Mental Health America

National Certified Peer Specialist

Role Delineation Study Report

June 1, 2016

The Florida Certification Board

Contents

Executive Summary

Mental Health America (MHA), in partnership with the Florida Certification Board (FCB), is developing the MHA National Certified Peer Specialist (MHA NCPS) professional credentialing program, which will be the first national, fully accredited certification program recognizing peer specialists qualified to work in both public and private whole health practices.

The MHA NCPS credential is specifically designed to qualify peers to provide peer support specialist services as an effective adjunct to the individual's physical and behavioral healthcare team(s) with the express purpose of assisting the individual to achieve recovery and activate self-management of their whole health goals. This credential is not designed to qualify a peer to work in clinical roles; it is designed to build upon and enhance traditional peer specialist training and core competencies upheld by current programs and add the additional competencies necessary to enable peers to work alongside any other healthcare team(s).

To achieve this goal, Mental Health America assembled a team of subject matter experts directly involved in the peer support movement and, under the guidance of the FCB, established a proposed set of core competencies for the MHA National Certified Peer Specialist credential. The core competencies express the knowledge, skills and abilities expected of a peer support specialist regardless of employer. In this field, it is critical that the foundation of the credential remain true to the spirit and intent of peer support and, as such, the first performance domain, Foundations of Peer Support, reinforces the expectation that an MHA NCPS performs all job duties in a manner informed by and reflective of the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Specialists (iNAPS) guiding principles, practice guidelines and core values of peer support.

Mental Health America's team established and shared the *Nationally Certified Peer Specialist Core Competencies DRAFT for Public Comment*, which resulted in feedback from a wide range of professionals involved in the peer support movement representing over 30 states. The overwhelming majority of the response data (greater than 90% across all competencies) indicated that the draft performance domains and competencies/job tasks were correct as presented and did not need to be changed. The remaining feedback was thoughtful and informed the final set of core competencies.

There are **6 Performance Domains and 55 competency/job task statements.**

1. Foundations of Peer Support (12 competency/job task statements)
2. Foundations of Healthcare Systems (12 competency/job task statements)
3. Mentoring, Shared Learning and Relationship Building (9 competency/job task statements)
4. Activation and Self-Management (11 competency/job task statements)
5. Advocacy (4 competency/job task statements)
6. Professional & Ethical Responsibilities (7 competency/job task statements)

The final step of the core competency identification process is the validation effort. The goal is to seek feedback from as many people as can be reached who are involved in the peer support movement. Respondents are asked to rate each of the competency/job task statements for IMPORTANCE and FREQUENCY and to identify any missing performance domains or competency/job task statements. Validation study feedback was collected through an anonymous online survey process, analyzed by FCB psychometricians and resulted in a valid, reliable and legally defensible MHA NCPS examination blueprint.

This report documents the Role Delineation Study (RDS) process undertaken to establish and validate the core competencies for the MHA National Certified Peer Specialist credential.

MHA NCPS Credential Overview

Currently, peer support specialists work in the public behavioral health arena in every state and most states have developed some type of credentialing process to assure a local standard of training and experience for peer support services paid for with state and federal dollars. Thirty-five states have peer support as a Medicaid reimbursable cost service. While peer support is well established in the public mental health system, it has made very little headway entering into the commercial/private sector. This is primarily due to:

- Health insurance company requirements of consistent, high standards of training and other prerequisites to meet compliance needs,
- The lack of understanding of the value of peer support roles within the commercial/ private sector insurance space, and
- A desire for additional gold standard research that demonstrates clinical outcomes in this emerging field.

In order to expand the concept of peer support to its fullest capacity, while still keeping the intrinsic nature of true peer support, Mental Health America (MHA), in partnership with the Florida Certification Board (FCB), is developing the first national, fully accredited certification program recognizing peer specialists qualified to work in both public and private whole health practices. The certification is not designed to qualify a peer to work in clinical roles; it is designed to build upon and enhance traditional peer specialist training and core competencies upheld by current programs and add the additional competencies necessary to enable peers to work alongside any other health care team(s).

The goal is for MHA NCPS' to be viewed as an effective adjunct to the individual's care teams with the express goal of supporting the individual to achieve recovery and activate self-management of their whole health goals. We anticipate that MHA NCPS' will be employed in a wide range of clinical settings, including inpatient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, psychosocial rehabilitation, outpatient behavioral health programs, and peer-run programs.

Additionally, this credential is designed to serve as a quality indicator, helping to ensure that peer support services are defined and embedded in the system of care. Although there is public concern that regulating peer support services is in direct opposition to the fundamental principles of the peer support movement, the field is evolving from a grassroots social movement to an evidence-based recovery support service that produces significant outcomes for individuals receiving physical and behavioral healthcare services. While peers are unique and are NOT medical practitioners, there are certain concepts that an emerging field, like peer support, may find helpful to mirror so that individuals outside of the peer community can understand the level of skill certain peers have achieved. Certification allows peers to demonstrate this exceptional skill and knowledge to the outside world. The MHA National Certified Peer Specialist credential is designed to meet the needs of stakeholders in the healthcare system while maintaining the fundamental principles, values and practices of peer support.

> While individual's holding the MHA National Peer Specialist credential will be qualified to work in both traditional, public peer settings and private/commercial setting, this program is not intended to replace existing peer support specialists credentialing or certification programs at the state and local levels within the public healthcare space; nor should it be a requirement for Medicaid/Managed-Care reimbursement.

The Role Delineation Study (RDS)

A valid, reliable and legally-defensible professional credentialing program is based on a sound method to analyze and identify a profession's core competencies. The Florida Certification Board (FCB) conducts a Role Delineation Study (RDS) to establish a clear definition of "what" people are expected to perform and link the resulting competencies to an examination instrument, allowing for pass or fail decisions to correlate to competent practice. This step is so critical that the American National Standards Institute (ANSI), the National Commission for Certifying Agencies (NCCA), and the American Educational Research Association/American Psychological Association/National Council on Measurement in Education (AERA/APA/NCME) all promote standards for this foundational step, which state:

> *The certification program must establish and document policies and procedures for retaining all information and data required to provide evidence of validity and reliability of the assessment instruments. (NCCA, 17)*
>
> *The certification body shall define the methods and mechanisms to be used to evaluate the competence of candidates, and shall establish appropriate policies and procedures for the initial development and continued maintenance of these methods and mechanisms (ANSI ISO 17024, 4.3.1)*
>
> *When the validation rests in part on the appropriateness of test content, the procedures followed in specifying and generating test content should be described and justified in reference to the construct the test is intended to measure or the domain it is intended to represent. If the definition of the content sampled incorporates criteria such as importance, frequency or criticality, these criteria should also be clearly explained and justified. (AERA/APA/NCME, 1.6)*

This report documents the methodology used by the Florida Certification Board to establish the core competencies and examination blueprint for the job classification of MHA National Certified Peer Specialist.

RDS Process Overview

The Role Delineation Study (RDS) is the first step in the development of a professional credential. The RDS is a three-phase process that results in a set of core competencies/job task statements grouped into performance domains and a legally defensible certification examination blueprint. The FCB follows national standards when conducting an RDS.

The MHA National Certified Peer Specialist Role Delineation Study (RDS) was conducted between August 2015 and May 2016, during which time the following key activities were conducted:

1. Identify the core competencies of the profession (e.g., "what" is done on the job).
2. Validate the core competencies through a structured survey process.
3. Develop the examination blueprint based on survey results.
4. Document the RDS process to support the link between the core competencies and examination instruments.

The FCB's RDS structure was established by Dr. Akihito Kamata, PhD, and was implemented by the FCB's Director of Certification, Amy Farrington. .

Summary of Key Activities and Timelines

1. Establish DRAFT competencies for public comment.

   The *Mental Health America (MHA) Nationally Certified Peer Specialist Role Delineation Study Scope of Service Workshop* was held on August 13 – 14, 2015 in Washington D.C. A team of subject matter experts was assembled and led through the workshop by the Florida Certification Board (FCB)

2. Collect feedback on DRAFT competencies and edit as necessary and appropriate.

   The *MHA National Certified Peer Specialist Scope of Service DRAFT Report for Public Comment* was opened in February 2015. The feedback was analyzed and incorporated into the final set of core competencies used in the validation effort.

3. Conduct the validation study.

   The *MHA National Certified Peer Specialist Core Competency Validation Study* was conducted between April 24 and May 2016.

4. Analyze Data and Establish Exam Blueprint

   The *Analysis of Role Delineation Validation* Survey *Study and Test Blueprint for MHA National Certified Peer* Specialist was published on May 23, 2016.

This RDS report describes the outcome of all activities and documents the link between the core competencies, examination instrument(s) and certification standards.

Target Audience Characteristics

The subject matter experts established the following program statement and target audience characteristics to provide a shared understanding of "who" the credential is designed for.

MHA National Certified Peer Specialists use their lived experience and learned knowledge and skills to help others engage in self-directed recovery planning and develop the skills necessary to activate self-management of their primary disease(s) and/or prevent the escalation of illness. This is an advanced-level peer specialist credential, for a person with a minimum of 12 months experience and advanced training in topics related to whole health, healthcare systems, trauma-informed care, and adult learning. Applicants for this credential must have:

- ✓ Achieved and maintain recovery from a mental health disorder and, possibly, other co-occurring whole health problems.
- ✓ Demonstrated a commitment to peer support services as a means to recovery from mental health and other co-occurring whole health problems.
- ✓ Completed advanced and specified training necessary to competently provide peer support services in public and private whole health practices.
- ✓ Direct experience providing peer support services in public or private behavioral health or other whole health practice setting.

The workgroup further identified the primary experience that defines "peerness" between the credentialed peer and the individual receiving peer services as **the shared lived experience of having a mental health condition that has had a significant negative impact on the individual's day-to-day life.**

Although not all individuals with a mental health condition also experience a substance use condition, the co-occurrence of a mental health and a substance use conditions is commonly encountered; therefore, the MHA NCPS is expected to have a knowledge base of both mental health and substance use conditions, even if the MHA NCPS does not have direct experience with the secondary condition.

The subject matter expert team emphasized that when establishing one's suitability to serve as a peer to another individual, employers should consider multiple factors far beyond the "diagnosis," such as ethnicity, race, gender, age and other characteristics. It is incumbent for the MHA NCPS and the individual receiving peer support services to focus on shared experiences unless their individual differences outweigh the benefits of a peer relationship.

The performance domains and core competencies/job task statements were drafted with this set of target audience characteristics in mind.

Core Competencies & Performance Domains

Core competencies are the job tasks that certified individuals must be able to perform on-the-job, regardless of employer or service delivery model. Core competencies are grouped into Performance Domains, which are categories of like job tasks/responsibilities. While job tasks are grouped into discrete performance domains, it is understood that job tasks overlap and inform job tasks in other categories. Job tasks are grouped under the performance domain in which they are most frequently performed/directly aligned. Although core competencies describe job tasks, they are not presented in sequential order. Certified individual are expected to be able to perform all job tasks as necessary and appropriate.

To establish a common baseline, the workgroup members began by reviewing the following reference documents:

- National Ethical Guidelines and Practice Standards/National Practice Guidelines for Peer Supporters. International Association of Peer Supporters (iNAPS)
- Substance Abuse and Mental Health Services Administration (SAMHSA) Core Competencies for Peer Workers in Behavioral Health Services
- Peer Support Accreditation and Certification (Canada) National Certification Handbook
- Florida Certification Board Certified Recovery Peer Specialist (CRPS) Core Competencies
- Core Competencies for Integrated Behavioral Health and Primary Care. SAMHSA-HRSA
- Meaningful Roles for Peer Providers in Integrated Healthcare. California Association of Rehabilitation Agencies. November 2014.

The workgroup members agreed that the nationally accepted ethical values and practice guidelines for peer support must serve as the foundation of this credential. As such, all core competencies identified by the workgroup are informed with a shared expectation and understanding that the job tasks will be performed in a manner that reflects these foundational principles. The workgroup established six performance domains and 55 competency/job task statement allocated across the domains as follows:

1. Foundations of Peer Support (12 competency/job task statements)
2. Foundations of Healthcare Systems (12 competency/job task statements)
3. Mentoring, Shared Learning and Relationship Building (9 competency/job task statements)
4. Activation and Self-Management (11 competency/job task statements)
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6. Professional & Ethical Responsibilities (7 competency/job task statements)

Validation Study

The purpose of a validation study is to allow individuals who are currently involved in the peer support specialist field to review and provide feedback on the core competencies identified by the subject matter expert panel. While the SMEs who identified the core competencies are considered experts in the field, they represent only a small group of practitioners and their expert status may result in a perception of the role of the MHA National Certified Peer Specialist that is different than that held by others. As such, the validation study provides content validity to the final set of core competencies. This process is conducted via an on-line survey that enables respondents to evaluate and provide feedback on the six (6) performance domains and 55 job tasks.

Survey Development

The on-line *MHA National Certified Peer Specialist Validation Study Survey Instrument* was developed by FCB psychometricians and includes the following sections:

1. Introduction
2. Survey Overview
3. Overview of the NCPS Description, Performance Domains and Job Tasks
4. Respondent Demographic Data
5. Domains and Task Statement Ratings for Importance and Frequency
6. Time Percentages for each Domain
7. Respondent Feedback/Missing Domains or Tasks

Survey Sample Methodology and Analysis

Typically, the FCB uses statistical hypothesis testing to determine the number of responses necessary to assure a valid and reliable dataset. As the peer support specialist is evolving and there is no solid N for the incumbent population, the FCB used population representation to complete the statistical analysis. The FCB based the required number of responses on the feedback received during the public comment phase of this project (82 complete survey responses) and estimated the minimum number of required responses to be greater than 150. In total, 544 persons responded to some of the survey. All respondents completed the demographic information and a valid data sample of 311 responses informed the examination blueprint.

Respondents were solicited by MHA, who distributed participation request letters through their email contact lists (including all MHA affiliates), the National Council for Behavioral Health, and the National Association of State Mental Health Program Directors.

The on-line survey was made available to respondents from April 25, 2016 until May 20, 2016. Respondents without ready access to the internet were offered a hard copy of the survey. At the end of the survey period, the FCB collected the data and analyzed the respondents' demographics, task ratings, and survey adequacy.

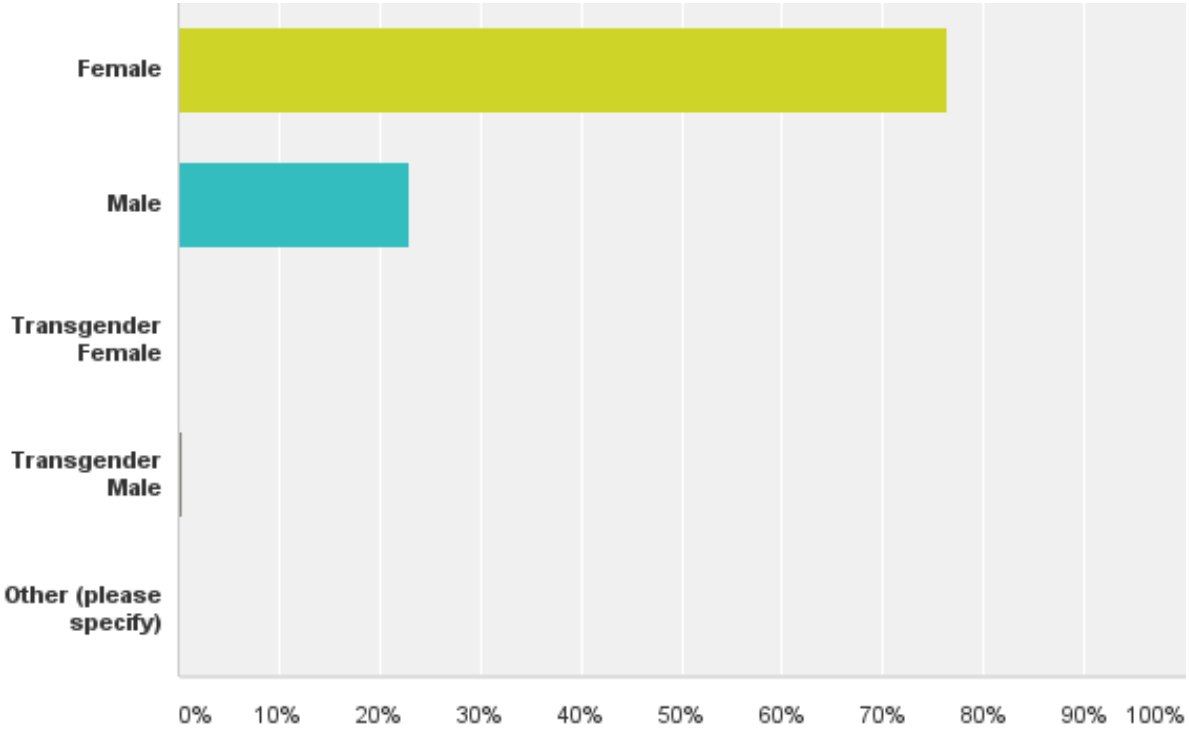
A total of 544 people responded to the survey and 331 completed all sections. The demographic characteristics of the valid sample are summarized in the following pages.

Demographic Characteristics of Survey Respondents

The demographic characteristics of the 544 valid responses are summarized below.

Gender

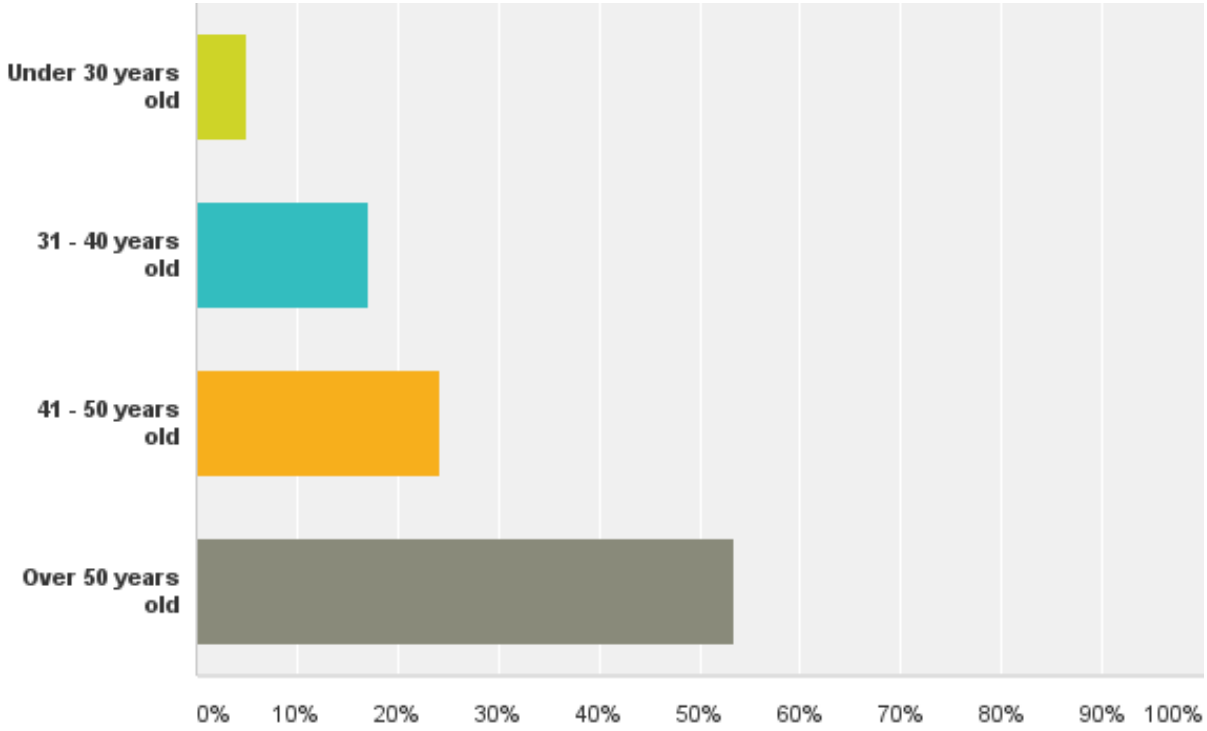
Of those responding to the survey, there were significantly more women (76.1%) responding than men (23.3%). Less than 1% indicated another gender option.



Options	N	Valid %
Male	414	76.1%
Female	127	23.3%
Transgender Female	0	0.0%
Transgender Male	2	0.4%
Other (please specify	1	0.2%
Missing	0	

Age

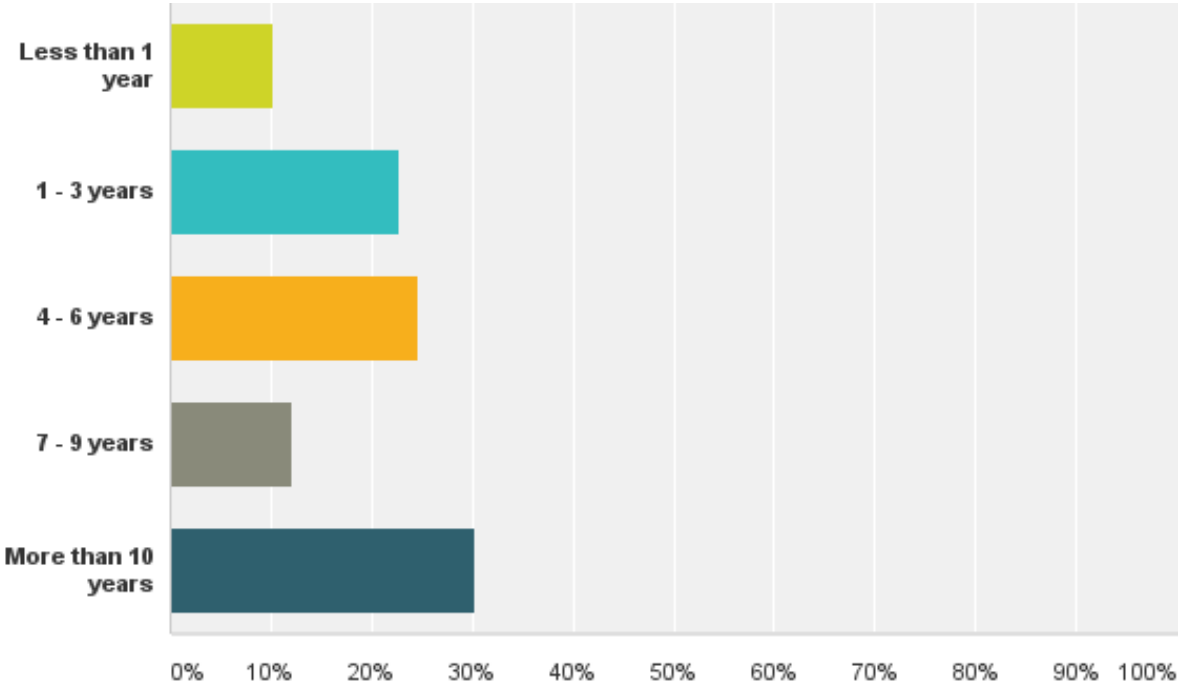
All age levels were represented in the survey data. The majority of the respondents are over 50 years of age (53.7%), followed in descending order with 24.1% of respondents falling between 41 and 50 years of age, 17.1% in the 31 – 40 age range and 5.1% under 30 years of age.



Options	N	Valid %
Under 30 years old	28	5.1%
31 – 40 years	93	17.1%
41 – 50 years	131	24.1%
Over 50 years old	292	53.7%
Missing	0	

Years of Related Experience

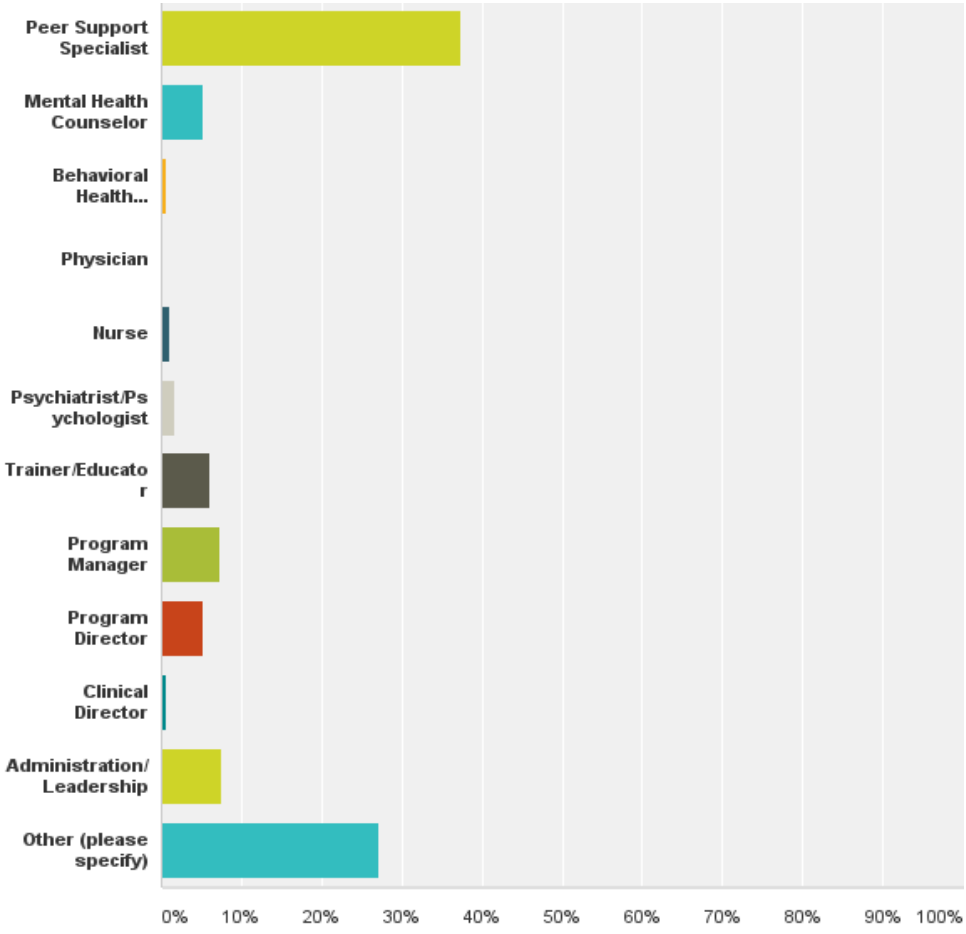
Respondents were asked to indicate the length of time they have worked in the peer support field. 10.1% of respondents have been in the field for less than 1 year and over 30% of respondents have been working in the field for over 10 years. All other respondents have been in the field from anywhere from 1 to 9 years, as illustrated below.



Options	N	Valid %
Less than 1 year	55	10.1%
1 – 3 years	122	22.4%
4 – 6 years	135	24.8%
7 – 9 years	67	12.3%
More than 10 years	165	30.3%
Missing	0	

Current Job Function (multiple responses allowed)

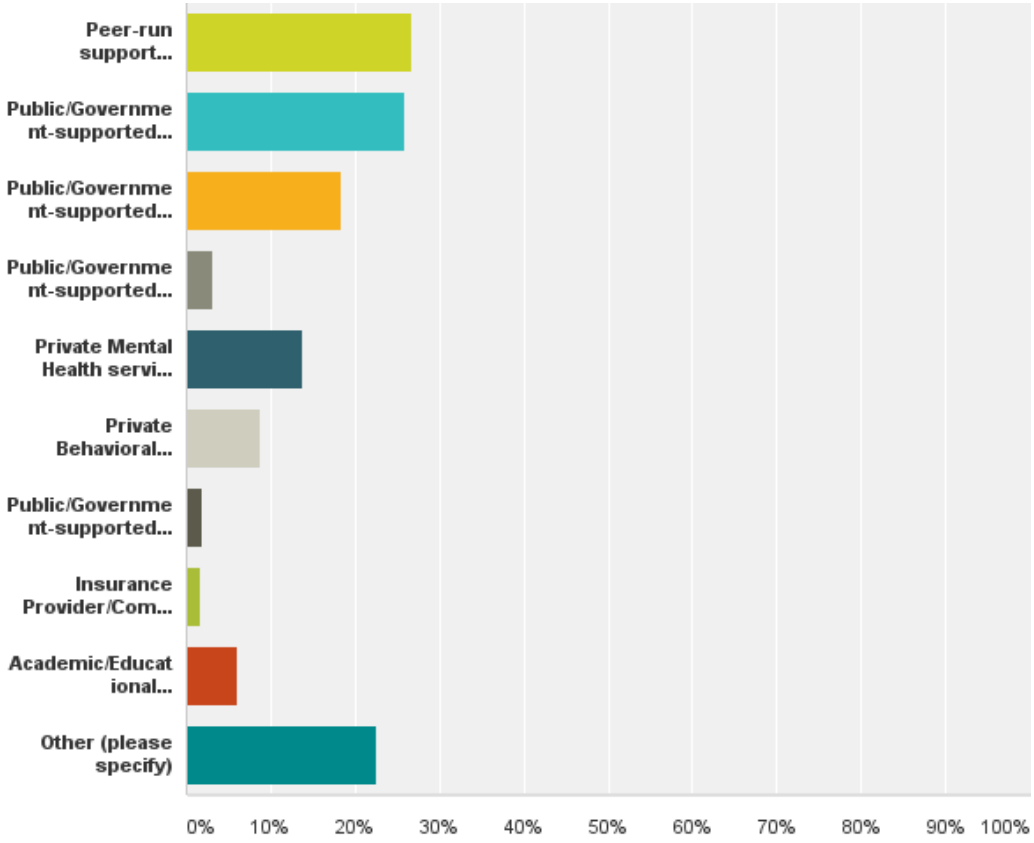
It is good news that the majority of respondents align themselves with the role of Peer Support Specialist (36.9%), yet interesting that the second-largest group of respondents (27.2%) identified as "other." With the exception of "physician", there were respondents representing all other identified job functions.



Options	N	Valid %
Peer Support Specialist	201	36.9%
Mental Health Counselor	29	5.3%
Behavioral Health Counselor	4	0.7%
Physician	0	0.0%
Nurse	6	1.1%
Psychiatrist/Psychologist	9	1.7%
Trainer/Educator	33	6.1%
Program Manager	40	7.4%
Program Director	29	5.3
Clinical Director	4	0.7
Administration/Leadership	41	7.5
Other (please specify)	148	27.2%
Missing	0	

Current Practice Setting/Employer (multiple responses allowed)

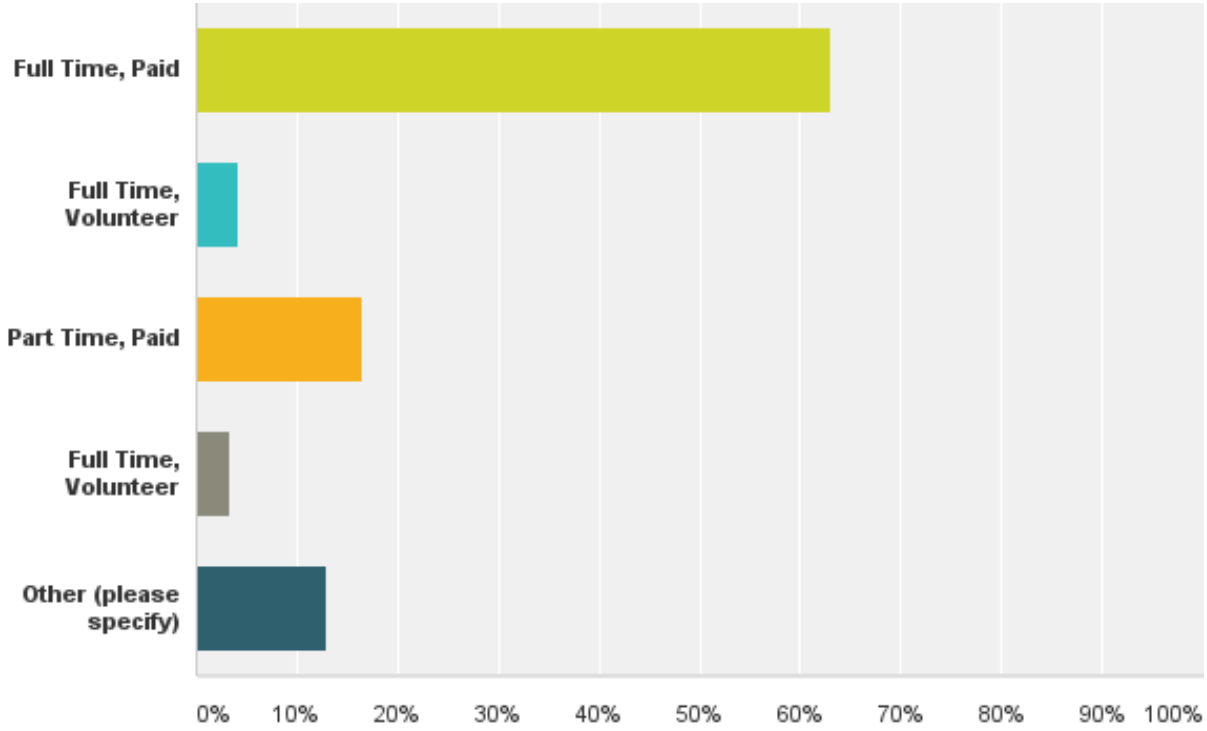
The majority of respondents currently work for a Peer Run Support Services Organization (26.8%), a Public/Government-supported Mental Health Services Organization (25.9%), or a Public/Government-supported Behavioral Health/Substance Abuse Services Organization (18.2%). As with the question regarding "current job function" a significant number of respondents selected the "other" option (22.6%). The following graphic and table illustrates the current practice settings/employers of survey respondents.



Options	N	Valid %
Peer Run Support Services Organization	14	26.8%
Public/Government-supported Mental Health Services Organization	24	25.9%
Public/Government-supported Behavioral Health/Substance Abuse Services Organization	24	18.2%
Public/Government-supported Physical Health Services Organization	13	3.1%
Private Mental Health Services Organization	12	13.6%
Private Behavioral Health/Substance Abuse Services Organization	21	8.8%
Private Physical Health Services Organization	9	1.8%
Insurance Provider/Company	12	1.7%
Academic/Educational Institution		6.1%
Other (please specify)		22.6%
Missing	0	

Work Hours (multiple responses allowed)

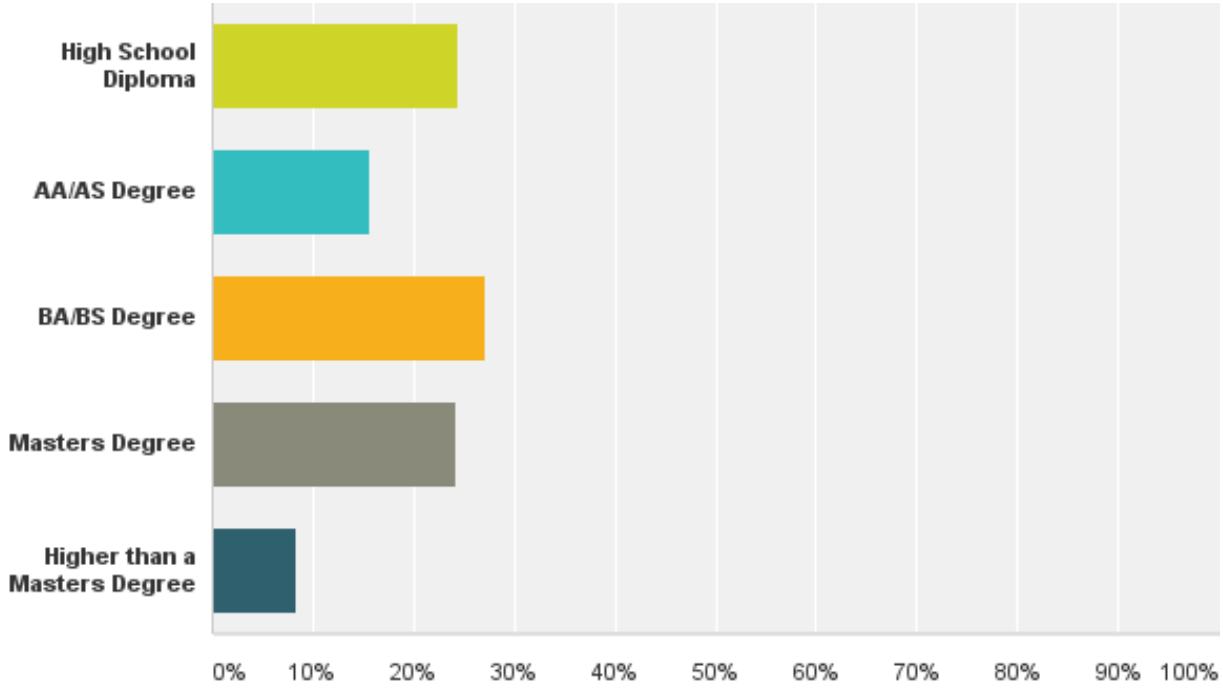
All combination of work hours and statuses were represented by respondents. The majority of respondents (63.4%) are full-time, paid employees. Part-time paid employees represent slightly more than 10% of the survey data, closely followed by 69 respondents selecting the "other" option.



Options	N	Valid %
Full Time, paid	345	63.4%
Full Time, volunteer	23	4.2%
Part Time, paid	88	16.2%
Part Time, volunteer	19	3.5%
Other (please specify)	69	12.7
Missing	0	

Highest Education Level

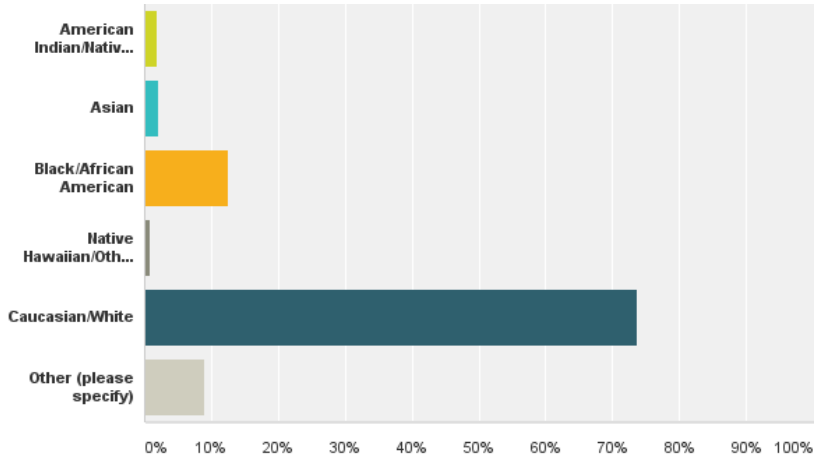
All educational levels were represented by survey respondents. A Bachelor's degree or higher is held by slightly more than half of the respondents (27.2, 24.4 and 8.5%). There were no respondents who do not hold a High School Diploma/General Equivalency Diploma (GED), which is the proposed minimum formal education requirement for the MHA National Certified Peer Specialist (MHA NCPS) credential. The distribution of responses is illustrated below.



Options	N	Valid %
High School Diploma/GED	132	24.3%
AA/AS Degree	85	15.6%
BA/BS Degree	148	27.2%
Masters Degree	133	24.4%
Higher than a Masters Degree	46	8.5%
Missing	0	

Race

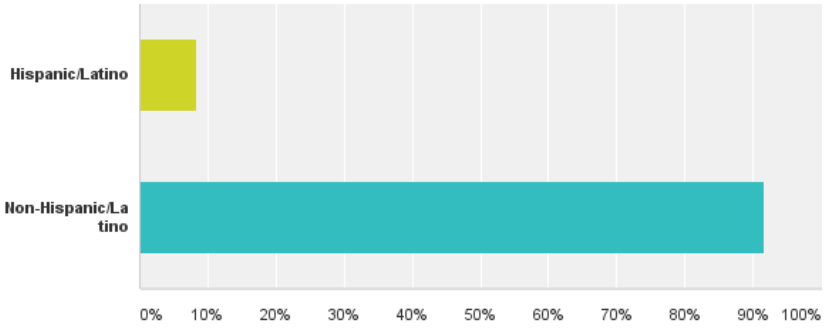
Respondents were asked to answer an optional question identifying their race. All respondents answered this question. The majority of respondents identify as Caucasian/White (74.3%), but all races were represented, including 9.0% who identified as "other". Note: The FCB captured "Ethnicity" information in a separate question.



Options	N	Valid %
American Indian/Native American	9	1.7%
Asian	11	2.0%
Black/African American	66	12.1%
Native Hawaiian/Other Pacific Islander	5	0.9%
Caucasian/White	404	74.3%
Other (please specify)	49	9.0%
Missing	0	

Ethnicity

Respondents were asked to answer an optional question identifying their ethnicity. Forty-six (46) respondents identify as Hispanic/Latino and 498 respondents identify as non-Hispanic.



Hispanic/Latino	46	8.5%
Non-Hispanic/Latino	498	91.5%
Missing	0	

State

Respondents were asked, "In which state do you work?" 24 respondents failed to answer this question, 3 respondents indicated they represented a national perspective, and 1 respondent indicated representing both national and international perspectives. Additionally, two respondents work in India. See the following table for respondents by states.

State	*N*	State	*N*	State	*N*
Alabama	2	Kentucky	5	Oregon	10
Alaska	1	Louisiana	3	Pennsylvania	36
Arizona	36	Massachusetts	20	Puerto Rico	1
Arkansas	2	Maine	3	Rhode Island	3
California	60	Maryland	7	South Carolina	9
Colorado	13	Michigan	13	Tennessee	6
Connecticut	7	Minnesota	6	Texas	21
Washington, DC	1	Mississippi	4	Utah	3
Delaware	2	Missouri	4	Vermont	1
Florida	33	Montana	10	Virginia	19
Georgia	7	New Jersey	13	Washington	13
Guam	1	New York	30	West Virginia	1
Hawaii	1	Nevada	2	Wisconsin	23
Idaho	3	New Mexico	16	Wyoming	2
Illinois	11	North Carolina	6	Nationally	3
Indiana	16	New Hampshire	2	Nationally and internationally	1
Iowa	4	Ohio	9	India	2
Kansas	2	Oklahoma	4	missing	24

Survey Adequacy and Reliability Measure

At the end of the survey, respondents were asked questions regarding how well performance domains and job tasks of a competent MHA National Certified Peer Specialist were covered. Overall, the response to the survey demonstrated strong support for the validity of the performance domains and job tasks.

Respondents were positive that the survey covers the performance domains expected of a MHA NCPS. Of the valid sample of 311 respondents (233 missing responses), 305 respondents (98.1%) chose "Adequate", "Well" or "Very Well". When asked if any performance domains were omitted, 85.9% of respondents answered "No". Comments regarding performance domains that respondents indicated as "not covered" are provided in Attachment 2.

Respondents were also positive the survey correctly covers the job tasks expected of a MHA NCPS, as 97.5% of the valid sample of 311 respondents (233 missing responses) chose "Adequate", "Well" or "Very Well". When asked if any job tasks were omitted, 84.2% of respondents answered "No". Comments regarding job tasks that were not covered are provided in Attachment 3. The survey also allowed for "additional comments" which are provided in Attachment 4. Respondent's open-ended comments will be considered by the MHA NCPS Advisory Board when program standards are established.

The survey results regarding the perceived percentage of time a MHA NCPS spends performing the job tasks in each of the six domains indicated a variation from the derived exam proportions for the six domains. Specifically, the derived exam proportion was considerably higher than the average percentage of time a MHA NCPS spends for Domain 2: Foundations of Healthcare Systems. On the other hand, the derived exam proportion was considerably lower than the average percentages for Domain 3: Mentoring, Shared Learning and Relationship Building and Domain 5: Advocacy. See the Derivation of Test Specifications section of this report for additional information.

Domain	Time Allocation	Derived Exam Proportion
Foundations of Peer Support	17.1%	21.13%
Foundations of Healthcare Systems	10.1%	20.53%
Mentoring, Shared Learning and Relationship Building	25.9%	16.94%
Activation and Self-management	16.6%	19.86%
Advocacy	15.6%	7.41%
Professional and Ethical Responsibilities	14.5%	14.13%

Note: the FCB expects to see comments regarding omitted performance domains and job tasks during the development of a new credential in an emerging specialization within the relatively new field of peer support. The FCB will consider the comments in Attachments 2 – 4, as well as consider the discrepancies between the perceived time allocation and derived exam proportions when a revision of the job tasks is considered.

As the mean task ratings for "importance" and "frequency" are directly used to determine the number of exam items across the job tasks, it is critical that the data be reliable. One of the most commonly

used methods to determine the reliability of a measurement instrument is the Cronbach Coefficient Alpha. This statistic measures the internal consistency of responses made within a survey. When reliability estimates are greater than .70, it can be assumed that the respondents answered the survey in a consistent manner with thoughtful consideration to each rating provided and that the questions relating to these tasks were appropriately interpreted by respondents. For this survey, the reliability estimates were high for both "importance" and "frequency" (see below) and support the use of the survey respondents' ratings to determine the examination blueprint.

Variable	Reliability Estimate	Effective N
Importance	.972	329
Frequency	.973	315

Derivation of Test Specifications

Test specifications were derived with the sample respondents. It should be noted that at least 127 people skipped Section B questions. Accordingly, valid sample sizes ranged from 331 to 417, depending on items. The weight of each task was determined in the following way. First, the average ratings for the Importance and the Frequency were obtained for each task. Then, the mean of the two ratings were computed (mean combined rating). Finally, the weight for each task (exam proportion) was computed by the following formula:

$$\text{Exam Proportion} = \frac{\text{Mean Combined Rating}}{\text{Total Rating Score}}$$

The total rating score is the sum of the mean combined rating for the 55 tasks, which is 220.98 in this case. The results are summarized in Attachment 5: Mean Ratings and Proportions of Items for 55 Tasks

The differences in exam proportions between tasks were up to 0.64%; the lowest was 1.46% (Task 1.8), and the highest was 2.10% (Task 6.1). This difference is equivalent to up to 1 item for all 100-item, 125-item and 150-item tests. Therefore, the difference in the number of allocated items between tasks should be only one for all 100-item, 125-item tests, and 150-item tests, if different numbers of items need to be allocated to some of the tasks.

First, the number of items for each domain was determined based on the sum of the exam proportions for items within each domain, such that the total number of items will be 100 for a 100-item test, 125 for a 125-item test, and 150 for a 150-item test. The sums of allocated task proportions for the five domains are:

Domain	Exam Proportion
Foundations of Peer Support	21.13%
Foundations of Healthcare Systems	20.53%
Mentoring, Shared Learning and Relationship Building	16.94%
Activation and Self-management	19.86%
Advocacy	7.41%
Professional and Ethical Responsibilities	14.13%

Next, the number of items for each task was determined within each domain. For example, for a 100-item test, the number of each task will be either 1 or 2. In order to decide for which items are assigned 1 item rather than 2 items, the number of items per domain was computed using the following formula: (2 × # of tasks in the domain) – (the # of allocated items for the domain). This quantity indicated the number of tasks for which 1 items would be assigned. For example, there are 12 tasks in Domain 1, while 21 items should be assigned to the domain. Therefore, the quantity is computed as (2 × 12) – 21 = 3. Therefore, 3 tasks should be chosen to assign 1 items, rather than 2 items, in this domain. Among the 12 tasks in Domain 1, tasks 1.1, 1.7 and 1.8 have the three lowest exam proportions. Therefore, 1 item would be assigned for these three tasks, while 2 items would be assigned for the remaining 9 tasks in this domain. The same procedure was applied for the other 5 domains.

The same procedure was applied to 125-item and 150-item tests, resulting in the following number of items per domain for each of the three potential test item number cases (100, 125, and 150 item tests).

Domain	100 Items	125 Items	150 items
Foundations of Peer Support	22	26	32
Foundations of Healthcare Systems	21	26	31
Mentoring, Shared Learning and Relationship Building	17	21	25
Activation and Self-management	20	25	30
Advocacy	7	9	11
Professional and Ethical Responsibilities	14	18	21

The mean ratings and proportions of items, along with assigned number of items, are summarized in Attachment 5. The detailed test blueprint is presented in Attachment 6.

Conclusion

The MHA National Certified Peer Specialist Role Delineation Study was conducted in keeping with national standards established by the American National Standards Institute (ANSI), the National Commission for Certifying Agencies (NCCA), and the American Educational Research Association/American Psychological Association/National Council on Measurement in Education (AERA/APA/NCME). Upon the publication of the MHA National Certified Peer Specialist Role Delineation Study Report, the core competencies and examination blueprint are final and should not be changed until an updated Role Delineation Study is completed. In particular, the performance domains, job tasks and examination proportions cannot be modified.

The average life span of a role delineation study and corresponding examination blueprint is five (5) years. However, in the instance of an emerging field, the RDS should be considered for update in no more than 3 years, at which time a formal review and revision, as necessary, should be made to verify and/or update performance domains, job tasks and assess changes to “importance” and “frequency” ratings. The role of the MHA National Certified Peer Specialist is an emerging position in the field of peer specialist support. As such, the FCB will closely monitor the performance of the credential and will initiate the MHA NCPS RDS update process no later than 2019.

Attachment A: MHA NCPS Performance Domains and Job Tasks/Core Competencies

Domain: Foundations of Peer Support

Job Tasks

1. Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health conditions.
2. Develop a working knowledge of the terms peer support, peer and recovery as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Specialists (iNAPS).
3. Develop a working knowledge of the recovery process, stages of change, and recovery capital.
4. Develop a working knowledge of the SAMHSA and iNAPS guiding principles, practice guidelines and core values of peer support.
5. Describe how peer support is shifting care from an illness model to a recovery model.
6. Develop a working knowledge of the holistic nature of recovery as it pertains to physical, behavioral, social, spiritual and environmental determinates of health.
7. Compare and contrast the concept of recovery as it is used across behavioral and physical health environments.
8. Compare and contrast the current role of peer support services in public healthcare systems vs. the emerging market for peer services in private/commercial healthcare systems.
9. Explain how peer support services can help individuals address barriers to recovery, including stigma, social isolation, and the ability to navigate complex healthcare and other human service systems.
10. Explain the impact of trauma on an individual's physical and behavioral health.
11. Explain the core principles of trauma-informed care.
12. Describe how to provide peer support services that reflect trauma-informed care principles and strategies.

Domain: Foundations of Healthcare Systems

Job Tasks

1. Develop a working knowledge of the concepts of whole health, wellness and holistic healthcare.
2. Describe a variety of healthcare settings and how peer support services can be integrated in these settings, including primary care settings, in-patient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, psychosocial rehabilitation, outpatient behavioral health programs, peer-run programs, and the professionals who may serve in these settings (i.e., psychiatrists, psychologists, therapists, primary care physicians.)
3. Understand the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.
4. Describe a variety of traditional (such as CBT, DBT, Medication Management, etc.) and non-traditional healthcare services (such as yoga, nutritional management, music, art or drama therapy, etc.).
5. Describe how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals.
6. Develop a working knowledge of actions and techniques that will assist the individual to identify, use and strengthen their natural resiliency skills when dealing with symptoms and stressors.
7. Develop a working knowledge of the social determinates of health and how these factors can impact an individual's health and well-being.
8. Develop a working knowledge of primary risk factors and the associated prevention/early intervention strategies that will help the individual navigate risk and promote health and well-being.
9. Describe how to learn about different therapeutic/clinical treatment modalities included in the individual's care plan in order to tailor peer support services to help the individual achieve whole health goals.
10. Develop a working knowledge of common methods to pay for healthcare services, including public and private/commercial payers and appeals processes in order to help the individual navigate and choose between options.
11. Develop a working knowledge of healthcare benefits available for individuals living with debilitating behavioral health conditions in order to help the individual navigate and choose between options.
12. Demonstrate a basic knowledge of medical language and chart/record documentation standards in order to communicate effectively with members of the care team and help the individual understand clinical situations and/or terminology.

Domain: Mentoring, Shared Learning and Relationship Building

Job Tasks

1. Effectively and appropriately share relevant parts your own recovery story, and, with permission, other stories of recovery to convey and inspire hope that recovery is possible in a manner that keeps the focus on the individual receiving services, not the peer specialist.
2. Describe how to establish, negotiate and maintain appropriate interpersonal limits and boundaries necessary to promote effective peer support services.
3. Assist the individual to articulate their personal strengths, needs, preferences, and goals related to health, home, education, purpose, and the larger community.
4. Use shared-learning strategies and other adult learning techniques to help the individual learn about available health, wellness, and recovery supports and services.
5. Use shared-learning strategies and other adult learning techniques to help the individual learn the life skills they identify as necessary to achieve whole health goals.
6. Effectively use technology, when possible, as a means to engage and provide peer support services to individuals living in rural or remote settings or experiencing other barriers to traditional “face-to-face” interaction.
7. Use effective communication skills that demonstrate acceptance, respect, empathy and non-judgement in order to learn what the individual receiving services has to say about their life, their strengths, and their hopes for recovery in order to tailor peer services as necessary to help the individual engage in the recovery process and achieve their whole health goals.
8. Recognize and understand your own personal values, culture and spiritual beliefs and how they may contribute to your own judgments, biases and beliefs about others and how to respond if these may inhibit your ability to effectively serve another individual.
9. Recognize and respect the individual’s personal values, cultural and spiritual beliefs and how these play a role in achieving whole health goals.

Domain: Activation and Self-management

Job Tasks

1. Develop a working knowledge of the concepts of “activation” and “self-management” of whole health goals.
2. Assist the individual to develop decision making strategies and function as an active member of his or her own recovery team, to include the selection of traditional and non-traditional recovery strategies, supports, and providers.
3. Assist the individual to identify and take actions necessary to develop behaviors that support achievement of whole health goals.
4. Help the individual learn how to access and navigate formal and informal community resources and services.
5. Help the individual to anticipate and avert, or safely manage any re-experience of symptoms of his or her condition(s) to ensure continued wellness.
6. Help the individual to respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain whole health goals.
7. Identify indicators that the individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert crisis and/or the need for intensive services.
8. Assist the individual to develop and activate self-management plans, advanced directives, recovery prevention strategies and crisis prevention strategies.
9. Provide on-going support, over time, to assure the individual is engaged in long-term, recovery-oriented self-management.
10. Provide access to a range of activation and self-care tools and resources that the individual may find useful in achieving whole health goals.
11. Help the individual learn how to locate and evaluate the effectiveness of online activation tools and resources like phone apps, twitter feeds, discussion boards, interactive programs and more.

Domain: Advocacy

Job Tasks

1. Demonstrate a working knowledge of relevant rights and laws to ensure that the individual receiving services' rights are maintained.
2. Promote self-determination and person-centered services when communicating with other members of the individual's care team.
3. Help the individual develop self-advocacy skills.
4. Identify and communicate gaps in the service system to supervisors or others in a position to respond to the unmet needs of individuals being served.

Domain: Professional and Ethical Responsibilities

The core competencies in this domain are related to the peer specialist's responsibility to perform job tasks according to federal and state laws, agency policies, and best practices. This domain also includes tasks necessary to demonstrate that the credentialed individual is only working/performing tasks within their scope of service, seeking supervision and professional development opportunities.

Job Tasks

1. Maintain confidentiality in accordance with state and federal laws.
2. Document service provision in accordance with agency policies and procedures.
3. Perform all job duties in accordance with federal and state rules and regulations.
4. Perform all job duties in accordance with published codes of ethics and professional conduct for credentialed peer support specialists.
5. Seek supervision as necessary and appropriate to competently perform the job duties of a peer specialist in a manner that reflects the guiding principles and core values of the peer support movement regardless of employer.
6. Practice personal safety and self-care.
7. Understand and explain the peer specialists' scope of service (i.e., know what you can and cannot do as a credentialed peer specialist).

Attachment 2: Omitted Performance Domains

(unedited free text response)

- In a national certification, this is almost impossible, but GA has found it helpful to have an orientation to the local service system.
- Many, a lot to explain.
- Cultural relevancy and competency
- Confidentiality
- Following up on our clients
- More emphasis is needed on natural and holistic approaches and faith based support. New and alternative approaches should be covered.
- Empowerment of individuals, encouragement and support of individuals' goals.
- Team work with other full time staff this was not addressed, but is the most important.
- Documentation community resources boundaries. Too often peer support workers are let loose on the community without enough advanced knowledge of how to maintain professional boundaries, and not a single brand new peer support worker in my fifteen years has been taught the value and importance of objective documentation. PSW's are hired and then fired for not holding up to the documentation standards.
- Safety first, Knowledge of keeping one safe when working one on one, or during home visits with clients.
- Supporting co-workers, peers, supervision. Also whom we contact if being treated unjust or unfairly according to our ethical guidelines n principals.
- Benefits people are on and how these systems could work for folks. Also, the medical cost for people on public systems will affect the economics as a workforce if paid.
- Additional education and training
- In any professional team, mediation is an important part of getting everyone (client included) to be working on the same goals and objectives.
- Interactions with non-recovery focused staff.
- It seemed to be geared more towards a professional peer and not how important the peer to peer original idea that a peer is not a professional.
- Community and family involvements are very important.
- Impact of stigma on the job, and the condition known as Role Strain.
- I think that the entire structure is woefully out of sync with the core principles of what is considered raw peer support.
- Possible accommodations for a Peer Support Specialist.
- Spirituality
- Criminal justice system
- Time management (unless you consider that a skill rather than a performance domain) WRAP Facilitation, and the ability to adapt it for whole health concerns.
- Practicum, supervised practicum, role-playing practice.
- How to manage role conflicts that may arise between professional and peer staff.
- Documentation. And the peer advocates' need to care for him/herself i.e., burnout and managing personal relapses and how to communicate needs with co-workers and supervisors.
- Emphasis placed on self-responsibility for peers to build a recovery plan in their own community prior to discharge from inpatient treatment.
- Resiliency and peers in leadership roles.
- Educating the public
- Cultural Competency

- Premortem methodologies to recognize and address accidental "set-ups" for apparent success vs. real progress, i.e. Data Driven when data is inaccurately reported or manipulated, etc.
- In my experience working with peer specialists, their performance often was related to how they got along with other staff members who may not be consumers. I did not see any questions dealing with interpersonal relationships and how that enabled them to perform their job when they were dealing with their own illnesses.
- The connection of Peer Support Staff within the triangle of care with other Healthcare Professionals.
- Educating professionals (i.e. doctors, nurses, social workers, therapists, etc...) on the evidence based practices of a peer provider.
- How to sensitively, and culturally competently support families reflected in the LGBTQ population, whether parents, children, teens, or children of these parents. How to help programs/systems/service providers adapt family focused treatment plans, program literature, and documentation in a cultural and linguistically competent manner to ease family consumption.
- When working with people, we must realize that no two people are alike, and every plan must be individualized to meet each person needs. So I feel that we must add something to look at how plans will be implemented for individuality of services provided, and how we will measure the progress of individualized services for families.
- Importance of a person's culture and the role it plays.
- I do hope the peer specialist would have a certificate to display, saying they went through the training and passed the requirements.
- I have found a willingness to challenge my comfort zones as a strength and to always look for ways to share lived experiences in a helpful way with other non-peer staff....
- Yes, some of the questions called for the peer mentor to have as must training and education as the clinician. Is doesn't seem to be an appropriate goal of peer mentorship. I would ask that the team that developed this survey, please lessen the peer mentors clinical expectations.
- Providing culturally sensitive peer support services.
- Burnout prevention, conflict management, institutional/corporate politics of career management, managing up for managing your supervisor, the "soft" skills or people skills for dealing with job politics
- I'm not sure but I don't think there's enough covered about how to navigate the insurance industry and Medicare/Medicaid in particular.
- I would need more time. I wasn't expecting on even taking this, but thought I would do it to help if I could. You are asking about a NCPS and you did give job description but it's hard to answer questions about a job I haven't worked. I am a Certified Forensic Peer Specialist and have worked in the Mental Health field for 10 plus years as an advocate and I have many certificates, I also live with many illnesses, so, to answer these questions I did the best I could off what you gave and wanted.
- How to deal with emotional outburst and / or crisis situations.

Attachment 3: Omitted Job Tasks

(unedited free text response)

- Motivational Interviewing Skills.
- There are quite a few job tasks missing.
- Working with families.
- Helping people find work in this competitive economy, helping people go back to school to increase their skills, helping people to learn and create their own Wellness Recovery Action Plan.
- Yes, time facilitating peer run groups such as WRAP, WHAM and recovery coaching.
- Culturally attuned Peer Specialist as per CLAS. No mention of LGB, Gender Queer or Trans acculturation training necessary.
- Humanity is required.
- Most of my coworkers full time employees with bachelor degrees and higher do not know what a peer employee has for job duties except use the telephone.
- The taking and recording of progress notes to assist with case management
- Taking clients into the community to reestablish their personal connections and their confidence to go into public again. Billing for services n types.
- A self-assessment of skills needed to perform any task and peoples wellness. The career path for people to move as a workforce.
- Time Management
- The fact that peer services support is more about shared life experience and recovery than a pay check.
- There did seem to be any reference to effectively working as a member of team. There was also no reference to staying current or updating ones skills.
- I communicate on a daily basis with my clients' counselors and the NP to coordinate care.
- Transportation
- Harm reduction support
- Basic functions.
- Working with other staff; supervisor and co-workers.
- Small group facilitation/leadership Health & wellness education Motivational interviewing.
- More specific tasks for the PS's self-care and mental health self-management, including discussions with supervisors about ongoing goals for the supportee, how the PS feels the work is going, how the PS is feeling about herself, etc.
- Being part of an integrated team and the skills it takes to building relationships with other care team members.
- 90% of the tasks are simply listening; demonstrating that the "client" is worthy of attention.
- Police work was not involved in the survey.
- I don't remember if advocacy was listed much. If not, should have been.
- As mentioned earlier communication skills.
- How to take steps to become part of a person's care team. HIPPA laws and reluctance of care providers to include peer specialists in discussion of a person's treatment usually hinder the ability to effectively help someone. Also one of the most difficult tasks of a peer specialist is helping someone address their illness and recovery when they lack insight. Teaching skills devoted to this challenge would be very valuable.
- Peer specialist needs time for research and development of topic building and compelling inspirational discussion dialogues.
- Stabilization with basic needs it housing food transportation.
- Legal and ACT.

- Becoming agents of change from clinical models to recovery oriented systems of care.
- Presence.....silent, perhaps inactive companionship.
- I am sure there are job tasks that you did not include simply because if a peer specialist is an advocate they will be called on to do tasks we would not have room for in this survey.
- The connection of Peer Support Staff within the triangle of care with other Healthcare Professionals.
- A rubric, or tool should be created to help advocates assess/train/teach families on the topics of anger management, assertive behavior techniques, family mediation, safety planning, DOE Special Education Rights and IEPs, Financial Management, ADL skill building, and crisis-co-regulation skills. I would also recommend creating a training component for family advocate called "social advocacy" to teach parents how to plug into and help create family focused, platform issues to be voted on by their local (state) legislature.
- Modeling in the community. Personally walking the walk and taking the talk outside of professional domains.
- How to deal with hostile coworkers.
- That the person the peer is working with has the answers to their questions (for the most part) and the job of a peer is to listen 90% of the time.
- I really believe the advocacy is a very large part of the peer support system, and that it was not covered adequately in the survey as compared to other core areas.
- Understanding AHCCCS billing codes, how to write progress notes for claims, using EHR systems.
- Leadership and support of other peers in the workforce.
- How important education is to be continued throughout the time a CPS is needed, background checks needed to be done yearly, certificate has to be updated yearly.
- As peer support specialists we must prove our value, worth, and cost savings. We also must be open to tasks that some might see as every day....The more professional non clinical approaches or supports the better.
- Maybe I was reading too fast, but what about supervision of other peers, program development, leadership roles, etc.
- No job tasks were omitted. But some were the job of the clinician and not the peer mentors.
- Educating people in the community about peer support, participating in a professional association for peer support professionals, mentoring/supervising new peer support people, as examples of professional activities that go beyond just the job.
- Part of being a peer requires the ability to document services in order to bill for their services.
- I hope this program grows nationally to provide much needed support to the underserved patient community.
- Excellent.
- Part of being a peer requires the ability to document services in order to bill for their services.
- None that I can think of right now.
- Again violent or crisis situations.
- The importance of socializing with peers for engagement in building friendships.

Attachment 4: Other Comments

(unedited free text response)

- Multiple questions were asking more than one question, or including two sets of information that were opposites or that one may not have the same answer for. Many were poorly worded. examples were #13 #26 #28 #32 #34 and the term recovery capital sounds like buzz words, social capital yes I get that...recovery capital, no. the questions were sometimes unclear as to if they were talking about the peer support doing this and learning the or them being able to teach someone this or that. Many of the questions were poorly written. They improved towards the very end. They seem written by different people and therefore create inconsistency. I am telling you this because it is important. Thanks for the work you are doing. I think you may need to resend this, asking only one question or one concept at a time, and being clear who you are talking about in each question. Questions on the last page of the scaled questions were much better worded. Use the ones I identified above and the ones on the last page to see what I am talking about. Thank you
- VA Peer Support Specialist have a difficult task of balancing government oversight, old ideas, and confidentiality and our brotherhood of military kinship. I love my job, my door is always open to assist anyone who needs it. Thank you for this opportunity to participate in this survey.
- I based my frequency answers on what I currently do now, I hope that was what you were looking for.
- Alternative systems, integration of primary care and mental health, and global concepts should be covered. Also specifics on traumatized refugees from war zones and cultural competency in general including generational variants.
- I believe you put too much emphasis on SAMHSA and iNAPS.
- I liked the opportunity to take part in this survey.
- I'm glad to see that more is being implemented into training for peer specialist since much of their job duties are not covered in the initial Training and perhaps more peer specialist may be better equipped for their jobs upon employment.
- Support and advocacy for those who do not feel comfortable acknowledging they are ill is very important too.
- More emphasis should be placed on self-care for when the specialist is down, he/she is no good for anyone.
- Suggestion: different levels of NCPS (level 1 to level 3...level 3...highest rank for NCPS).
- In my job we see people for a short time, maybe three months. Because of this some of the long term job goals were not relevant to my position.
- I work full-time and am a part of the DBT team, Young Adults program and assist in three trauma groups and then co-facilitate a WRAP for TRAUMA for both men and women (separately). It would be interesting to know the amount of time that is used in trauma alone, or DBT alone. This information could help in grants that would include peers being a part of trauma teams. I also am on the company's Trauma Informed Care steering committee and several trauma committees. You didn't really cover if peers are involved in policy making in their organizations. I have been fortunate to be a part of the trauma team here at Easter Seals - Michigan.
- Looks good. You put a lot of work into this. Thanks. Jen Padron.
- Yes, the section on percentages of task could be more specific. I felt the where two general.
- A behavioral health professional, paraprofessional or technician should be adequately prepared for the job in which they are hired or will potentially be hired for. Peer support is a buzz term that gives people warm fuzzies but does not provide an adequate training for working in a

PROFESSIONAL environment. Not all peer environments are drop in centers yet the trainings are only adequate for those types of businesses. Give the training a leg up. Make a training that is adequate to set people in the peer environment apart - to make a positive impact on their communities. The right way.

- Specific skills must be emphasized - skills of knowing oneself, knowing how to use lived experience in relationship SKILLFULLY, understanding how to hold the boundaries of the role with people in the work environment. We are not even 10% of the way to what's needed in trainings.
- This was confusing and too long.
- Looking forward to a national standard and certification for peer support providers.
- Love the trauma informed piece. This is lacking in other trainings.
- I would like to help with building this new policy and procedures and credential for peers because of poor wages and unfair treatment in Oklahoma to peers.
- Honestly, a Human Resource is needed for people and providers to help match, provide support, and sustain this shift in employment of people with disabilities.
- Will the training and exam of a NCPS have simplified English and translations in other languages such as Spanish, Portuguese, and American Sign Language? Please consider this request. Thank you.
- Important work you are doing.
- I think ethics and boundaries situations are the two subjects that are most understated, most misunderstood and understaffed in the peer role. It's been my experience that 90% of peer staff failure and eventual termination is due to the lack of importance and attention given to personal ethics and boundaries. Across the board, I feel that there isn't enough training given as well as enough importance instilled in our approach to consumers.
- It wasn't totally clear if these are domains for training or at work after training.
- I applaud the latest endeavor for a national exam (certainly not the first as MHA seems to taut). I think the goal is right on target however the market, as it is today, cannot sustain the enforcement of any such kind of certification that this survey purports to be in place. Placing this level of certification goes far beyond the aptitudes of the current peer workforce and we find ourselves at risk of losing government funding if for a slew of reasons including the fact that the current workforce would be perhaps 1/20th of the size under this plan. Further - I am solely disappointed that several mental health peer specialists that are leaders in this realm were not at all consulted. They would have been able to provide more insight and further helped solidify MHA's attempt here. I understand that MHA has become more corporate/government funded and controlled and I would hope that its' decrease in grassroots advocacy is not seen in other areas of its services. Thank you.
- Many of these were difficult to answer, because we don't yet know the type of work these specially certified peer specialists would be involved/included in. It's still a generalized concept, not a specific arena. I'm skeptical that they'd be accepted at another level of the medical hierarchy without an associate's or bachelor's degree.
- I am glad a national credential is being established. When I had certification from North Carolina and moved to Pennsylvania, my credential was not recognized.
- Sounds like it would be an excellent program. I think something like this is very needed.
- Just that the percentage breakdown at the end of the survey may be somewhat misleading as a number of these areas intermingle, for example, self-management and ethics could be co-mingled, as well as talking about ethics and boundaries are often in the context of mentoring, shared learning, and relationship building. Great survey though.
- Very, very long.

- A huge stressor is that of being undervalued and overwhelmed. How to care for oneself is as important as learning how to help others.
- The importance of the Triple Aim and how peers play a part in improving care, health and cost to sustain the agency.
- This survey talks about more than I have ever done in my position. It would be nice to be able to do some of these things.
- Whistle Blower issue.....currently legislation just sets up individual that is trying to sound off alarms to be attacked in passive/aggressive ways.
- I am very excited to see this developing. My one comment on the survey is that some of the things described within have to be almost speculated on in many areas because they do not happen actively in all peer support roles currently, so some of my own answers are projections - such as working side by side with healthcare providers - but I believe this is an important and developing role of the NCPS.
- Who is the accrediting body for this certification?
- So glad to see this National Certification credential.
- I think it would be a needed program.
- Will a national certification replace any certifications that my state has created?
- As an administrator I have found peer specialists are an important part of a recovery system we must have in place.
- Who and where would this credential be offered?
- There needs to be a section for Healthcare Professionals on respect and placement independence pertaining to Peer Support Specialist.
- Seem like a daunting task, at my office we were wondering why a national certification and not just a reciprocity agreement with the different states or local communities?
- I would suggest you continue to use family members (family peer advocates with lived experiences raising a person with special needs or mental illness) to continue to participate in direct feedback.
- Will current peer support specialists have to take the test or will they be grandfathered in?
- I think we do not get paid for what we are worth. I cannot speak for everyone but the organization I work with does not pay anywhere near what I am worth.
- Many of the domains and tasks are important to varying degrees, even though they are not as frequent as they are important. However, it is very important that we "get it right", even if it's not something we see or do all the time.
- I feel this a great start and a great way to meet the need of the MH community that does not work in a nursing setting, but schools, and other organizations such as Head Start, or other community family agencies.
- Many peers leave the work place as peers due to the treatment they receive from coworkers. Being looked down on everyday was not a part of the job I expected.
- I believe there should be better access for individuals seeking peer support groups to connect with them. I know people who want to belong to a group, however, outside of AA they can't find anything. Also, those who volunteer have trouble connecting with the people who are in need as there is very little money available and it seems entities that could make recommendations are more interested in fund raising.
- What a national certification cannot do is train to the specifics of the state where the person is going to work, limiting the peer's understanding of the funding and documentation processes.
- Yes, still addressing advocacy. Very often, the peer support system is the only remaining tentacle (if you will) on which an individual can grasp. Navigating the mental health system is excruciatingly difficult, all the more so if one is struggling with symptoms, and peer support

specialists can and do have a vital role in helping a client to locate and use creative resources, all the while providing a semblance of stability the client would not otherwise have.

- Some duplication and some could be combined.
- Thank you for allowing me to share.
- Seems to cover the qualifications necessary for position appropriately, but I'm hoping that the training will be more detailed and specific.
- The definitions of the domains should be included in the question where we assign percentages to the domains. You could also link to the job tasks on this page in questions 67 & 69.
- A question at the top "why have you specifically chosen this field?"
- Please look at the demographics, you have full time volunteer listed twice.
- "Hardships often prepare ordinary people for an extraordinary destiny" -C.S Lewis
- Questions were too complex - many should have been broken down into 2 questions.
- Gender identity shouldn't be only two choices.
- This role would better serve peers when granted leadership level within the organization.
- Please revisit the work job domains and question what is clinical and what is peer oriented. Some those questions seemed to crossed clinical boundaries and should be re-written.
- I feel as if a clear message needs to be expressed in regards to a professional CPSS is qualified to work with all of those who have a mental illness and/or substance abuse issue. For instance, someone who has OCD, hoarding presents itself and as CPSS, we are capable of helping move anyone into a recovering frame of mind.
- Communication skills to deal with a wide range of personality types are needed. Peer specialists will need to communicate well with physicians, administrators, case managers, as well as those with various mental health diagnoses of varying educational & cultural backgrounds. All too often, individuals can lose or fail to build trust due to poor communication skills.
- Great that peer support continues to develop and penetrate into the medical side of the health care system!
- I commented based on our jobs, which do not work with specific peers on an on-going basis, but provide quality oversite and ensures consumers are getting needed services based on what they say.
- I hope this program grows nationally to provide much needed support to the underserved patient community.
- Excellent.
- In our agency, we have peer staff working in a wide variety of positions, so the amount of time they spend, and the importance of each of those domains also varies widely.
- The content of the first question is comprehensive. If this aspect of peer support is not understood, all the credentialed study will not prove helpful or effective.
- Training beyond referring someone to seek professional help because crisis happens and help is not always on hand.
- WRAP has been hugely successful in my life and for college students.

Attachment 5: Mean Ratings and Proportions of Items for 55 Tasks

	Mean Importance Rating	Mean Frequency Rating	Mean Combined Rating	Exam Proportion	Test Length		
					100-item	125-item	150-item
All Domains					**100**	**125**	**150**
Domain 1: Foundations of Peer Support				**21.13%**	**21**	**26**	**32**
Task							
1.1	3.81	3.00	3.40	1.54%	1	2	2
1.2	4.07	3.46	3.76	1.70%	2	2	2
1.3	4.40	3.97	4.18	1.89%	2	2	3
1.4	4.06	3.51	3.78	1.71%	2	2	3
1.5	4.39	3.91	4.15	1.88%	2	2	3
1.6	4.36	3.88	4.12	1.86%	2	2	3
1.7	3.85	3.35	3.60	1.63%	1	2	2
1.8	3.55	2.92	3.24	1.46%	1	2	2
1.9	4.46	3.95	4.21	1.90%	2	3	3
1.10	4.47	3.95	4.21	1.91%	2	3	3
1.11	4.27	3.73	4.00	1.81%	2	2	3
1.12	4.29	3.76	4.03	1.82%	2	2	3
Domain 2: Foundations of Healthcare Systems				**20.53%**	**21**	**26**	**31**
Task							
2.1	4.20	3.62	3.91	1.77%	2	2	3
2.2	4.09	3.49	3.79	1.72%	2	2	3
2.3	4.09	3.53	3.81	1.73%	2	2	3
2.4	3.96	3.45	3.70	1.68%	2	2	2
2.5	4.31	3.74	4.03	1.82%	2	3	3
2.6	4.54	4.17	4.35	1.97%	2	3	3
2.7	4.08	3.59	3.83	1.73%	2	2	3
2.8	4.13	3.64	3.88	1.76%	2	2	3
2.9	3.93	3.46	3.69	1.67%	2	2	2
2.10	3.56	3.05	3.30	1.50%	1	2	2
2.11	3.80	3.23	3.51	1.59%	1	2	2
2.12	3.76	3.31	3.54	1.60%	1	2	2
Domain 3: Mentoring, Shared Learning and Relationship Building				**16.94%**	**17**	**21**	**25**
Task							
3.1	4.42	4.00	4.21	1.90%	2	2	3
3.2	4.50	4.05	4.28	1.94%	2	2	3
3.3	4.53	4.10	4.31	1.95%	2	3	3
3.4	4.17	3.75	3.96	1.79%	2	2	2
3.5	4.19	3.81	4.00	1.81%	2	2	3
3.6	3.84	3.16	3.50	1.58%	1	2	2

	Mean Importance Rating	Mean Frequency Rating	Mean Combined Rating	Exam Proportion	Test Length		
					100-item	125-item	150-item
3.7	4.68	4.32	4.50	2.04%	2	3	3
3.8	4.48	4.06	4.27	1.93%	2	2	3
3.9	4.60	4.21	4.40	1.99%	2	3	3
Domain 4: Activation and Self-management				**19.86%**	**20**	**25**	**30**
Task							
4.1	3.87	3.38	3.62	1.64%	1	2	2
4.2	4.38	3.90	4.14	1.87%	2	3	3
4.3	4.34	3.91	4.12	1.87%	2	2	3
4.4	4.31	3.87	4.09	1.85%	2	2	3
4.5	4.38	3.90	4.14	1.87%	2	3	3
4.6	4.40	3.90	4.15	1.88%	2	3	3
4.7	4.36	3.88	4.12	1.86%	2	2	3
4.8	4.39	3.83	4.11	1.86%	2	2	3
4.9	4.28	3.86	4.07	1.84%	2	2	3
4.10	4.17	3.76	3.96	1.79%	2	2	2
4.11	3.63	3.06	3.35	1.51%	1	2	2
Domain 5: Advocacy				**7.41%**	**7**	**9**	**11**
Task							
5.1	4.10	3.48	3.79	1.71%	1	2	2
5.2	4.42	3.94	4.18	1.89%	2	2	3
5.3	4.56	4.16	4.36	1.97%	2	3	3
5.4	4.34	3.76	4.05	1.83%	2	2	3
Domain 6: Professional & Ethical Responsibilities				**14.13%**	**14**	**18**	**21**
Task							
6.1	4.82	4.47	4.64	2.10%	2	3	3
6.2	4.41	4.11	4.26	1.93%	2	2	3
6.3	4.59	4.33	4.46	2.02%	2	3	3
6.4	4.70	4.42	4.56	2.06%	2	3	3
6.5	4.58	4.08	4.33	1.96%	2	2	3
6.6	4.72	4.37	4.55	2.06%	2	3	3
6.7	4.66	4.21	4.43	2.01%	2	2	3

Attachment 6: Detailed Test Blueprint

Domain / Tasks		Items per Domain/Task 100-item test	125-item test	150-item test
Domain 1: Foundations of Peer Support		**21**	**26**	**32**
Task				
1.1	Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health conditions.	1	2	2
1.2	Develop a working knowledge of the terms peer support, peer and recovery as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Specialists (iNAPS).	2	2	2
1.3	Develop a working knowledge of the recovery process, stages of change, and recovery capital.	2	2	3
1.4	Develop a working knowledge of the SAMHSA and iNAPS guiding principles, practice guidelines and core values of peer support.	2	2	3
1.5	Describe how peer support is shifting care from an illness model to a recovery model.	2	2	3
1.6	Develop a working knowledge of the holistic nature of recovery as it pertains to physical, behavioral, social, spiritual and environmental determinates of health.	2	2	3
1.7	Compare and contrast the concept of recovery as it is used across behavioral and physical health environments.	1	2	2
1.8	Compare and contrast the current role of peer support services in public healthcare systems vs. the emerging market for peer services in private/commercial healthcare systems.	1	2	2

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
1.9	Explain how peer support services can help individuals address barriers to recovery, including stigma, social isolation, and the ability to navigate complex healthcare and other human service systems.	2	3	3
1.10	Explain the impact of trauma on an individual's physical and behavioral health.	2	3	3
1.11	Explain the core principles of trauma-informed care.	2	2	3
1.12	Describe how to provide peer support services that reflect trauma-informed care principles and strategies.	2	2	3
Domain 2: Foundations of Healthcare Systems				
Task				
2.1	Develop a working knowledge of the concepts of whole health, wellness and holistic healthcare.	2	2	3
2.2	Describe a variety of healthcare settings and how peer support services can be integrated in these settings, including primary care settings, in-patient settings, emergency departments, crisis stabilization, mobile crisis teams, respite, psychosocial rehabilitation, outpatient behavioral health programs, peer-run programs, and the professionals who may serve in these settings (i.e., psychiatrists, psychologists, therapists, primary care physicians.)	2	2	3
2.3	Understand the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.	2	2	3
2.4	Describe a variety of traditional (such as CBT, DBT, Medication Management, etc.) and non-traditional healthcare services (such as yoga, nutritional management, music, art or drama therapy, etc.).	2	2	2

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
2.5	Describe how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals.	2	3	3
2.6	Develop a working knowledge of actions and techniques that will assist the individual to identify, use and strengthen their natural resiliency skills when dealing with symptoms and stressors.	2	3	3
2.7	Develop a working knowledge of the social determinates of health and how these factors can impact an individual's health and well-being.	2	2	3
2.8	Develop a working knowledge of primary risk factors and the associated prevention/early intervention strategies that will help the individual navigate risk and promote health and well-being.	2	2	3
2.9	Describe how to learn about different therapeutic/clinical treatment modalities included in the individual's care plan in order to tailor peer support services to help the individual achieve whole health goals.	2	2	2
2.10	Develop a working knowledge of common methods to pay for healthcare services, including public and private/commercial payers and appeals processes in order to help the individual navigate and choose between options.	1	2	2
2.11	Develop a working knowledge of healthcare benefits available for individuals living with debilitating behavioral health conditions in order to help the individual navigate and choose between options.	1	2	2
2.12	Demonstrate a basic knowledge of medical language and chart/record documentation standards in order to communicate effectively with members of the care team and help the individual understand clinical situations and/or terminology.	1	2	2

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
Domain 3: Mentoring, Shared Learning and Relationship Building		**17**	**21**	**25**
Task				
3.1	Effectively and appropriately share relevant parts your own recovery story, and, with permission, other stories of recovery to convey and inspire hope that recovery is possible in a manner that keeps the focus on the individual receiving services, not the peer specialist.	2	2	3
3.2	Describe how to establish, negotiate and maintain appropriate interpersonal limits and boundaries necessary to promote effective peer support services.	2	2	3
3.3	Assist the individual to articulate their personal strengths, needs, preferences, and goals related to health, home, education, purpose, and the larger community.	2	3	3
3.4	Use shared-learning strategies and other adult learning techniques to help the individual learn about available health, wellness, and recovery supports and services.	2	2	2
3.5	Use shared-learning strategies and other adult learning techniques to help the individual learn the life skills they identify as necessary to achieve whole health goals.	2	2	3
3.6	Effectively use technology, when possible, as a means to engage and provide peer support services to individuals living in rural or remote settings or experiencing other barriers to traditional “face-to-face” interaction.	1	2	2
3.7	Use effective communication skills that demonstrate acceptance, respect, empathy and non-judgement in order to learn what the individual receiving services has to say about their life, their strengths, and their hopes for recovery in order to tailor peer services as necessary to help the individual engage in the recovery process and achieve their whole health goals.	2	3	3

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
3.8	Recognize and understand your own personal values, culture and spiritual beliefs and how they may contribute to your own judgments, biases and beliefs about others and how to respond if these may inhibit your ability to effectively serve another individual.	2	2	3
3.9	Recognize and respect the individual's personal values, cultural and spiritual beliefs and how these play a role in achieving whole health goals.	2	3	3
Domain 4: Activation and Self-management		**20**	**25**	**30**
Task				
4.1	Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals.	1	2	2
4.2	Assist the individual to develop decision making strategies and function as an active member of his or her own recovery team, to include the selection of traditional and non-traditional recovery strategies, supports, and providers.	2	3	3
4.3	Assist the individual to identify and take actions necessary to develop behaviors that support achievement of whole health goals.	2	2	3
4.4	Help the individual learn how to access and navigate formal and informal community resources and services.	2	2	3
4.5	Help the individual to anticipate and avert, or safely manage any re-experience of symptoms of his or her condition(s) to ensure continued wellness.	2	2	3
4.6	Help the individual to respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain whole health goals.	2	2	3
4.7	Identify indicators that the individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert crisis and/or the need for intensive services.	2	2	3

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
4.8	Assist the individual to develop and activate self-management plans, advanced directives, recovery prevention strategies and crisis prevention strategies.	2	2	3
4.9	Provide on-going support, over time, to assure the individual is engaged in long-term, recovery-oriented self-management.	2	2	3
4.10	Provide access to a range of activation and self-care tools and resources that the individual may find useful in achieving whole health goals.	2	2	2
4.11	Help the individual learn how to locate and evaluate the effectiveness of online activation tools and resources like phone apps, twitter feeds, discussion boards, interactive programs and more.	1	2	2
Domain 5: Advocacy		**7**	**9**	**11**
5.1	Demonstrate a working knowledge of relevant rights and laws to ensure that the individual receiving services' rights are maintained.	1	2	2
5.2	Promote self-determination and person-centered services when communicating with other members of the individual's care team.	2	2	3
5.3	Help the individual develop self-advocacy skills.	2	3	3
5.4	Identify and communicate gaps in the service system to supervisors or others in a position to respond to the unmet needs of individuals being served.	2	2	3
Domain 6: Professional & Ethical Responsibilities		**14**	**18**	**21**
6.1	Maintain confidentiality in accordance with state and federal laws.	2	3	3
6.2	Document service provision in accordance with agency policies and procedures.	2	2	3
6.3	Perform all job duties in accordance with federal and state rules and regulations.	2	3	3

Domain / Tasks		Items per Domain/Task		
		100-item test	125-item test	150-item test
6.4	Perform all job duties in accordance with published codes of ethics and professional conduct for credentialed peer support specialists.	2	3	3
6.5	Seek supervision as necessary and appropriate to competently perform the job duties of a peer specialist in a manner that reflects the guiding principles and core values of the peer support movement regardless of employer.	2	2	3
6.6	Practice personal safety and self-care.	2	3	3
6.7	Understand and explain the peer specialists' scope of service (i.e., know what you can and cannot do as a credentialed peer specialist).	2	2	3

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