



## NATIONAL CERTIFIED PEER SPECIALIST (NCPS) CERTIFICATION

*An overview of the development and launch of the first national, advanced peer support specialist certification*



## NCPS OVERVIEW:

The field of peer support has grown rapidly over the past decades. Its focus on the person, quality of life, hope, connection, and wellbeing make it a great tool for individuals in recovery. Its outcomes, which include reductions in hospitalizations, improved relationships and quality of life, improved overall health and wellbeing, and reductions in substance abuse and depression, make it attractive to decision-makers. Not only does it transform lives and engage people in supporting their own wellness, but it also saves money that would be spent on higher and more restrictive levels of services.

*Peers are estimated to soon make up 20 percent of the behavioral health workforce.*

It is estimated that peers will soon make up 20 percent of the behavioral health workforce, yet they remain underutilized and often lack opportunities for career advancement. While lack of knowledge and discrimination from decision-makers and providers continue to be barriers to its expansion in public behavioral health, another significant obstacle is its lack of growth into new settings like primary care and the private sector. Even with increasing understanding and interest from leaders, barriers to this expansion include:

- 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 commercial/private sector insurance, and
- A desire for additional gold standard research that demonstrates clinical outcomes in this emerging field.

*The NCPS certification is designed to:*

- *create career paths for peer specialists.*
- *set higher standards that ensure payers and employers are getting the same quality of peer support no matter where they are.*
- *expand access to peers for people across systems, settings, and sectors.*

To address these issues, Mental Health America (MHA), in partnership with the Florida Certification Board (FCB), developed the National Certified Peer Specialist (NCPS) certification. The NCPS recognizes peers with the lived experience, training, and job experience to work in both public and private whole health practices. As an advanced certification, it is designed to build upon and enhance traditional peer specialist training and core competencies upheld by current programs and to add the additional competencies needed to enable peers to work alongside health care teams. Additionally, by creating a national standard, the NCPS addresses concerns from national payers, like Medicare and commercial insurance, about having a uniform standard across the country.

By raising standards and requiring uniformity across the US, this credential aims to ensure that peer support services are defined and embedded in the system of care no matter where a person enters. As effective adjuncts to care teams, we anticipate that NCPSs will be employed in a wide range of clinical settings, including inpatient settings, emergency departments, crisis stabilization, mobile crisis teams, psychosocial rehabilitation programs, outpatient behavioral health programs, and peer-run programs.

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 NCPS creates the opportunity to meet the needs of stakeholders in the healthcare system while maintaining the fundamental principles, values and practices of peer support, giving more individuals access to this life-changing support.

## TIMELINE:

January 2015	MHA begins the process of developing the first national, advanced peer specialist certification.
March 2015:	MHA signs partnership agreement with Florida Certification Board to develop and administer NCPS certification.
August 2015:	MHA convenes a group of subject matter experts to lead the development of the certification. Members include Patrick Hendry, Sue Bergeson, Larry Fricks, Tom Lane, Joseph Rogers, Janie Marsh, Andrew Bertagnolli, Andrea Crook, Larry Real, and Brenda Bergeson.
October 2015:	The first survey of core competencies opens for public comment.
November 2015:	Subject matter experts review comments and adjust competencies based on feedback from over peers.
February 2016:	A survey on core competencies was shared with peers across the country. Peers rated 55 competencies by importance and frequency of use in their work.
June 2016:	Florida Certification Board psychometrician determines exam blueprint based on survey data, which resulted in the 125-question MHA NCPS examination.
August 2016:	MHA SMEs and item writers selected from the peer community developed questions for the MHA NCPS examination. Item writers were trained on how to write valid multiple-choice questions based on accreditation standards.
November 2016:	MHA NCPS examination questions finalized based on subject matter review and discussions.
January 2017:	Online examination developed and tested.
March 2017:	MHA NCPS examination launches with scholarships available for the first 110 applicants.
February 2018:	MHA signs partnership agreement with Mental Health Partnerships (MHP). MHP has trained over 3,500 peer supporters through its Certified Peer Specialist (CPS) Training.
March 2018:	MHA signs partnership agreement with RI International (RI). RI has trained over 9,500 peer supporters through its Peer Employment Training (PET).

## **SUBJECT MATTER EXPERTS (SMEs):**

The creation and promotion of the NCPS certification is peer-led and peer-run. The development of the NCPS was led by a group of SMEs including:

**Patrick Hendry**, *Vice President of Peer Advocacy, Supports, and Service at Mental Health America*

Patrick has worked as a mental health advocate for the past twenty-four years. His areas of expertise include peer provided services, self-directed care, recovery-based trainings, organizational development, and management and sustainability. Patrick received MHA's highest honor, the *Clifford W. Beers Award* in 2012, a *SAMHSA Voice Award* and the *Eli Lilly Reintegration Lifetime Achievement Award* in 2014. He is the former Executive Director of the Florida Peer Network and has assisted in the development of numerous peer-run programs and organizations. Patrick is a strong supporter of the inclusion of mental health consumers in all aspects of the behavioral health system.

**Larry Fricks**, *Director of the Appalachian Consulting Group and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions*

Larry Fricks is Director of the Appalachian Consulting Group (ACG) and Deputy Director of the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS), operated by the National Council for Behavioral Health. Fricks is a founder of the GA Mental Health Consumer Network, which now has more than 100 staff and 4000 members, as well as a founder of the GA Certified Peer Specialist Program, which helped Georgia become the first state able to bill Medicaid for peer support services. With CIHS, Fricks led the team that developed a curriculum for Whole Health Action Management (WHAM) Peer Support Training. The program subsequently trained nearly 1,000 WHAM facilitators in 17 states and the Veterans Administration. Fricks also served for 13 years on the senior management team of the Georgia Department of Behavioral Health and Developmental Disabilities.

**Tom Lane**, *Senior Director of Consumer and Recovery Services for Magellan Healthcare*

Tom Lane is the senior director of consumer and recovery services for Magellan Healthcare and provides leadership and guidance in promoting the concepts of recovery, resilience and wellness throughout Magellan's systems of care. He has 17 years' experience developing and implementing peer-operated programs, services, and supports in the community and within publicly funded provider settings, including inpatient and state hospital settings. Before joining Magellan in 2007, Lane worked as vice president of recovery supports and forensic services at a large community mental health center. Previously, he worked to develop the Office of Consumer Affairs for the National Alliance on Mental Illness, and was the first project director of the Support, Technical Assistance and Resources (STAR) Center, a Substance Abuse and Mental Health Services Administration (SAMHSA)-funded technical assistance center. As a health activist, Lane is especially interested in advancing social and community inclusion to improve personal health outcomes. Lane is a member of the national advisory board of the Temple University Collaborative on Community Inclusion, the National Quality Forum Partnership and Collaboration working group, the Coalition on Psychiatric Emergencies and currently serves on the national board of directors for the Depression Bipolar Support Alliance.

**Brenda Bergeson, MD**

Dr. Brenda Bergeson is a family medicine doctor in Itasca, Illinois and is affiliated with multiple hospitals in the area, including Amita Health Adventist Medical Center GlenOaks and Amita Health Elk Grove Village. She received her medical degree from University of Illinois College of Medicine in 1999 and completed her residency in Family Medicine at MacNeal Family Practice Residency. Her medical interests include Pediatric, Adolescent, Women's Health, Family Practice, Preventative Care, and Primary Care.

## **Sue Bergeson**

Sue Bergeson is a person with the lived experience of behavioral health. All her family members live with behavioral health issues. Her beloved sister died by suicide. Sue is the Principle, Recovery, Resiliency, Engagement and Activation Partners, LLC and works with a wide range of for-profit and non-profit clients who are seeking to build or improve consumer activation and engagement support programs and services. She is also called on to help consumer groups learn how to work with managed care.

She served for over eight years as the National Vice President of Consumer and Family Affairs for Optum Health, the behavioral health arm of United Health Care, a large managed care company. At Optum she developed peer support services as a billable service and set up training and systems to help peer run programs contract with managed care. She also developed consumer activation tools and services, many in partnership with consumer run programs such as the WRAP App.

She served for over eight years as the Vice President, then CEO of the Depression and Bipolar Support Alliance, the largest mood disorder specific non-profit in the country. Under her tenure DBSA grew to serve over five million members per year, offering over 30+ self-care and health literacy products and over 1,000 support groups in all fifty states.

Sue has been on The View, the Today Show, Good Morning America, CBS news, NBS news, CNN, and public television; She has been quoted in Newsweek, the LA Times, the Washington Post, among other national print media and has been a regular on WGN radio. She has served on many national workgroups, research studies and national consumer initiatives. She is a frequent speaker on consumer centered issues and concerns.

Among many honors, Sue is a recipient of the Clifford W. Beers Award, MHA's highest honor, considered by many to be the nation's highest award for an advocate with the lived experience of mental health.

## **Andrew Bertagnolli, PhD**, *Vice President of Behavioral Health Clinical Products at Optum*

Andrew Bertagnolli, Ph.D., is the Vice President of Behavioral Health Clinical Products at Optum. Prior, he served as the Director of Integrated Behavioral Health at Kaiser Permanente's Care Management Institute. He has more than 20 years of health care experience and an exceptionally strong background in healthcare operations, consulting and process improvement in the areas of behavioral health and pain management. Dr. Bertagnolli received his Bachelor of Arts in psychology from Vanderbilt University in Nashville, Tennessee and his Master and Doctorate degrees from the California School of Professional Psychology in Alameda, California and completed his internship at University of New Mexico Consortium in Albuquerque. In his current role, Dr. Bertagnolli, brings together his passion for integrating behavioral health into primary care delivery systems through rapid cycle process improvement methods. In addition, Dr. Bertagnolli, is the staff psychologist at Spinecare Medical Group in Daly City, California and an Adjunct Professor at Alliant International University and California Institute of Integral Studies. He has also been on the faculty of the Wright Institute, San Francisco State University, University of California-Berkeley Extension and University of California-San Francisco. He also serves as an expert reviewer for the California Board of Psychology.

## **Andrea Crook**, *Advocacy Director at NorCal MHA*

Andrea L. Crook has a B.S. in Organizational Behavior and Leadership from the University of San Francisco and is an Advanced Level Wellness and Recovery Action Plan Facilitator, serves on the Mental Health Services Oversight and Accountability Commission's Client and Family Leadership Committee, and worked with National Mental Health America to develop the first national advanced peer specialist certification. Andrea has spent years on her own journey to wellness and recovery prior to entering the behavioral health field. Working for a peer-run, community-based organization has been an integral part of her recovery journey. Her personal and professional experience has encouraged her to advocate for clients' rights and advocate for those who are stigmatized and marginalized within our society. Education, advocacy and social inclusion are the areas of her focus.

**Joseph Rogers**, *National Policy and Advocacy Consultant at Mental Health Partnerships*

Joseph Rogers is the National Policy and Advocacy Consultant for Mental Health Partnerships (MHP), and founder and Executive Director of the National Mental Health Consumers' Self-Help Clearinghouse, a consumer-run national technical assistance center funded by the Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.

In 1984, Joseph Rogers created Project SHARE (Self-Help and Advocacy Resource Exchange), a peer-support and advocacy organization, under MHASP's auspices. As a result of Rogers' vision and leadership, Project SHARE grew until it was blended with MHASP, which Rogers had built from a small regional mental health advocacy agency into one of the largest mental health associations in the country, including an array of peer-run programs serving local, statewide, and national constituencies. From 1997 to 2007, Rogers served as President and CEO of MHASP.

A national leader of the mental health consumer movement, Joseph Rogers has testified before U.S. Senate committees and has consulted in more than 30 states, as well as nationally and internationally, on behavioral health policy issues. He has chaired and/or served on numerous boards and committees, such as the Executive Committee of the President's Committee on Employment of People with Disabilities, and the Congressionally appointed Task Force on the Rights and Empowerment of People with Disabilities, which helped pass the Americans with Disabilities Act. He was a key player in the closing of Philadelphia State Hospital and in the successful struggle to get the dollars to follow the patients into the community, to establish what has become a model system of community-based services, including peer-run services.

Rogers has appeared on numerous radio and TV shows to publicize the self-help/advocacy movement and fight prejudice and discrimination.

His many awards include the Heinz Award for the Human Condition (2005), the Outstanding Non-Psychiatrist Award of the American Association of Community Psychiatrists (2002), and the Timothy Coakley Behavioral Health Leadership Award of the American College of Mental Health Administration (2009), for his leadership in transforming mental health care in this country.

**Janie Gullickson, MPA:HA, PSS, PRC**, *Executive Director of the Mental Health Association of Oregon*

Janie is in recovery from addiction and mental health challenges as well as homelessness, incarceration, and criminal justice involvement. She navigated all types of systems and institutions that can accompany such life experiences, from hospitalizations to prison. Janie has been living a life of recovery for over 9 years.

Janie first began her work as a Peer Support Specialist, Forensic Peer Specialist, QMHA, and Community Support & Integration Teams Coordinator for Yamhill County HHS in McMinnville, Oregon in 2011. She has been involved in program development and has provided one-on-one and group peer support in a variety of ways such as mental health and addictions recovery, re-entry from incarceration, and physical health and well-being. Janie has been a valued member of multi-disciplinary teams in both behavioral health and the criminal justice system.

Janie joined Mental Health Association of Oregon (MHAO) in 2014 and became the Executive Director in May of this year. Janie spent one year in Lewis and Clark's Professional Counseling Mental Health & Addictions graduate program in 2014/15 and then switched gears to PSU where she graduated this last June with her Master of Public Administration: Health Administration (MPA: HA).

## **Larry Real**

In 2009, Dr. Lawrence (Larry) Real became the first psychiatrist appointed to the Horizon House Board of Directors. Shortly after that, in July 2010, he joined the agency as Medical Director. Prior to joining Horizon House, Dr. Real was an integral part of the clinical, administrative, and teaching staff of the Department of Psychiatry in the Albert Einstein Healthcare Network for over 20 years, including serving as Medical Director of the Belmont Center for Comprehensive Treatment from 1997 to 2010.

Dr. Real graduated from the adult psychiatry residency at Hahnemann University Hospital, where he was co-chief resident, and fulfilled his scholarship obligation to the National Health Service Corps during the early years of his employment at Community Council for MH/MR, where he was the medical director from 1982 until 1987.

Dr. Real's belief in the possibilities of Recovery for those we serve has been a driving force behind his efforts. He has a unique ability to introduce his clinical expertise and judgment into a discussion while demonstrating an equal respect for the opinions and expertise of others — most importantly, of the individual being served. Under his leadership, Horizon House has been able to continue to attract the most highly regarded group of community psychiatrists in the region—a legacy that will be critical to our continued growth and success.

Dr. Real's accomplishments includes the 2017 Paul J. Fink Leadership Award from the Philadelphia Psychiatric Society, the 2013 Exemplary Psychiatrist Award from NAMI, PA, the 2012 Bell of Hope Award from the Mental Health Association of SE PA, and the 2011 "Righteous Person" award from TIKVAH/Advocates for the Jewish Mentally Ill, an organization that he co-founded. He is a Distinguished Life Fellow of the American Psychiatric Association, a charter member of the Pennsylvania Psychiatric Leadership Council, as well as a past president of both the Philadelphia and Pennsylvania Psychiatric Societies.

In 2015 Dr. Real, accepted the position as the Chief Medical Officer for the City of Philadelphia's Department of Behavioral Health & Intellectual disAbility Services.

Dr. Real returned to Horizon House in 2018, to resume his role as Medical Director, and to serve as the Co-Director of the Fellowship in Public Psychiatry program at the University of Pennsylvania.

## ROLE DELINEATION STUDY AND EXAM DEVELOPMENT:



A Role Delineation Study (RDS) is an essential part of creating a valid, reliable and legally-defensible professional credentialing program. It is a multi-phase process that results in a set of core competencies/job task statements grouped into performance domains and a legally defensible certification examination blueprint.

Before beginning the RDS, the Subject Matter Experts (SMEs) determined the following program statement and defined the target audience to explain who the certification is for:

*National Certified Peer Specialists use their lived experience and learning 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 3,000 hours (18 months) experience and advanced training in topics related to whole health, health care systems, trauma-informed care, and adult learning. Applicants for the credential must have:*

- *Achieved and maintained 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.*



After establishing the target audience characteristics for the certification, MHA and the FCB:

1. Established 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 SMEs was assembled and led through the workshop by the Florida Certification Board (FCB).

The initial competencies were developed using the following documents:

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

2. Collected feedback on draft competencies and updated competencies as necessary and appropriate.

The *MHA National Certified Peer Specialist Scope of Service DRAFT Report for Public Comment* was opened in February 2016. The feedback was analyzed and incorporated into the final set of core competencies used in the validation effort.

3. Conducted the validation study.

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

4. Analyzed data and established the 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. 544 persons responded to some of the survey. All respondents completed the demographic information and a valid sample of 311 responses informed the examination blueprint.

From this process, the following 55 core competencies or job tasks were determined across six performance domains:

• **Foundations of Peer Support** (12 competency/job task statements)

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 SAMHSA and 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 support services in private/commercial healthcare systems.
9. Explain how peer support services can help individuals address barriers to recovery (such as stigma or social isolation) and learn to navigate complex healthcare and other human service systems.
10. Explain the impact of trauma on an individual’s physical and behavioral health.

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.

- **Foundations of Healthcare Systems** (12 competency/job task statements)

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).
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 individuals 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 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 available healthcare benefits 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.

- **Mentoring, Shared Learning, and Relationship Building** (9 competency/job task statements)

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 that are 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 to help the individual learn the life skills they identify as necessary to achieve their whole health goals.
6. When possible, effectively use technology 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 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; how they may contribute to your own judgments, biases, and beliefs about others; and how to respond if they 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 their whole health goals.

- **Activation and Self-Management** (11 competency/job task statements)

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 nontraditional recovery strategies, supports, and providers.
3. Assist the individual to identify and take actions necessary to develop behaviors that support achievement of their 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 their 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 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 their 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, discussion boards, and interactive programs.

- **Advocacy** (4 competency/job task statements)

1. Demonstrate a working knowledge of relevant rights and laws to ensure that the individual's 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.

- **Professional and Ethical Responsibilities** (7 competency/job task statements)

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 support 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).

The competencies were weighted by importance and frequency of use in the Role Delineation Study. Based on the results, MHA selected item writers from the peer community to develop questions for the 125-question examination. Item writers were trained on how to write valid multiple-choice questions based on accreditation standards. These questions were then reviewed and finalized based on subject matter expert discussions.

## **APPLICATION:**

To be approved to sit for the MHA NCPS examination, applicants must meet the following requirements:

- A minimum of 3,000 hours supervised work and/or volunteer experience providing peer support within the past six years
- Current state certification with a minimum training requirement of 40 hours OR hold a certificate of completion of an MHA approved training program.
  - o Current approved trainings include:
    - RI International Peer Employment Training
    - Mental Health Partnership’s Institute for Recovery and Community Integration Certified Peer Specialist Training
    - DBSA Peer Specialist Training
    - Project Return Peer Support Network’s Peer Professional Training & Placement Program
    - NorCal MHA WISE U Peer Support Training Academy
    - Appalachian Consulting Group Peer Specialist Core Recovery Curriculum Training
    - Intentional Peer Support
- One professional letter of recommendation for certification
- One supervisory letter of recommendation for certification
- Attest to lived experience
- Agree to be bound by MHA NCPS Code of Ethics

## **EXAMINATION:**

Applicants have three hours to complete the 125-question examination using approved testing software. Reasonable accommodations are provided as requested.

A passing score on the examination is 76 percent.

## **MAINTENANCE:**

MHA NCPSs must renew their certification every two years. To qualify for renewal, NCPSs must complete 20 hours of Continuing Education. Continuing Education must be related to one of the six domains of practice (Foundations of Peer Support; Foundations of Healthcare Systems; Mentoring, Shared Learning, and Relationship Building; Activation and Self-Management; Advocacy; Professional and Ethical Responsibilities).

## **LAUNCH:**

MHA launched the NCPS credential in March 2017.

## **EXAMINATION STATISTICS:**

Year	Exam Candidates	Exam Passes	First Time Pass Rate
2017	13	13	100%

**TO FIND ADDITIONAL RESOURCES  
AND BEGIN THE NCPS APPLICATION PROCESS  
VISIT [WWW.NATIONALPEERSPECIALIST.ORG](http://WWW.NATIONALPEERSPECIALIST.ORG).**