



Comparative Analysis of State Requirements

for Peer Support Specialist
Training and Certification
in the United States

January 2023



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Introduction

Peer recovery support occurs when people with shared lived experience connect with each other. The bond that results can create mutual empathetic experiences that foster growth and recovery. This dynamic has long played a role in health and wellness, and, in recent decades, there has been an increased recognition of the role of peer recovery support in the behavioral health field (Myrick & del Vecchio, 2016). This has led to the development of a workforce of peer providers in many community and service settings. In the behavioral health field, peer support specialists are people with lived experience in recovery from mental health and substance use challenges who provide non-clinical, strengths-based support to others seeking their own, individualized, person-centered recovery.

The behavioral health peer workforce flourished in grass-roots consumer-rights and self-help communities (Hill, 2020). As further growth of the workforce has occurred within state health care systems over the last several decades, behavioral health certification boards active in the United States such as [NAADAC](#), [the Association for Addiction Professionals](#) and the [International Certification and Reciprocity Consortium \(IC/RC\)](#), as well as national organizations such as [Mental Health of America](#), developed national peer recovery certifications, but to date no one national training and certification standard has been accepted across the country. Instead, state healthcare systems in the United States have developed their behavioral health peer recovery training and certification systems at the individual state level, sometimes associated with a state certification board, sometimes not. As increased evidence for best practices for peer recovery continues to emerge, each state is continually updating its training and certification requirements for behavioral health peer support specialists working in their jurisdictions to improve the quality and practices of peer support in their communities.

The national Peer Recovery Center of Excellence (PRCoE) was funded by SAMHSA in 2020 to provide training and technical assistance to the substance use peer recovery field. To provide a comprehensive overview of state peer recovery trainings and certifications, information offered in this report includes peer support training and certification for peer support specialists with lived experience in substance use and/or mental health recovery. This approach also reflects the integrated certifications for peer support specialists with either type of lived experience offered by many states. The data compilation occurred in partnership with the Texas Institute of Excellence in Mental Health (TIEMH) at the University of Texas-Austin and is indebted to past work by TIEMH (Kaufman, L., Kuhn, W., & Stevens Manser, S. 2016), Bringing Recovery Supports to Scale Technical Assistance Center (BRSS-TACS, 2020) and The Copeland Center for Wellness and Recovery (n.d. Copeland Center for Wellness and Recovery).

Information is not included in this report for behavioral health peer certification and training programs provided by private and not-for-profit entities that are not state approved. State approved behavioral health peer certification and training programs are evolving quickly, and information may have changed since this review. For more information about the programs presented, please use the provided state specific links in the Reference section to visit the website for each state and the District of Columbia. If you have any questions, comments or updates regarding the information contained in this report, please contact us at info@peerrecoverynow.org.

Methods

The information in this report reflects the current status of state approved training and certification for behavioral health peer support specialists in the 50 U.S. states, the District of Columbia and U.S. territories including American Samoa, Guam, Northern Marianas and Puerto Rico, as of January 2, 2023. The data were gathered by the [Peer Recovery Center of Excellence](#) and the [Texas Institute for Excellence in Mental Health](#) at the University of Texas-Austin. The data were compiled from reviews of, and direct excerpts from, online resources from state behavioral health agencies, state certification boards and affiliated organizations that oversee the training and certification of behavioral health peer support specialists. Additional information was obtained from email and phone exchanges between the authors and contacts from select state behavioral health agencies and state certification boards. A detailed list of the source websites by state can be found in the Reference section of this document.

Information is summarized across states, territories and the District of Columbia on a number of key indicators, including types of certifying entities, integrated vs. separate state certifications for substance use and mental health peer support specialists, lived experience requirements for certification, educational hours, work hours, exam requirements, criminal background checks, disqualifying offenses for certifications, fees for training and certification, peer support specialist supervisor qualifications, code of ethics requirements and common core competencies. Key findings are summarized, and recommendations for improving access to information regarding requirements for peer support specialist training and certification as well as for strengthening the rules and processes to support the unique qualifications and contributions of the peer support specialist field are provided.

A Note on Numbers

In instances throughout this document, the number of states, territories or certifications in charts and tables may equal to a sum greater than 55 (States, U. S. Territories and District of Columbia). These sums are due to the fact that some states have more than one certification for peer support specialists (e.g., a certification for substance use peer support specialists and a certification for mental health peer support specialists), with differing rules or structures for their respective training processes and certifications. Additionally, some state certifications may have multiple categories that apply in a given topic; in those instances, the certification will be counted in each category.

Glossary of Terms

For the purposes of this document, the following terms are defined as indicated below. ***The Peer Recovery Center of Excellence recognizes that state, territorial and district governments, training organizations, certification boards and representatives of the peer support specialist workforce have many different, and often more specific, definitions of each of these terms. For additional information related to definitions for these terms by individual entities, please see the links in the Reference section of this document.***

Behavioral Health: the promotion of mental health, resilience and well-being; the treatment of mental health and substance use disorders; and the support of those who experience and/or are in recovery from these conditions, along with their families and communities. (SAMHSA)

Certification: an official document that attests to a status or level of achievement, including the attainment of professional skills and knowledge. (Oxford Languages)

Human Services: programs or facilities for meeting basic health, welfare and other needs of a society or group, as of the poor, sick or elderly. (Dictionary.com)

License: a permit from an authority to own or use something, do a particular thing, or carry on a trade. (Oxford Languages)

Peer Support Specialist: Person with lived experience in recovery from mental health and substance use challenges who provides non-clinical, strengths-based support to others seeking their own, individualized, person-centered recovery.

Peer Support Specialist Certified Supervisor: a person who provides formal supervision to peer support specialists who has also obtained a peer support specialist certification and worked as a peer support specialist.

Peer Support Specialist Supervisor: a person who provides formal supervision to peer support specialists.

Findings

National Data/Overview

State Behavioral Health Peer Support Specialist Certification

State systems have taken a variety of approaches to certification for peer support specialists in the state health system. The approach is based on the type of lived experience the peer support specialist offers in their professional role, i.e., whether the lived experience is with substance use recovery or mental health recovery, or both. Lived experience in recovery is the key tool utilized by peer support specialists to perform their job across a variety of service settings. The majority of states (34) offer a single, integrated peer professional certification in the state health system for individuals with lived experience in substance use and/or mental health recovery. Other states (12) offer separate certifications based on the peer support specialist's type of behavioral health lived experience: substance use or mental health recovery. One state (Hawaii) currently offers only a mental health peer certification, and two (New Hampshire and Vermont) currently offer only substance use peer certification. Two states do not currently have a peer certification in the state health system (California and South Dakota). California is in the process of developing a certification. In states that offer one integrated certification for people with lived experience in substance use and/or mental health recovery, the specific type of lived experience required in the field is determined by individual job requirements, service settings and the needs of the people being served.

Certification and Certification Entity

Due to the varied approaches to certification taken by state, district and territorial systems, the term certification in the context of this report refers to the process required to obtain an official document which attests that an individual has the skills and knowledge required for the peer support services profession. The document is issued by an authorized body which is recognized by the state, district or territorial behavioral health authority where an individual may provide substance use or mental health peer support services. In this report, that authorized body is referred to as the certifying entity.

Figure 1: State, District and Territorial Peer Support Specialist Certifications

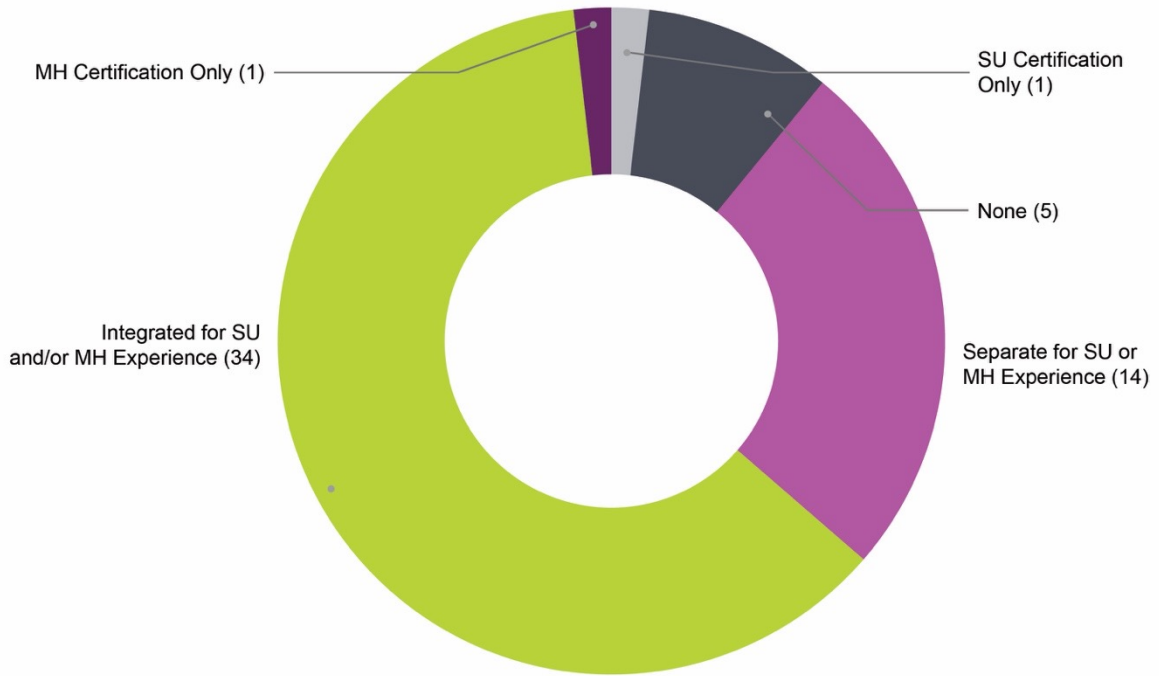


Table 1: State Peer Support Specialist Certification Types

Key	
Separate:	Separate certifications for Peer Support Specialists with lived experience with substance use or mental health recovery
Integrated:	One certification for Peer Support Specialists with lived experience in substance use and/or mental health recovery
Substance Use Only:	Certification for Peer Support Specialists with lived experience in substance use recovery
Mental Health Only:	Certification for Peer Support Specialist with lived experience in mental health recovery
None:	No established Peer Support Specialist certifications.

State	Type of Certification	State	Type of Certification
Alabama	Separate	Montana	Integrated
Alaska	Integrated	Nebraska	Integrated
American Samoa	None	Nevada	Integrated
Arizona	Integrated	New Hampshire	Substance Use Only
Arkansas	Integrated	New Jersey	Separate
California	Integrated	New Mexico	Integrated
Colorado	Integrated	New York	Separate
Connecticut	Separate	North Carolina	Integrated
Delaware	Integrated	North Dakota	Integrated
District of Columbia	Integrated	Northern Marianas	None
Florida	Integrated	Ohio	Integrated
Georgia	Separate	Oklahoma	Integrated
Guam	None	Oregon	Integrated
Hawaii	Mental Health Only	Pennsylvania	Separate
Idaho	Separate	Puerto Rico	None
Illinois	Separate	Rhode Island	Integrated
Indiana	Integrated	South Carolina	Integrated
Iowa	Integrated	South Dakota	None
Kansas	Integrated	Tennessee	Integrated
Kentucky	Integrated	Texas	Separate
Louisiana	Integrated	Utah	Integrated
Maine	Separate	Vermont	Separate
Maryland	Integrated	Virginia	Integrated
Massachusetts	Separate	Washington	Integrated
Michigan	Separate	West Virginia	Integrated
Minnesota	Separate	Wisconsin	Integrated
Mississippi	Integrated	Wyoming	Integrated
Missouri	Integrated		

State Behavioral Health Peer Support Specialist Certifying Entities

The states, territories and the District of Columbia recognize a variety of entities that issue certifications for peer support specialists, including state health and human services agencies, state and national level certification boards, or other third-party organizations. Some of the states recognize more than one certification entity, especially if they offer separate certifications for substance use and mental health peer support specialists. Twenty-six independent state level certification boards have state-recognized certifications for peer support specialist certifications. Of those state level certification boards, 23 are members of the International Certification & Reciprocity Consortium (IC/RC). Eleven third party organizations have state recognized certifications for peer support specialists. Twenty-four states and the District of Columbia utilize their own health and human services agencies to issue peer support specialist certifications. California has created a Joint Power Authority (JPA) comprised of County Mental and Behavioral Health Departments to administer their peer support specialist certification. North Carolina offers peer support specialist certification through a state agency/ university partnership. Virginia and West Virginia also recognize the NAADAC National Certified Peer Support Specialist credential, with Virginia requiring additional state sponsored training for that certification to be recognized.

Figure 2: State Peer Certification Entities

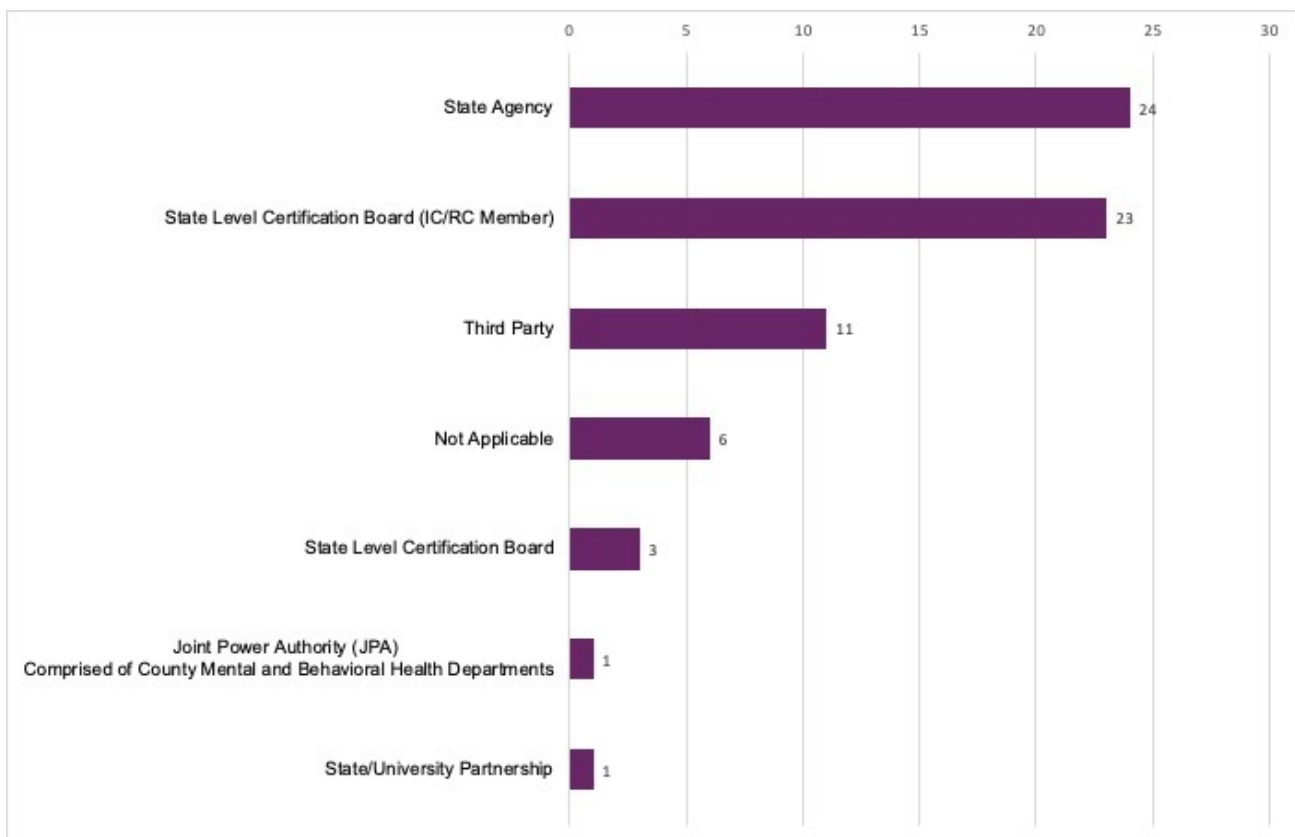


Table 2. State Peer Certification Entities

State	Certification Entity	Name of Certification Entity
Alabama	State Agency	Office of Peer Programs, Alabama Department of Mental Health
Alaska	State Level Certification Board	The Alaska Commission for Behavioral Health Certification
American Samoa	N/A	N/A
Arizona	Third Party (multiple)	Individuals are credentialed by the agency through which they completed training and passed a competency exam.
Arkansas	State Agency	Arkansas Department of Human Services, Division of Aging, Adult, and Behavioral Health Services
California	Joint Power Authority (JPA) of County Mental and Behavioral Health Departments.	California Mental Health Services Authority (Cal-MH-SA)
Colorado	Third Party	Colorado Providers Association
Connecticut (Substance Use)	State Level Certification Board (IC/RC Member)	Connecticut Certification Board
Connecticut (Mental Health)	Third Party	Advocacy Unlimited
Delaware	State Level Certification Board (IC/RC Member)	Delaware Certification Board
District of Columbia	State Agency	Consumer and Family Affairs Administration, District of Columbia Department of Behavioral Health
Florida	State Level Certification Board (IC/RC Member)	Florida Certification Board
Georgia (Substance Use)	Third Party	Georgia Council on Substance Abuse
Georgia (Mental Health)	Third Party	Georgia Certified Peer Specialist Project Training administered by the Georgia Mental Health Consumer Network
Guam	N/A	N/A
Hawaii	State Agency	Hawaii Department of Health Adult Mental Health Division
Idaho (Substance Use)	State Level Certification Board (IC/RC Member)	Idaho Board of Alcohol/Drug Counselor Certification
Idaho (Mental Health)	Third Party	BPA Health
Illinois (Substance Use)	State Level Certification Board (IC/RC Member)	Illinois Alcohol and Other Drug Abuse Professional Certification Association
Illinois (Mental Health)	State Level Certification Board (IC/RC Member)	Illinois Alcohol and Other Drug Abuse Professional Certification Association
Indiana	Third Party	Mental Health America of Northeast Indiana
Iowa	State Level Certification Board (IC/RC Member)	Iowa Board of Certification

State	Certification Entity	Name of Certification Entity
Kansas	State Agency	Kansas Behavioral Health Services
Kentucky	State Agency	Kentucky Division of Behavioral Health
Louisiana	State Agency	Louisiana Office of Behavioral Health – Mental Health Services
Maine (Substance Use)	Third Party	Maine Recovery Coach Certification Board
Maine (Mental Health)	State Agency	Office of Behavioral Health, Maine Department of Health and Human Services
Maryland	State Level Certification Board (IC/RC Member)	Maryland Addiction and Behavioral-Health Professionals Certification Board
Massachusetts (Substance Use)	State Level Certification Board (IC/RC Member)	Massachusetts Board of Substance Abuse Counselor Certification
Massachusetts (Mental Health)	Third Party	The Kiva Center
Michigan (Substance Use)	State Agency	Michigan Department of Health & Human Services
Michigan (Mental Health)	State Agency	Michigan Department of Health & Human Services
Minnesota (Substance Use)	State Level Certification Board (IC/RC Member)	Minnesota Certification Board
Minnesota (Mental Health)	State Agency	Minnesota Department of Human Services
Mississippi	State Agency	Mississippi Department of Mental Health Services; Division of Professional Licensure and Certification
Missouri	State Level Certification Board (IC/RC Member)	Missouri Credentialing Board
Montana	State Agency	Montana Board of Behavioral Health
Nebraska	State Agency	Nebraska Department of Health and Human Services, Division of Behavioral Health, Office of Consumer Affairs
Nevada	State Level Certification Board (IC/RC Member)	Nevada Certification Board
New Hampshire (Substance Use)	State Agency	New Hampshire Office of Professional Licensure and Certification, Board of Licensing for Alcohol and Other Drug Use Professionals
New Jersey (Substance Use)	State Level Certification Board (IC/RC Member)	The Certification Board of New Jersey, Inc.
New Jersey (Mental Health)	State Level Certification Board (IC/RC Member)	The Certification Board of New Jersey, Inc.
New Mexico	State Agency	New Mexico Office of Peer Recovery and Engagement (OPRE)
New York (Substance Use)	State Level Certification Board	New York Certification Board (a project of the Alcoholism and Substance Abuse Providers of New York State [ASAP])
New York (Mental Health)	State Level Certification Board	New York Peer Specialist Certification Board

State	Certification Entity	Name of Certification Entity
North Carolina	State/University Partnership	The North Carolina Division of Mental Health, Developmental Disabilities, and Substance Use Services and the School of Social Work at the University of North Carolina – Chapel Hill
North Dakota	State Agency	North Dakota's Division of Behavioral Health of the Department of Health & Human Services
Northern Marianas	N/A	N/A
Ohio	State Agency	Ohio Department of Mental Health and Addiction Services
Oklahoma	State Agency	Oklahoma Department of Mental Health and Substance Abuse Services
Oregon	State Agency	Oregon Health Authority through the Office of Equity and Inclusion with the collaboration of the Health Systems Division
Pennsylvania (Substance Use)	State Level Certification Board (IC/RC Member)	Pennsylvania Certification Board
Pennsylvania (Mental Health)	State Level Certification Board (IC/RC Member)	Pennsylvania Certification Board
Puerto Rico	N/A	N/A
Rhode Island	State Level Certification Board (IC/RC Member)	Rhode Island Certification Board
South Carolina	Third Party (SCSHARE)	South Carolina Self Help Association Regarding Emotions (SCSHARE)
South Dakota	State Level Certification Board (IC/RC Member) (APSC)	Addiction Professional of South Carolina (APSC)
Tennessee	N/A	N/A
Texas (Substance Use)	State Agency	Tennessee Department of Mental Health and Substance Abuse Services' Office of Consumer Affairs and Peer Recovery Services
Texas (Mental Health)	State Level Certification Board (IC/RC Member)	Texas Certification Board
Utah	State Level Certification Board (IC/RC Member)	Texas Certification Board
Vermont (Substance Use)	State Agency	State of Utah Division of Substance Abuse and Mental Health
Virginia	Third Party	Recovery Vermont
Washington	State Level Certification Board (IC/RC Member)	The Virginia Certification Board
West Virginia	State Agency	The Washington State Health Care Authority
Wisconsin	State Level Certification Board (IC/RC Member)	West Virginia Certification Board of Addiction and Prevention Professionals
Wyoming	State Agency	Wisconsin Department of Health Services, Division of Care and Treatment Services, Bureau of Prevention, Treatment, and Recovery
Wyoming	State Level Certification Board (IC/RC Member)	Recovery Wyoming

Analysis

Peer Support Specialist Certification Lived Experience Requirements

State peer support specialist certification requirements for lived experience involve subtle distinctions. The majority of state certifications require **personal experience with recovery** from substance use and/or mental health challenges. In addition:

- Two state certifications define substance use recovery as **abstinence specific**.
- Several state certifications require no use of illicit drugs or alcohol **for a specified period of time**.
- Several state certifications require that the applicant has a mental health or substance use **diagnosis**.
- Several state certifications require that the applicant have a **history of receiving behavioral health services**.
- In some states, an applicant can obtain certification as a peer support specialist without being in personal recovery **if they have lived experience as a family member/caregiver** of a person with behavioral health challenges or in recovery.

Table 3: Substance Use Lived Experience Requirements

Type of Substance Use Lived Experience Required	Number of Certifying Entities Specifying Requirement
Substance Use Personal Recovery Experience	37
Experience with a Substance Use Related Diagnosis	11
Experience as Family Caregiver of Person With Substance Use Challenges or in Recovery (Optional Additional Category)	8
Experience as Recipient of Services	7
Substance Use Personal Recovery Experience - Abstinence Specific	6
Willing to Share Lived Experiences and/or Recovery Story With Others	6
Personal Lived Experience with Substance Use Challenges	5
No Specific Personal Experience Specified	3
Limitations on Recent In-Patient Treatment and/or Incarceration Experiences	2

Table 4: Mental Health Lived Experience Requirements

Type of Mental Health Experience Required	Number of Certifying Entities Specifying Requirement
Mental Health Personal Recovery Experience	36
Experience with Mental Health Related Diagnosis	15
Experience as Recipient of Services	10
Experience as Family Caregiver of Person With Mental Health Challenges or in Recovery (Optional Additional Category)	9
Willing to Share Lived Experiences and/or Recovery Story With Others	8
Personal Lived Experience with Mental Health Challenges	6
Substance Use Personal Recovery Experience - Abstinence Specific*	3
Limitations on Recent In-Patient Treatment and/or Incarceration Experiences	2
No Specific Personal Experience Specified	1

Example A: Eligibility Requirements — Hawaii

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

1. Be at least 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 12 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
7. Have successfully demonstrated mastery of the following competencies through testing and evaluation as required by a Peer Specialist Training Program recognized by the Office of Consumer Affairs

Source: Hawaii Certified Peer Specialist Program Guidelines Standards and Procedures (July 2012)

Peer Support Specialist Certification Training and Education

The states with peer support specialist certifications require a range of approved educational hours to receive certification. The most common requirement is between 40 and 46 hours of approved education. Exams are a part of the state certification process in almost all states.

Figure 3: State Peer Certification Required Educational Hours

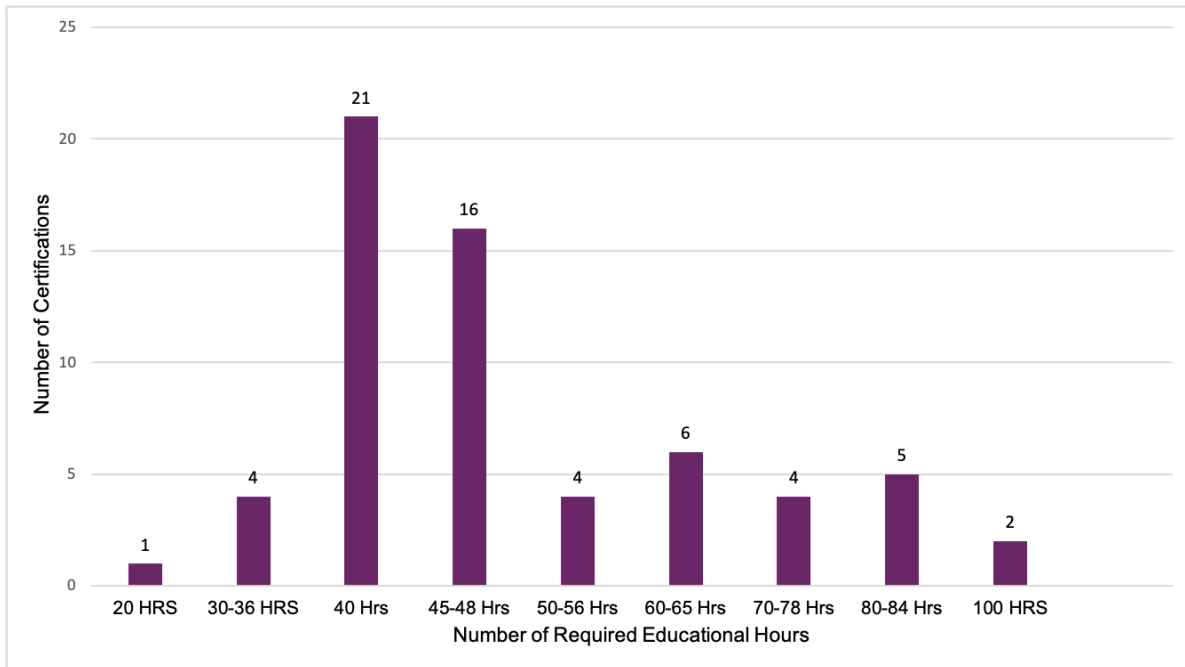
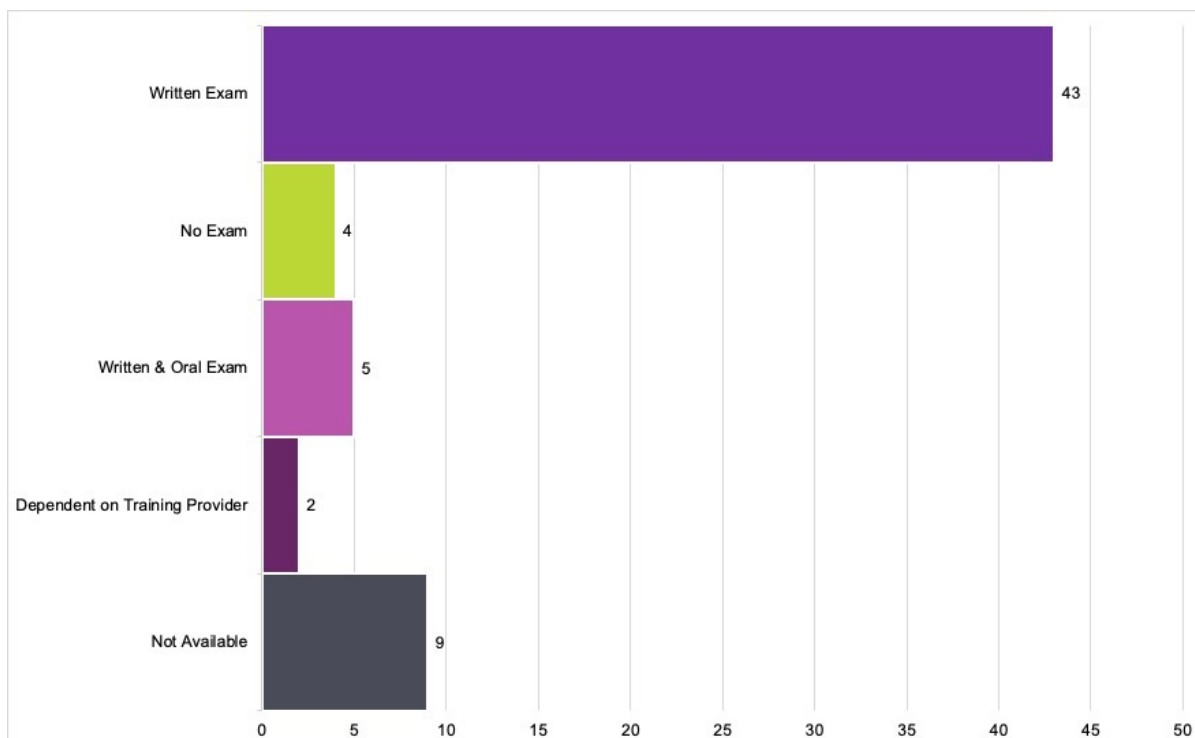


Figure 4: State Peer Certification Exam Requirements



Peer Support Specialist Certification Required Work Hours

Twenty-two state certifications also require supervised work or volunteer hours for peer support specialists seeking certification. For those with supervised-work hour requirements, the number of required hours ranges from 200 to 2000, with the majority requiring 500 hours. Of the 22 state certifications that require supervised-practice hours, 15 certifications allow paid or volunteer work experience, two require paid experience (hours must be entirely paid or a hybrid of paid/volunteer hours), and one requires an 80-hour unpaid field practicum (Washington, D.C.). Information on how work experience must be obtained (paid or volunteer) was not available for four states.

Figure 5: Supervised Work Experience Requirements for Certification

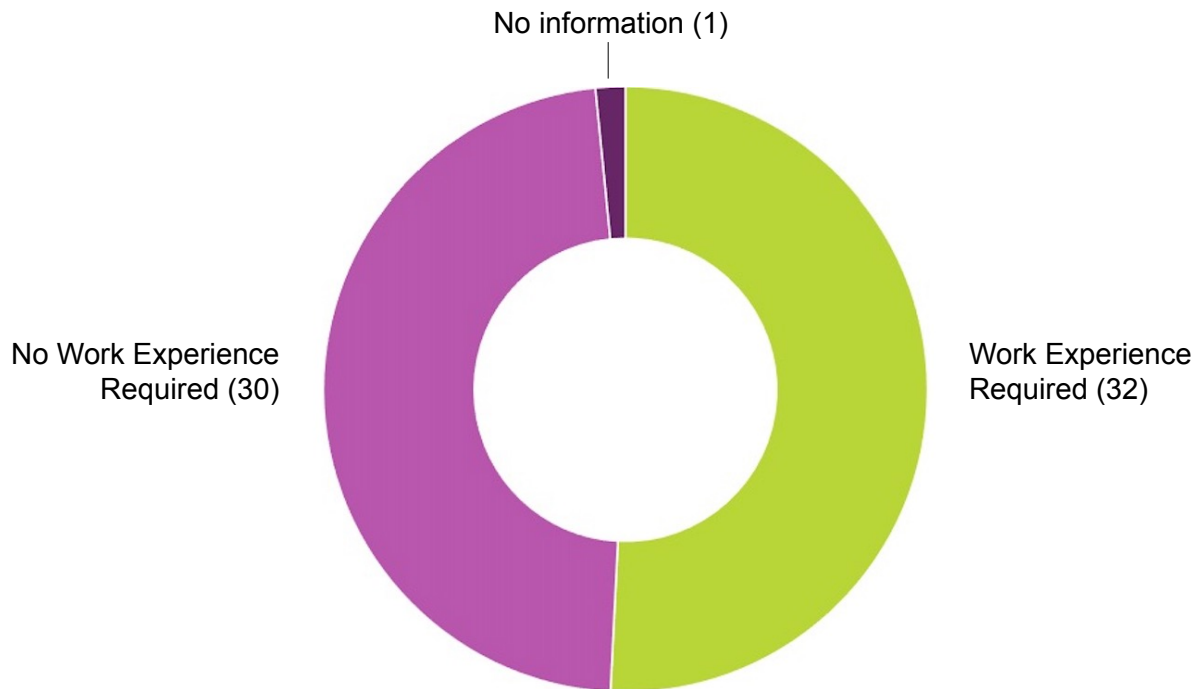
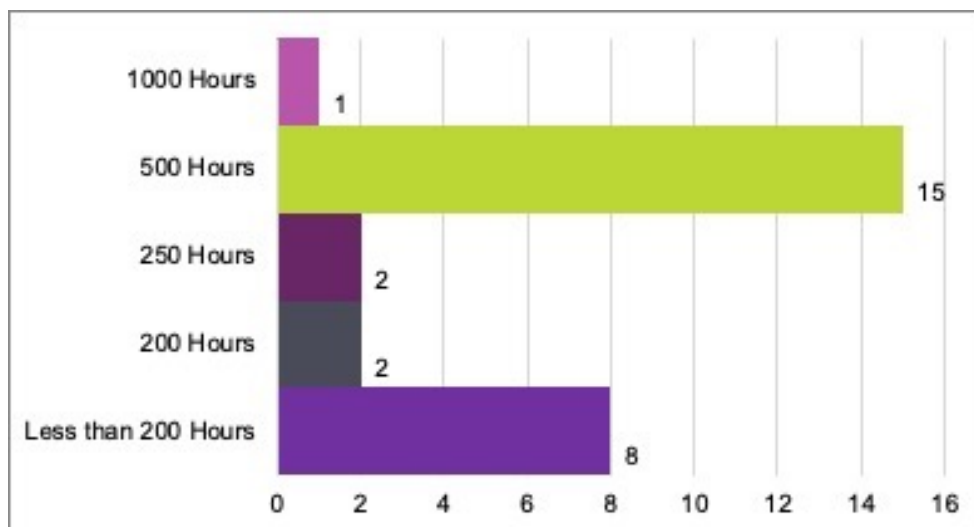


Figure 6: States Peer Certification Required Work Hours



Peer Support Specialist Certification Required Criminal Background Checks

In the updated review of public websites with information on the process for obtaining peer support specialist certifications in the 50 states and the District of Columbia, including those of state/district health agencies and certifying entities, as well as state administrative codes, eighteen certifications require criminal background checks. Twelve certifications require some form of self-disclosure of criminal background on the part of the applicant, often for certain offenses, such as felonies. One state, Idaho, requires a background check for substance use focused peer support specialists, but not mental health focused peer support specialists. The District of Columbia requires the criminal background check for Youth and Family Peer Support Specialists only.

Upon further exploration of state, district and territorial certification processes, it has been found that information on background check requirements, and particularly disqualifying offenses, is some of the least accessible. Specific information is only infrequently made available on public-facing websites and is sometimes only available within state-specific administrative code. Even within the administrative code that regulates peer support specialist certification requirements, the background check requirements and disqualifying offenses are widely variable due to how peer support specialists are classified from state to state. Some state systems may explicitly or implicitly delegate criminal background checks to employers of the peer support specialists, but the specifics of those processes are not always clear, and may vary from employer to employer.

While no state, district or territory recognizes peer support specialists as licensed professionals, the certifications are classified differently in different states. Some classify peer support specialists as mental health professionals or substance use disorder professionals, or similar, and subject them to the same background check and disqualifying offenses as all other professions within that category. Others view peer support specialists in a standalone certification category and have created separate background check and disqualifying offense requirements. Some states, such as Florida, have recognized the unique nature of peer support specialists and included waiver and grandfathering processes for background check and disqualifying offenses in their state administrative code.

Figure 7: State Peer Certification Criminal Background Check Requirements

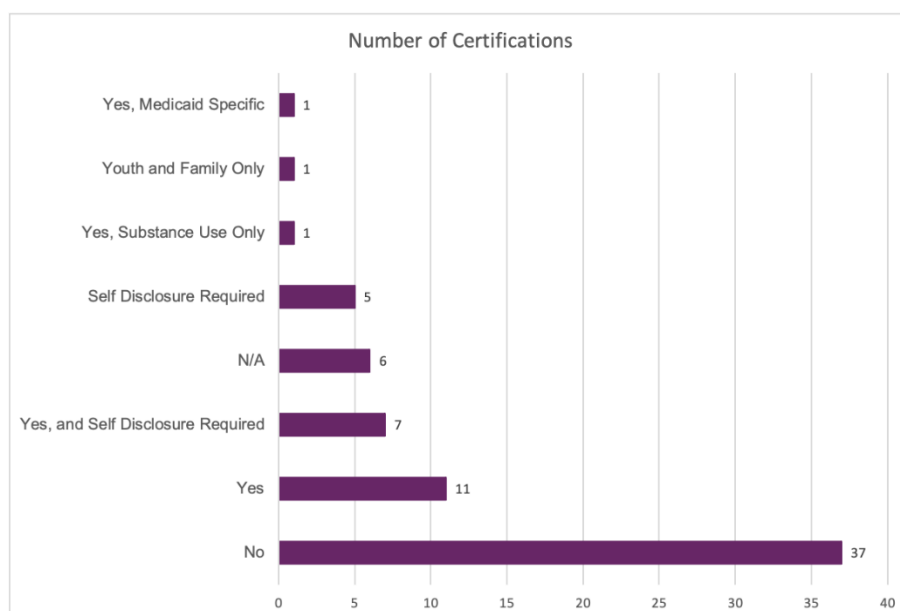


Table 5 gives an overview of the types of convictions that may result in disqualification from peer support specialist certification. Not all offenses are disqualifying in all states. A number of states did not have clear online documentation of specific disqualifying offenses, so Table 5 represents only a sample of disqualifying charges.

Table 5: Categories of Disqualifying Charges

Category of Disqualifying Offenses	Number of State Certifications
Drug Offenses	7
Abuse, Neglect, Exploitation of the Elderly	5
Abuse, Neglect, Exploitation of People with Developmental Disabilities	5
Abuse, Neglect, Exploitation of Children	5
Abuse, Neglect, Exploitation of Clients/Patients	6
Murder	4
Manslaughter/Vehicular Homicide	4
Assault/Battery	5
Sexual Offenses (Adult)	8
Sexual Offenses (Child)	8
Kidnapping, False Imprisonment	7
Child Abduction, Parental Kidnapping, Interference with Custody	5
Human Trafficking	2
Prostitution	2
Robbery, Arson, Burglary	7
Stealing, Forgery, Identity Theft or Financial Exploitation of the Elderly or People with Disabilities	3
Terrorism	2
Aiding Escape of Prisoners	2
Conspiracy of Certain Disqualifying Offenses	4
Animal Abuse	3
DWI/Chronic DUI	2
Any Felony	5
Denial or Revocation of Professional Licenses	1
Active Warrant	0
Domestic Violence	3

Example B: Texas Disqualifying Charges for Peer Certification

A certification entity must deny the initial or renewal application of a person in the following manner:

- During the person's lifetime, they were convicted or placed on community supervision for:
 - capital offenses
 - sexual offenses involving a child victim
 - felony sexual offenses involving an adult victim who is a client (one or more counts)
 - multiple counts of felony sexual offenses involving any adult victim
 - First-degree homicide
 - During the 15 years preceding the date of application, a person was convicted or placed on community supervision for:
 - kidnapping
 - arson
 - homicide lesser than first-degree
 - felony sexual offenses involving an adult victim who is not a client (single count)
 - attempting to commit crimes in this category or the preceding category
 - During the ten years preceding the date of application, a person was convicted or placed on community supervision for:
 - felony offenses that are not listed separately in this section and that result in actual or potential physical harm to others or animals.
- During the five years preceding the date of application, unless proceedings have been dismissed and the person has been discharged after having been placed on and completing community supervision following a deferred adjudication, a person was convicted or placed on community supervision for:
 - Class A misdemeanor alcohol and drug offenses
 - Class A misdemeanor offenses resulting in actual or potential physical harm to others or animals
 - felony alcohol and drug offenses
 - all other felony offenses not listed separately in this section
- During the three years preceding the date of application, a person was convicted or placed on community supervision for:
 - Class B misdemeanor alcohol and drug offenses
 - Class B misdemeanor offenses resulting in actual or potential physical harm to others or animals.

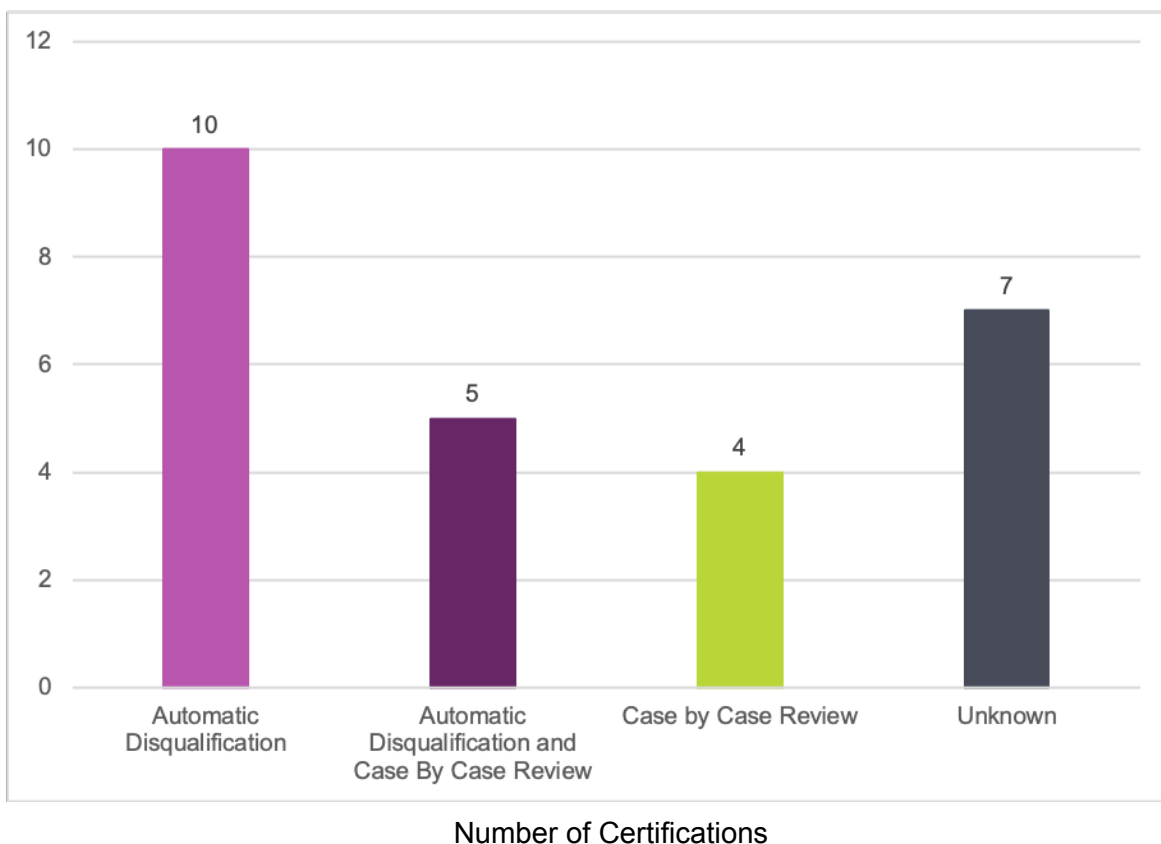
Source: Texas Administrative Code, Section 354.3201, Criminal History and Registry Checks (adopted January 1, 2019)

Responses to Disqualifying Offenses

There was limited information available on the responses by state, district or territorial certification entities related to specific disqualifying offenses. Some had automatic disqualification for all offenses or a subset of offenses, and some offenses were disqualifying for a specific timeframe based on the nature of the offense. A number of state certifications indicated that a case-by-case review would take place, sometimes that review might be for only for certain offenses. For example, felony convictions trigger a case-by-case analysis (Montana and North Carolina); other circumstances that trigger a case-by-case determination include: presence on an Adult Protective Services/Child Protective Services registry (Nebraska), two or more misdemeanors within five years (Montana), denial or revocation of professional licenses (Montana), or pending or completed legal/disciplinary action (Montana).

Details of the process and timeline for case-by-case reviews were not readily available. In addition, information on considerations for approving or denying an application for certification were not readily available for any state certification utilizing a case-by-case approach.

Figure 8: Online Documentation of Responses to Criminal Background Checks



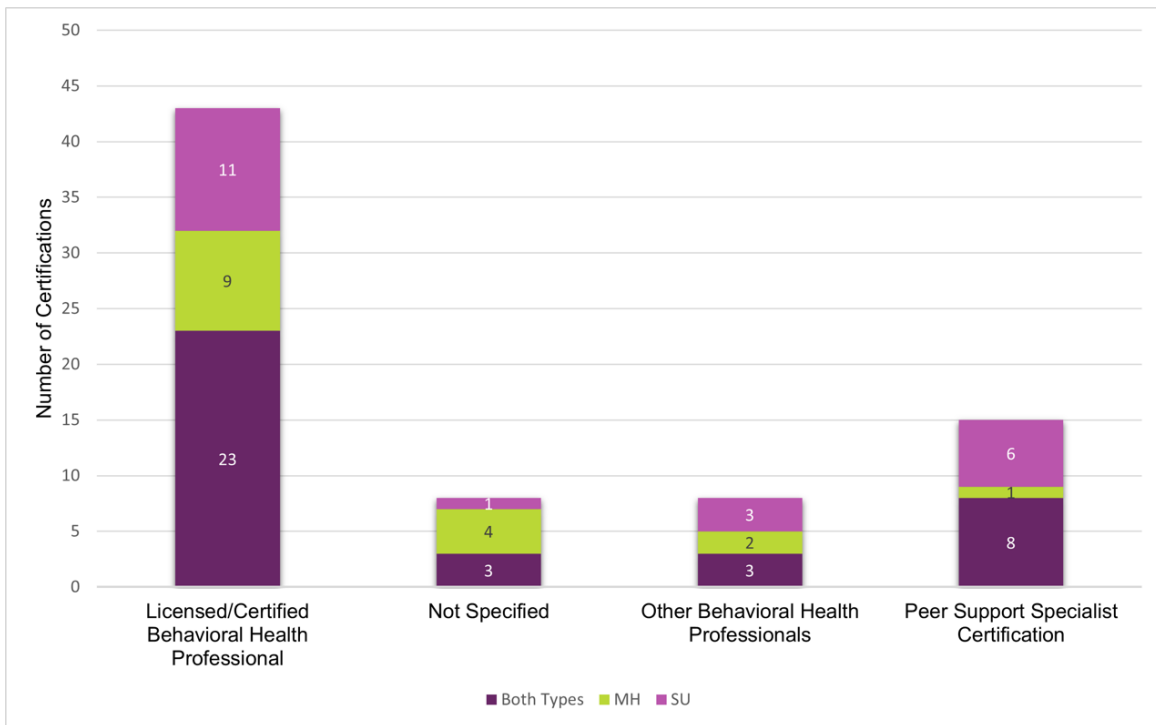
Further exploration is required in order to determine the impact that requiring criminal background checks as a part of certification processes has on the growth and development of the certified peer specialist workforce. Many disqualifying offenses listed are common lived experiences of people in recovery and those who would like to become certified peer specialists, particularly drug offenses, prostitution, and DWI. Additionally, the impact of disqualifying offenses on the development of certification programs within carceral systems such as prisons is worthy of further exploration, as is the role of employer policies and procedures related to criminal background for employment and their impact on the peer support specialist workforce.

Requirements for Supervisors of Certified Peer Support Specialists

The majority of states, territories or districts that have certification of peer support specialists also specify requirements for the professionals who supervise the certified peer support specialists. Forty-two specify those requirements, while eight do not.

There are a wide variety of qualifications for supervisors of certified peer support specialists. One clear distinction is between states, territories or districts that require supervision by a Licensed Behavioral Health or Other Professional and those that require or allow certification by a Certified Peer Support Specialist Supervisor. Many of the state or certification entities that required supervision by a licensed behavioral health professional indicate they do so to comply with Medicaid requirements.

Figure 9: Types of Professionals Approved to Supervise Peer Support Specialists



Notes: Other behavioral health professionals category refers to those without license or certification. Both Types category may include integrated or separate mental health and substance use peer support specialist certifications.

The following chart reflects the range of qualifications that the 11 state or certification entities reporting have in place for Peer Support Specialist Certified Supervisors.

Table 6: Peer Support Specialist Certified Supervisor Qualifications by State Certification

Specified Professional Qualifications for Supervisors of Certified Peer Support Specialists	Number of States, Territories or District
Supervisors of Integrated MH/SU Peer Support Specialists	
Art Therapist	1
Associate Counselor	1
Chemical Dependency/Alcohol-Drug Abuse Counselor	8
Marriage and Family Therapist	7
Non-specified Behavioral Health Professional*	3
Non-specified Licensed Behavioral Health Professional**	15
Not Specified	2
Peer Specialist	7
Physician	6
Physician Assistant	1
Professional Counselor	7
Provisionally Licensed Alcohol and Drug Counselor	1
Provisionally Licensed Behavioral Health Professional	1
Psychiatrist	5
Psychological Examiner/Behavioral Analyst	3
Psychologist	10
Registered Nurse with Advanced Certification in Mental Health or Substance Use Care	8
Social Worker/Clinical Social Worker	9
Teacher	1
Therapist	1
Varies by Agency	1

Specified Professional Qualifications for Supervisors of Certified Peer Support Specialists	Number of States, Territories or District
Supervisors of Mental Health Peer Support Specialists	
Art Therapist	1
Chemical Dependency/Alcohol-Drug Abuse Counselor	1
Marriage and Family Therapist	3
Non-specified Behavioral Health Professional	3
Non-specified Licensed Behavioral Health Professional	5
Not Specified	3
Peer Specialist	1
Physician	3
Physician Assistant	2
Professional Counselor	3
Psychiatrist	1
Psychologist	3
Registered Nurse with Advanced Certification in Mental Health or Substance Use Care	3
Social Worker/Clinical Social Worker	3
Supervisors of Substance Use Peer Support Specialists	
Chemical Dependency/Alcohol-Drug Abuse Counselor	5
Marriage and Family Therapist	3
Non-specified Behavioral Health Professional	5
Non-specified Licensed Behavioral Health Professional	7
Peer Specialist	6
Physician	2
Physician Assistant	1
Professional Counselor	3
Psychologist	2
Registered Nurse with Advanced Certification in Mental Health or Substance Use Care	3
Social Worker/Clinical Social Worker	3

*Non-licensed as far as could be discerned

**Some states specified “professional” or “licensed” but the specific designations were harder to discern.

Table 7: Peer Support Specialist Supervisor Qualifications — General

Supervisor Qualifications Specified	Number that Specified Requirement
Supervisors of Integrated MH/SU Peer Support Specialists	
Master's degree in relevant field	8
Bachelor's degree in relevant field	6
Requisite experience providing behavioral health services (Including Peer Services)	15
4 years	4
3 years	1
2 years	10
1 year	3
Work experience providing peer services	10
Physician	2
Physician Assistant	7
Professional Counselor	2
Supervision Experience (General)	4
1 year	2
2 years	1
Not specified	1
Require Training or Specific Competencies	21
Competencies	3
Demonstrate peer supervision competencies.	1
Honor role of the peer	1
Knowledge of peer values and recovery principles	1
Training	19
Peer Specialist Supervisor Training	15
Recovery Coach Training	3
Training to Prepare Peer for Supervisory Position	1

Supervisor Qualifications Specified	Number that Specified Requirement
If training required, Training Hours	
78 Hours/30 Hours if CRC	1
62 Hours	1
60 Hours	1
48 Hours	2
46 Hours	3
30 Hours	1
22 Hours	1
20 Hours	2
12 Hours	3
6 Hours	1
Not specified	1
Competencies	3
Demonstrate peer supervision competencies.	1
Honor role of the peer	1
Knowledge of peer values and recovery principles	1
Training	19
Peer Specialist Supervisor Training	15
Recovery Coach Training	3
Training to Prepare Peer for Supervisory Position	1
Ongoing Training Required	1

Example C: Colorado Clinical Supervisor Requirements

Colorado Peer and Family Specialist Supervisor Requirements:

1. The supervisor must be credentialed, certified, licensed or degreed in the field within which the applicant is working
2. The supervisor must have two years of experience in human services. Human Services is considered to be a service that is provided to people in order to help them stabilize their life and find self-sufficiency through guidance, counseling, treatment and providing for basic needs
3. The supervisor must have previous experience working with peer support services and a significant understanding of the role of a peer
4. The supervisor will be required to submit their resume/CV to the Supervised Experience section of the supervisee's application for review by the Certification Committee
5. The supervisor will abide by the following ethical guidelines regarding Dual Relationships:
 - a. Supervisors shall make every effort to avoid multiple relationships with supervisees. When a dual relationship is unavoidable, the professional shall take extra care so that professional judgment is not impaired and there is no risk of supervisee exploitation. Such relationships include, but are not limited to, members of the supervisor's immediate or extended family, business associates of the supervisor or individuals who have a close personal relationship with the supervisor or the supervisor's family. When extending these boundaries, supervisors take appropriate professional precautions such as informed consent, consultation, supervision and documentation to ensure that their judgment is not impaired, and no harm occurs. Consultation and supervision shall be documented.

Source: Colorado Peer and Family Specialist Certification Manual (April 2020)

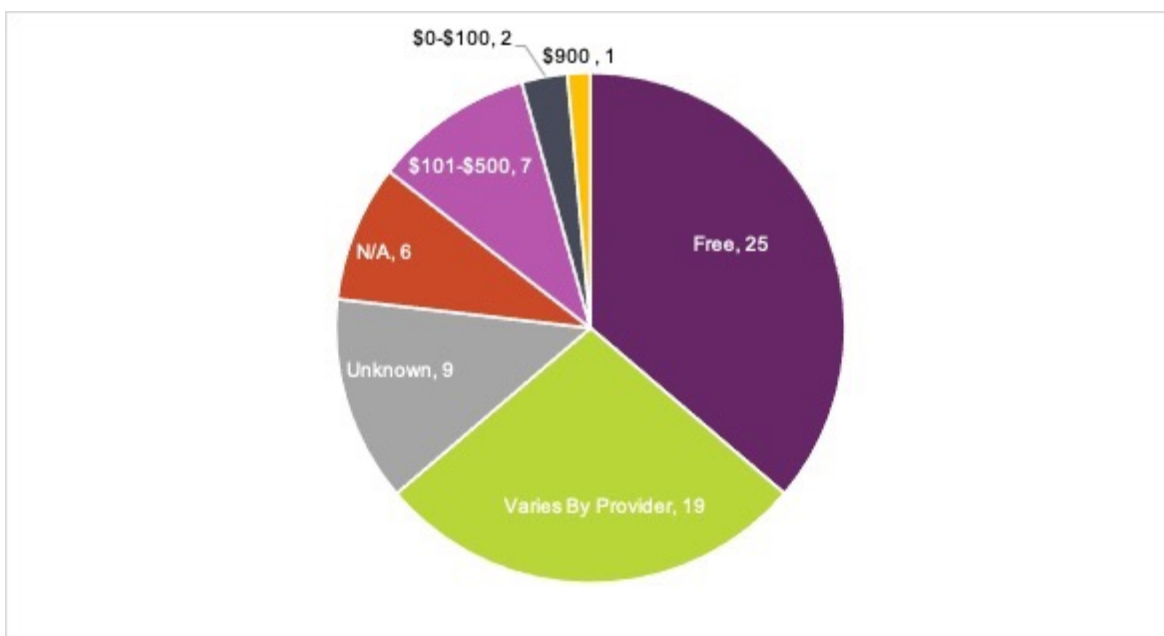
Variations in Peer Support Specialist Training and Certification Fees

Fees for peer support specialist trainings and certifications varied widely and were often difficult to identify via public websites.

Peer Support Specialist Training Fees

Twenty-five certification entities indicate peer specialist trainings are free. Nineteen certifications have training costs that vary by training provider. Many state certification entities with provider training fees note that scholarships for trainings are available, though the websites do not clearly indicate the process for obtaining scholarships. In many cases, public websites do not contain clear and accessible information on exact training costs for individuals seeking peer support services certification.

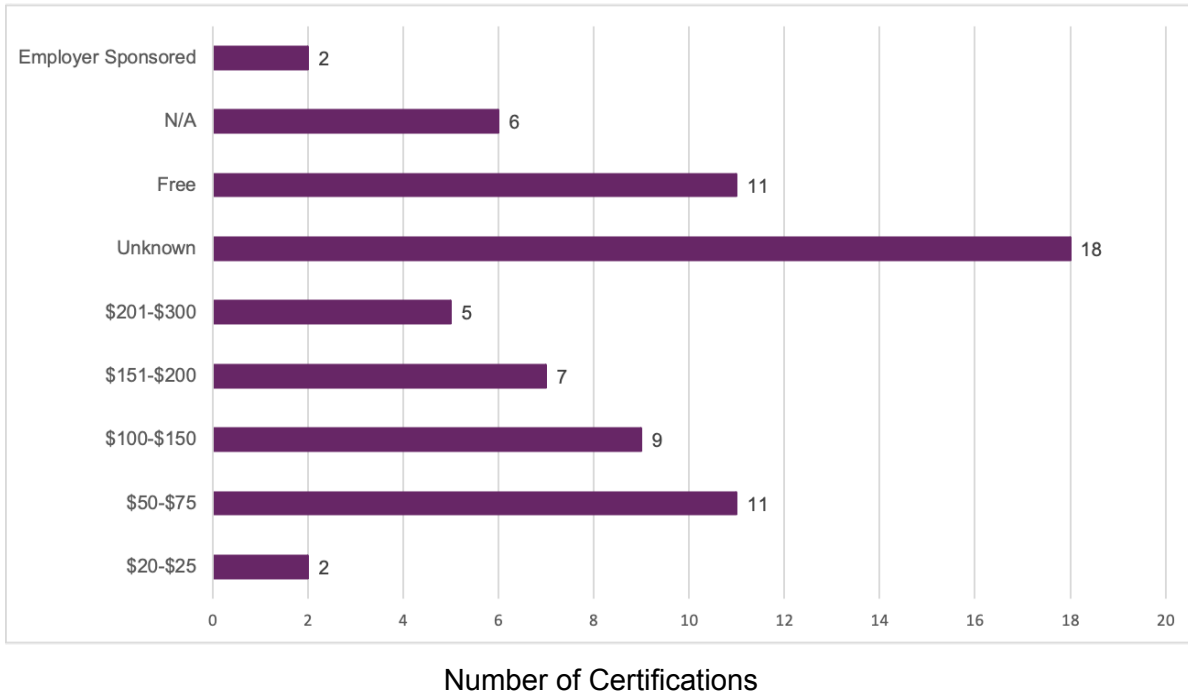
Figure 10: Peer Support Specialist Training Costs by Certification Entity



Peer Support Specialist Certification Basic Application Fees

Eighteen of the certification entities did not clearly identify an initial application cost for peer support specialist certification, but of those that did, the average cost was \$132. Eleven certification entities stated that certification was free. An additional two were employer sponsored and free to individuals seeking certification. Additional costs that may be incurred depending on the certification entity include exam fees and recertification fees.

Figure 11: Peer Support Specialist Basic Certification Costs

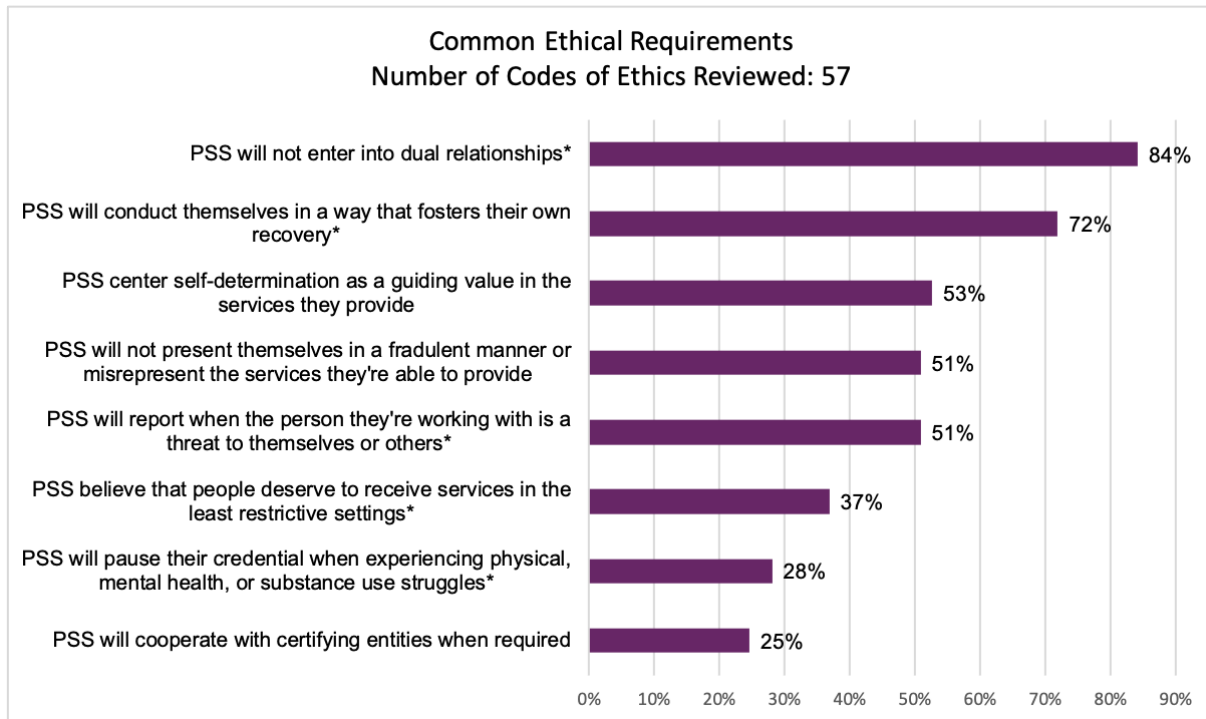


Codes of Ethics for Certified Peer Support Specialists

Common Ethical Requirements

Reviewing the codes of ethics from the certifications across the country reveals a significant amount of uniformity in the ethical standards to which peer support specialists are held. The majority include codes of ethics on the topics of fraud and misrepresentation, cooperating with certification boards, and centering self-determination in the provision of services.

Figure 12: Common Ethical Requirements



Percent of Codes that Include Requirement

* See further discussion of these key peer support ethical requirements in Table 8.

Key Ethical Requirements for Further Discussion

There are five main areas of focus to explore that are most relevant to specifically peer support services. They include the follow codes of ethics:

1. Peer Support Specialists will not enter into dual relationships (84%)
2. Peer Support Specialists will conduct themselves in a way that fosters their own recovery (72%)
3. Peer Support Specialists will report when a person they're working with is a threat to themselves or others (51%)
4. Peer Support Specialists believe that people deserve to receive services in the least restrictive setting (37%)
5. Peer Support Specialists will pause their credential when experiencing physical, mental health, or substance use struggles (28%)

**Table 8: Further Details of Key Peer Support Specialist Ethical Requirements
Number of Codes of Ethics Reviewed (57)**

Key Ethical Requirements	Further Discussion
PRSS will conduct themselves in a way that fosters their own recovery	Recovery is almost never defined within codes of ethics. Sometimes sobriety is directly mentioned, but most often the language is broad. They frequently use language such as, "peer support specialist will not abuse substances at any time," or, "peer support specialist will not use illicit substances," or, "peer support specialist will not use substances in such a way as to impair their ability to provide effective services."
PRSS will not enter into dual relationships	Dual relationships constitute a variety of different definitions. Some codes of ethics approach this by having peer support specialist discuss each situation individually with their supervisor and making a decision about the ethics of the relationship together. Others offer blanket statements such as not allowing dual relationships of any kind. Still others prohibit peer support specialist from ever providing services to someone they've sponsored and from ever sponsoring someone to whom they have provided services.
PRSS will report when the person they're working with is a threat to themselves or others	This code of ethic has a variety of interpretations. Some codes of ethics require peer support specialists to report this information to, "the appropriate staff," although none define who that is. Some require reporting of child and elderly abuse in addition to harm to self or others. Some codes of ethics include additional language requiring peer support specialists to report while sharing, "the least amount of information possible," in order to protect the confidentiality of the people receiving services.
PRSS believe that people deserve to receive services in the least restrictive settings	This is code of ethic is reflective of the voluntary nature of peer support. Further avenues for exploration include how this is put into practice and how it impacts decision making when looking at housing opportunities, treatment options, involuntary hospitalization, and more.
PRSS will pause their credential when experiencing physical, mental health, or substance use struggles	The severity of these struggles is almost never defined within the codes of ethics. A few define this as a return to using any substances, however, many leave this to be determined by the peer support specialist themselves. They often set the standard that peer support specialist pause their credential when their struggles interfere with their ability to provide effective services. The length of time that their credentials are paused is rarely listed, but at least one includes a pause of 12 months when a peer support specialist experiences a return to use.

Peer support specialists avoiding dual relationships is the most frequent requirement in peer support specialist codes of ethics, included in 84% of all available codes of ethics. These dual relationships encompass a variety of forms such as sexual relationships, friendships, business relationships, or financial relationships. Many states include language that covers the family members of people receiving services and prohibits peer support specialists from receiving

gifts of significant value. Several states provide an alternative to a blanket prohibition on dual relationships, instead requiring the peer support specialist to discuss the relationship with their supervisor prior to making a decision about providing services and making that determination on a case-by-case basis. Many states include language stating that a peer support specialist may never provide services to someone they once sponsored and may never sponsor someone to whom they have provided services in the past. This is a concern as it could have a negative effect within recovery communities on people interested in becoming peer support specialists and those who may be interested in receiving services. It is particularly concerning in rural communities, where this may be unavoidable.

Seventy-two percent of available codes of ethics include language stating that peer support specialists will conduct themselves in a manner that fosters their own recovery. While ostensibly this could apply to both mental health and substance use recovery, within the umbrella of this code of ethics there is almost exclusively a focus on substance use. Codes of ethics often will also include language stating that peer support specialists will not abuse substances at any time or that they will not use illicit substances. What constitutes abuse is not defined in any code of ethics and is left to the determination of the individual peer support specialist. Illicit substances as well are not defined and could vary from state to state depending on the drugs they have legalized. No state clarifies if they are referring to illicit substances as defined by state or federal law. This could lead to confusion in states that have legalized recreational marijuana, for example, since the federal government has not done so. There is frequent language included in codes of ethics about peer support specialists not using substances in a way that impairs their ability to provide effective services. This is not defined further in any code of ethics and could include not being intoxicated while working, but may also include, if an individual peer support specialist participating in abstinence-based recovery, a return to use they feel is impactful enough to disrupt their ability to provide peer support. Alternatively, a peer support specialist participating in moderation management may not reach the threshold of impairment until their use increases substantially.

Confidentiality requirements appear across every available code of ethics, however, only 51% require the peer support specialists to report a threat of harm to self or others. Some include specific language requiring reporting only when “harm is imminent”; others state that PSS are mandatory reporters and must report not just a threat of harm to self or others, but also child and elderly abuse or neglect. A few, such as California, require peer support specialists to disclose as little information as possible when reporting. Many codes of ethics, such as Wisconsin’s, include language requiring peer support specialists to report, “to appropriate staff,” however, the codes of ethics do not define “appropriate staff.” This raises the question of whether peer support specialists are appropriate staff to support someone threatening to harm themselves or others; if so, then are peer support specialists required to involve other staff such as a clinician? Involving law enforcement is only deemed necessary when a person receiving services makes a threat against another person and it is believed that harm to that person is imminent.

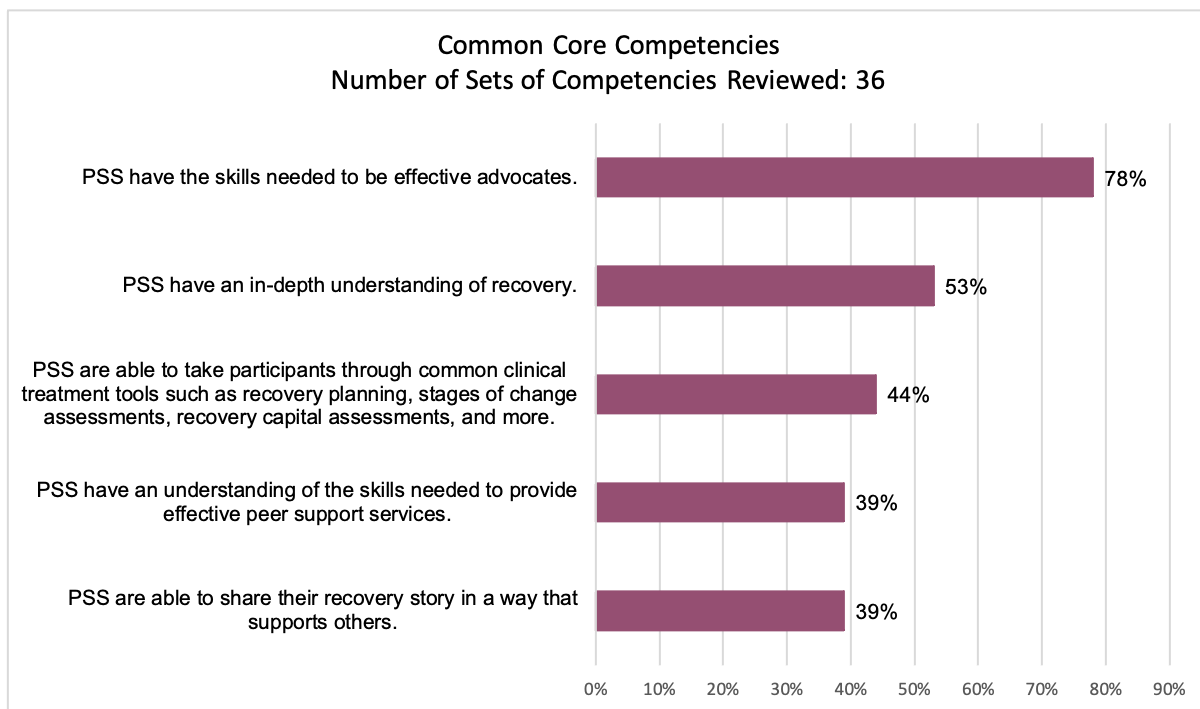
The ethical expectation that peer support specialists believe that people deserve to receive services in the least restrictive setting appears in 37% of available codes of ethics. This code of ethics is grounded in the expectation that peer support specialists support self-determination as a guiding principle of their work. It also reflects the nature of peer support. Peer support specialists provide voluntary services and advocate against force and coercion, supported by this code of ethics. A further question for exploration is how this code of ethics is implemented in practice.

Lastly, 28% of codes of ethics require peer support specialists to pause their credential when experiencing physical, mental health, or substance use struggles. This requirement shows up

exclusively in states with certification boards. Peer support specialists are required to put their credential on pause when their personal struggles impair their ability to provide effective services; this is never explicitly linked to a peer support specialist’s recovery. Only one code of ethics states that the length of time a peer support specialist must pause their credential for is one year. No other code of ethics includes the length of time of a pause, determining factors for reinstating their credential, or information regarding the reinstatement process. Additional information may be available with further research.

Core Competencies Comparative Analysis Notes

Core competencies from peer specialist certifications exist in only about half of the existing certifications, with 51% having a set of competencies for their workforce. Many states offer core knowledge expectations, focus areas for skill development, or scopes of practice. A significant number of states utilize the IC&RC domains rather than specific core competencies.



The core competencies vary significantly from state to state, but can be broadly categorized into these five categories:

1. Peer Support Specialists are able to share their recovery story in a way that supports others.
2. Peer Support Specialists are able to take participants through common clinical treatment tools such as recovery planning, stages of change assessments, recovery capital assessments, and more.
3. Peer Support Specialists have an understanding of the skills needed to provide effective peer support services.
4. Peer Support Specialists have an in-depth understanding of recovery.
5. Peer Support Specialists have the skills needed to be effective advocates.

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5. Peer Support Specialists have the skills needed to be effective advocates.

When reviewing available core competency documents, it can be seen that 39% include a competency related to peer support specialists sharing their recovery story. Most specify that peer support specialists are meant to do this in a way that “supports,” the people they’re servicing, however, some include language with different intentions. Some core competencies specify that peer support specialists are meant to share their story in a way that “helps,” “guides,” or “models recovery,” to the people they’re servicing. In states that allow people without direct lived experience of recovery to become certified, such as family members, this competency is often altered to include experiences of family resilience, or omitted entirely.

Forty four percent of core competency documents require peer support specialists to utilize common, clinical and recovery assessment tools. These include expecting peer support specialists to assess the people they’re servicing in order to determine the individual’s stage of change. Additionally, peer support specialists may be required to complete safety assessments when the people they’re providing services to are experiencing “crisis” or severe distress. Many core competency documents include requirements for peer support specialists to complete recovery planning with the people they’re providing services to, or WRAP plans with people receiving mental health services.

Distinct from the previous core competency, 39% of core competency documents include an expectation that peer support specialists understand how to provide specifically peer-based services. This can include skills such as empowering the people they’re providing services to, group facilitation, and supporting the goals set by the people they’re working with regardless of their personal opinion. This core competency is the area that most often includes language around multiple pathways to recovery, with the expectation that peer support specialists are able to support a range of recovery pathways, even those that differ from the one they chose.

Fifty three percent of core competency documents set the expectation that peer support specialists have an in-depth knowledge of recovery. Many states cite the SAMHSA definition of recovery and utilize this to guide their core competencies and the way that peer support specialists provide services. Others do not include a specific definition but include the expectations that peer support specialists are knowledgeable about recovery pathways, culturally-specific understandings of recovery, and navigating service systems that may support recovery. Many states have implicit expectations of abstinence-based recovery through other guiding documents and their certification requirements, such as those states that require abstinence-based recovery in order to become certified in the first place.

Advocacy was a recurring theme found through the core competency documents, with 78% of

the documents including a core competency built around it. In some documents there was broad language, with an expectation that peer support specialists are able to, “advocate effectively.” In others there was greater specificity, with expectations that peer support specialists advocate alongside the people they’re providing services to, rather than on their behalf. Additionally, some states included expectations that peer support specialists are able to advocate for their role in the workplace and behavioral healthcare system, and that peer support specialists advocate for change within existing systems.

Limitations



Limitations of this analysis include that data were compiled from reviews of, and direct excerpts from, online resources from state behavioral health agencies, state certification boards and affiliated organizations that oversee the training and certification of behavioral health peer support specialists. Information on these websites were sometimes incomplete or unclear. Data were compiled as of January 2, 2023, and may have subsequently been updated. Additionally, as the peer recovery field is developing rapidly, state entities overseeing peer training and credentials often update state rules and the requirements for training, experience and certifications.

Conclusions & Recommendations

Summary of Key Findings

Key findings include:

- States and the District of Columbia have independently developed training and certification processes for peer support specialists in the behavioral health field. This had led to varying requirements, qualifications and costs. This raises significant barriers for peer support specialists who relocate between states and seek recognition of a peer support certification obtained in their past state of residence.
- The majority of states and the District of Columbia (34) have adopted a single, integrated peer professional certification in the state health system for individuals with lived experience in substance use and/or mental health recovery. Other states (14) offer separate certifications based on the peer support specialist's type of behavioral health lived experience: substance use or mental health recovery.
- The U.S. territories (Puerto Rico, Guam, American Samoa and Northern Marianas), do not have peer support services certifications recognized by their territorial health systems, though the Pacific Behavioral Health Collaboration Council and Certification Board offers a Peer Recovery certification to individuals in the Pacific Island territories.
- One state (Hawaii) currently offers only a mental health peer certification and two (New Hampshire and Vermont) currently offer only substance use peer certification.
- One state does not currently have a peer certification in the state health system (South Dakota).
- The states and the District of Columbia utilize a variety of entities to issue certifications for peer support specialists, including state health and human services agencies, state level certification boards and third-party organizations. Some states may have more than one certification entity, especially if they offer separate certifications for substance use and mental health peer support specialists.
- State peer support specialist certification requirements regarding lived experience in recovery are varied. The overwhelming majority of state certifications require personal experience with recovery from substance use and/or mental health challenges, which may include parameters such as abstinence, no use of illicit drugs or alcohol for a specified period of time, receipt of a substance use or mental health diagnosis and a history of receiving behavioral health services.
- In a few states, an applicant can obtain certification as a peer support specialist without being in personal recovery if they have lived experience as a family member/caregiver of a person with behavioral health challenges or in recovery.
- Peer support specialist training and certification application fees vary widely and were often difficult to identify via public websites.

- In the review of public websites with information on the process for obtaining state peer support specialist certifications, limited information is available regarding required criminal background checks. With a review of state rules and administrative codes, we were able to identify requirements for criminal background checks for peer support specialist certifications in 17 states.

Recommendations

In reviewing the data, the Peer Recovery Center of Excellence recommends the following strategies to better support those individuals seeking information from state public-facing websites about peer support specialist certification, and those completing the peer support specialist certification application process.

- Recommendations that states, territories and the District of Columbia establish one website for each certification, with clear and easy-to-navigate information on the process for becoming trained and certified as a peer support specialist in their jurisdiction, and with key information such as qualifications, background check requirements and fees clearly displayed on home page.
- Recommendation that certifying entities prominently display the fees involved in the peer support specialist certification application process.
- Recommendation that certifying entities explicitly indicate whether criminal background checks are required and, if so, which convictions result in disqualification.
- Recommendation that, for certification entities that make decisions on a case-by-case basis regarding disqualifying criminal offenses for peer support specialist certification, more information is provided about the process for determining qualification of applicants.
- Recommendation that disqualifying offenses do not contradict common experiences of people with behavioral health challenges (e.g., drug offenses or sex work).
- Recommendation that certification requirements do not contradict core peer values, such as multiple pathways to recovery, by limiting certification to only those who have received clinical treatment services through the public health system or those who practice abstinence-based recovery.
- Recommendation that peer support specialist competencies are reflective of the unique nature of peer support services and do not include clinical treatment tools or modalities.
- Recommendation that peer support specialist code of ethics documents are reflective of the non-clinical nature of peer support, and omit requirements that do not take that into consideration, such as force and coercion requirements or mandatory reporting.
- Recommendation that certifying entities or state behavioral health departments engage in oversight to ensure that peer support specialists are practicing in such a way as to maintain fidelity to each state's core competencies and code of ethics.

About the Peer Recovery Center of Excellence



The Peer Recovery Center of Excellence (CoE) is housed at the University of Missouri Kansas City (UMKC). Partners include the National Council for Mental Wellbeing, University of Texas-Austin, University of Wisconsin-Madison and our appointed peer-led Steering Committee. Peer voice is at the core of our work and guides our mission to enhance the field of substance use peer support services.

The Peer Recovery CoE has four focus areas: Integration of Peers into Non-Traditional Settings, Recovery Community Organization Capacity Building, Peer Workforce Development, and Evidence-Based Practice & Practice-Based Evidence Dissemination. In addition to trainings and publications, the Peer Recovery CoE accepts technical assistance requests from any individual, organization, community, state or region in need of training relating to substance use disorder peer support services.

Partnership with the University of Texas – Austin

The Peer Recovery CoE partnered with the University of Texas – Austin (UT) to produce this Comparative Analysis. UT leads efforts within the Peer Recovery CoE related to Workforce Development.

About the Authors

Maureen Nichols began her career in addiction and recovery as part of the team that developed and implemented the state initiative to expand long-term treatment services in the Texas prison system, to include ongoing recovery services when individual returned to their communities. She has worked in training, technical assistance and program evaluation at the state and community level for 25 years and has experience as a grant writer and curriculum developer for peer recovery services. She is a member of the Workforce Development Core Team for the Peer Recovery Center of Excellence.

Tim Saubers got his start as a Wisconsin Certified Peer Specialist and has worked in the field of peer support at the local, state, and national levels. He has over six years of experience in program management, curriculum and toolkit development, and grant writing for professional peer certification programs. Tim centers the principles of equity and justice in his work while moving not just to disrupt and reform systems, but to create new systems in their entirety. He is a member of the Workforce Development Core Team for the Peer Recovery Center of Excellence.

Darcy Kues is committed to building a world where recovery and lived experience are uplifted and centered at every level of decision-making. She has over five years of experience in curriculum development, grant writing, and program coordination for peer support services and recovery-oriented behavioral health. In 2018, Darcy launched Kues Consulting, her consulting business where she provides curriculum development and grant writing services catered to peer support and recovery services. She has developed trainings on reentry peer support, youth and young adult peer support, trauma responsiveness, peer support supervision, LGBTQ-affirming services, and more.

Juli Earley is a social worker who began her career as a case manager. She provided services to people who had lived experience with the many challenges that impact wellness. She always wanted to work at the systems level because she saw the need for change. She has worked for eight years as a researcher, providing evaluation support for peer and recovery focused projects in Texas.

Amy Lodge is a research associate in the field of behavioral health and wellness with a focus on the peer specialist workforce, peer-involved research, self-directed care, and person-centered planning. She has worked at the Texas Institute for Excellence in Mental Health since 2014 where she has co-authored numerous reports and journal articles on these topics. Most recently, she and her colleagues published an article on role-related challenges and opportunities experienced by peers in Texas during the first year of the COVID-19 pandemic.

Stacey Stevens Manser is a research scientist whose work is focused on behavioral health wellness and recovery. She studies effective implementation of mental health peer services and the strengths and needs of the peer recovery workforce. She and her colleagues having been following national trends in peer training and certification since 2009.

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- <https://mh.alabama.gov/certified-recovery-support-specialist-training-program/>
- <https://mh.alabama.gov/wp-content/uploads/2022/09/2022-CRSS-Training-Application.pdf>

Alaska

- <https://akcertification.org/peer-support-professionals/>
- <https://akcertification.org/wp-content/uploads/2021/01/Final-PDX-of-Peer-Support-Manual-1-13-21.pdf>
- <http://akcertification.org/wp-content/uploads/2021/01/Peer-Support-Associate-Application-ApprovedA-10-26-20.pdf>
- <https://akcertification.org/wp-content/uploads/2021/01/Traditional-Peer-Support-Associate-PSAB-ApprovedA-10-26-20.pdf>
- <http://akcertification.org/wp-content/uploads/2021/01/Matrix-PSP-NON-DEGREE-PSAB-ApprovedC-10-05-20-FINAL.pdf>
- <https://akcertification.org/wp-content/uploads/2021/01/Matrix-PSP-TPSP-DEGREED-PSAB-ApprovedC-10-05-20-FINAL.pdf>

Arizona

- <https://azahcccs.gov/shared/Downloads/MedicalPolicyManual/900/963.pdf>
- <https://azahcccs.gov/AHCCCS/HealthcareAdvocacy/OIFA.html>
- <https://copelandcenter.com/content/arizona>

Arkansas

- <https://arpeers.org/training>

California

- <https://www.capeercertification.org>
- <https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx>

Colorado

- <https://coprovidersassociation.org/certifications/peer-family-specialist-certification/>
- https://drive.google.com/file/d/19io39nb1QIE1mNqjK_B8Qt4vD0T5atqA/view
- <https://hcpf.colorado.gov/peerservices>

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Connecticut

- <https://ctcertboard.org/applications-renewals>
- <https://advocacyunlimited.org/program/rss-training/>
- <https://portal.ct.gov/DMHAS/Divisions/Office-of-Workforce-Development/Recovery-University>

Delaware

- <https://www.decertboard.org/certified-peer-recovery-specialist-cprs>
- <https://dhss.delaware.gov/dhss/dsamh/peerservices.html>

Florida

- <https://flcertificationboard.org/certifications/certified-recovery-peers-specialist/>
- <https://flcertificationboard.org/certifications/certified-recovery-peers-specialist-provisional-crpsp/>
- <https://flcertificationboard.org/certifications/certified-recovery-peers-specialist-crps-standard/>

Georgia

- <https://gasubstanceabuse.org/cares-program/>
- <https://dbhdd.georgia.gov/recovery-transformation/cps>
- <https://www.gmhcn.org/certified-peer-specialist>
- <https://dbhdd.georgia.gov/recovery-transformation/cps>

Hawaii

- <http://health.hawaii.gov/amhd/consumer/hcps/>
- <http://health.hawaii.gov/amhd/files/2013/06/HGPS-Handbook.pdf>

Idaho

- <https://www.bpahealth.com/idaho-peer-cert/>
- <https://www.ibadcc.org/cprc>
- <https://healthandwelfare.idaho.gov/providers/behavioral-health-providers/recovery-coaching>
- <http://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>
- <https://www.bpahealth.com/training/>

Illinois

- <https://iaodapca.org/Credentialing>
- <https://www.dhs.state.il.us/page.aspx?item=99995>
- http://www.illinoismentalhealthcollaborative.com/consumers/consumer_crss.htm

Indiana

- <https://peernetnetworkindiana.org/about/>
- <https://secure.in.gov/fssa/dmha/office-of-consumer-and-family-affairs/peer-support/>

Iowa

- <https://www.iowabc.org/mhpss>

Kansas

- <https://www.kdads.ks.gov/provider-home/training-registration-and-surveys/medicaid-mental-health-service-provider-training/trainings/peer-support-training>

Kentucky

- <https://dbhdid.ky.gov/dbh/ebpi-recovery.aspx>
- <https://apps.legislature.ky.gov/law/kar/titles/908/002/220/>

Louisiana

- <https://theextramileregioniv.com/peer-certification-application/>
- <http://ldh.la.gov/index.cfm/page/2578>
- <https://www.lamedicaid.com/provweb1/providermanuals/manuals/bhs/bhs.pdf>

Maine

- <https://www.maine.gov/dhhs/obh/training-certification/intentional-peer-support>
- <https://peerrecoverycoachme.org/>
- <https://peerrecoverycoachme.org/wp-content/uploads/Recovery-Coach-Manual.pdf>

Maryland

- <https://www.mabpcb.com/certified-peer-recovery-specialist>
- <https://mapcb.files.wordpress.com/2019/10/cprs-manual-revised-oct-2019.pdf>

Massachusetts

- <https://www.mbsacc.com/carc>
- https://www.mbsacc.com/_files/ugd/d5f6ac_f317a7b3fb3e434780ed4adde4351221.pdf
- https://www.mbsacc.com/_files/ugd/d5f6ac_f317a7b3fb3e434780ed4adde4351221.pdf
- <https://kivacenters.org/certified-peer-specialist/#About-the-MA-CPS-Training-Program>
- https://kivacenters.org/wp-content/uploads/2022/09/The-MASSACHUSETTS-CERTIFIED-PEER-SPECIALIST-CPS-TRAINING-PROGRAM_1.pdf

Michigan

- <https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/drugcontrol/peer-recovery-information>
- <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Keeping-Michigan-Healthy/BH-DD/Recovery-and-Substance-Use/CPRC-Fillable-Training-Application.pdf?rev=ee4274300ca74bb68b014d149539a307&hash=E51CB91474B66D50E0A345B277DB4BEF>
- <https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/2023-Fillable-CPSS-Training-Application-102022.pdf?rev=f38124e32a204599b9af32273e4e656f&hash=8DDFC6349351C69D8AACA3F81C0B19F0>

Missouri

- <https://missouricb.com/>
- <https://mopeerspecialist.com/>
- <https://dmh.mo.gov/behavioral-health/treatment-services/specialized-programs/peer-support-services>

Montana

- <http://mtpeernetwork.org/>
- <https://boards.bsd.dli.mt.gov/behavioral-health/license-information/certified-behavioral-health-peer-support-specialist>

Nebraska

- <https://dhhs.ne.gov/Pages/Peer-Support-Training-Certification.aspx>
- <https://dhhs.ne.gov/Guidance%20Docs/Certified%20Peer%20Support%20Specialist%20Guidance%20Document.pdf>
- <https://dhhs.ne.gov/Pages/Peer-Support-Training-Completed-after-January-1-2019.aspx>
- <https://dhhs.ne.gov/Behavioral%20Health%20Documents/CPSS%20FAQ.pdf>

Nevada

- <https://nevadacertboard.org/prss/>
- <https://nevadacertboard.org/wp-content/uploads/2022/11/PRSS-Checklist-508.pdf>
- <https://nevadacertboard.org/wp-content/uploads/2022/11/PRSS-Flowchart-508.pdf>
- https://nevadacertboard.org/wp-content/uploads/2022/11/PRSS-I_Certemy-Instructions-508.pdf

New Hampshire

- <https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/crsw-application-review.pdf>
- <https://www.oplc.nh.gov/board-licensing-alcohol-and-other-drug-use-professionals>

- <https://www.oplc.nh.gov/sites/g/files/ehbemt441/files/inline-documents/sonh/alc-300.pdf>
- <http://nhrecoverycoachacademy.com/crsw-credentialing-in-nh/>

New Jersey

- <https://certbd.org/>
- <https://certbd.org/applications/>
- <http://certbd.org/site/wp-content/uploads/certified-peer-recovery-specialist.pdf>

New Mexico

- https://yes.nm.gov/nmhr/s/opre-become-a-certified-peer-support-wor?language=en_US
- <https://nmcbbhp.org/cpsw.html>

New York

- <https://www.asapnys.org/ny-certification-board/>
- <https://oasas.ny.gov/recovery/become-certified-recovery-peer-advocate>
- <http://nypeerspecialist.org>

North Carolina

- <http://pss.unc.edu/>

North Dakota

- <https://www.behavioralhealth.nd.gov/addiction/peer-support>

Ohio

- <https://mha.ohio.gov/community-partners/peer-supporters/become-an-adult-peer-supporter/become-an-adult-peer-supporter>

Oklahoma

- <https://oklahoma.gov/odmhsas/trainings/workforce-certification/certified-peer-recovery-support-specialist.html>

Oregon

- <https://www.oregon.gov/oha/HSD/AMH-PD/Pages/Training-Certification.aspx>
- <http://www.oregon.gov/oha/amh/pd/Pages/approved-training.aspx>

Pennsylvania

- <https://www.pacertboard.org/certifications>
- <https://www.mentalhealthpartnerships.org/training>
- <https://www.riinternational.com>
- <https://copelandcenter.com/our-services/certified-peer-specialist-training-cps>
- <https://www.papeersupportcoalition.org>

- <https://www.dhs.pa.gov/Services/Mental-Health-In-PA/Pages/Peer-Support-Training.aspx>

Rhode Island

- <https://www.ricertboard.org/certifications>

South Carolina

- <https://addictionprofessionalsofsouthcarolina.org/peer-support-specialists-certification/>
- <https://addictionprofessionalsofsouthcarolina.org/wp-content/uploads/2021/02/Peer-Support-Specialist-Manual-feb-edit.pdf>
- <http://www.SCSHARE.com>
- <https://www.scshare.com/file-share>

South Dakota

N/A

Tennessee

- <https://www.tn.gov/behavioral-health/cprs>

Texas

- <https://www.tcbap.org/>
- <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/peer-support-services/about-peer-support-services>
- [https://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=354&sch=N](https://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=1&pt=15&ch=354&sch=N)

Utah

- <https://dsamh.utah.gov/education/certification/peer-support>

Vermont

- <https://vamhar.org/>
- <https://recoveryvermont.org/recovery-coaching/>
- <https://www.pathwaysvermont.org/what-we-do/statewide-peer-workforce-resources/>

Virginia

- <https://www.vacertboard.org/cprs>
- <https://dbhds.virginia.gov/office-of-recovery-services>
- <https://www.vaprs.org/about-peer-family-support/>
- <https://dbhds.virginia.gov/assets/doc/recovery/certification-and-registration-pathways-final.pdf>

Washington

- <https://www.hca.wa.gov/health-care-services-supports/behavioral-health-recovery/peer-support>

Washington, D.C.

- <http://dbh.dc.gov/service/peer-specialist-certification-program>

West Virginia

- <https://www.wvcbapp.org/>
- <https://www.naadac.org/ncprss>

Wisconsin

- <http://www.wicps.org>
- http://uwm.edu/sce/program_area/human-services/wisconsin-mental-health-peer-specialist-certification/

Wyoming

- <https://health.wyo.gov/peer-specialists/>
- <https://recoverwyoming.org/peer-specialist-training-certification/>

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