

IDAPA 16 – IDAHO DEPARTMENT OF HEALTH AND WELFARE

Division of Behavioral Health

16.07.19 – Peer Support Specialist and Family Support Partner Certification

Who does this rule apply to?

For those seeking certification as peer support specialists or family support partners.

What is the purpose of this rule?

These rules establish the minimum qualification and requirements for certification of peer support specialists and family support partners in Idaho, including enforcement actions.

What is the legal authority for the agency to promulgate this rule?

This rule implements the following statutes passed by the Idaho Legislature:

Health and Safety -

Regional Behavioral Health Services:

- [Section 39-3140, Idaho Code](#) – Department Rules

Public Assistance and Welfare -

Department of Health and Welfare:

- [Section 56-1003, Idaho Code](#) – Powers and Duties of the Director
- [Section 56-1004, Idaho Code](#) – Director – Additional Powers and Duties

Where can I find information on Administrative Appeals?

Administrative appeals and contested cases are governed by the provisions of IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.”

How do I request public records?

Unless exempted, all public records are subject to disclosure by the Department that will comply with Title 74, Chapter 1, Idaho Code, upon requests. Confidential information may be restricted by state or federal law, federal regulation, and IDAPA 16.05.01, “Use and Disclosure of Department Records.”

Who do I contact for more information on this rule?

Idaho Department of Health and Welfare
Division of Behavioral Health – Policy and Compliance Program
450 West State Street
Boise, ID 83702

P.O. Box 83720, 3rd Floor

Boise, ID 83720-0036

Phone: (208) 334-6997 or 1-800-264-6979

Fax: (208) 334-5998

Email: DBHpolicy@dhw.idaho.gov

Webpage: <https://healthandwelfare.idaho.gov/Medical/MentalHealth/PeerSpecialistsFamilySupportPartners/tabid/2935/Default.aspx>

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16.07.19 – PEER SUPPORT SPECIALIST AND FAMILY SUPPORT PARTNER CERTIFICATION

000. LEGAL AUTHORITY.

Title 39, Chapter 31, Idaho Code, delegates the Department as the state behavioral health authority for the establishment, maintenance, and oversight of behavioral health services. Section 39-3140, Idaho Code, authorizes the Department to promulgate and enforce rules under the Regional Behavioral Health Services Act. Sections 56-1003, 56-1004, Idaho Code, authorize the Director to adopt and enforce rules to administer mental health programs. (7-1-24)

001. (RESERVED)

002. INCORPORATION BY REFERENCE.

The following documents are incorporated by reference: (7-1-24)

01. Idaho Certified Peer Support Specialist Code of Ethics and Professional Conduct, rev 08/2015. Copies may be obtained from the Department at: <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=4037&dbid=0&repo=PUBLIC-DOCUMENTS> (7-1-24)

02. Idaho Certified Family Support Partner Code of Ethics, rev 09/2020. Copies may be obtained from the Department at <https://publicdocuments.dhw.idaho.gov/WebLink/DocView.aspx?id=4036&dbid=0&repo=PUBLIC-DOCUMENTS> (7-1-24)

003. -- 009. (RESERVED)

010. DEFINITIONS.

In addition to definitions under Section 39-3122, Idaho Code, the following definitions apply. (7-1-24)

01. Certificate. Issued by the Department to an individual who is a behavioral health peer support specialist or a family support partner who the Department deems to be in compliance with these rules. (7-1-24)

02. Department. The Idaho Department of Health and Welfare, or its designee. (7-1-24)

03. Director. The Director of the Department, or designee. (7-1-24)

04. Family Support Partner. An individual who has lived experience raising a child who has a behavioral health disorder diagnosis, mental illness, or mental illness with a co-occurring substance use disorder, has specialized training related to such care, and who has successfully navigated the various systems of care. (7-1-24)

05. Family Support Partner Services. Family-to-family services are non-clinical support services provided by family support partners who have participated in mental health services, and who have received training in how to share their experiences with others facing similar challenges. (7-1-24)

06. Lived Experience. Life experiences of an individual who has received behavioral health services or has raised a child who is living with a behavioral health diagnosis, mental illness, or mental illness with a co-occurring substance use disorder, and has at least one (1) year of lived experience navigating the behavioral health systems. (7-1-24)

07. Peer Support Services. Non-clinical services provided by peer support specialists who are on their own recovery journey, and who have received training in supporting others who are actively involved in their own recovery process. (7-1-24)

08. Peer Support Specialist. An individual in recovery from mental illness or mental illness with a co-occurring substance use disorder who uses lived experience and specialized training to assist other individuals in recovery. (7-1-24)

011. -- 099. (RESERVED)

100. APPLICATION FOR CERTIFICATION.

An applicant must furnish the following information prior to any certification being issued. (7-1-24)

01. Completed Application. Each applicant completes and signs an application for certification on Department-approved forms. (7-1-24)

02. Verification of Education, Training, and Experience. Each applicant must provide verification to the Department of the following: (7-1-24)

- a.** A copy of their high school diploma, GED certificate, or a Bachelor's degree in a human services field; (7-1-24)
- b.** Documentation of completion of training required for the certification being sought according to the requirements in Sections 200 and 300 of these rules; and (7-1-24)
- c.** A summary of work or volunteer experience, including documentation of supervised hours. (7-1-24)

03. Code of Ethics Acknowledgment. Each applicant submits a signed and dated Code of Ethics Acknowledgment. (7-1-24)

101. -- 109. (RESERVED)

110. TYPES OF CERTIFICATION.

- 01. Peer Support Specialist.** (7-1-24)
- 02. Family Support Partner.** (7-1-24)

111. DURATION OF CERTIFICATION.

01. Six-Month Certification. Applies to an applicant that has completed the requirements in Sections 200 and 300 of these rules for initial certification, but may be lacking work or volunteer experience and supervised hours. (7-1-24)

02. Full Certification. Applies to an applicant that has completed the requirements in Sections 200 and 300 of these rules for certification, including work or volunteer experience and supervised hours. Full certification is valid for one (1) year. (7-1-24)

112. RENEWAL OF CERTIFICATION.

Each certified peer support specialist or certified family support partner must: (7-1-24)

01. Submit Renewal Application. When seeking certification renewal submit a completed renewal application prior to expiration of current certificate. (7-1-24)

02. Continuing Education. Provide documentation of a minimum of ten (10) hours of continuing education as follows: (7-1-24)

- a.** Continuing education obtained in competency areas listed in training requirements germane to the type of certification being renewed; and (7-1-24)
- b.** At least one (1) hour of continuing education for each renewal period must be in ethics. (7-1-24)

03. Code of Ethics Acknowledgment. Submit an updated signed, and dated Code of Ethics Acknowledgment. (7-1-24)

113. EXTENSION OF CERTIFICATION.

Certified peer support specialists or certified family support partners may request an extension prior to the expiration of their certificate if they need more time to gain required work or volunteer experience, supervised hours, or continuing education hours. Certified peer support specialists or certified family support partners on: (7-1-24)

01. Six-Month Certifications. Are eligible for one (1) four-month extension while they work towards the requirements for full certification. (7-1-24)

02. Full Certification. Are eligible for one (1) four-month extension while they work towards the continuing education hours required for certification renewal. (7-1-24)

114. -- 119. (RESERVED)

120. RECIPROCITY.

An applicant who holds a valid and current certificate or license in good standing issued by the regulatory entity of another state, which in the opinion of the Department imposed substantially equivalent requirements, may apply for reciprocity for certification as a peer support specialist or a family support partner. Each applicant seeking reciprocity must: (7-1-24)

01. Complete and Sign an Application on Department-Approved Forms. (7-1-24)

02. Provide the Following Verification of Education and Experience. (7-1-24)

a. Education experience summary; (7-1-24)

b. Continuing education/training hours received since certification; (7-1-24)

c. Statement of personal experience; (7-1-24)

d. Work or volunteer experience summary form with documentation of supervised hours; and (7-1-24)

e. Documentation of current certification or licensure issued by the other state's regulatory entity. (7-1-24)

03. Submit a Signed and Dated Idaho Code of Ethics Acknowledgment. (7-1-24)

121. -- 149. (RESERVED)

150. INACTIVE STATUS.

A certified peer specialist or certified family support partner, in good standing, may request a temporary inactive status due to an inability to meet certification requirements related to a decline in physical, mental health, or extenuating circumstances. (7-1-24)

01. Request for Inactive Status. An individual who is certified must submit a request in writing to the Department asking for inactive status. (7-1-24)

02. Inactive Certification Status. The Department may grant inactive status to a certified individual for up to one (1) year. (7-1-24)

03. Reactivation of Certification. When the individual desires to reactivate status, they must submit a new application along with an updated and signed Code of Ethics Acknowledgment and documentation of fulfillment of continuing education requirements for the previous twelve (12) months to the Department. (7-1-24)

151. -- 199. (RESERVED)

200. PEER SUPPORT SPECIALIST -- CERTIFICATION QUALIFICATIONS AND REQUIREMENTS. Each applicant must be at least eighteen (18) years old and meet the following minimum qualifications and requirements to be certified as a Peer Support Specialist. (7-1-24)

01. Educational Requirements. Each applicant has a high school diploma or GED certificate. (7-1-24)

02. Training Requirements. Each applicant has completed forty (40) hours of training that includes

the following Peer Support Specialist competency areas: (7-1-24)

- a. Motivation and empowerment; (7-1-24)
- b. The stages of recovery and the role peers play within it; (7-1-24)
- c. The state behavioral health system and the role peers play within it; (7-1-24)
- d. Advocacy for recovery programs and for the peers they serve; (7-1-24)
- e. The practice of recovery values: authenticity, self-determination, diversity, and inclusion; (7-1-24)
- f. How to tell your recovery story and use your story to help others; (7-1-24)
- g. Ethics; (7-1-24)
- h. The awareness of risk factors in participants' behaviors and the ability to access appropriate services; (7-1-24)
- i. The use of interpersonal and professional communication skills; (7-1-24)
- j. Stages of change; (7-1-24)
- k. Work place dynamics and processes; (7-1-24)
- l. The Certified Peer Support Specialist's roles and duties on the job; (7-1-24)
- m. Relationship building; (7-1-24)
- n. Family dynamics; (7-1-24)
- o. The effects of trauma and use of a trauma-informed approach; (7-1-24)
- p. Wellness and natural supports; (7-1-24)
- q. Boundaries and self-care; (7-1-24)
- r. Cultural sensitivity; (7-1-24)
- s. Recovery plans; and (7-1-24)
- t. Local, state, and national resources. (7-1-24)

03. Work or Volunteer Experience Requirements. Each applicant has obtained supervised experience providing peer support services. A six-month (6) certification may be granted under Section 111 of these rules to an applicant who lacks the required experience. (7-1-24)

a. An applicant who holds a bachelor's degree in a human services field documents one hundred (100) hours of peer support specialist experience. (7-1-24)

b. An applicant who does not hold a bachelor's degree in a human support services field documents two hundred (200) hours of peer support specialist experience. (7-1-24)

c. An applicant documents at a minimum twenty (20) hours of supervised peer support services work or volunteer experience. (7-1-24)

04. Person Self-Identified with Lived Experience. Each applicant identifies as an individual with

lived experience in recovery from mental illness or mental illness with a co-occurring substance use disorder. (7-1-24)

201. -- 249. (RESERVED)

250. PEER SUPPORT SPECIALISTS -- CODE OF ETHICS AND PROFESSIONAL CONDUCT.

All certified peer support specialists must understand and comply with the Idaho Certified Peer Support Specialist Code of Ethics and Professional Conduct incorporated by reference under Section 002 of these rules. (7-1-24)

251. -- 299. (RESERVED)

300. FAMILY SUPPORT PARTNER -- CERTIFICATION QUALIFICATIONS AND REQUIREMENTS.

Each applicant must be at least eighteen (18) years of age and meet the following minimum qualifications and requirements to be certified as a family support partner. (7-1-24)

- 01. Educational Requirements.** Each applicant has a high school diploma or GED certificate. (7-1-24)
- 02. Training Requirements.** Each applicant has completed a minimum of forty (40) hours of training that includes the following Family Support Partner competency areas: (7-1-24)
 - a.** Overview of mental illness and substance use disorders and their effects on the brain; (7-1-24)
 - b.** Advocacy skills used in multiple systems (children's behavioral health system, education and special education system, child welfare system, and juvenile court system); (7-1-24)
 - c.** Ethics; (7-1-24)
 - d.** The awareness of risk factors in participants' behaviors and the ability to access appropriate services; (7-1-24)
 - e.** The use of interpersonal and professional communication skills; (7-1-24)
 - f.** Stages of change; (7-1-24)
 - g.** Motivation and empowerment; (7-1-24)
 - h.** Parenting special needs children and family dynamics; (7-1-24)
 - i.** The recovery process; (7-1-24)
 - j.** The effects of trauma and use of a trauma-informed approach; (7-1-24)
 - k.** Wellness and natural supports; (7-1-24)
 - l.** Family-centered planning; (7-1-24)
 - m.** Boundaries and self-care; (7-1-24)
 - n.** Cultural sensitivity; (7-1-24)
 - o.** The children's mental health system; (7-1-24)
 - p.** How to tell your story and use your story to help others; (7-1-24)
 - q.** The child and family team and how to be a team player; (7-1-24)

- r. Work place dynamics and process; (7-1-24)
- s. The Certified Family Support Partner’s role and duties on the job; (7-1-24)
- t. Relationship building; (7-1-24)
- u. Recovery plans; and (7-1-24)
- v. Local, state, and national resources. (7-1-24)

03. Work or Volunteer Experience Requirements. Each applicant has obtained supervised experience providing family support services. A six (6) month certification may be granted under Section 111 of these rules to an applicant who lacks required experience. (7-1-24)

- a. An applicant that holds a bachelor's degree in a human services field documents one hundred (100) hours of family support partner experience. (7-1-24)
- b. An applicant that does not hold a bachelor's degree in a human support services field documents two hundred (200) hours of family support partner experience. (7-1-24)
- c. An applicant documents at a minimum twenty (20) hours of supervised family support services work or volunteer experience. (7-1-24)

04. Person Self-Identified with Lived Experience. Each applicant identifies as an individual with lived experience as a parent or adult caregiver who is raising, or has raised, a child who lives with a mental illness or mental illness with a co-occurring substance use disorder. (7-1-24)

301. -- 349. (RESERVED)

350. FAMILY SUPPORT PARTNERS -- CODE OF ETHICS AND PROFESSIONAL CONDUCT.
All certified family support partners must understand and comply with the Idaho Certified Family Support Partner Code of Ethics incorporated by reference under Section 002 of these rules. (7-1-24)

351. -- 399. (RESERVED)

400. SUPERVISOR FOR PEER SUPPORT SPECIALIST OR FAMILY SUPPORT PARTNER -- QUALIFICATIONS AND REQUIREMENTS.
An individual must meet the following requirements to provide supervision to a peer support specialist or family support partner. (7-1-24)

01. Bachelor’s Degree or Higher. To supervise a peer support specialist or family support partner, an individual holds a bachelor's degree or higher in a human services field. (7-1-24)

02. Supervisory Position. An individual is in a supervisory position and works in that capacity within the agency. (7-1-24)

401. -- 499. (RESERVED)

500. COMPLAINTS.
A complaint is an informal process to address the concerns of an individual. Any individual may file a written complaint or concern with the Department regarding a certified peer support specialist or certified family support partner. (7-1-24)

- 01. Complaint Content.** A complaint must include: (7-1-24)

a. The full name, mailing address, phone number, and email contact for the person reporting the complaint; (7-1-24)

b. A description of the nature of the complaint, including the desired outcome. (7-1-24)

02. Department Response. The Department will respond to the complaint within thirty (30) days of receipt of the complaint. This process may include gathering additional information from involved parties, including the complainant. (7-1-24)

501. -- 509. (RESERVED)

510. GRIEVANCES.

A grievance is a type of complaint about the certification decision that has been made following application to the Department. When an applicant is denied certification, questions the results of the application review process, or is subject to an action that they deem unjustified, the applicant may submit a written grievance to the Department. (7-1-24)

01. Grievance Content. The grievance must include: (7-1-24)

a. The full name, mailing address, phone number, and email contact for the person reporting the grievance; and (7-1-24)

b. A detailed explanation of the decision that is being contested, from the perspective of the complainant, including any steps already taken to resolve the issue. (7-1-24)

02. Department Response. The Department will respond within sixty (60) days of receipt of the grievance. This process may include gathering additional information from involved parties. (7-1-24)

511. -- 519. (RESERVED)

520. DENIAL, REVOCATION, OR SUSPENSION OF CERTIFICATION.

The Department may deny, suspend, or revoke an individual's application, certification, or certification renewal as a peer support specialist or family support partner for noncompliance with these rules. (7-1-24)

521. -- 524. (RESERVED)

525. IMMEDIATE DENIAL, REVOCATION, OR SUSPENSION.

The Department may deny, revoke, or suspend a certification or certification renewal, without prior notice, when conditions exist that endanger the health and safety of any participant. (7-1-24)

526. -- 529. (RESERVED)

530. REASONS FOR DENIAL, REVOCATION, OR SUSPENSION.

An individual may have a certification denied, revoked, or suspended for any of the following reasons. (7-1-24)

01. Failure to Comply with These Rules and the Code of Ethics. (7-1-24)

02. Failure to Provide Information Requested by the Department. (7-1-24)

03. Misrepresentation of Information. Misrepresentation by the applicant in an application, or in documents required by the Department for certification. (7-1-24)

04. Conflict of Interest. Conflict of interest in which a certified individual exploits their position as a Certified Peer Support Specialist or a Certified Family Support Partner for personal benefit. (7-1-24)

05. Negligent Performance or Fraud. A criminal, civil, or administrative determination that a certified individual has committed fraud or gross negligence in their capacity as a Certified Peer Support Specialist or

Certified Family Support Partner. (7-1-24)

06. Failure to Correct. Failure to correct within thirty (30) days of written notice, any unacceptable conduct, practice, or condition as determined by the Department. (7-1-24)

531. -- 534. (RESERVED)

535. APPEAL OF DEPARTMENT DECISION.

An applicant or certificate holder may appeal a Department decision to deny, suspend, or revoke a certification under IDAPA 16.05.03, “Contested Case Proceedings and Declaratory Rulings.” (7-1-24)

536. -- 539. (RESERVED)

540. REAPPLICATION FOR CERTIFICATION.

Following a denial, suspension, or revocation of certification or certification renewal, the same applicant may not reapply for certification for a period of six (6) months after the effective date of the action. Applicants reapplying after a suspension or revocation adhere to the same continuing education and ethics requirements under Section 112 of these rules. (7-1-24)

541. -- 999. (RESERVED)