stress Reduction,
  - b) Recognizing Workplace Burnout,
  - c) Identifying Relapse Triggers,
  - d) Conflict Resolution in the Workplace, and
  - e) Coping with Transference of Feelings.

## 5. Cultural Competency, Grief and Spirituality

- a) Culture Differences and Beliefs,
- b) Grief and Loss,
- c) Grief and Recovery,
- d) Spirituality and Recovery, and
- e) The Impact of Beliefs and Values on Recovery.

HCPSs who are employed by Hawai'i Adult Mental Health Division-funded programs may count provider agency in-service trainings as required by AMHD toward the 16 required hours.

Successful completion of part or all of a Peer Specialist Training Program recognized by OCA may count toward continuing education if it was not used to obtain initial certification.

### B. Verification Procedure

At the end of each year, each HCPS must submit a continuing education verification form for each training event. The information outlined below is required to confirm successful completion of continuing education trainings.

#### 1. Certificate of Attendance or Completion:

- a) Certified Peer Specialist Name,
- b) Certificate signed by the instructor or trainer or a receipt if applicable,
- c) Training Date, and
- d) Training Category/Topic.

**OR**

#### 2. College or University Courses:

- a) A syllabus signed by the professor with a copy of grades for the course.

**OR**

#### 3. Provider agency in-service trainings as required by AMHD:

- a) Verification on official agency letterhead,
- b) Certified Peer Specialist's name,
- c) Letter signed by the immediate supervisor,
- d) Hours of attendance,
- e) Training date, and
- f) Training topic.

To obtain a verification form, contact the Office of Consumer Affairs at (808) 586-4688 or visit the *For Consumers* section of the [www.amhd.org](http://www.amhd.org) website.

## **VI. GRIEVANCE PROCEDURE**

When an applicant is denied active status, questions the results of the application review or is subjected to an action by the Office of Consumer Affairs that he or she deems unjustified, the applicant may file a grievance. The applicant must submit a grievance within thirty (30) calendar days of receipt of notice of denial or any other action deemed unjustified.

It is the applicant's responsibility to ensure that all required documents are submitted and completed as accurately as possible. The completed grievance form and any other documents required by the Office of Consumer Affairs must be mailed directly to:

Office of Consumer Affairs HCPS Grievance Department of Health Adult Mental Health Division P.O. Box 3378 Honolulu, Hawai'i 96801
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Please allow 30 business days for documents mailed to the Office of Consumer Affairs to be received and reviewed. Federal Express or any other special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, the Office of Consumer Affairs shall not be responsible for any charges incurred.

The Office of Consumer Affairs will discuss the grievance status with the applicant only. Please inform all others that updates must be obtained by/from the applicant. A status report will be mailed to the applicant at the address listed on the form.

If any grievance is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs within thirty (30) calendar days from the date of the deficiency letter. Any required documents not submitted within thirty calendar days of the deficiency letter will not be considered.

To obtain a grievance form, contact the Office of Consumer Affairs at (808) 586-4688.

## **VII. EMPLOYMENT GUIDELINES**

HCPSs who are employed by AMHD-funded programs must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

### **A. Employment Standards for Non-Reimbursable Services**

If the delivery of the Certified Peer Specialist service is not provided as a Medicaid-covered service, then the following guidelines must be met:

Certified Peer Specialists who are employed by a provider agency must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

### **B. Employment Standards for Medicaid-Reimbursable Services**

If the delivery of the Certified Peer Specialist service is to be provided as a Medicaid-covered service, then the following guidelines must be met:

1. Applicants must be employed to work in the role as a paid Certified Peer Specialist by an agency that is funded by AMHD and authorized to participate in the Medicaid Rehabilitation Option (MRO) program.
2. Agencies that are funded by AMHD and authorized to participate in the MRO program shall:
  - a) Establish the criteria under which they hire, train and retain Certified Peer Specialists.
  - b) Provide supervision for Certified Peer Specialists in accordance with acceptable guidelines and standards of practice as defined by the State and the Centers for Medicare and Medicaid Services.
  - c) Operate in accord with its contracted scope of services for the service which employs the Certified Peer Specialist.

## **VIII. SUSPENSION OF CERTIFICATION**

For reasons outlined below a HCPS may be suspended from active status. The length of suspension shall be determined by the HCPS Advisory Committee and can last up to one calendar year.

### **A. Reasons for Suspension include but may not be limited to:**

- Failure to provide required continuing education documentation prior to the annual renewal date,
- Failure to complete and submit an application for renewal,
- Failure to submit any other documentation and/or information required by the Office of Consumer Affairs,
- Failure to adhere to the HCPS Code of Ethics,
- Failure to adhere to the HCPS Scope of Activities,

- Deliberately providing false information on any document submitted to the Office of Consumer Affairs,
- Prescribing clinical services,  
Example:
  - Advice about the types of psychiatric medications a person should use
- Providing clinical services.  
Example:
  - Providing psychotherapy

## **B. Reinstatement of Certification**

Reinstatement of certification may be accomplished through submission of all documents required by the Office of Consumer Affairs.

It is the responsibility of the Peer Specialist to ensure that all required documents are submitted and completed as accurately as possible. Only completed requests will be processed.

The applicant must submit his or her reinstatement application and all other required documentation at least 45 calendar days prior to the end of the termination date.

To obtain information on the Reinstatement Procedure, contact the Office of Consumer Affairs at (808) 586-4688.

## **IX. INACTIVE STATUS**

An HCPS may request inactive status provided that he/she is in good standing with the Office of Consumer Affairs and is unable to meet the required competencies and/or scope of activities requirements of certification due to, but not limited to, the following:

- A decline in physical health and/or mental health,
- Extenuating personal circumstances,

Examples:

- Death of a spouse, child, parent or close relative,
- Prolonged illness of a spouse, child, parent or close relative,
- Divorce or marriage,
- Loss of or change in employment,
- Birth or adoption of a child,
- Military deployment.

The completed request for inactive status and any other required documents are to be submitted by the applicant and mailed directly to:

Office of Consumer Affairs HCPS Grievance Department of Health Adult Mental Health Division P.O. Box 3378 Honolulu, Hawai`i 96801
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It is the responsibility of the Certified Peer Specialist to ensure that all required documents are submitted and completed as accurately as possible. Only completed requests will be processed.

Inactive status will not be granted for failure to comply with the Continuing Education Guidelines of certification or for reported violations of the HCPS Code of Ethics.

Please allow 30 business days for documents mailed to the Office of Consumer Affairs to be received and reviewed. Federal Express or any other special courier services will not reduce the processing time. Additionally, if Federal Express or special courier services are used, the Office of Consumer Affairs shall not be responsible for any charges incurred.

The Office of Consumer Affairs will discuss the status with the applicant only. Please inform all others that updates must be obtained by/from the applicant. A status report will be mailed to the applicant at the address listed on the request.

If the Inactive Status Request is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter shall be mailed, stating specific information needed for the request to be successfully processed. Any required documents not submitted within 30 business days of the deficiency letter will not be considered.

To obtain an Inactive Status Form, contact the Office of Consumer Affairs at (808) 586-4688.

### **Reactivation of Certification**

Reactivation of certification may be accomplished through submission of all documents required by the Office of Consumer Affairs.

Upon receipt of the required documentation, any Peer Specialist whose certification was active prior to a decline in physical health and/or mental health or extenuating personal circumstances shall be allowed to renew their certification without penalty.

Any Peer Specialist whose certification has been expired for one year or less shall not be required to complete the continuing education requirements for renewal of certification at that time. Any Peer Specialist whose certification has been expired for **more** than one year, shall be required to obtain one-half (8 hours) of the Office of Consumer Affairs recognized continuing education outlined under Continuing Education Standards for renewal of certification at that time. It is the applicant's responsibility to ensure that all required documents are submitted and completed as accurately as possible.

If the application is not complete upon receipt by the Office of Consumer Affairs, a deficiency letter will be mailed to the applicant. The supporting documentation requested in the letter must be received in the Office of Consumer Affairs 30 calendar days from the date of the deficiency letter.

Applications not completed within 30 calendar days will be closed. Once an incomplete file has been closed, all applicants must submit a new application and all required

documentation.

To obtain information on the Procedure for Reactivation of Certification, contact the Office of Consumer Affairs at (808) 586-4688.

#### **X. FILING A COMPLAINT**

If a Certified Peer Specialist's performance or behavior is not acceptable, a complaint may be filed by contacting the Coordinator of Hawai'i's Peer Specialist Certification Program in the Office of the Consumer Affairs at (808) 586-4688.

While the Hawai'i Adult Mental Health Division's Office of Consumer Affairs cannot assist with civil or criminal matters and does not represent individuals, the HCPS Code of Ethics and the HCPS Scope of Activities allows the Division to act on behalf of AMHD consumers.

# APPENDIX A



**AMHD**  
ADULT MENTAL HEALTH DIVISION

**CERTIFIED PEER SPECIALIST**

**APPLICATION PACKET**



## CERTIFIED PEER SPECIALIST TRAINING APPLICATION CHECKLIST

Please complete and submit the checklist below to verify that all required documents are enclosed with the application prior to mailing:

	Yes	No
1) Completed Hawai`i Certified Peer Specialist (HCPS) Application	_____	_____
<ul style="list-style-type: none"> <li>• Do not alter the application from its original format.</li> <li>• Write legibly in only black or blue ink.</li> <li>• Do not use nicknames or abbreviated forms of your legal name.</li> <li>• Remember to sign the last page of the application.</li> </ul>		
2) Three completed Professional References	_____	_____
3) Signed HCPS Code of Ethics	_____	_____
4) Signed HCPS Scope of Activities	_____	_____
5) Documentation of completed WRAP, BRIDGES, Peer Educator, CPRP or other relevant training ( <i>if applicable</i> )	_____	_____
6) Signed Intention to Become a Certified and Employed HCPS	_____	_____

The above-completed checklist verifies that this application packet has been completed prior to its submission.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



**AMHD**  
ADULT MENTAL HEALTH DIVISION

OFFICE OF CONSUMER AFFAIRS  
P.O. BOX 3378  
HONOLULU, HI 96801

## CERTIFIED PEER SPECIALIST TRAINING APPLICATION

Name (please print/type): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Email: \_\_\_\_\_

- 1) Are you comfortable and willing to self-disclose that you are a person in recovery from mental illness and willing to share your recovery story and lived experiences?  
Yes  No
- 2) In the last two years, have you demonstrated a minimum of 12 consecutive months in self-directed recovery?  
Yes  No
- 3) If you completed a BRIDGES, WRAP, Peer Educator, CPRP or other relevant training, can you provide a certificate of completion, or other form of verification?  
Yes  No

**If yes, please include a copy with your application.**

- 4) Have you previously completed training and been certified as a Hawai'i Certified Peer Specialist?
- Yes  No

**If yes, do not complete this application. Please contact OCA at 586-4688 for more information.**

- 5) Please describe (in one page or less) what motivates and qualifies you to become a Hawai'i Certified Peer Specialist. (If you need more space, please attach your response on a separate page).
- 6) Please describe (in one page or less) how you take care of yourself and your recovery. (If you need more space, please attach your response on a separate page).

**My signature below affirms that all of the information contained in this application is true and correct to the best of my knowledge and has been completed by no other person. I understand that knowingly providing false information shall be grounds to deny or revoke my certification.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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P.O. BOX 3378  
HONOLULU, HI 96801

**HAWAI'I CERTIFIED PEER SPECIALIST  
PROFESSIONAL REFERENCE**

The applicant named below is completing an application to enroll in the AMHD Peer Specialist training/internship program. All applicants must submit three professional references of support in order to complete the application process. You have been chosen by the applicant to provide a reference for this purpose. Once the professional reference is completed, place the form in an envelope, seal the envelope, sign the seal of the envelope with your signature, and return the envelope to the applicant so it can be submitted with the application. If you have questions, please contact the Coordinator of the Hawai'i Peer Specialist Certification Program at (808) 586-4688.

*Note: A Professional Reference cannot be a family member.*

Applicant's name: \_\_\_\_\_

1) Please describe the nature of your professional relationship with the applicant:

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2) Please describe your knowledge of the applicant's capacity and/or experience for providing peer supports in a mental health services setting:

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Please describe the strengths and any potential weaknesses of the applicant and his or her ability to provide services as a Peer Specialist:

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**Reference Contact Information**  
*(Please Print/Type)*

Name: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Email: \_\_\_\_\_

Work Phone: \_\_\_\_\_

**My signature below affirms that all of the information contained in this document is true, and that I support this applicant without reservation.**

\_\_\_\_\_  
Signature of Reference

\_\_\_\_\_  
Date



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OFFICE OF CONSUMER AFFAIRS  
P.O. BOX 3378  
HONOLULU, HI 96801

## HAWAII CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Specialist can perform to assist others in regaining control over their own lives based on the principles of recovery and resiliency. Certification does not imply that the Certified Peer Specialist is qualified to diagnose an illness, prescribe medication, or provide clinical services.

- 1) Utilizing unique recovery experiences, the Certified Peer Specialist shall:
  - a) Teach and model the value of every individual's recovery experience;
  - b) Model effective coping techniques and self-help strategies;
  - c) Encourage peers to develop independent behavior that is based on choice rather than compliance;
  - d) Establish and maintain a peer relationship rather than a hierarchical relationship.
- 2) Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Specialist shall:
  - a) Understand and utilize specific interventions necessary to assist peers in meeting their individualized recovery goals;
  - b) Lead as well as teach how to facilitate recovery dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
  - c) Teach relevant skills needed for self management of symptoms;
  - d) Teach others how to overcome personal fears and anxieties;
  - e) Assist peers in articulating their personal goals and objectives for recovery;
  - f) Assist peers in creating their personal recovery plans (e.g., WRAP, Declaration for Mental Health Treatment, crisis plan, etc.);
  - g) Assist peers in setting up and sustaining self-help groups;
  - h) Appropriately document activities provided to peers in either their individual records or program records.
- 3) The Certified Peer Specialist shall maintain a working knowledge of current trends and developments in the fields of mental health, co-occurring disorders, and peer support services by:
  - a) Reading books, current journals, and other relevant material;
  - b) Developing and sharing recovery-oriented material with other Certified Peer Specialists;
  - c) Attending authorized or recognized seminars, workshops, and educational trainings.
- 4) The Certified Peer Specialist shall serve as a recovery agent by:
  - a) Providing and promoting recovery-based services (e.g., BRIDGES, WRAP, etc.);
  - b) Assisting peers in obtaining services that suit each peer's individual recovery needs;
  - c) Assisting peers in developing empowerment skills through self-advocacy;
  - d) Assisting peers in developing problem-solving skills so they can respond to challenges to their recovery;
  - e) Sharing his or her unique perspective on recovery from mental illness with non-peer staff;
  - f) Assisting non-peer staff in identifying programs and environments that are conducive to recovery.



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HONOLULU, HI 96801

## ACKNOWLEDGEMENT OF THE HAWAII CERTIFIED PEER SPECIALIST SCOPE OF ACTIVITIES

By initialing and signing below, you understand that you will be required to follow the professional standards detailed in the Hawai'i Certified Peer Specialist Scope of Activities. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Certified Peer Specialist Scope of Activities.

Initials \_\_\_\_\_

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Certified Peer Specialist Scope of Activities.

Initials \_\_\_\_\_

---

Print/Type Full Name

---

Date

---

Signature



# AMHD

ADULT MENTAL HEALTH DIVISION

OFFICE OF CONSUMER AFFAIRS  
P.O. BOX 3378  
HONOLULU, HI 96801

## HAWAII CERTIFIED PEER SPECIALIST CODE OF ETHICS

The following principles will guide Hawai'i Certified Peer Specialists (HCPS) in the various roles, relationships, and levels of responsibility in which they function professionally.

Hawai'i Certified Peer Specialists:

- 1) Have a primary responsibility to help peers achieve their own needs, wants, and goals.
- 2) Maintain high standards of personal and professional conduct.
- 3) Should conduct themselves in a manner that fosters their own recovery.
- 4) Openly share with peers, other HCPS and non-peers their recovery stories from mental illness or co-occurring disorders as appropriate for the situation in order to promote recovery and resiliency.
- 5) Respect at all times the rights and dignity of those they serve.
- 6) Never intimidate, threaten, harass, use undue influence, use physical force, use verbal abuse, or make unwarranted promises of benefits to the individuals they serve.
- 7) Do not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, mental or physical disability, or any other preference or personal characteristic, condition, or state.
- 8) Promote self-direction and decision making for those they serve.
- 9) Respect the privacy and confidentiality of those they serve.
- 10) Promote and support services that foster full integration of individuals into the communities of their choice.
- 11) Are directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
- 12) Do not enter into dual relationships or commitments that conflict with the interests of those they serve.
- 13) Never engage in sexual or intimate activities with peers they serve.
- 14) Do not use illegal substances under any circumstances.
- 15) Keep current with emerging knowledge relevant to recovery and will share this knowledge with other certified peer specialists.
- 16) Do not accept gifts of significant value from those they serve.





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ADULT MENTAL HEALTH DIVISION

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P.O. BOX 3378  
HONOLULU, HI 96801

## **ACKNOWLEDGEMENT OF THE HAWAII CERTIFIED PEER SPECIALIST CODE OF ETHICS**

By initialing and signing below, you understand that you will be required to follow the professional standards of conduct detailed in the Hawai'i Certified Peer Specialist Code of Ethics. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I have received a copy of the Hawai'i Certified Peer Specialist Code of Ethics.

Initials \_\_\_\_\_

I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the Hawai'i Certified Peer Specialist Code of Ethics.

Initials \_\_\_\_\_

---

Print/Type Full Name

---

Date

---

Signature



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ADULT MENTAL HEALTH DIVISION

OFFICE OF CONSUMER AFFAIRS  
P.O. BOX 3378  
HONOLULU, HI 96801

**ACKNOWLEDGEMENT OF INTENTION TO COMPLETE  
TRAINING/INTERNSHIP AND ACCEPT EMPLOYMENT AS A  
HAWAII CERTIFIED PEER SPECIALIST**

By initialing and signing below, you acknowledge that you fully intend to complete this training/internship program and become employed as a Certified Peer Specialist in Hawai'i. Your initials and signature are required in this section.

By affixing my initials and signature below:

I acknowledge that I intend to complete this training/internship program and become employed as a Certified Peer Specialist in Hawai'i.

Initials \_\_\_\_\_

\_\_\_\_\_  
Print/Type Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



**AMHD**  
ADULT MENTAL HEALTH DIVISION

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HONOLULU, HI 96801

**HAWAII CERTIFIED PEER SPECIALIST  
APPLICATION FOR RENEWAL OF CERTIFICATION**

**Please Print**

**PART I – Applicant Contact Information and Verification of Status**

Full Name: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Circle

- I have successfully completed 16 hours of recognized continuing education Yes      No
- I certify that I have not committed any violations to the HCPS Code of Ethics; in addition I have no reports of violation to the HCPS Code of Ethics. Yes      No

If you circled "No" on any of the statements above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## PART II – Verification of Continuing Education

Sixteen (16) hours of continuing education are required annually to maintain active certification and must be earned within the annual certification period. Please refer to Section VI of the HCPS Handbook for Continuing Education requirements.

List the title and date of the training, the sponsoring organization, and the number of hours for each training attended. Submit this application with a copy of the Certificate of Attendance or Completion for each training listed.

1)

\_\_\_\_\_  
Title of the Training

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Number of Training Hours

\_\_\_\_\_  
Training Date

2)

\_\_\_\_\_  
Title of the Training

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Number of Training Hours

\_\_\_\_\_  
Training Date

3)

\_\_\_\_\_  
Title of the Training

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Number of Training Hours

\_\_\_\_\_  
Training Date

4)

\_\_\_\_\_  
Title of the Training

\_\_\_\_\_  
Sponsor

\_\_\_\_\_  
Number of Training Hours

\_\_\_\_\_  
Training Date

\_\_\_\_\_  
Total Number of Hours

**My signature below affirms that all of the information attached to and contained in this certification renewal application is true and correct to the best of my knowledge. I understand that knowingly providing false information shall be grounds for termination of certification.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Note:** The Certification Renewal Application and all required documentation must be submitted at least 45 calendar days prior to the end of the current certification period.

Currently working as a HCPS

Yes

No

If no, omit part III of the application.

### PART III – Employment Summary

Please Note: This section is not applicable for applicants who are not currently employed as a Hawai'i Certified Peer Specialist.

To be completed by the supervising mental health professional at the employer agency and faxed to the Office of Consumer Affairs at (808) 586-4745. If not currently working as a HCPS, you may omit this form.

A Hawai'i Certified Peer Specialist (HCPS) who is employed must be under the general supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State. Provide the following information regarding the agency staff that provides direct supervision:

Supervisor's Name: \_\_\_\_\_

Credentials: \_\_\_\_\_ Position: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Ext. \_\_\_\_\_

Email: \_\_\_\_\_

HCPS Name: \_\_\_\_\_

HCPS job title within the agency: \_\_\_\_\_

Full-time / part-time (circle one)                      Number of hours worked per week: \_\_\_\_\_

Certification number: \_\_\_\_\_                      Certification Date: \_\_\_\_\_

	Circle	
The applicant is employed by this agency	Yes	No
The applicant is under my general supervision	Yes	No
The applicant performs duties specified in the HCPS Scope of Activities.	Yes	No
The applicant has successfully completed 16 hours of recognized continuing education.	Yes	No

If you circled "No" on any of the statements above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**I verify that all of the information contained in this document is true and correct to the best of my knowledge and that the above-named applicant is employed by this agency.**

\_\_\_\_\_  
Signature of Supervising Mental Health Professional

\_\_\_\_\_  
Date

**Do Not Write Below This Line**

---

**Internal      AMHD   OCA      Use   Only**

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_      Approved \_\_\_\_\_      Not-approved \_\_\_\_\_

Date letter of findings mailed to applicant: \_\_\_\_\_

Date information recorded in database: \_\_\_\_\_

Notes: \_\_\_\_\_

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Processed by: \_\_\_\_\_



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P.O. BOX 3378  
HONOLULU, HI 96801

## HAWAII CERTIFIED PEER SPECIALIST INACTIVE STATUS REQUEST

A Hawai'i Certified Peer Specialist who is in good standing with the Office of Consumer Affairs and his or her employer may request inactive status if he or she is unable to meet the requirements of certification due to an unforeseen circumstance.

Inactive status will not be granted for failure to comply with the Continuing Education Guidelines of certification or reported violations of the HCPS Code of Ethics.

- Do not alter the form from its original format.
- Write legibly in only black or blue ink.
- Do not use nicknames or abbreviated forms of your legal name.

1) Name (*please print*): \_\_\_\_\_

Certification Number: \_\_\_\_\_ Certification Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

2) Are you currently employed and under the general supervision of a mental health professional?  
Yes No

If yes, please provide the following employment information:

Employer: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

3) Please briefly describe the circumstance(s) that make you unable to meet the required competencies and/or scope of activities requirements of certification:

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My signature below affirms that all of the information contained in this verification form is true and correct to the best of my knowledge. I understand that while on inactive status I will not present myself as a Certified Peer Specialist, and nor will I engage in or perform any activity for which a Certified Peer Specialist certification is required.

I understand that knowingly providing false information shall be grounds to terminate my certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**Do Not Write Below This Line**

---

**Internal      AMHD – OCA      Use      Only**

Date received: \_\_\_\_\_

Date reviewed: \_\_\_\_\_      Approved \_\_\_\_\_      Not-approved \_\_\_\_\_

Date letter of findings mailed to applicant: \_\_\_\_\_

If approved, date inactive status letter mailed to agency: \_\_\_\_\_

Date information recorded in database: \_\_\_\_\_

Notes:

Processed by: \_\_\_\_\_



# APPENDIX B



**AMHD**  
ADULT MENTAL HEALTH DIVISION

## **HAWAII CERTIFIED PEER SPECIALIST**

### **FREQUENTLY ASKED QUESTIONS**

**FEBRUARY 2010**



## AMHD ADULT MENTAL HEALTH DIVISION

OFFICE OF CONSUMER AFFAIRS  
P.O. BOX 3378  
HONOLULU, HI 96801

### HAWAII CERTIFIED PEER SPECIALIST FREQUENTLY ASKED QUESTIONS

1) **What is a Certified Peer Specialist?**

A Certified Peer Specialist is a person who has self-identified as having received or is receiving mental health or co-occurring disorder services in his or her personal recovery process. This individual has undergone training recognized by the Office of Consumer Affairs on how to assist others in regaining control over their own lives based on the principles of recovery and resiliency.

2) **Why are direct “peer-to-peer” services important?**

Peer-to-peer services can be used to assist other individuals diagnosed with mental illness or co-occurring disorders to combat societal stigma, negative self-images or self-stigma by providing support, by advocating for change, and by offering positive images of peers to non-peers. By providing positive images of persons diagnosed with mental illness or co-occurring disorders, Peer Specialists can also have a positive impact on the negative attitudes sometimes found among mental health service providers.

3) **What is the purpose of Hawai'i's Peer Specialist Certification program?**

State certification as a Peer Specialist is intended to ensure that individuals who provide direct peer-to-peer services meet acceptable minimum standards.

4) **Who oversees Hawai'i's Peer Specialist Certification program?**

The Office of Consumer Affairs (OCA) shall develop policies and procedures within the Hawai'i Adult Mental Health Division guidelines to grant certification and to ensure that acceptable professional minimum standards are established. In addition, OCA has the duty and responsibility to review applications and determine whether applicants meet all minimum requirements as outlined by the HCPS Guidelines, Standards and Procedures.

5) **Where can a Certified Peer Specialist work?**

Programs in which Hawai'i Certified Peer Specialists can work include, but are not limited to, peer support centers, crisis stabilization units, case management, housing, psychosocial rehabilitation, supported employment and inpatient hospital settings.

6) **What types of services can a Certified Peer Specialist provide?**

Direct peer-to-peer services can include a variety of support services, such as:

- assisting in the development of strengths-based individual goals

- serving as an advocate, mentor, or facilitator for resolution of issues that a peer is unable to resolve on their own
- assisting in the development of rehabilitation goals
- developing community support
- providing education on ways to maintain personal wellness and recovery
- providing education on mental health system navigation

**7) Does the Hawai'i Adult Mental Health Division provide employment or job placement?**

No. Hawai'i's Peer Specialist Certification Program is not an offer of employment or job placement by the Hawai'i Adult Mental Health Division.

**8) Who will supervise the Certified Peer Specialist and how?**

Each Certified Peer Specialist must be under the supervision of a mental health professional in accordance with acceptable guidelines and standards of practice as defined by the State.

**9) Should provider agencies hold Certified Peer Specialist employees to the same standards as other employees?**

Yes. Provider agencies should maintain the same expectations for Certified Peer Specialist employees as for all other employees and expect all employees to take responsibility for their actions.

**10) Where are Peer Specialist trainings offered and is there a fee?**

For information on recognized trainings or facilitators, please contact the Office of Consumer Affairs at (808) 586-4688.

**11) How can provider agencies ensure that Certified Peer Specialist employees maintain confidentiality?**

Maintaining confidentiality and privacy of all individuals receiving services is a legitimate concern and a major issue to emphasize with all employees, not just Certified Peer Specialist employees.

All employees should receive Title 33 training, Health Insurance Portability and Accountability Act (HIPAA) training, and education on their duty to uphold confidentiality. Every employee should be aware that all information regarding a person's recovery and treatment status is confidential.

**12) Are Certified Peer Specialist services Medicaid-billable services?**

Not at this time. The specific job duties assigned to a Certified Peer Specialist and the service requirements listed in the Scope of Services section of the payor contracts will determine service reimbursement.