On March 1, 2022, President Biden announced his administration's strategy to address our nation's mental health crisis as outlined in the 2022 Presidential Unity Agenda. This national mental health strategy seeks to strengthen system capacity, connect more Americans to care, and create a continuum of support –transforming our health and social services infrastructure to address mental health holistically and equitably. A primary goal outlined within this strategy is accelerating the universal adoption, recognition, and integration of the peer mental health workforce across all elements of the healthcare system. This included the development and implementation of a national certification program for mental health peer specialists[1]. To meet this goal, SAMHSA collaborated with federal, state, tribal, territorial, and local partners including peer specialists to develop the National Model Standards for Peer Support Certification, inclusive of substance use, mental health, and family peer certifications. These National Model Standards closely align with the needs of the behavioral health (peer) workforce, and subsequently, the over-arching goal of the national mental health strategy.

SAMHSA acknowledges the nuances across the peer workforce and the communities being served, as

interchangeably describe someone working in a mental health, substance use, and/or family peer support role (both certified and non-certified, unless specifically noted as below).

- A peer worker who is in the process of seeking certification will be referred to as a 'prospective certified peer worker'.
- A peer worker who has completed certification or credentialing will be referred to as a 'certified peer worker'.
- An organization that is tasked with/approved to oversee all or part of the peer certification process for a state will be referred to as a 'state certification entity'. Please note that many states work or contract with multiple organizations/entities on certification. For example, some states may incorporate trainings/examinations through one entity, while actual certification is issued by a state government entity. Examples of entity types include but are not limited to state agencies, state certification boards, and third parties (including private/nonprofit agencies).

**See 'Model Standard #1: Authenticity and Lived Experience' for more information on lived and living experience.*

For the purposes of this document, peer support certification refers to "the process required to obtain an official document which attests that an individual has the skills and knowledge required for the peer support services profession". The document is issued by an authorized body which is recognized by the state, district, tribal, or territorial behavioral health authority where an individual may provide substance use or mental health peer support services[3]." Certification processes for peer workers offer a range of benefits to the peer workforce, their employers, and the individuals being served. Employers and the public may feel more confident in the services being provided by certified peer workers, and certification often assists peer workers with finding paid positions, and in some cases allows employing organizations to bill Medicaid, private insurers, and third-party payors for services that are provided by a certified peer worker. Furthermore, studies suggest that training and certification may enhance adult recovery outcomes for both certified peer workers and the people being served, and 60% of respondents in one study reported transitioning off or reducing public assistance while working as a certified peer worker[4]. Certifications are generally based on standards that clarify and set requirements for (r)- 0.00w 19.125 1.4 (s5.1 (n)10 ( )88Tw 16.443ges7 (i)3.3 (e)7 (,)2

4. Is based upon existing practices utilized by state certification entities*

** Applies to both state and territorial certification entities*

In the fall of 2022, SAMHSA's Office of Recovery (OR) was tasked with the development of the National Model Standards. The OR, in partnership with federal, state, tribal, territorial, and local expert partners including peer specialists, oversaw five (5) critical phases in the development of the standards:

Updated the Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States[3], in partnership with SAMHSA's Peer Recovery Center of Excellence.

Convened a diverse set of technical experts with a range of identities, lived experience, and professional expertise to develop a framework and key considerations for the National Model Standards (titled 'SAMH

"People with lived experience must be front and center in the creation, development, and adoption of (peer certification) standards - at federal, state, and local level."

"Nothing about us without us—centering the lived experience of peers."

-TEP Members on maintaining authenticity in peer support

The term lived experience is defined as "personal knowledge about the world gained through direct, first-hand involvement in everyday events rather than through representations constructed by other people[10]." In the context of this document, *lived experience* specifically refers to those directly affected by the social, health, public health, or other issues associated with a mental health and/or substance use condition, including family members, and whom have experience with strategies that aim to address associated challenges[11,12]. The term *lived experience* implies a past connotation involving challenges related to a mental health and/or substance use condition, while the term *living experience* often refers to current related challenges. However, issues related to a mental health and/or substance use condition may resurface throughout one's life, and some individuals may better relate to the term living experience while identifying as being in recovery. In the context of this document, *lived experience* will refer to both current and former challenges related to mental health/substance use unless specifically noted.

SAMHSA, in discussions with the TEP, confirmed that lived experience is an essential component of the peer role, and should be addressed in all mental health, substance use, and family peer certifications. Furthermore, SAMHSA determined that people with lived experience, including those in the peer workforce, should be reflective of the community they serve and be meaningfully involved in the development, adoption, and revision of national, state, and local peer certifications. SAMHSA also acknowledges the existence of multiple pathways of recovery* and the crucial role that people with living experience may play in the peer workforce when embedded in the appropriate setting, role, or organization (e.g., harm reduction organizations). Through collaboration with our expert partners and analysis of various resources, and in keeping with SAMHSA's working definition of recovery* as "a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential", the following National Model Standard on Authenticity and Lived Experience was developed.

trainings be

- Involve collaboration with other state certification entities to encourage alignment and reciprocity.

(of Examinations)

- Include alternative testing methods such as vignettes, case studies, and scenario/role-playing based questions to encourage content application.
- Provides multiple testing locations and virtual testing for individuals with limited transportation and individuals in rural communities.
- Incorporate all accommodations outlined in Model Standard #8 (Diversity, Equity, Inclusion, and Accessibility).
- Offers multiple dates/times to take an examination throughout the year.
- Allows individuals to re-take an examination up to three (3) times before they may be required to re-take certification training**.

*Adoption Steps Ao canaoweihoigac (e)-5 (r)-6(t).wacatg

- If a prospective certified peer is unable to demonstrate the literacy and/or fluency** needed to complete the certification process, it is recommended that state certification entities provide a list of formal educational trainings/opportunities that may help them achieve certification.

**States should consider revisiting policies that require formal education of certified peer workers for reimbursement (e.g., third-party payors) and seek to incorporate parity across reimbursement standards and requirements for mental health, substance use, and family peers.*

*** For more information on accessibility laws and requirements, please see Model Standard #5 and Model Standard #8.*

Strategies and principles for incorporating diversity, equity, inclusion, and accessibility (DEIA) into peer support certification have been identified as a critical need of the peer workforce. DEIA is a cross-peq e3d 3(i.3 (,)2.3 ()0.7 (e3)1d3 (e)7.1 (s)121 (r)-2.d7 (p)11..7 (i)3.-5 ((t)-1.8 (i)14.7 (n)-1.4.1

- Offer scholarship programs in instances where certification cost (including testing and examinations) is a barrier.
- Offer funding and scholarships where the cost of Communication Access Realtime Translation (CART), American Sign Language (ASL) interpretation, and other language accessibility solutions are a barrier to certification.

Ethical standards elevate the quality of services and the well-being of the people being served by the peer workforce. Often in the form of a Code of Ethics or Code of Ethical Conduct, these guidelines are a common component of national and state peer certifications, with prospective certified peers frequently being required to review, sign, and adhere to a Code of Ethics to obtain and maintain their certification. Some examples of ethical guidelines/codes of ethics across national and state certification entities are noted in the reference/resource section of this document. Through collaboration with our expert partners and analysis of various resources, the following National Model Standard on Ethics was developed.

SAMHSA's National Model Standard on Ethics* recommends that:

- State certification entities utilize an ethics committee made up of certified peer workers to develop a Code of Ethics or revise an existing one to ensure that the ethical guidelines are applicable to the peer role and are non-clinical in nature.
- Prospective certified peers be required to read, sign, and adhere to a Peer Worker Code of Ethics.
- State certification entities implement a publicly available, anonymous process for reporting an alleged breach of ethics by certified peer workers and hiring organizations.
- State certification entities employ an impartial committee or board, made up of certified peer workers and unaffiliated with the certification entity, to review breaches of ethics and take appropriate action when necessary.
- State certification entities provide continuing education on ethical standards annually.
- Codes of ETw 7 Tw 1.29tp1 Td.7 (o)6 c.29tp1 9-6.7(s)0.7 (o)9tp3 ((th)0.6 (8.8 (n)c -0.006(r)-17. 8.8

Fees associated with application, trainings, examinations, and recertification have been identified as significant barriers to the certification of the peer workforce. The Comparative Analysis of State Requirements identified 20 state certifications that offer free peer support training, 20 state certifications that include costs that vary depending on the training provider utilized, and 10 states with costs ranging from $99 to $900. Approximately one-half of the certification entities that were analyzed also included initial application fees ranging from <$100 to $299, with an average cost of $130. Through collaboration with our expert partners and analysis of various resources, the following National Model Standard on Costs and Fees was developed.

SAMHSA's National Model Standard on Costs and Fees recommends that:

- State certification entities work with their state to find resources to subsidize all costs or fees for both certification and re-certification.
    - Potential sources of funds might include but not be limited to state general revenues, SAMHSA's block grants (SUBG/MHBG), other allowable formula or discretionary grant funding programs, other public

Supervision is a professional and collaborative activity between a supervisor and a worker in which the supervisor provides feedback and guidance to support a worker's performance and growth. This promotes competent and ethical delivery of services and the continued development and growth of a worker's abilities, knowledge, skills, and values[36]. During the TEP, peer supervision was also identified as being vital to the fidelity of peer support services and an important operating standard for the peer workforce. In 2014, the Pillars of Peer Support Supervision were developed, with five pillars emerging from an ongoing series between SAMHSA, the National Association of State Mental Health Program Directors (r)-2.

  - State certification entities require certified peer supervisors to adhere to a code of ethics that includes, at minimum, the recommendations outlined in Model Standard #9 (Ethics).

- State certification entities partner with hiring organizations and peer and family-run entities to develop and implement supervisor-specific career pathways for certified peer workers.

**SAMHSA's National Model Standard on Supervision has been specifically written for, and only applies to, peer supervisor certifications. Resources to help supervisors understand the role of peer workers and how to supervise peer workers in the behavioral health settings are available able at SAMHSA's webpage Bringing Recovery Supports to Scale Technical Assistance Strategy's Spotlight for Supervision of Peers and Family, Parent and Caregiver Peer Support in Behavioral Health.*

***While not a model approach, it is recognized that some organizations may already employ peer supervisors without lived experience and/or experience as a peer worker. For these cases, and when a peer worker is seeking supervisory certification hours within such organizations, SAMHSA recommends that state certification entities incorporate special provisions or allowances that meet the needs of both peer worker, peer supervisor, and hiring organization.*

Guiding Questions for Revising Peer Certifications

1. Does our certification ensure that prospective certified peers have lived or living experience that aligns with the population(s) they may serve upon certification?
2. Barring any formal education requirements, how can prospective certified peers

	Peer Recovery Center of Excellence	Project Director for Integration of Peer Services
	Peer Recovery Center of Excellence	Steering Committee Chair
	Peer Recovery Center of Excellence	Steering Committee Lead on Diversity, Equity, and Inclusion
	Peer Recovery Center of Excellence	Steering Committee Lead on Peer Workforce Development
	Peer Recovery Center of Excellence	Steering Committee Lead on RCO Capacity-Building
	Peer Recovery Center of Excellence	Steering Committee Lead on Integration of Peer Services
	Peer Recovery Center of Excellence	Co-director
	NAMI - National Alliance on Mental Illness	Chief Program Officer
	California Consortium of Addiction Programs and Professionals (CCAPP)	Vice President of Education and Strategic Development
	Office of National Drug Control Policy	Senior Policy Analyst
	University Health	Peer Manager/ Certification trainer
	Alameda County Behavioral Health	Office of Peer Support Services Manager
	SAN ANTONIO CLUBHOUSE	Peer Support Supervisor
	Connecticut Harm Reduction Alliance	Executive Director
	APAA - Association of Persons Affected by Addiction	President/CEO
-	Centers for Disease Control and Prevention (CDC), Division of Overdose Prevention	Behavioral Scientist
	National Association of State Mental Health Program Directors	Recovery Support Systems Coordinator

14. National Federation of Families (n.d.). Certification Competencies. National Federation of Families. https://www.ffcmh.org/certification-competencies

15. SAMHSA (n.d.). Promoting Wellness: A Guide to Community Action. Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/d7/priv/sma16-4957.pdf

16. SAMHSA (2010). Recovery-Oriented Systems of Care (ROSC) Resource Guide. Substance Abuse and Mental Health Services Administration. https://www.samhsa.gov/sites/default/files/roa5.6 (v:)5 (r)4.4 (ti)6.3 toa5.6 (v:)5M7644.4 21 (6(d