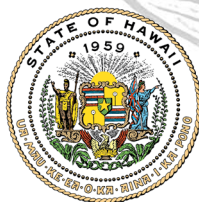


# Peer Support Specialist Working Group Framework

SEPTEMBER 2024 – JUNE 2025



OFFICE of  
**Wellness  
& Resilience**

**Ke Ke'ena Kūpa'a Maui Ola**  
Our resilience is rooted in our wellness

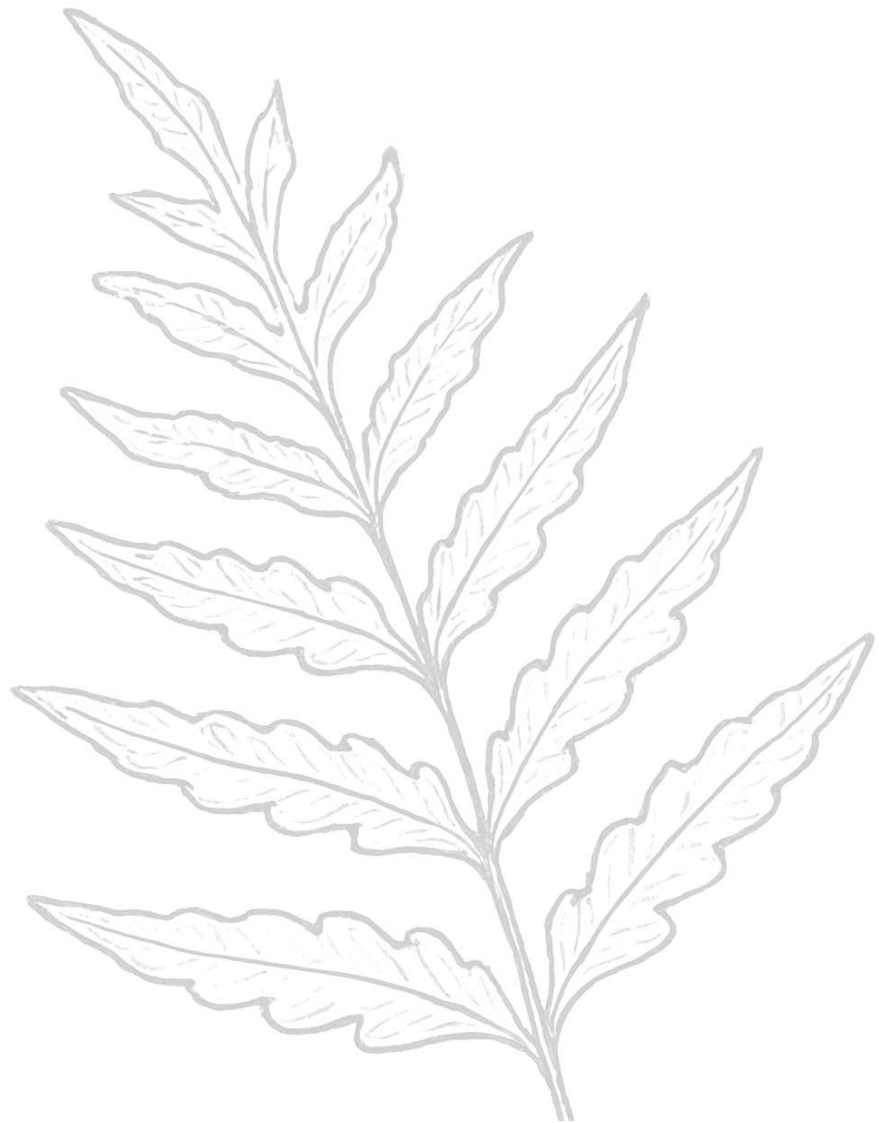


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# 1. Letter from Working Group Chair

Tia L. Roberts Hartsock, Director, Office of Wellness and Resilience

Our office was honored to lead the Peer Support Specialist Working Group over the past nine months. Members from state agencies, community organizations, and peer support specialists generously shared their time and expertise, demonstrating the strength of this growing community.

We are deeply grateful to the facilitators, Kailene Nihipali-Sanchez and Kimberly Nabarro, who guided these conversations with dedication and heart. We are also very appreciative of the working group members and their designees who generously shared their time and mana'o; Bridgette Bennett, CJ Chappell, Malia Daraban, Chanel Daluddung, Kathy Hammes, Cynthia Kaneshiro, Mike Lambert, Heather Lusk, Debbie Victor Macalino, Judy Mohr Peterson, Lindsay Pacheco, Reina Purvis, Kayla Samson, Scott Shimabukuro, Kimberly Takata, Darryl Tanaka, Samantha U'u, Greg Uwono, and Michael Vincent.

Peer support is a vital pillar of trauma-informed care. Beyond improving mental health outcomes, it embodies resilience, offering hope and healing through lived experience and connection. The stories shared throughout this process reaffirmed the transformative power of peer support.

Over the course of the year, many of us discovered new programs, shared innovative approaches, and reflected on the incredible work that has occurred in various parts across our systems and communities. The passion we collectively share gives me so much for the continued evolution and promising future of the need for peer support.

The framework developed through this work aims to serve as a roadmap to nurture and expand the peer support workforce. Supporting these specialists and ensuring they are mentally and emotionally protected and sustainably funded is essential to honoring their unique contributions.

Despite current funding challenges across many agencies, there is a growing opportunity for collective advocacy and investment in peer support. Together, we can build systems that uplift these critical voices and bring renewed hope to our communities.

The Office of Wellness and Resilience is committed to advancing peer support as a foundation of trauma-informed care and recognizes the critical part it plays in our journey toward becoming a trauma-informed state. We look forward to working alongside you to strengthen and celebrate this essential work in the years ahead.



## 2. Executive Summary

The Peer Support Specialists Framework presents a comprehensive approach to formalizing and strengthening peer support services throughout Hawai'i. Developed by a diverse Working Group established under Act 88 (Appendix A) within the State of Hawai'i's Office of Wellness and Resilience, this framework addresses the critical role that Peer Support Specialists play in promoting recovery, wellness, and resilience through their lived experience.

This framework is built on the understanding that peer support—assistance provided by individuals with relevant lived expertise—offers a powerful approach to healing, recovery, and systems navigation that cannot be replicated through clinical services alone. Peer Support Specialists—individuals with lived experience of mental health challenges, substance use disorders, housing instability, social services or justice system involvement, or other significant life experiences—offer unique value within Hawai'i's behavioral health and social service systems. Their ability to build trust, foster hope, and create authentic connections with those they serve represent an evidence-based approach to improving outcomes across multiple domains.

*"Peer support offers a powerful approach to healing, recovery, and systems navigation that cannot be replicated through clinical services alone."*

Quote from Working Group meeting participant

This framework identifies best practices and includes the following information:

- Clear explanation of roles and definitions of Peer Support Specialists, and categories of specialists including Youth Peer Support Specialists, Adult Peer Support Specialists, Caregiver or Family Peer Support Specialists, and Parent Partner Peer Support Specialists
- Overview of ethics, values, and standards required of Peer Support Specialists
- Description of Peer Support Specialist career pathways, including a tiered career framework, a suggested model of trauma-informed supervision and professional development, and pathways for integration into existing state systems and future contracts
- Discussion of training, certification, and credentialing options with recommendations for Hawai'i
- Outline of an implementation plan that addresses options for state and federal funding, peer support sustainability, and quality improvement
- Hawai'i inventory of organizations using Peer Support Specialists and the roles of those specialists
- Summary of findings from Permitted Interaction Groups. Under Hawai'i's "Sunshine Law," Permitted Interaction Groups are set to allow less than a quorum of working group members and community participants to collectively investigate and report on specific matters over the course of three meetings

The recommendations in this framework are grounded in evidence-based practices, align with existing state requirements, and incorporate input from diverse stakeholders, including

individuals with lived experience, service providers, state agencies, and community partners. Special attention has been given to ensuring cultural responsiveness and incorporating Native Hawaiian values and practices.

This framework reflects Hawai'i's commitment to becoming a trauma-informed state by centering the voices of those with lived experience in multiple systems. It recognizes that peer support exists on a continuum from prevention to intervention and requires appropriate recognition, training, and compensation to maximize its impact.

Implementing this framework will strengthen Hawai'i's behavioral health and social service systems, create meaningful employment opportunities for individuals with lived experience, and most importantly, improve outcomes for those receiving services.

Recommended citation: Peer Support Specialist Working Group. (2025). *Peer support specialist working group framework*. Office of Wellness and Resilience, State of Hawai'i.





### 3. Introduction

#### Background and Purpose

Act 88, Hawai'i Session Laws 2024 (formerly S.B. 3094), established the Peer Support Specialists Working Group within the Office of Wellness and Resilience. The Working Group was tasked with developing and making recommendations for a framework for Peer Support Specialists in Hawai'i. Specifically, the legislation mandated the Working Group:

1. Identify best practices and create, develop, and adopt a statewide framework for Peer Support Specialists.
2. Identify a trauma-informed model of supervision for Peer Support Specialists.
3. Provide an inventory of current use of Peer Support Specialists.
4. Develop a sustainability plan to include identification of state and federal funding streams.

This framework document fulfills these mandates by providing comprehensive guidance for the development, implementation, and sustainability of peer support services in Hawai'i. In December 2024, as required by Act 88, the Working Group submitted a report to the legislature. This report is included as Appendix B and includes a list of the Working Group members and a summary of the Working Group's activities. A list of organizations represented in the Permitted Interaction Groups is included as Appendix C.

The Working Group consisted of a broad cross-section of stakeholders including state agencies, organizations that have provided peer support services in a variety of capacities for many years, and people who provide and/or benefit from peer support services. An important purpose of the Working Group was to provide guidance on "professionalizing" peer support services and to create pathways to support Peer Support Specialists through Medicaid funding. At the same time, the Working Group acknowledges that not all peer support services need to be professionalized; some organizations providing peer support services have and will continue to successfully support individuals on their journeys to wellness outside the recommendations in this framework. What we know is that peer support is one of the six guiding principles of trauma-informed care and the umbrella for peer supports is big enough to include many approaches.



*1: In-Person Meeting, Windward Community College; May 28, 2025*

## **The Value of Peer Support**

Peer support is recognized nationally as an evidence-based practice that can significantly improve outcomes across multiple domains. Research consistently demonstrates that peer support services have led to numerous positive outcomes for individuals receiving services. Studies have documented reduced hospital admission rates, longer community tenure, increased social support and social functioning, and decreased substance use and depression. Peer support has also been shown to raise empowerment scores and increase engagement in self-care and wellness activities.

The unique value of peer support lies in the lived experience that peer specialists bring to their work. By sharing their own journeys of recovery and resilience, peer specialists offer hope, understanding, and practical guidance that complement traditional clinical services. This "mutual relatability" creates authentic connections that can be particularly effective in engaging individuals who may be reluctant to seek or continue with traditional services. As noted by the National Association of Peer Supporters, peer support also offers a cost-effective approach to service delivery while improving quality of care.

## **Peer Support Specialists in Hawai‘i**

Across Hawai‘i, Peer Support Specialists currently work in various settings, including mental health programs, substance use treatment facilities, homeless services, correctional settings, and community-based organizations. According to the Peer Support Working Group meeting in October 2024, existing peer support services vary widely in structure, training requirements, and implementation across the state. The Working Group has created an “Inventory of Peer Support Specialists,” which contains an overview of peer support initiatives in Hawai‘i that were shared at the Working Group meetings. This inventory is a living document that will be expanded and revised as information is obtained. It will be housed on the Office of Wellness and Resilience website: <https://owr.hawaii.gov/>.

Among state agencies, the Department of Health (DOH) Adult Mental Health Division (AMHD) has maintained a certification program for peer specialists since 2012, primarily focusing on adult mental health services. Established in 2012, the Hawai‘i Certified Peer Specialist (HCPS) Program provides certification for individuals who provide direct peer-to-peer support services to others diagnosed with mental illness and co-occurring disorders. The program requires successful completion of a Peer Specialist Training Program approved by the AMHD’s Office of Consumer Affairs, a competency assessment, and continuing education requirements. The training program includes a 40-hour in-person, week-long training followed by 120 hours as an intern within a three-month period (Certification and Credentialing Permitted Interaction Group Report, Appendix D). Internship host sites have included IHS, the Veterans Administration, Adventist Health Castle, AlohaCare, National Alliance on Mental Health (NAMI Hawai‘i), and Hawai‘i Health and Harm Reduction Center. In 2025, DOH introduced a second certification program through the Child and Adolescent Mental Health Division—one developed specifically for youth partners.

Despite the existence of these DOH programs and some non-governmental peer support programs and credentialing activities in Hawai'i, significant gaps remain in the peer support ecosystem in Hawai'i. These include limited standardization across different types of peer support roles, inconsistent training requirements and competency standards, barriers to sustainable employment and career advancement, and insufficient supervision structures. The Working Group also identified challenges in securing stable funding and the need for greater cultural responsiveness and integration of Native Hawaiian values throughout peer support services (Working Group Report to Legislature, Appendix B).



*2: Hawai'i Families as Allies employees*

## Framework Development Process

This framework was developed through a collaborative process that engaged diverse stakeholders from across the state. The Peer Support Specialists Working Group held regular meetings beginning in September 2024, gathering input from state department representatives, community partners, and individuals with lived experience. Permitted Interaction Groups were established to focus on specific aspects of the framework, including creating inventories of existing peer support services for different populations (Working Group Report to Legislature, Appendix B). In addition to regular meetings, the Working Group convened an in-person meeting on May 28, 2025, where attendees shared their hopes, dreams, and commitments related to peer supports.

The framework development process was guided by several core principles:

1. **Centered on Lived Experience:** Ensuring that the perspectives of individuals with lived experience guided all aspects of the framework
2. **Evidence-Based:** Drawing on research and established best practices in peer support
3. **Culturally Responsive:** Incorporating Native Hawaiian values and practices and respecting the diverse cultural contexts of Hawai'i
4. **Trauma-Informed:** Applying trauma-informed principles throughout the peer support system
5. **Recovery-Oriented:** Focusing on recovery, resilience, and wellness as central goals



6. **System-Spanning:** Addressing peer support across multiple systems, including mental health, substance use, child welfare, justice, and homelessness

The resulting document presents a comprehensive vision for peer support in Hawai'i, with concrete recommendations for implementation and sustainability.

## Organization of the Framework

In compliance with Act 88, this framework is organized into the following sections:

1. Definitions, functions, and roles of Peer Support Specialists
2. Ethics, values, and standards required of Peer Support Specialists
3. Description of Peer Support Specialist career pathways and supports, including:
  - Tiered approach for different roles
  - Professional and personal development
  - Trauma-informed supervision and support
  - State employment and other workforce opportunities
4. Training and certification standards: Requirements for training, competency assessment, and certification
5. Strategies to implement professional peer support services, including:
  - Moving forward with implementation
  - Obtaining sustainable state and federal funding sources
  - Implementing Medicaid reimbursement procedures
  - Developing effective evaluation plans
  - Instituting meaningful quality improvement processes
6. Conclusion: Summary, implementation recommendations, vision, and next steps
7. Appendices



## 4. Defining Peer Support in Hawai‘i

The Peer Support Working Group developed the following comprehensive definition of peer support for Hawai‘i during their December 2024 meeting:

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*"A Peer Support Specialist is a trained and often certified professional who draws on their lived experience with mental health challenges, substance use, trauma, housing instability, social services or justice system involvement, or other significant life events to support others on similar paths. Grounded in a trauma-informed, culturally responsive, and person-centered approach, a Peer Support Specialist offers emotional, social, and practical support through one-on-one relationships that promote healing, empowerment, and resilience through shared understanding and mutual respect."*

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Peer Support Specialists act as role models, advocates, and guides—helping individuals build self-efficacy, navigate complex systems, and pursue self-identified goals. Their unique position allows for trust, empathy, and connection, offering support that is both powerful and relatable. Peer Support Specialists operate across a range of settings—clinical, community-based, correctional, or virtual—and are vital members of integrated care teams, complementing other professionals who serve the same individuals (Peer Support Working Group Meeting, December 18, 2024).

The Working Group’s definition emphasizes several key elements that distinguish peer support from other forms of professional assistance:

1. **Lived Experience:** The foundation of peer support is the shared lived experience between the Peer Support Specialist and the individual receiving support. This shared experience creates a unique connection that facilitates trust, relatability, and authenticity.
2. **Mutual Relationship:** Unlike traditional clinical relationships, peer support is built on mutuality and reciprocity. While maintaining appropriate boundaries, Peer Support Specialists engage from a position of equality rather than authority.
3. **Recovery-Oriented:** Peer support is inherently recovery-oriented, focusing on strengths, resilience, and the potential for growth and healing rather than on deficits, symptoms, or diagnoses.
4. **Culturally Responsive:** In Hawai‘i, effective peer support must be culturally responsive, acknowledging and honoring the diverse cultural identities and practices of the people being served, with particular attention to Native Hawaiian values and healing traditions.
5. **Systems Navigation:** Peer Support Specialists help individuals navigate complex service systems, accessing resources and advocating for their needs.
6. **Complementary Role:** Peer support complements rather than replaces other professional services, offering a distinct perspective and approach that enhances the effectiveness of the overall system of care.

## Peer Support Specialist Functions and Roles

Peer Support Specialists fulfill several core functions and key roles, as described below.

### Core Functions

- **Sharing Lived Experience:** Strategic sharing of one's personal recovery journey to inspire hope and provide practical guidance.
- **Building Authentic Relationships:** Developing genuine, trusting relationships based on mutual respect and understanding.
- **Supporting Self-Determination:** Promoting individual autonomy and helping people identify their own goals.
- **Advocating for Individuals:** Speaking up in treatment teams, helping prepare for appointments, connecting with advocacy resources.

### Additional Key Roles

- **System Navigation:** Helping individuals understand and navigate complex service systems (mental health, housing, employment, etc.) and access resources.
- **Facilitating Connections:** Building links to natural supports, community resources, and peer support groups.
- **Modeling Recovery:** Demonstrating effective coping strategies, self-care, and resilience through personal example.
- **Cultural Bridging:** Connecting individuals with culturally responsive resources and practices in Hawai'i's diverse communities.
- **Supporting Skill Development:** Helping individuals develop practical skills for managing their health and wellbeing, including communication skills, problem-solving strategies, wellness planning, and self-advocacy techniques.
- **Challenging Stigma:** Through their presence in professional settings and their work with individuals, Peer Support Specialists challenge stigma and discrimination related to mental health, substance use, and other conditions and demonstrate that individuals with lived experience have valuable expertise to contribute.

### Specialized Categories of Peer Support

While all Peer Support Specialists fulfill the core functions listed above and often fulfill the additional roles described, there is yet another layer to Peer Support Specialists—one that is based on the specific populations served and the nature of lived experience. Specialized categories of Peer Support Specialists ensure that peer support is appropriately tailored to the unique needs and experiences of different groups. Some of these categories are described below. Section 6, “Training and Certification Standards” (page 23), discusses whether the specialized categories need specialized training or certification.

#### **Adult Peer Support Specialists**

Adult Peer Support Specialists have personal lived experience with mental health challenges, substance use disorders, or other significant life challenges in adulthood. They work primarily

with adults facing similar issues. The AMHD Certified Peer Specialist Program has historically focused on this category, certifying peers who support adults with mental health and co-occurring disorders.

### **Caregiver or Family Peer Support Specialists**

Caregiver or Family Peer Support Specialists have experience as caregivers to individuals with mental health challenges, substance use disorders, disabilities, or chronic illnesses. They provide support to other caregivers facing similar situations.

### **Parent Partner Peer Support Specialists**

Parent Partner Peer Support Specialists have personal lived experience with the child welfare system and often with additional challenges such as substance use disorders, domestic violence, and housing instability. They work with parents involved with the child welfare system and are typically paired by sex (mother-to-mother and father-to-father). EPIC 'Ohana's Parent Partners program uses the SCRAP (Support, Connect, Resource, Advocate, Partner) model to support parents involved with Child Welfare Services. Parent Partners draw on their own experiences to help parents navigate the child welfare system, develop parenting skills, and work toward family reunification or stability.

### **Youth Peer Support Specialists**

Youth Peer Support Specialists have lived experience of mental health challenges, substance use, foster care, juvenile justice involvement, or other significant issues during their youth. They work specifically with children, adolescents, and young adults. CAMHD's Youth Partners program exemplifies this approach, employing the MAPS (Mentoring, Advocacy, Peer Support, Skills) model to support youth in various systems. The program recognizes the unique developmental needs and systemic challenges faced by young people and employs peers who can relate to these experiences.

### **Crosscutting Peer Support Roles**

Some peer support roles cut across the categories above or serve specific functions within the broader peer support system. There is tremendous opportunity for organizations to innovate, especially where there are intersections of needs and concerns. The following list provides examples of some of these roles:

- **Forensic Peer Support Specialists:** Individuals with lived experience in the justice system who support others who are justice-involved
- **Cultural Peer Specialists:** Individuals who combine lived experience with deep knowledge of specific cultural traditions and healing practices
- **Peer Recovery Coaches:** Specialists focused specifically on supporting individuals in recovery from substance use disorders
- **Peer Crisis Specialists:** Peers trained to support individuals experiencing mental health or substance use crises

Peer Support Specialists may work across multiple categories simultaneously as their interests and expertise evolve. Certification and training processes as well as employment pathways should allow for mobility between different specializations, creating opportunities for peer

specialists to apply their skills and experiences in diverse settings while maintaining the core values and approaches that define peer support.



*3: Dept. of Health's Child and Adolescent Mental Health Division (DOH-CAMHD)/  
EPIC 'Ohana Youth Partners*





## 5. Peer Support Values, Ethics, and Standards

Peer support in Hawai'i is guided by fundamental values and principles that inform all aspects of peer support practice. These values, described below, reflect both national best practices and the unique cultural context of Hawai'i. The Working Group believes these values should provide the foundation for all aspects of peer support practice in Hawai'i, from training and certification standards to supervision models and quality improvement processes.

### Values

#### **Recovery and Wellness Focus**

Peer support is grounded in the belief that recovery is possible for everyone. Recovery is understood 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" (Substance Abuse and Mental Health Services Administration (SAMHSA, 2012). Peer Support Specialists embody hope and the possibility of recovery through their own lived experience and expertise.

#### **Empowerment and Self-Determination**

Peer support is built on respect for individual autonomy and the right of each person to make their own choices. Peer Support Specialists support individuals in identifying their own goals and making informed decisions rather than directing or prescribing specific actions. This value aligns with the Hawaiian concept of *kuleana*, or responsibility and privilege, which emphasizes both individual rights and communal obligations.

#### **Mutuality and Reciprocity**

The peer relationship is characterized by mutuality and reciprocity rather than a hierarchical expert/client dynamic. Both individuals bring valuable perspectives and experiences to the relationship, and both can benefit and grow from the interaction. This echoes the Hawaiian value of *lōkahi*, or harmony and unity, which emphasizes balanced relationships.

#### **Cultural Responsiveness**

Effective peer support in Hawai'i honors the diverse cultural identities and practices of the people being served. This includes respecting and incorporating Native Hawaiian values and healing traditions when appropriate, as well as being sensitive to the many other cultural backgrounds represented in Hawai'i's diverse population. The Hawaiian concept of *aloha*, which encompasses love, compassion, and presence, is central to this value.

#### **Trauma-Informed Approach**

Peer support recognizes the prevalence and impact of trauma and seeks to create environments and relationships that promote safety, trustworthiness, choice, collaboration, and empowerment. This trauma-informed approach is essential for supporting individuals who have experienced various forms of trauma, including historical and cultural trauma.

#### **Strengths-Based Perspective**

Peer support focuses on identifying and building upon individual and community strengths and resources rather than deficits or pathology. This approach emphasizes resilience, natural

supports, and recovery capital—the internal and external resources that can support an individual's recovery journey.

### **Holistic Wellness**

Peer support addresses the whole person, recognizing that recovery and wellness encompass physical, emotional, social, spiritual, and cultural dimensions. This holistic perspective aligns with Native Hawaiian concepts of health and wellness, such as *lōkahi* (harmony/balance) and *pono* (rightness/proper relationship), which view these dimensions as interconnected and mutually reinforcing. This approach is also consistent with SAMHSA's dimensions of recovery, which include health, home, purpose, and community.

### **Community Integration**

Peer support promotes connection to community and natural supports, recognizing that meaningful relationships and community participation are essential elements of recovery and wellbeing. This value reflects the Hawaiian concept of *'ohana*, or family and community, which extends beyond blood relations to include all who are bound together in mutual support.

### **Ethical Guidelines and Professional Standards**

Ethical practice is fundamental to effective peer support. Peer Support Specialists must navigate complex relationships and situations while maintaining appropriate boundaries, respecting confidentiality, and promoting the autonomy and wellbeing of those they serve. The following ethical guidelines and professional standards provide a framework for ethical peer support practice in Hawai'i.

#### **Confidentiality and Privacy**

Peer Support Specialists must respect the privacy and confidentiality of those they serve, sharing information only with appropriate consent or when required by law. In the AMHD Hawai'i Certified Peer Specialist Code of Ethics (2012, page 24), this principle is stated as "Respect at all times the rights and dignity of those they serve" and "Respect the privacy and confidentiality of those they serve."

#### **Boundaries and Relationships**

Peer Support Specialists maintain appropriate professional boundaries while also engaging in authentic relationships. They avoid dual relationships that could create conflicts of interest or harm the peer relationship. Dual relationships are situations where multiple roles exist between a peer specialist and the individual they support, such as being both a peer specialist and a friend, landlord, business associate, or romantic partner. The AMHD Code of Ethics (2012, page 24) specifically states that Peer Support Specialists, "Do not enter into dual relationships or commitments that conflict with the interests of those they serve," and "Never engage in sexual or intimate activities with peers they serve."

#### **Cultural Competence and Humility**

Peer Support Specialists approach cultural differences with respect, humility, and a willingness to learn. They recognize the importance of cultural identity and practices in recovery and wellbeing, and they avoid imposing their own cultural values on others. The AMHD Program

Guidelines (2012, page 6) includes, "The ability to interact sensitively and effectively with people of other cultures and beliefs," as a required competency.

### **Recovery-Oriented Practice**

Peer Support Specialists promote recovery principles and practices in all aspects of their work. They focus on strengths, resilience, and the potential for growth rather than on deficits or limitations. As stated in the AMHD Code of Ethics (2012, page 24), Peer Support Specialists "Should conduct themselves in a manner that fosters their own recovery."

### **Non-Discrimination**

Peer Support Specialists respect and value diversity and do not discriminate based on race, ethnicity, culture, national origin, language, age, gender, gender identity, sexual orientation, religion, disability, socioeconomic status, or any other aspect of identity. The AMHD Code of Ethics (2012, page 24) explicitly states that Peer Support Specialists "Do not practice, condone, facilitate, or collaborate in any form of discrimination."

### **Professional Development**

Peer Support Specialists engage in ongoing learning and professional development to maintain and enhance their knowledge and skills. The AMHD Code of Ethics (2012, page 24) requires that Peer Support Specialists, "Keep current with emerging knowledge relevant to recovery and will share this knowledge with other certified peer specialists."

### **Self-Care**

Peer Support Specialists attend to their own wellbeing and recovery as an essential aspect of ethical practice. They recognize their own limitations and seek support when needed. The AMHD Scope of Activities (2012, page 6) includes, "The dynamics of stress and burnout," and "The ability to develop and utilize a personal support network related to both recovery and professional activities," as required competencies.

### **Professional Conduct**

Peer Support Specialists maintain high standards of professional conduct in all aspects of their work. This includes honesty, integrity, reliability, and accountability. The AMHD Code of Ethics (2012, page 24) states that Peer Support Specialists, "Maintain high standards of personal and professional conduct."

### **Fidelity to Role**

Peer Support Specialists practice within the scope of their role and training. They do not provide services that require different credentials, such as clinical assessment, diagnosis, or therapy. The AMHD Certified Peer Specialist Program Guidelines (2012, page 3) explicitly states that, "This certification does not imply that HCPs are qualified to diagnose an illness, prescribe medication, or provide clinical services."

These ethical guidelines and professional standards are essential for maintaining the integrity and effectiveness of peer support services in Hawai'i. They protect both individuals receiving

services and Peer Support Specialists themselves, and they promote the values and principles that are central to the peer support approach.



*4: National Alliance on Mental Illness Hawai'i*



## 6. Developing Career Pathways for Peer Support Specialists

The Hawai'i legislature recognizes that peer support services are an important component in the delivery of effective mental and behavior health treatment and that peer support is one of the guiding principles of trauma-informed care. Peer support services improve a variety of outcomes for individuals and families who are involved with social services and healthcare systems. Therefore, it is of great benefit to the state to formally integrate Peer Support Specialists into systems of care.

This section of the framework presents information about creating career pathways that accommodate different roles and categories of Peer Support Specialists, provide for professional and personal development, are facilitated by a trauma-informed model of supervision and support, and include state employment and other workforce opportunities.

### **Tiered Framework for Peer Support Roles**

The Peer Support Working Group recommends structuring Hawai'i's peer support workforce using two organizational frameworks. A tiered framework establishes career progression levels based on experience and responsibility, while a horizontal framework defines specialization areas based on peer support categories and roles. The tiered framework establishes levels of responsibility, experience, and advancement opportunities within the peer workforce, creating clear career pathways regardless of specialization. The specialized categories distinguish peer roles based on the specific populations served and the nature of lived experience relevant to those populations. Together, these frameworks create a comprehensive structure that recognizes both vertical career advancement and horizontal specialization in the peer support workforce.

The tiered framework has three levels: entry-level peer mentors, certified Peer Support Specialists, and peer supervisors. Each level requires experience, training, and other requirements commensurate with the responsibility and pay of the levels. The qualifications for each career level are typical, based on research across multiple states. The compensation levels align with the ALICE (Asset Limited, Income Constrained, Employed) Report for Hawai'i, which indicates a single adult needs at least \$20.32/hour (\$41,652 annually) just to afford basic necessities (United for ALICE, 2023). The compensation levels reflect Hawai'i's economic reality and support workforce retention and well-being.

This tiered approach provides a structured career pathway for Peer Support Specialists while ensuring appropriate roles and responsibilities at each level. A clear advancement path from Peer Mentor to Certified Specialist to Supervisor will address a key need identified by the April 2025 Permitted Interaction Group: "How do we help Peers now become Supervisors?" This structure creates natural opportunities for growth while maintaining the integrity of the peer support approach at each level.



## Hawai'i Peer Support Career Framework

Three-Tier Career Progression Structure



### Career Level 1: Peer Mentors

Peer Mentors represent the entry point into the peer support workforce. They possess personal lived experience relevant to their role and have completed basic training in peer support principles and practices. While not yet certified, Peer Mentors provide valuable support in supervised settings. They provide informal peer-to-peer emotional support, share their personal recovery experiences, and foster connection and hope. They typically work under the guidance of Certified Peer Support Specialists or supervisors in community-based organizations, recovery centers, or other non-clinical settings where they can develop their skills while providing valuable support to others.

- **Qualifications:** Lived experience relevant to role; basic training (30-40 hours); high school diploma/GED; 6+ months in recovery
- **Role:** Entry-level position providing mentoring and support under supervision
- **Compensation:** Some programs may utilize volunteers in these positions. Ideally, a living wage of \$21-24/hour (Meets ALICE threshold for single adult; minimum \$41,652 annually)

### Career Level 2: Certified Peer Support Specialist

Certified Peer Support Specialists form the core of the peer support workforce. They have completed comprehensive training and certification processes that validate their knowledge, skills, and readiness to provide formal peer support services across diverse settings. Certified Peer Support Specialists deliver structured peer support services, facilitate support groups,

assist individuals in navigating complex systems, and work collaboratively within multidisciplinary care teams. They practice in diverse settings, including mental health and substance use treatment programs, hospitals, correctional facilities, housing programs, and community outreach services.

- **Qualifications:** Lived experience relevant to role; specialized training (40-60 hours); high school diploma/GED (Hawai'i Department of Health, 2012); 12+ months in recovery; supervised experience (120 hours); competency assessment
- **Role:** Certified specialist providing formal peer support services in various settings
- **Compensation:** Specialists should be compensated. Ideally, \$25-32/hour (based on ALICE threshold, plus experience and credentials)

### **Career Level 3: Peer Support Supervisor**

Peer Support Supervisors represent advanced practice in the peer workforce. They combine extensive experience as peer specialists with additional training in supervision, leadership, and quality assurance. Peer Support Supervisors oversee peer support staff, mentor new peer workers, develop peer-led programming, ensure adherence to the principles of peer support, and advocate for the integration of peer roles across systems of care. They also provide training, conduct performance evaluations, and support professional development for Peer Support Specialists.

- **Qualifications:** Certified Peer Specialist status; 2-5 years peer support experience; supervisor training; leadership abilities; strong peer support values
- **Role:** Supervises peer specialists, coordinates with systems, ensures quality services
- **Compensation:** Ideally \$33-45/hour (based on ALICE threshold, plus supervision responsibilities)

### **Professional and Personal Development and Trauma-Informed Supervision**

As the roles of Peer Support Specialists become more clearly defined and more broadly integrated into systems of care, supporting this workforce must be a top priority. The Working Group and community member participants discussed at length how setting up Peer Support Specialists for success is crucial. The group surveyed individuals who work as Peer Support Specialists to understand what is needed for them to succeed. The survey explored the specific supervision needs as well as the organizational climate and context that is needed (Supervision and Supports Permitted Interaction Group Report, Appendix E). In various Working Group meetings and Permitted Interaction Group meetings, Working Group members and community members shared the importance of providing multi-faceted support for Peer Support Specialists. Effective supervision is a cornerstone of professional and personal development, not a separate concept. However, in this framework, trauma-informed supervision is called out separately because of the importance of this specific type of support.

#### **Support Professional and Personal Development**

Workforce development is essential for every profession. To maintain a robust and healthy workforce, support and opportunities must be tailored to the needs of the people an

organization or system wants to employ. Aspects of professional development that the Working Group deemed critical for Peer Support Specialists are described below.

### **Integrate Wellness and Self-Care into Peer Partners' Work**

Wellness and self-care are essential to mitigate re-traumatization and vicarious trauma, and therefore should be the center of efforts to support peers. Wellness and self-care include actions such as setting clear boundaries, taking a step back from certain situations, asking for help, debriefing and processing difficult interactions, and taking time off. Supporting wellness means providing wellness resources and considering workplace accommodations such as flexible scheduling and recovery-friendly policies. The Working Group strongly recommends that self-care be incorporated into the job description as a non-negotiable, foundational aspect of the job; it should not be treated as an add-on to the work of peer partners.

### **Empower Peer Specialists**

Organizations should create supportive environments through clear role definitions, reasonable workloads, thoughtful team integration, inclusive decision-making, advancement opportunities, appropriate workspaces, and wellness policies.

### **Provide Professional Development Opportunities**

Organizations should facilitate and pay for continuing professional development activities and compensate employees for time spent on professional development. Ongoing professional development and networking opportunities should include continuing education, conference participation, cross-system learning exchanges, leadership development pathways, and research participation.

### **Establish Support Networks**

Peer specialists need their own peer support to maintain wellness and prevent burnout. This support can be provided through peer support groups, communities of practice, wellness retreats, and peer partner programs.

### **Provide Mentorship and Structured Debriefing**

In addition to formal supervision, Peer Support Specialists benefit from mentorship relationships and structured debriefing processes. Effective peer mentorship includes thoughtful matching, clear expectations, mentor training, and a tiered approach that complements but doesn't replace supervision. Debriefing processes should include regular team debriefing, prompt support after critical incidents, reflective practice groups, and individual processing opportunities. These processes should be trauma-informed, non-judgmental, and focused on learning rather than critique.

### **Implement Trauma-Informed Supervision Approaches**

Effective supervision is critical for Peer Support Specialists' success and was rated as extremely important (8.7 out of 10) by peer specialists in Hawai'i (Supervision and Supports Permitted



Interaction Group Report, Appendix E)). Establishing a trauma-informed model of supervision of Peer Support Specialists is essential to support the competent and ethical delivery of peer support services. A successful model will address the components of effective supervision, the qualities and training needed to serve as a supervisor, and pathways for Peer Support Specialists to become supervisors if that is a role they want.

*A trauma-informed supervision model should be grounded in recovery principles, mirror the peer support relationship, honor diverse cultural perspectives, avoid re-traumatization, and center wellness and self-care.*

Quote from Working Group meeting participant

The Working Group defined supervision as "when an experienced person actively oversees the professional development of someone else" (Peer Support Specialist Working Group Meeting; April 23, 2025). Importantly, providing supervision and support isn't just about improving job performance, it is about nurturing the whole professional.

The Working Group conducted a survey of Peer Support Specialists to gather information about supervision. In addition to the questions summarized below, the survey included some open-ended text questions to gather information on the qualities of an effective peer supervisor, ideal supervision session, and improving effectiveness of supervisor roles. Survey results informed the Working Group's conversations and recommendations. Further details of the survey results can be found in Appendix E: Supervision and Supports Permitted Interaction Group Report.

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### ***Peer Support Survey Overview***

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- Surveys were sent to those working in peer support roles in various areas, to hear directly from specialists
- Asked 12 questions, with a space to add anything else they wanted to share
- N=50 Responses
- Lots of feedback on reflective supervision
- Feedback supported earlier Permitted Interaction Group discussions
- Some shared they would like to see more around helping Peers become supervisors
- Importance of supervision: 8.7 out of 10 (38 responses)
- Rating of the support you get from supervisor: 8.1 out of 10 (38 responses)
- Ease of getting support: 52.6% very easy, 36.8% somewhat easy, 7.9% not so easy, 2.6% not at all easy.
- Frequency of supervision: 29% once a week, 26.3% every other week, 18.4% once a month, 26.3% on as needed basis
- Type of supervision, 1:1, group or both: 31.6% said 1:1 and 65.8% said both
- Supervisors with lived experience (LE): 57.9% have LE, 23.7% do not have LE, 18.4% unsure

- 73.7% of peers said they get accommodations and support specific to being a peer (respondents provided examples)
- 

### *Components of Effective Supervision*

Trauma-informed supervision must address all aspects of a job and the person doing the job. Therefore, effective supervision must consist of several components, including the following:

- **Administrative Supervision:** Job performance, policies, procedures
- **Supportive Supervision:** Emotional needs, wellness, stress management
- **Educational Supervision:** Skill development, knowledge, professional growth
- **Reflective Supervision:** Space for reflection, insight development

Supervision structure should include both individual and group sessions, with frequency based on experience level and needs. Processes should be collaborative and empowering, with clear documentation and shared understanding of goals and action items.

### *Essential Qualities and Training for Effective Peer Supervisors*

The Working Group identified the following qualities as essential for being an effective peer supervisor.

#### **Core Characteristics**

- Role model
- Advocate
- Empathetic, compassionate, and hopeful
- Provides a consistent, intentional space
- Provides structures to allow Peer Support Specialists to excel

#### **Professional Qualifications**

- Have lived experience (whenever possible)
- Prior experience providing peer support
- Thorough understanding of peer role

#### **Specialized Skills**

- Excellent supervisory skills
- Trauma-informed approach
- Cultural competence
- Subject-matter expertise such as understanding service delivery systems
- Maintains own support networks and self-care practices

#### **Specialized Training**

In addition to possessing the specific qualities listed above, peer supervisors need specialized training that addresses these topics:

- Peer support foundations
- Recovery-oriented supervision
- Role clarity
- Trauma-informed approaches
- Ethical practice

- Performance development
- Wellness support
- Quality assurance

### *Cultivating Peer Support Supervisors*

As Hawai'i develops career pathways for Peer Support Specialists, attention must be paid to developing professionals at each career level, including peer support supervisors. Progressive opportunities can help build a qualified supervisor workforce. For example, organizations can identify and develop potential supervisors, offer intermediate leadership roles, provide specialized training and transition support, ensure ongoing supervisor support for supervisors, and offer targeted leadership development opportunities.

The Working Group highlighted the importance of supervisors having lived experience and having served in a peer support role. Therefore, to the extent possible, supervisors should grow out of the existing peer support workforce. Specialized supports are needed for successful transitions from peer to supervisor because this transition includes complex relationship changes and identity shifts. Many peer specialists develop their primary social connections within the peer community, and when they become supervisors, they must redefine these relationships while taking on new responsibilities (Permitted Interaction Group meetings, April 2025). Research confirms that, when moving into supervisory roles, peer workers initially struggle with role ambiguity, feeling like imposters, and boundary challenges (Reid et al., 2024). Without adequate support, these transitions can lead to role confusion, isolation, and diminished effectiveness. Effective strategies to counter these challenges include developing peer supervisor certification, creating intermediate "lead peer" positions, implementing supervisor learning communities, establishing clear competency frameworks, providing targeted professional development funding, recognizing supervision as specialized work, and documenting successful transition stories.

## **State Employment and Other Workforce Opportunities**

Creating sustainable employment opportunities for Peer Support Specialists is essential for building a robust peer workforce in Hawai'i. The focus of the Peer Support Specialist Working Group is state government employment and employment through the nonprofit organizations engaged by the state in purchase-of-services contracts. This is also likely to be the most successful approach to creating an effective peer support workforce in Hawai'i in terms of speed of integration into systems and ensuring a consistent level of high-quality services.

### *State Employment Pathways for Peer Specialists*

State agencies represent important settings for peer support employment. To expand these opportunities, standardized civil service classifications should:

1. Explicitly recognize lived experience and expertise as a qualification
2. Align with the certification process
3. Create clear advancement pathways
4. Define appropriate qualifications without unnecessary barriers

5. Include competitive compensation reflecting Hawai'i's high cost of living

### Expansion Across State Departments

Peer support roles should be expanded beyond the Department of Health to include positions in other relevant state departments. As the following examples show, peer specialists can provide valuable support in multiple state systems and agencies.

#### **Department of Human Services**

Peer specialists can support families involved in child welfare, individuals seeking income assistance, and people experiencing homelessness. Their lived experience navigating these systems makes them uniquely qualified to help others access services, understand requirements, and advocate for their needs. Parent partner peer specialists with child welfare experience can be particularly effective in supporting parents working toward reunification.

#### **Department of Corrections and Rehabilitation**

Forensic peer specialists with justice involvement experience can support individuals during incarceration and through the reentry process. Research shows that peers in correctional settings improve post-release outcomes including reduced recidivism, increased housing stability, and better connection to community services.

#### **Department of Education**

Peer Support Specialists can assist families navigating special education services and support students with behavioral health needs. Youth peer specialists can work in school settings to provide mentoring, crisis prevention, and connection to resources, while parent peer specialists can help families understand and advocate within the educational system.

#### **Judiciary**

Peer specialists can serve in specialty courts (drug courts, mental health courts, veterans courts) and diversion programs, supporting individuals in complying with court requirements and accessing recovery resources. Their lived experience helps build trust with participants and bridges the gap between court systems and treatment services.

#### **Office of Youth Services**

Youth Peer Support Specialists with lived experience in juvenile justice and/or foster care can provide mentoring and support for system-involved youth, helping them navigate transitions and build skills for independence.

#### **Office of Wellness and Resilience**

Peer specialists can contribute to trauma-informed care initiatives and community resilience programs, bringing the peer perspective to policy development and implementation of wellness-focused initiatives across state systems.

Several states have successfully integrated Peer Support Specialists across multiple departments. For example, Pennsylvania employs certified peer specialists in their departments of human services, corrections, and drug and alcohol programs, through a coordinated cross-system approach with a centralized training and certification process. Oregon's peer workforce initiative spans child welfare, behavioral health, and corrections through a unified training, certification, and employment framework.

Implementing this cross-departmental approach in Hawai'i would maximize the impact of peer support while creating diverse career opportunities. The most common model in other states is for the state to create or subcontract for a hub to host the training and certification processes. The state, perhaps through a peer support working group, establishes a baseline of criteria to become a Peer Support Specialist (such as age and lived experience), and creates a core curriculum that all Peer Support Specialists must complete. The hub typically hosts information about certification and recertification processes, which may differ by type of peer support. In some states, such as Pennsylvania, California, and North Carolina, the hub also hosts the complaint or grievance process. In addition to statewide coordination, each Hawai'i state department would need to:

- Identify roles where peer support would enhance services
- Create appropriate position descriptions and classifications
- Provide department-specific training to complement core peer certification
- Consider department-specific internship requirements as part of certification
- Develop supportive supervision structures
- Establish clear pathways for career advancement

This expansion across state departments aligns with input from various state agency representatives on the Peer Support Working Group who have identified opportunities for peer support integration across multiple systems (Working Group Report to Legislature, Appendix B).

#### *Inclusion in State-Awarded Contracts*

In addition to direct employment within state agencies, Peer Support Specialists can be employed through state-awarded purchase-of-services contracts with community organizations, healthcare providers, and other service entities. To expand these opportunities, state contracts for relevant services should include specific requirements for peer support inclusion. These requirements might include minimum staffing ratios, peer leadership roles, explicit peer support service components, and appropriate training and supervision standards. State purchase of service contracts should also be modified to:

- Explicitly recognize lived experience and expertise as a qualification
- Align with the certification process
- Create clear advancement pathways
- Define appropriate qualifications without unnecessary barriers
- Include competitive compensation reflecting Hawai'i's high cost of living.

Technical assistance should be provided to contractors who may have limited experience employing peer specialists, helping them assess organizational readiness, clarify peer specialist

roles, and provide appropriate supervision and team integration. A peer support “hub” could be designated to provide technical assistance and support for state agencies and contracted service providers.

To ensure effectiveness, appropriate performance measures and quality standards should be established, including service delivery metrics, outcome measures, fidelity assessment, participant satisfaction, and peer specialist retention tracking. Again, these are supportive services that could be provided through a peer support hub.

### *Workplace Accommodations and Retention Strategies*

Creating supportive workplace environments is essential for retaining qualified Peer Support Specialists. Organizations may need to implement appropriate accommodations to support peer specialists' recovery and performance, including flexible scheduling, modified work environments, access to wellness resources, graduated return-to-work following periods of increased symptoms, recovery-friendly policies, and clear accommodation processes. The Americans with Disabilities Act Amendments Act (ADAAA) of 2008 provides a legal framework ensuring that peer specialists are protected from discrimination and entitled to reasonable accommodations.

Adequate compensation packages with comprehensive benefits and intentional retention strategies are crucial for maintaining a stable peer workforce. This includes competitive salaries, comprehensive benefits, performance recognition, career advancement opportunities, retention monitoring, and specific plans to address identified retention challenges. Creating clear pathways for advancement is also essential.

To build a peer support workforce, the state will need to address several barriers. One barrier is a lack of understanding about and stigmatization of individuals who have struggled with mental health and/or substance use disorders or who have committed crimes and/or been found to have maltreated their children. Organizations should address stigma and create inclusive environments through staff education about recovery principles, anti-stigma initiatives, clear anti-discrimination policies, inclusive language guidelines, and leadership commitment. Another barrier is the conflict between hiring requirements that prohibit hiring of individuals with criminal justice system or child welfare system records and job descriptions that require these past experiences. A third barrier is the lack of clarity about what type of lived experience is desired or required for various peer support roles. For example, would a person who has been a relative caregiver in the child welfare system be able to provide support for a parent whose child is in foster care? Some of these barriers can be resolved through communication and education throughout social services delivery systems. Others can be resolved by creating clear definitions and standards within the certification process and job descriptions. Resolving some barriers, such as how to handle background checks and criminal justice system records, may require a multi-agency workgroup and potential policy or legislative changes.

## 7. Training and Certification Standards

The Permitted Interaction Group, "Certification and Credentialing for Peer Support Specialists," recommends defining certification as requiring a peer to serve as a "professional." The certification process includes identifying and defining what is considered lived experience and peer support while showing that the person has learned and demonstrated that they can utilize the lived experience to serve others (Certification and Credentialing Permitted Interaction Group Report, Appendix D). Certification should not be treated as an objective in itself, but as a means to support the development of a qualified, ethical peer support workforce. This framework prioritizes making certification accessible to all qualified individuals, regardless of learning differences, financial limitations, or other potential barriers. Becoming certified or credentialed typically includes having relevant lived experience, meeting a set of minimum requirements, obtaining training, demonstrating proficiency in a core set of knowledge and skills, and gaining experience through an internship or volunteer service.

*Certification should not be treated as an objective in itself, but as a means to support the development of a qualified, ethical peer support workforce.*

Quote from Working Group meeting participant

A foundational part of creating training and certification standards is deciding who or what is responsible for administering the training and certification. These decisions are part of the larger implementation process discussed in Section 7, Implementing Professional Peer Support Services in Hawai'i.

### Training Curriculum and Competency Requirements

Working Group members discussed the importance of having a standard training and certification process for Peer Support Specialists in Hawai'i that utilizes a core curriculum. Numerous training curricula that are evidence-based, trauma-informed, and peer-led are being utilized in peer support spaces in the state. The group shared how the "wheel shouldn't be re-created." Instead, existing curricula should be considered to qualify as a core curriculum. Furthermore, the Working Group was adamant that the peer support community should receive training locally in Hawai'i, with locally based trainers who are ideally also individuals with lived expertise.

The Permitted Interaction Group *Credentialing and Training for Peer Support Specialists* discussed how the Substance Abuse and Mental Health Services Administration (SAMHSA)'s National Model Standards for Peer Support Certification, with its comprehensive and trauma-informed approach, should serve as a guiding document for the state. The SAMSHA Model Standards include the following minimum training requirements for mental health, substance use, and family peer certifications:

- **Core Training Hours:** 40-60 hours based on SAMHSA National Model Standards
- **Specialized Tracks:** Additional training for youth, adult mental health, substance use recovery, caregiver or family, parent partner, and forensic peer support



- **Supervised Experience:** Minimum 100-500 hours of supervised work experience
- **Competency Assessment:** Multiple methods including written exams, role-playing, direct observation, portfolios

Minimum training requirements don't just address the number of hours; they include core topics that must be covered in a curriculum. All Peer Support Specialists, regardless of category or specialization, should demonstrate mastery of the following core competencies:

- **Foundations of Peer Support:** Understanding peer support history, values, principles, and unique role
- **Supporting Recovery and Wellness:** Knowledge of recovery principles and wellness approaches
- **Effective Communication:** Skills in active listening, empathic communication, and group facilitation
- **Cultural Responsiveness:** Ability to work effectively across cultures
- **Trauma-Informed Practice:** Understanding the impacts of trauma and creating safe relationships
- **Ethics and Boundaries:** Knowledge of ethical principles and maintaining appropriate boundaries
- **Systems Navigation:** Understanding service systems and helping others access resources
- **Empowerment and Advocacy:** Supporting self-advocacy and systems advocacy
- **Person-Centered Approaches:** Supporting self-determination and focusing on strengths
- **Group Facilitation:** Knowledge of group dynamics and creating inclusive environments
- **Crisis Support and Response:** Understanding crisis intervention and providing appropriate support
- **Documentation and Reporting:** Understanding documentation requirements and objective reporting
- **Self-Care and Wellness:** Maintaining one's own well-being while supporting others

These competencies should be assessed through multiple methods, including written examinations, role-playing scenarios, direct observation, portfolios, and supervisor evaluations. Assessment processes must be accessible to individuals with diverse learning styles and comply with the Americans with Disabilities Act Amendments Act of 2008.

## Specialization Tracks for Different Peer Roles

In addition to core training, specialized training should be developed for different categories of peer support roles. Adult Peer Support Specialists often specialize further based on their specific lived experience and the populations they serve, including mental health recovery, substance use recovery, housing and homelessness, criminal justice involvement, veterans' issues, LGBTQ+ experiences, or health conditions and disabilities. The Credentialing Permitted Interaction Group Report noted that "The group also talked about how there could be one base



line certification and branch it off based on specific populations/peer support needs.” Some specialized tracks that were discussed include the following:

- **Adult Mental Health Track:** Mental health conditions, psychiatric rehabilitation, wellness planning, and addressing stigma
- **Caregiver or Family Track:** Family systems, parenting skills, caregiver stress, and navigating child-serving systems
- **Forensic Peer Support Track:** Criminal justice systems, reentry support, and addressing incarceration trauma
- **Substance Use Recovery Track:** Pathways to recovery, harm reduction, relapse prevention, co-occurring disorders, community integration, and wellness planning
- **Youth Peer Support Track:** Adolescent development, youth engagement, family dynamics, educational systems, age-appropriate support techniques, navigating systems that serve youth, and the transition to adulthood and connections to adult systems when appropriate

## **Minimum Qualifications for Certification**

People seeking Peer Support Specialist certification must possess a minimum level of experiences and/or qualities in order to be certified. These qualifications are distinct from minimum training or internship requirements and include but are not limited to the following prerequisites.

### **Lived Experience & Expertise**

All Peer Support Specialists must have relevant lived experience and expertise appropriate to their role category and be willing to share aspects of their recovery journey to support others. The SAMHSA National Model Standards emphasize that lived experience includes not only challenges faced but also the process of navigating recovery and developing resilience.

### **Recovery Stability**

Candidates should demonstrate a minimum of 12 consecutive months in self-directed recovery, consistent with Hawai‘i’s current AMHD certification requirements and the SAMHSA National Model Standards. Recovery stability requirements aim to ensure peer specialists have sufficient experience with their own recovery journey while recognizing that recovery is ongoing.

### **Educational Background**

A high school diploma or GED should be required for certification, consistent with most state requirements and current practice in Hawai‘i. At the same time, because formal education requirements can create barriers, the SAMHSA National Model Standards suggest replacing formal education requirements with demonstrated skill assessments when possible.

### **Criminal Background Considerations**

Rather than categorically excluding individuals with criminal histories, the SAMHSA National Model Standards recommend a case-by-case review process that considers the nature and timing of offenses, evidence of rehabilitation, and relevance to the peer support role. This approach recognizes that many individuals with criminal histories related to mental health or substance use challenges can become valuable Peer Support Specialists.

### **Supervised Experience/Internship**

For full certification, Peer Support Specialists should complete a minimum of 100-500 hours of supervised work experience, which may include practicum experiences during training and post-training supervised work (SAMHSA National Model Standards).

### **References**

Candidates should provide professional references that can speak to their recovery stability, interpersonal skills, and potential for success in a Peer Support Specialist role.

### **Ongoing Professional Development and Certification Maintenance**

After Peer Support Specialists are certified, additional training should be required to maintain active certification, just as it is for many other professions. The Working Group recommends an additional annual 16 hours of continuing education, which is consistent with Hawai'i's current AMHD requirements. Continuing education should be available through multiple formats to accommodate diverse learning preferences. These formats might include in-person workshops, online courses, conferences, supervised mentoring, and reflective practice groups. Steps for maintaining certification should be a topic of supervision, with supervisors and Peer Support Specialists collaborating to identify learning goals and appropriate continuing education opportunities.

Annual certification renewal requirements should include continuing education documentation, current employment verification, ethics affirmation, and minimal renewal fees. A central agency for training and certification could make both the certification and the recertification process widely accessible and user-friendly. Other ways to simplify the process include providing information in plain language and multiple formats, providing reasonable accommodations and remote participation options, and charging modest fees and allowing waivers.

### **Certification Administration**

An important next step in professionalizing peer support services in Hawai'i is developing the processes by which Peer Support Specialists will become certified, including the mechanisms for delivering training, tracking completion of certification requirements, and issuing credentials.

Some states have implemented an independent board model that:

- Includes strong representation from certified peer specialists and individuals with lived experience
- Operates with state authorization but maintains independent governance
- Includes representatives from various state departments, nonprofits, and peer partners
- Serve as a "hub" for all Peer Support Specialists

Developing the certification process is a foundational part of implementing this framework and must be undertaken by an interdisciplinary group after further research and deliberation.

Section 7, Implementing Professional Peer Support Services in Hawai'i, presents

recommendations for moving forward with implementation, including whether Hawai‘i would benefit from an independent board, an advisory committee, or another format to make decisions about training and certification.



## 8. Implementing Professional Peer Support Services in Hawai‘i

As mentioned earlier, training and certification are essential components of professionalizing peer support services, but they are not the only components. Initial funding is needed to set up the scaffolding for this workforce and ongoing funding must be provided. Additionally, Hawai‘i must establish mechanisms to evaluate and improve all aspects of peer support work.

### Facilitating Implementation

The Working Group ended on June 30, 2025. A coordinating entity is needed to facilitate implementation of this framework and bring the Working Group’s vision to fruition. The Working Group believes that the Office of Wellness and Resilience is appropriately situated to convene a multidisciplinary group to continue the efforts of the Working Group, and facilitate implementation of this framework, beginning with decisions about creating a peer support hub and administering the credentialing process.

Convening a group to build out and implement the framework is a prerequisite to growing the peer support workforce. Infrastructure needed for certification and credentialing includes and is not limited to the following components:

- Ethical guidelines and professional standards
- Core curriculum
- Specialized training for specific tracks and roles
- Minimum qualifications for certification
- Qualifications for certification renewal
- An independent board or advisory committee to oversee certification
- Mechanisms to administer the certification process
- A process for receiving complaints or grievances
- Processes for policy development and continuous quality improvement
- Funding mechanisms.

### Creating a Peer Support Hub

The Working Group envisions a peer support hub that would lead the workforce development of peer support specialists in Hawai‘i by:

1. Working in collaboration with the state certifying entity (currently the Department of Health), to ensure that the process and requirements are designed and administered with lived-experience input.
  - Facilitating conversations on the infrastructure needed for statewide training and certification
  - Developing policies that enhance and support the Peer Support Specialist workforce
  - Providing training and technical assistance, including peer support supervision training
  - Leading efforts to obtain sustainable funding, such as collecting information to highlight the positive return on investment from peer support services

- Facilitating conversations on the infrastructure needed for Medicaid reimbursement for peer support services
- 2. Managing a current inventory list of available peer support services in the state  
Given the existing state structure, the Office of Wellness and Resilience may be the best entity to facilitate and coordinate the hub.

## **Administering Training and Certification**

The Working Group recommends identifying or creating a central certification agency to streamline and centralize training and certification. The Department of Health (DOH) is well-situated to serve in this role. The DOH Adult Mental Health Division currently manages certification for adult mental health peer specialists in Hawai'i, and the Child and Adolescent Mental Health Division (CAMHD) recently began certifying youth peer specialists and will soon certify caregiver or family specialists. These existing initiatives, plus the Department's historical involvement with Peer Support Specialists, indicate that DOH may be the best-situated state agency to take on these responsibilities. However, coordination between DOH divisions will be necessary to avoid confusion, and other state departments will need to agree and coordinate efforts. The Working Group emphasizes the imperative need for coordination, consistency, and collaboration.

The entity serving as the centralized mechanism for training and certification can either provide training itself or contract with local and regional organizations who can provide the training. The coordinating entity's key role will be facilitating the processes that make certification possible and not a burdensome or expensive endeavor. A diverse group of representatives from state agencies, peer-run organizations, certified peer specialists, employers, training providers, and communities should design the requirements, processes, and infrastructure for certification. Facilitated conversations around these topics could occur through the Peer Support Hub.

## **Funding and Sustainability**

Establishing sustainable funding for peer support services is essential for building and maintaining a robust peer support system in Hawai'i. Much discussion and planning are needed to develop a funding plan. This section provides some guidance for developing a sustainable funding plan. The work of the Peer Support Working Group is concluding at a moment where federal funding opportunities are uncertain. This uncertainty is causing a broad ripple effect, resulting in uncertainty in state and philanthropic funding.

### **Identifying Funding Sources**

Medicaid represents one of the most significant potential funding sources for peer support services. Not all such services will qualify as Medicaid services so a variety of funding sources must be identified. Importantly, changes at the federal level bring high levels of uncertainty about the future availability of federal funding, particularly through grants and contracts.

The Hawai'i Department of Health has a current Medicaid State Plan Amendment that provides for peer support services to be delivered to Medicaid beneficiaries with mental health, physical illness, and/or substance use disorders if those services are provided by a Peer Support Specialist certified through DOH. Such services must be provided through a written plan of care, require prior authorization and monthly review, and the number of visits are unlimited as long as they are medically necessary. The approved billing rate is \$25.33 per 15-minute increment. (Hawai'i State Plan Amendment # 24-0011).

A diversified funding approach is essential for sustaining peer support services. Key funding streams to explore include:

- **Medicaid Funding Opportunities:** Medicaid can provide sustainable funding through State Plan Amendments that specifically include peer support as a covered benefit, Medicaid managed care contracting requirements, relevant Medicaid waivers, and administrative match for infrastructure development. Hawai'i's Department of Health and Department of Human Services' Med-QUEST Division should collaborate to maximize these opportunities.
- **State General Fund Allocations:** State funds provide flexible financing for services not covered by Medicaid, including dedicated line items in departmental budgets, special initiatives, pilot programs, and interdepartmental funding arrangements that pool resources for shared populations.
- **State Special Funds:** Peer support services may fall within the parameters of special funds. For example, programs providing parent peer partners for parents with substance use disorders may qualify for funding through the Hawai'i Opioid Settlement Project.
- 3. **Federal Grant Opportunities:** Federal grants from agencies like the SAMHSA, the Health Resources and Services Administration (HRSA), the Administration for Children and Families (ACF), and Department of Justice can support program development, innovation, and evaluation. These include block grants, discretionary grants for specific populations, and newly available opportunities like Title IV-B funding for peer mentoring in child welfare. (Title IV-B funding is a federal program of the Social Security Act that provides flexible grants to states and tribes for child welfare services.)
- **Private and Philanthropic Funding:** Local foundations, healthcare system community benefit programs, corporate social responsibility initiatives, and innovative financing approaches can complement public funding, particularly for innovation, capacity building, and evaluation activities.

#### Advocacy for Continued Funding and Expansion

The Working Group agrees that collective advocacy for funding is needed. Effective advocacy involves documenting outcomes, building relationships with decision-makers, engaging in policy development, and creating broad coalitions to support peer services. These efforts should center the voices of peer specialists themselves and illustrate the value of peer support through both data and personal stories.

## Evaluation and Quality Improvement

Measuring the effectiveness of peer support services requires metrics that align with the unique values and approaches of peer support while providing meaningful information about outcomes and impact. In the March 24, 2025, meeting, the Working Group discussed how evaluation can include different types of metrics, including the following:

- Metrics on the wellness of Peer Support Specialists themselves. This can include surveying whether Peer Support Specialists are reaching their self-identified goals, and if they are receiving supports that they need.
- Metrics that capture the level of engagement of those whom Peer Support Specialists are serving. Some examples are surveying whether clients are making appointments, participation in activities, and support programs offered.

Based on best practices in the field and the goals of the Working Group, this framework recommends measuring individual outcomes (recovery progress, service engagement, system navigation skills, social connection, hope and self-efficacy), system-level measures (service utilization patterns, cost effectiveness, integration indicators, workforce development, equity measures), process measures (fidelity to peer support values, service accessibility, engagement quality, documentation quality, supervision implementation), and peer specialist experience measures (job satisfaction, retention, professional development, recovery maintenance, role clarity). The Working Group emphasized the importance and value of qualitative research methods. In Hawai'i, mo'olelo (storytelling), provides deep and rich data to decision-making.

Developing robust evaluation methods and continuous quality improvement processes is essential for demonstrating the value of peer support services, identifying areas for enhancement, and ensuring that peer support approaches remain effective and responsive to community needs. While the Working Group had preliminary discussions about evaluation and a quality improvement plan, further planning and discussion is needed among state agencies, peer-run organizations, certified peer specialists, employers, training providers, and diverse cultural communities. The Office of Wellness and Resilience has the expertise to convene a group to create a plan for standardized data collection and reporting that adheres to privacy laws and ethical standards. Partners such as DOH have extensive experience in designing inclusive continuous quality improvement processes that foster ongoing improvement and adaptation in response to emerging insights and experiences.



## 9. Conclusion

Drawing on the collective wisdom and experience of the Working Group, input from diverse stakeholders, evidence-based practices, and the unique cultural context of Hawai‘i, this framework provides an outline for developing, strengthening, and sustaining a robust peer support system across Hawai‘i.

### Summary of Key Recommendations

Throughout this framework, several key recommendations emerge that are essential for building an effective peer support system in Hawai‘i:

1. **Establish Clear Definitions and Roles:** This framework provides a clear definition of peer support in Hawai‘i's context and delineates the roles, responsibilities, and ethical standards for Peer Support Specialists across different categories and settings. This clarity is fundamental for maintaining the integrity and effectiveness of peer support roles.
2. **Implement Comprehensive Training and Certification:** The framework outlines recommendations for training requirements, competency assessment, certification processes, and continuing education that will ensure peer specialists have the knowledge and skills needed to provide high-quality services while maintaining appropriate boundaries and professional standards.
3. **Develop Trauma-Informed Supervision and Support:** Recognizing the unique needs of the peer support workforce, the framework describes a trauma-informed supervision model and support structures that promote peer specialist wellbeing, professional development, and effectiveness.
4. **Create Sustainable Employment Pathways:** The framework identifies strategies for developing state employment opportunities, including peer specialists in contracted services, and implementing workplace accommodations and retention strategies that will build a stable and diverse peer support workforce.
5. **Establish Evaluation and Quality Improvement Processes:** To ensure ongoing effectiveness and responsiveness, the framework highlights the need to measure outcomes, collect and report data, and periodically review and refine peer support practices and policies.
6. **Secure Sustainable Funding:** The framework outlines suggestions for identifying and leveraging diverse funding sources, developing long-term financial approaches, and advocating for continued support that will create a stable foundation for peer support services.
7. **Center Cultural Responsiveness:** Throughout the framework, the importance of cultural responsiveness, particularly incorporation of Native Hawaiian values and practices, is emphasized as essential for effective peer support in Hawai‘i's diverse communities.
8. **Promote System Integration:** The framework recognizes that peer support does not exist in isolation but must be effectively integrated with broader service systems, including mental health, substance use, child welfare, justice, healthcare, and education systems, to maximize its impact and sustainability.



These key recommendations are interconnected and mutually reinforcing. For example, clear definitions and roles support effective training and certification, which in turn enables sustainable employment and funding. Similarly, trauma-informed supervision and support enhance workforce retention, while evaluation processes demonstrate value and build the case for continued funding.

## Vision for the Future

The implementation of this framework will transform Hawai'i's approach to supporting individuals with mental health challenges, substance use disorders, and other significant life experiences. The Working Group's vision for the future of peer support in Hawai'i includes:

1. **Widespread Availability:** Peer support services will be readily available across all islands and in diverse settings, ensuring that geographic location is not a barrier to accessing this valuable resource.
2. **Diverse Workforce:** A diverse peer support workforce will reflect the cultural, linguistic, and experiential diversity of Hawai'i's communities, with paths to certification that are accessible and culturally responsive.
3. **Career Pathways:** Clear career pathways will enable peer specialists to advance professionally, take on leadership roles, and contribute to system transformation while maintaining the integrity of the peer perspective.
4. **Evidence-Based Practice:** Ongoing evaluation and quality improvement will build an ever-strengthening evidence base for peer support effectiveness, guiding refinement of practices and expansion of services.
5. **Systems Transformation:** Integration of peer support throughout Hawai'i's health and human service systems will contribute to broader transformation toward recovery- oriented, person-centered, and culturally responsive approaches.
6. **Community Empowerment:** The growth of the peer support workforce will empower communities by creating meaningful employment opportunities for individuals with lived experience and demonstrating the value of experiential knowledge alongside professional expertise.
7. **Improved Outcomes:** Most importantly, expanded and enhanced peer support services will improve outcomes for individuals and families, promoting recovery, resilience, and wellbeing across diverse populations and needs.

This vision aligns with the Office of Wellness and Resilience's commitment to trauma-informed, culturally responsive approaches that build resilience and well-being throughout Hawai'i.

## Next Steps

The development of this framework is an important milestone, but significant work remains to fully implement its recommendations and realize the vision described above. Immediate next steps include:

1. **Framework Dissemination:** Share the framework widely with stakeholders across Hawai'i, including state agencies, community organizations, peer specialists, individuals with lived experience, and potential funders.

2. **Facilitation:** Identify a facilitator who will convene and coordinate efforts. Some organizations call this role the “backbone.”
3. **Implementation Planning:** Develop a detailed implementation plan with specific actions, timelines, responsibilities, and resource needs for each major component of the framework.
4. **Celebrating Early Wins:** Identify "early win" opportunities that can build momentum and demonstrate progress, such as adopting the peer support definition or establishing a training and certification workgroup.
5. **Resource Mobilization:** Begin mobilizing resources needed for initial implementation, including both financial resources and in-kind contributions from partner organizations.
6. **Ongoing Engagement:** Maintain and expand engagement with diverse stakeholders, particularly peer specialists and individuals with lived experience, to ensure implementation remains aligned with the framework's vision and values.

The Peer Support Specialists Working Group, housed within the State of Hawai‘i’s Office of Wellness and Resilience, will continue to provide leadership and coordination for these next steps, in collaboration with the many partners who contributed to the framework's development.



# **Appendix A**



**GOV. MSG. NO. 1189**

EXECUTIVE CHAMBERS  
KE KE'ENA O KE KIA'ĀINA

JOSH GREEN, M.D.  
GOVERNOR  
KE KIA'ĀINA

June 27, 2024

The Honorable Ronald D. Kouchi  
President of the Senate,  
and Members of the Senate  
Thirty-Second State Legislature  
State Capitol, Room 409  
Honolulu, Hawai'i 96813

The Honorable Scott K. Saiki  
Speaker, and Members of the  
House of Representatives  
Thirty-Second State Legislature  
State Capitol, Room 431  
Honolulu, Hawai'i 96813

Dear President Kouchi, Speaker Saiki, and Members of the Legislature:

This is to inform you that on June 27, 2024, the following bill was signed into law:

SB3094 SD2 HD2 CD1

RELATING TO PEER SUPPORT  
SPECIALISTS.  
**ACT 088**

Sincerely,

A handwritten signature in black ink that reads "Josh Green M.D." in a cursive style.

Josh Green, M.D.  
Governor, State of Hawai'i

THE SENATE  
THIRTY-SECOND LEGISLATURE, 2024  
STATE OF HAWAII

S.B. NO. 3094  
S.D. 2  
H.D. 2  
C.D. 1

## A BILL FOR AN ACT

RELATING TO PEER SUPPORT SPECIALISTS.

### BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the federal Centers  
2 for Medicare and Medicaid Services recognizes that the  
3 experiences of peer support specialists, as part of an  
4 evidence-based model of care, can be an important component in  
5 the delivery of effective mental and behavioral health  
6 treatment.

7 The legislature further finds that the federal Substance  
8 Abuse and Mental Health Services Administration identifies peer  
9 support as one of the six guiding principles of trauma-informed  
10 care. Peer support specialists use strengths-based approaches  
11 that emphasize physical, psychological, and emotional safety and  
12 create opportunities to rebuild a sense of control and  
13 empowerment.

14 The legislature additionally finds that research shows that  
15 peer support is effective for improving behavioral health  
16 outcomes. Benefits of peer support include reduced hospital  
17 admission rates, longer community tenure, increased social  
18 support and social functioning, decreased substance use and



1 depression, raised empowerment scores, and increased engagement  
2 in self-care and wellness.

3       The legislature also finds that peer support provides  
4 benefits not only to individuals suffering from mental health  
5 disorders and substance use disorders, but also to individuals  
6 who are experiencing homelessness, involved in the child welfare  
7 system, survivors and responders of disasters, involved in the  
8 correctional and juvenile justice systems, and caregivers of  
9 youth involved in one or more child-serving systems.

10       The legislature also finds that Act 291, Session Laws of  
11 Hawaii 2022, established on a temporary basis the office of  
12 wellness and resilience within the office of the governor. The  
13 office of wellness and resilience was established to address the  
14 various barriers that impact the physical, social, and emotional  
15 well-being of all people in the State by building wellness and  
16 resilience through trauma-informed, strength-based strategies  
17 and to support state departments and agencies in their  
18 individual efforts to address trauma-informed care and move  
19 toward a collaborative, shared purpose of collective system  
20 reform.



1       The legislature finds that establishing a working group  
2 within the office of wellness and resilience that comprises  
3 state departments and agencies that engage with peer support  
4 specialists; community-based organizations; contracted service  
5 providers; and adults, youth, parents, and caregivers with lived  
6 experiences will contribute to the development of a framework  
7 that elevates the role of peer support specialists and enhances  
8 their ability to serve individuals in need.

9       The purpose of this Act is to:

- 10       (1) Establish a temporary peer support specialist working  
11 group to develop and make recommendations for a  
12 framework for peer support specialists in the State;  
13 and  
14       (2) Require the working group to submit a report of its  
15 findings and recommendations to the legislature before  
16 the regular session of 2025.

17       SECTION 2. (a) There is established within the office of  
18 wellness and resilience for administrative purposes a peer  
19 support specialist working group. The working group shall  
20 consist of the following members:



- 1           (1) The director of the office of wellness and resilience,  
2                   or the director's designee, who shall serve as the  
3                   chairperson of the working group;
- 4           (2) The director of health, or the director's designee;
- 5           (3) The superintendent of education, or the  
6                   superintendent's designee;
- 7           (4) The director of law enforcement, or the director's  
8                   designee;
- 9           (5) A member of the Hawaii state judiciary, to be  
10                  appointed by the chief justice;
- 11          (6) A member of the department of health's adult mental  
12                  health division representing the administrator of the  
13                  Hawaii certified peer specialist program;
- 14          (7) A member of the department of health's child and  
15                  adolescent mental health division representing the  
16                  administrator of the peer support specialist program  
17                  carried out within the division;
- 18          (8) The administrator of med-QUEST, or the administrator's  
19                  designee;
- 20          (9) The governor's coordinator on homelessness, or the  
21                  coordinator's designee;





- 1       (10) Two members of the nonprofit sector, who shall be  
2       invited by the chairperson; and
- 3       (11) A member from each of the following constituencies,  
4       whom the chairperson shall invite to participate in  
5       the working group;
- 6       (A) An individual with lived experience as a child or  
7       youth in the child welfare system;
- 8       (B) An individual with lived experience in the  
9       juvenile justice system or an individual with  
10      lived experience in the adult correctional  
11      system;
- 12      (C) Two caregivers with lived experience as the  
13      caregiver of a child or youth in the behavioral  
14      health, child welfare, or juvenile justice  
15      systems;
- 16      (D) An individual with lived experience with recovery  
17      from substance abuse and lived experience being  
18      homeless; and
- 19      (E) An individual with lived experience navigating  
20      the mental health system either as a child or  
21      youth or as an adult.



1 (b) The working group shall develop and make  
2 recommendations for a framework for peer support specialists in  
3 the State. The working group shall:

4 (1) Identify best practices and create, develop, and adopt  
5 a statewide framework for peer support specialists.

6 The framework shall include:

7 (A) Clear roles and definitions of peer support  
8 specialists, youth peer support specialists,  
9 adult peer support specialists, and caregiver  
10 peer support specialists;

11 (B) Ethics, values, and standards required of peer  
12 support specialists;

13 (C) Recommendations on whether the State should  
14 require youth peer support specialists, adult  
15 peer support specialists, and caregiver peer  
16 support specialists to undertake the same  
17 training, certification, and credentialing  
18 process or whether the training should be  
19 individualized based on the type of peer support;

20 (D) Recommendations on how to require peer support  
21 specialists in state-awarded contracts; and



- 1 (E) An implementation and quality improvement plan,  
2 consisting of an evaluation plan with coordinated  
3 data collection and suggested metrics for  
4 assessing ongoing progress of the framework;
- 5 (2) Identify a trauma-informed model of supervision of  
6 peer support specialists to support competent and  
7 ethical delivery of services that support continued  
8 development of peer support specialist abilities and  
9 support navigation of state systems, including the  
10 certification and credentialing process, integration  
11 in decision making and program development processes,  
12 debriefing from meetings, training and technical  
13 assistance, and programs to support the well-being of  
14 peer support specialists;
- 15 (3) Provide an inventory of current use of peer support  
16 specialists within and across public and private  
17 agencies and departments; and
- 18 (4) Develop a sustainability plan that includes  
19 identification of federal and state funding streams to  
20 incorporate requirements to establish peer support as  
21 a medicaid billable service.



1 (c) Members of the peer support specialist working group  
2 who are employed by the State and serving in their official  
3 capacity on the working group shall serve without compensation.  
4 Other members of the working group who are not employed by the  
5 State shall receive compensation for their travel expenses.

6 (d) The office of wellness and resilience may contract  
7 with an administrative facilitator to provide necessary support  
8 for the peer support specialist working group in carrying out  
9 its duties.

10 (e) The peer support specialist working group shall submit  
11 a report of its findings and recommendations, including any  
12 proposed legislation, to the legislature no later than twenty  
13 days prior to the convening of the regular session of 2025.

14 (f) The peer support specialist working group shall cease  
15 to exist on June 30, 2025.

16 SECTION 3. This Act shall take effect on July 1, 2024.



# **Appendix B**



## STATE OF HAWAII

OFFICE OF WELLNESS AND RESILIENCE  
KE KE'ENA KŪPA'A MAULI OLA  
OFFICE OF THE GOVERNOR  
415 S. BERETANIA ST. #415  
HONOLULU, HAWAII 96813

### PEER SUPPORT SPECIALIST WORKING GROUP

#### 2024 Report to the 2025 Legislature of the State of Hawai'i

Submitted December 2024

The Peer Support Specialist Working Group was established by Senate Bill 3094 SD2 HD2 CD1, becoming Act 88 when Governor Josh Green, M.D., signed the bill into law in June 2024. Act 88 established the Working Group within the Office of Wellness and Resilience (OWR).

The Working Group is charged with developing and making recommendations for a framework for peer support specialists in the state. Specifically, the Working Group must:

- 1) Identify best practices and create, develop, and adopt a statewide framework for peer support specialists;
- 2) Identify a trauma-informed model of supervision of peer support specialists;
- 3) Provide an inventory of current use of peer support specialists; and
- 4) Develop a sustainability plan identifying federal and state funding streams to incorporate requirements to establish peer support as a Medicaid-billable service.

The Working Group consists of several State department representatives, community partners, and people with lived experience. Below are names of the current Working Group members, which organization and/or specific lived experience they represent, and community partners. Please note that the Organization and Lived Experience column is listed as required representation in Act 88.

| <b>Name</b>                  | <b>Organization / Lived Experience</b>   | <b>Island</b>  |
|------------------------------|--|----------------|
| Tia Hartsock (Chair)         | Office of Wellness and Resilience, Office of the Governor  | O'ahu          |
| Kimberly Takata (Vice Chair) | Individual with lived experience in the juvenile justice system or an individual with lived experience in the adult correctional system  | O'ahu          |
| Michael Vincent              | Dept. of Correction and Rehabilitation   | O'ahu          |
| Cynthia Chappell             | Dept. of Education   | O'ahu          |
| Greg Uwono                   | Hawai'i State Judiciary  | O'ahu          |
| Darryl Tanaka                | Adult Mental Health Division, Dept. of Health  | O'ahu          |
| Scott Shimabukuro            | Child & Adolescent Mental Health Division, Dept. of Health   | O'ahu          |
| Judy Mohr Peterson           | MedQuest Division, Dept. of Human Services   | O'ahu          |
| Reina Purvis                 | Statewide Office on Homelessness and Housing Solutions   | O'ahu          |
| Heather Lusk                 | Member of the nonprofit sector (Hawai'i Health Harm Reduction Center)  | O'ahu          |
| Debbie Victor Macalino       | Member of the nonprofit sector (Pu'a Foundation)   | O'ahu          |
| Samanatha U'u                | Individual with lived experience as a child or youth in the child welfare system   | Maui           |
| Malia Daraban                | Caregiver with lived experience as the caregiver of a child or youth in the behavioral health, child welfare, or juvenile justice system | O'ahu          |
| Kathy Hammes                 | Member of the nonprofit sector (National Alliance of Mental Illness Hawai'i)   | Hawai'i Island |
| Lindsay Pacheco              | Individual with lived experience with recovery from substance abuse and lived experience being homeless                                  | O'ahu          |
| Cynthia Kaneshiro            | Individual with lived experience navigating the mental health system either as a child or youth or as an adult                           | Kauai          |

The Office of Wellness and Resilience collaborates with two facilitators from EPIC ‘Ohana to plan and manage the Working Group meetings: Kailene Nihipali Sanchez and Kimberly Nabarro. Both facilitators are trained in facilitation, and have significant lived experience and expertise working with the child welfare system in Hawai‘i.

The Working Group began meeting in September 2024. Meetings were held on and are scheduled to be held on:

- September 25, 2024
- October 23, 2024
- November 25, 2024
- December 18, 2024
- January 22, 2025
- February 26, 2025
- March 24, 2025
- April 23, 2025
- May 28, 2025
- June 25, 2025

Because the Working Group is comprised of a diverse group of people working in various roles regarding peer support, the first two months were dedicated to pilina-building, discussing the impact peer support services has in our State systems, and collectively learning about the different peer supports available across the state.

In the November meeting, the Working Group voted to establish Permitted Interaction Groups (PIGs) to establish three PIGs: 1) Adult peer support inventory PIG, 2) Youth peer support inventory PIG, and 3) Family peer support inventory PIG. The three PIGs were charged with creating an inventory list of peer support services that are available in Hawai‘i for their designated populations. Interested community members attending the Working Group meetings, but who are not Working Group members, have also been actively asked to join PIGs to share their experiences and expertise.

In the December meeting, the Working Group collectively discussed the definition of “peer support specialists” for the framework. In the subsequent months, the Working Group plans to create additional PIGs to further establish required components of the framework.

Meeting agendas for September, October, November, and December are attached.

Meeting minutes, meeting recordings, and resources shared in the meetings can be found at <https://owr.hawaii.gov/peersupport/>. For more information, please contact [gov.peers@hawaii.gov](mailto:gov.peers@hawaii.gov).



# **Appendix C**

## Participants in the Permitted Interaction Groups

The Working Group created five Permitted Interaction Groups to delve more deeply into specific topics of interest. The Working Groups and the organizations represented in them are listed below.

Three Permitted Interaction Groups were established to create an inventory list of peer support services that were available in Hawai'i. They were established at the November 25<sup>th</sup>, 2024 Working Group meeting and dissolved in the January 22<sup>nd</sup>, 2025 Working Group meeting.

### **Family Peer Support Inventory Permitted Interaction Group**

- Non-working group members: Cheryl Shiinoki, Heid-Ann Allencastre, Dan Smeby, Moani Muna, Anisa Wiseman, Amanda Mundon, Kayla Samson, Deanna Gonda, Brittney Tavares, Ashley Viluan
- Working group members: Tia Hartsock, Samantha U'u, Lindsay Pacheko, Malia Daraban

### **Individual Adults Peer Support Inventory Permitted Interaction Group**

- Non-working group members: Kathleen Merriam (Department of Health Adult Mental Health Division), Kimberly Jackson, Sai Ako, Matt Taufete'e (The First L.A.P.), Kela Pulawa (Pu'a Foundation), Heide Allencastre (Family Hui Hawaii), Kayla Samson (EPIC 'Ohana), Leilani Yahiku (Empowering Through Expression)
- Working group members: Debbie Victor Macalino, Kimmy Takata

### **Youth Peer Support Inventory Permitted Interaction Group**

- Non-working group members: Cynthia White (Kids Hurt Too), Moani Muna, Corinna Sosa (EPIC 'Ohana), Janae Davis, Tiffany Ramos Duh (EPIC 'Ohana), Melissa Mayo (EPIC 'Ohana), Tianna Webster (EPIC 'Ohana), Lynne Kazama (Department of Human Services Child Welfare Services Branch), Carla Houser (RYSE Hawaii), Charlene Takeno (Department of Health Child and Adolescent Mental Health Division), Keli Acquaro (Department of Health Child and Adolescent Mental Health Division)
- Working group members: Dr. Scott Shimabukuro and Samantha U'u

Two Permitted Interaction Groups were established in the February 26<sup>th</sup>, 2025 Working Group meeting and they were dissolved in the April 23<sup>rd</sup>, 2025 Working Group meeting. The Supervision and Support Permitted Interaction Group were tasked with putting forth recommendations on best practices to support peer support specialists require, including supervision. The Certification and Credentialing Permitted Interaction Group were tasked with putting forth recommendations on best practices on certification and credentialing that is required of peer support specialists.

### **Supervision and Support Permitted Interaction Group**

- Non-working group members: Anise Wiseman (NAMI Hawaii), Bridgette Bennet (Judiciary), Asha Autele (EPIC 'Ohana), Heather Nakao (HHHRC), Kathleen Merriam (Department of Health Adult Mental Health Division), Deanna Gonda (EPIC 'Ohana), Lilinoe Kauahikaua

(Papa Ola Lōkahi), Christine Montague-Hicks (Department of Education), Corinna Sosa (EPIC 'Ohana), Sharon Simms (SAS Servics LLC), Andi Sabanal (EPIC 'Ohana), Jackie Jackson (HFAA), Kayla Samson (EPIC 'Ohana)

- Working group members: Cynthia Kaneshiro, Malia Daraban, Heather Lusk, Greg Uwono, Kathy Hammes, CJ Chapel

### **Certification and Credentialing Permitted Interaction Group**

- Non-working group members: Deanna Gonda (EPIC 'Ohana), Aashish Hemrajani (Overdose Response Strategy), Kristina Shibata (EPIC 'Ohana), Kimberly Nabarro (EPIC 'Ohana), Shanelle Lum (Hawaii Families as Allies), Jackie Jackson (Hawaii Families as Allies), Kayla Samson (EPIC 'Ohana), Anisa Wiseman (NAMI Hawaii), Corinna Sosa (EPIC 'Ohana), Lilinoe Kauahikaua (Papa Ola Lōkahi), Chanel Daluddung (Department of Health Adult Mental Health Division)
- Working group members: Malia Daraban, Scott Shimabukuro, Darryl Tanaka, Kathy Hammes

# **Appendix D**

## 1. Overview

Certification and Credential Permitted Interaction Group (PIG) met on March 28<sup>th</sup>, 2025 and April 11<sup>th</sup>, 2025. Darryl Tanaka with Dept. of Health Adult Mental Health Division (AMHD) and Debbie Macalino with Pu'a Foundation served as co-chairs.

Participants included representatives from AMHD, Office of Wellness & Resilience, EPIC 'Ohana, NAMI, HFAA, Papa Ola Lōkahi, Med-QUEST, and community-based peer support organizations.

Both meetings focused on defining certification and credentialing, reviewing existing models, Medicaid compliance requirements, infrastructure needs, and collaborative governance approaches.

## 2. Understanding Certification and Core Purpose

Certification signals a peer's readiness to serve in a professional capacity. It confirms the ability to apply lived experience ethically and safely. SAMHSA National Model Standards were identified as the appropriate guiding framework, outlining essential competencies such as ethics, crisis response, trauma-informed practice, recovery principles, and self-care.

The group emphasized the need for shared definitions of lived experience, peer support roles, and demonstrated competency across the state.

## 3. Current Certification Programs in Hawai'i

### **AMHD Hawai'i Certified Peer Specialist (HCPS):**

- 40-hour week-long in-person training
- 120-hour internship within three months
- Internship partners include IHS, VA, Castle, AlohaCare, NAMI, and HHHRC

### **Pu'a Foundation:**

- 40-hour training and 120-hour internship
- SAMHSA-certified curriculum: ethics, trauma-informed care, conflict of interest, recovery pathways, addiction
- Strong emphasis on internship-site matching and workforce development

- Recertification requires 16 hours per year; annual conference offered

#### **4. Medicaid Billing, Compliance, and Oversight**

Med-QUEST requires tracking of peer support services for Medicaid compliance. CAMHD is responsible for curriculum development, training implementation, and provider tracking. Agencies must contract with CAMHD for these functions.

Concerns were raised about Medicaid rate inadequacy; current billable rates do not cover service costs, leaving CAMHD to subsidize at a higher rate.

#### **5. Certification Standards & Agency Training Practices**

SAMHSA standards were reviewed as a baseline requiring 40–60 hours of core training and covering ethics, advocacy, crisis response, and self-care. Agencies such as HFAA, NAMI, and EPIC use specialized curricula tailored to their target populations.

#### **6. Infrastructure and Oversight Recommendations**

Participants supported establishing a centralized office or hub for certification, curriculum updates, tracking, training, and workforce development. A collaborative governance model was recommended to avoid agency competition and support statewide consistency.

#### **7. Challenges in the Current Environment**

Contract-based funding fosters competition and discourages knowledge sharing. Participants recommended allowing multiple agencies to provide Medicaid-billable peer support services and adopting a blended funding model to ensure sustainability.

#### **8. Action Items**

- Review SAMHSA National Standards
- Develop baseline certification recommendations
- Propose structure for a statewide peer support office
- Address Medicaid billing rate adequacy

# **Appendix E**

## **I. Overview**

The Supervision and Support Peer Implementation Group (PIG), co-chaired by Heather Lusk and Cynthia Kaneshiro, convened on April 3 and April 10, 2025, to examine best practices, values, structures, and competencies needed for effective peer supervision in Hawai'i. Participants included representatives from NAMI, HFAA, EPIC 'Ohana, the Judiciary, DOE, DOH, Papa Ola Lōkahi, and multiple peer support specialists.

## **2. Philosophy and Values of Peer Supervision**

Peer supervision must be grounded in parallel process, cultural acceptance, trauma-responsive practice, and embedded wellness and self-care.

## **3. Qualities and Competencies of Effective Peer Supervisors**

Supervisors should demonstrate lived experience, compassion, flexibility, trauma-informed approaches, strong listening skills, ethics, and role clarity. Competencies include motivational interviewing, trauma-informed care, peer-specific training, and system navigation.

## **4. Components of Effective Peer Supervision**

Peer supervision includes individual and group supervision, formal and informal check-ins, debriefs, strengths-based feedback, professional development, conflict resolution, and administrative guidance. Notes must reflect peer-based, non-clinical language.

## **5. Wellness, Self-Care, and Sustainability**

Wellness must be embedded into all aspects of supervision. Examples include self-defined self-care, using therapy as paid work time, and supporting peers through relapse or crises.

## **6. Survey of Peer Support Specialists**

Survey findings from 32 respondents highlighted the importance of supervision (8.8/10), satisfaction with current supervision (8.3/10), and preferences for weekly or as-needed supervision in both group and individual formats. Key qualities include empathy, trust, flexibility, and lived experience.



## **7. Supporting Peers in Becoming Supervisors**

Pathways include tiered leadership models, mentorship, and guidance during transitions into supervisory roles, especially when supervising peers or friends.

## **8. Defining Peer Supervision**

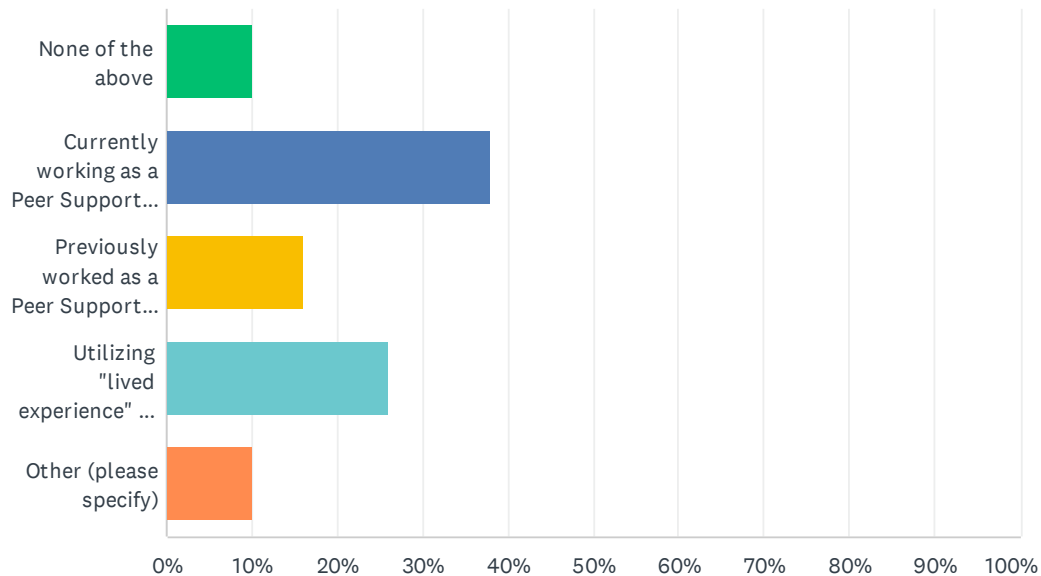
A strengths-based, trauma-informed, culturally grounded system of support that nurtures wellness, growth, and effectiveness of peer support workers.

## **9. Next Steps**

Continue collecting survey data, refine competencies, develop statewide guidance, explore supervisor certification, and integrate findings into the Working Group report.

## Q1 Please select all that apply to your current work situation.

Answered: 50 Skipped: 0



| ANSWER CHOICES                                      | RESPONSES |           |
|---|-----------|-----------|
| None of the above                                   | 10.00%    | 5         |
| Currently working as a Peer Support Specialist      | 38.00%    | 19        |
| Previously worked as a Peer Support Specialist      | 16.00%    | 8         |
| Utilizing "lived experience" as part of work skills | 26.00%    | 13        |
| Other (please specify)                              | 10.00%    | 5         |
| <b>TOTAL</b>  |           | <b>50</b> |

| # | OTHER (PLEASE SPECIFY)  | DATE               |
|---|---|--------------------|
| 1 | Both previously worked as peer support specialist and utilizing lived experience as part of work skills.                                  | 4/12/2025 3:27 AM  |
| 2 | I just recently became a certified peer support specialist. I am also an ASIST provisional trainer, amongst others.                       | 4/10/2025 6:40 PM  |
| 3 | Consultant supporting organizations who have peer supports  | 4/10/2025 1:49 PM  |
| 4 | Train HCPS, use my lived experience to help others who need direction from various community sectors like jails and Mental Health and SUD | 4/10/2025 12:21 PM |
| 5 | Volunteer as peer and family peer support   | 4/9/2025 7:58 AM   |

## Q2 On a scale of 1 (not important at all) to 10 (very important), how important is supervision to you, personally?

## Peer Supervision Survey

Answered: 38 Skipped: 12

8.7★  
average rating



|   | 1          | 2          | 3          | 4          | 5           | 6          | 7          | 8           | 9           | 10           | TOTAL | WEIGHTED AVERAGE |
|---|------------|------------|------------|------------|-------------|------------|------------|-------------|-------------|--------------|-------|------------------|
| ☆ | 0.00%<br>0 | 0.00%<br>0 | 0.00%<br>0 | 0.00%<br>0 | 10.53%<br>4 | 2.63%<br>1 | 7.89%<br>3 | 13.16%<br>5 | 13.16%<br>5 | 52.63%<br>20 | 38    | 8.74             |

Q3 Overall, on a scale of 1 (terrible) to 10 (outstanding), how would you rate the support you receive from your supervisor?

Answered: 38 Skipped: 12

8.1★  
average rating

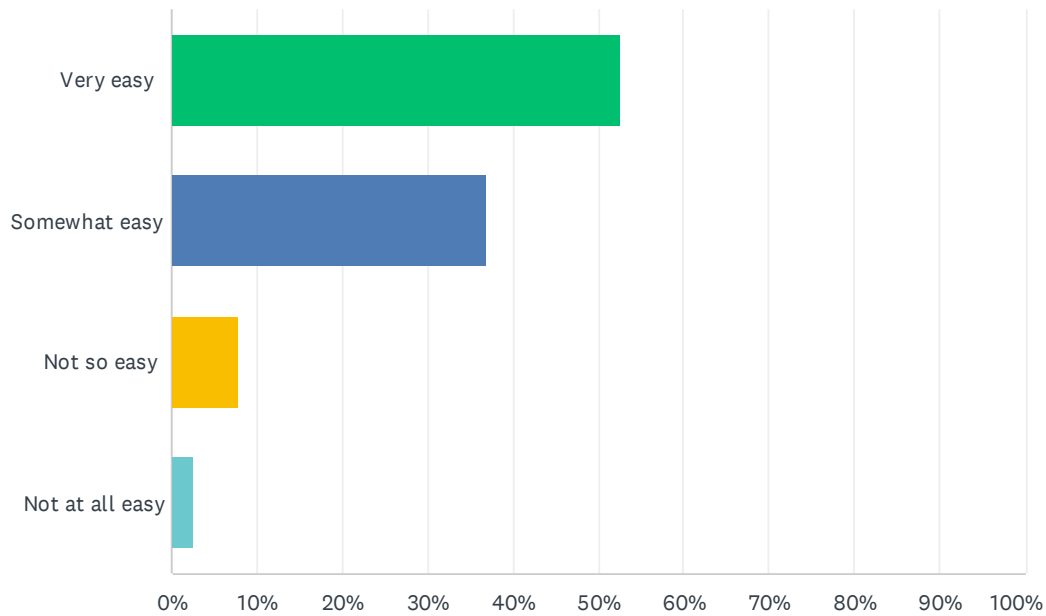


|   | 1          | 2          | 3          | 4          | 5          | 6          | 7          | 8           | 9           | 10           | TOTAL | WEIGHTED AVERAGE |
|---|------------|------------|------------|------------|------------|------------|------------|-------------|-------------|--------------|-------|------------------|
| ☆ | 0.00%<br>0 | 2.63%<br>1 | 0.00%<br>0 | 7.89%<br>3 | 5.26%<br>2 | 7.89%<br>3 | 7.89%<br>3 | 13.16%<br>5 | 18.42%<br>7 | 36.84%<br>14 | 38    | 8.05             |

Q4 How easy is it to get help from your supervisor when you want it?

Answered: 38 Skipped: 12

## Peer Supervision Survey

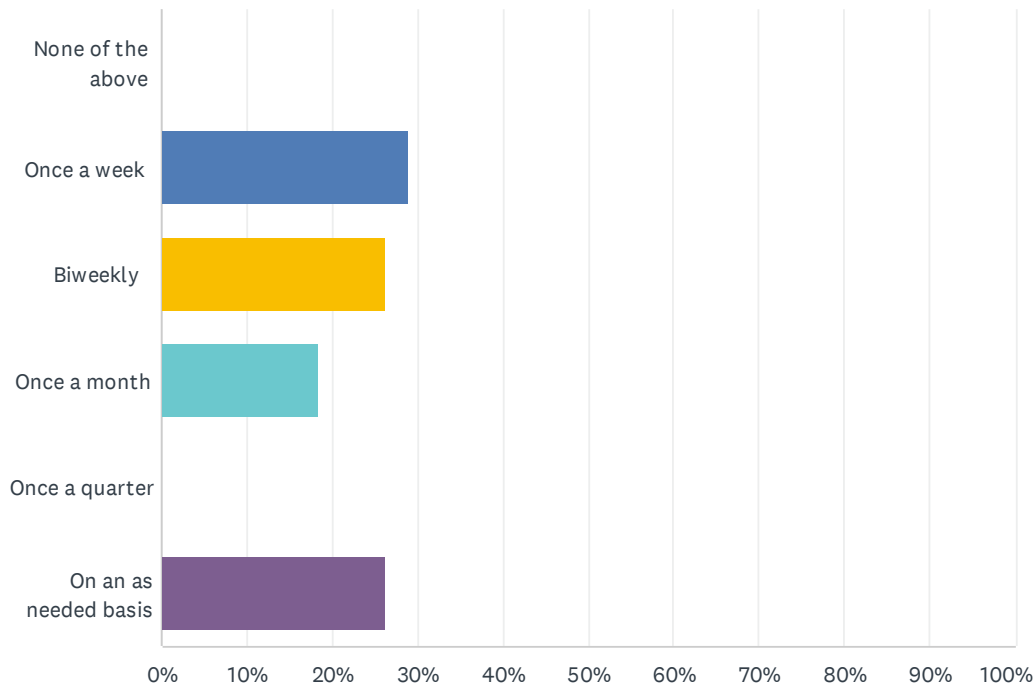


| ANSWER CHOICES  | RESPONSES |    |
|-----------------|-----------|----|
| Very easy       | 52.63%    | 20 |
| Somewhat easy   | 36.84%    | 14 |
| Not so easy     | 7.89%     | 3  |
| Not at all easy | 2.63%     | 1  |
| TOTAL           |           | 38 |

## Q5 How often would you like to have supervision?

Answered: 38 Skipped: 12

## Peer Supervision Survey

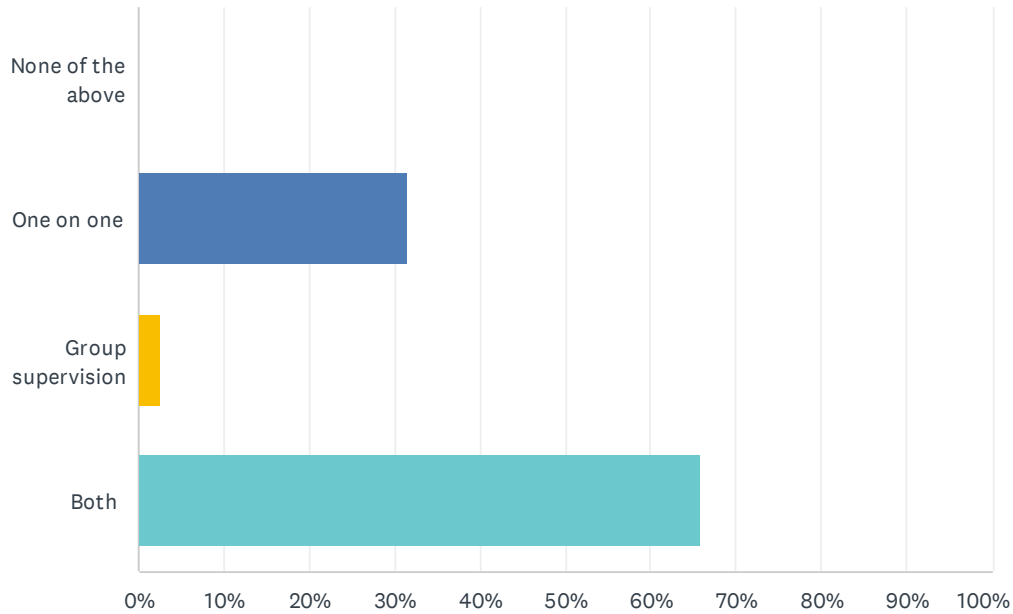


| ANSWER CHOICES        | RESPONSES |    |
|-----------------------|-----------|----|
| None of the above     | 0.00%     | 0  |
| Once a week           | 28.95%    | 11 |
| Biweekly              | 26.32%    | 10 |
| Once a month          | 18.42%    | 7  |
| Once a quarter        | 0.00%     | 0  |
| On an as needed basis | 26.32%    | 10 |
| TOTAL                 |           | 38 |

## Q6 What type of supervision do you prefer?

Answered: 38 Skipped: 12

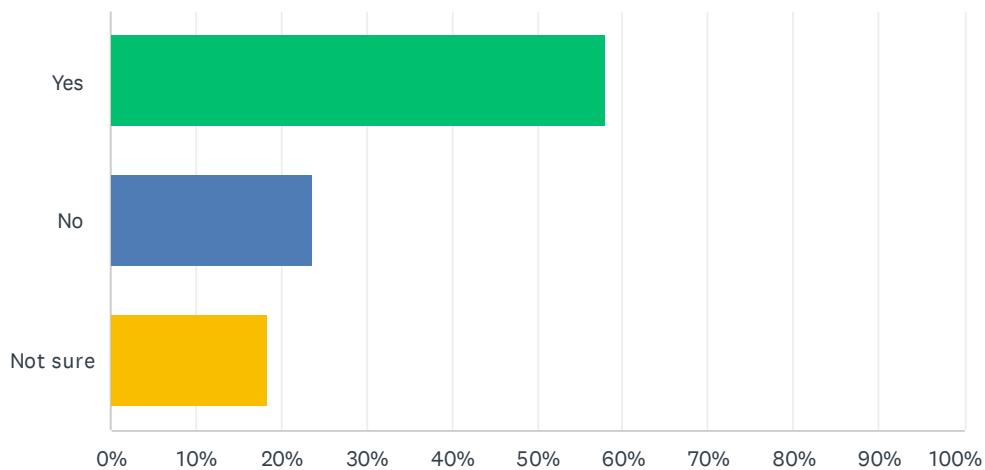
## Peer Supervision Survey



| ANSWER CHOICES    | RESPONSES |    |
|-------------------|-----------|----|
| None of the above | 0.00%     | 0  |
| One on one        | 31.58%    | 12 |
| Group supervision | 2.63%     | 1  |
| Both              | 65.79%    | 25 |
| TOTAL             |           | 38 |

Q7 To your knowledge, does your supervisor have lived experience in your area of peer support work?

Answered: 38 Skipped: 12

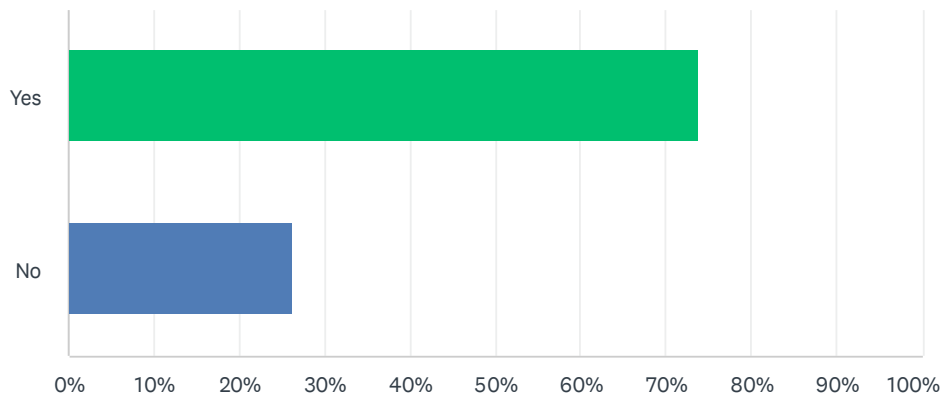


## Peer Supervision Survey

| ANSWER CHOICES | RESPONSES |    |
|----------------|-----------|----|
| Yes            | 57.89%    | 22 |
| No             | 23.68%    | 9  |
| Not sure       | 18.42%    | 7  |
| TOTAL          |           | 38 |

### Q8 As a peer, do you receive accommodations and support specific to being a peer?

Answered: 38 Skipped: 12



| ANSWER CHOICES | RESPONSES |    |
|----------------|-----------|----|
| Yes            | 73.68%    | 28 |
| No             | 26.32%    | 10 |
| TOTAL          |           | 38 |

### Q9 If you are receiving accommodations and support specific to being a peer, what are they?

Answered: 22 Skipped: 28

| # | RESPONSES   | DATE               |
|---|---|--------------------|
| 1 | I think our group peer supervisions are a reflection of this.   | 4/14/2025 9:13 AM  |
| 2 | In private practice as APRN, no direct supervision, but supportive colleagues and providing self with accommodations as needed (working part time as needed). | 4/12/2025 3:39 AM  |
| 3 | Flexibility, and supplies that I ask for for my peers. My supervisor has a good understanding and knowledge of what it takes to be a peer support specialist. | 4/11/2025 12:29 PM |
| 4 | None  | 4/10/2025 8:14 PM  |
| 5 | Books, pdfs, links, referrals, support to online services, coaching   | 4/10/2025 6:52 PM  |
| 6 | Access to various resources that I qualify for that can support me with my independent living.  | 4/10/2025 5:39 PM  |



## Peer Supervision Survey

|    |   |                   |
|----|---|-------------------|
| 7  | N/A   | 4/10/2025 4:49 PM |
| 8  | SSDI  | 4/10/2025 4:39 PM |
| 9  | Phone support, resources and rides to appointments  | 4/10/2025 9:08 AM |
| 10 | Trainings and implementation - motivational interview - DAP Notes - Being a specialist - Trauma Informed - Steps on working on our own steps of self care when faced with own trauma in workplace Any and all informative training that can help  | 4/9/2025 6:10 PM  |
| 11 | Not specific accommodations, though I know if something were to come up, my supervisor would be very respectful and kind.   | 4/9/2025 5:36 PM  |
| 12 | Days off, mental health days, and selfcare supports, understanding if I need to take time off for my mental health or my child's  | 4/9/2025 4:45 PM  |
| 13 | Reduced workload, practical supports, encouragement, appreciation.  | 4/9/2025 8:05 AM  |
| 14 | Ability to be flexible with working from home or in the field when we are not in direct service work and doing systematic work. Flexibility with work hour times... Personal accommodations and understanding when it comes to child care and being a single parent, example in my child is sick or on school break I have option to work from home so I can work and watch child... Travel opportunities to get training and learning on a national spectrum...ex peer pacolypse, child abuse of American training.. | 4/9/2025 7:27 AM  |
| 15 | Well having a script on being on a panel or in a setting on being a presenter going over the ask and meeting to see if we are comfortable for me  | 4/7/2025 10:57 PM |
| 16 | Travel expenses covered, supervisor available to me any time  | 4/7/2025 8:39 PM  |
| 17 | Support specific to gaining insight on what types of challenges I may be facing or simply things that are working.  | 4/7/2025 6:11 PM  |
| 18 | Time allotted towards therapy, PTO  | 4/7/2025 4:35 PM  |
| 19 | Assistants with clients in behavior and approach  | 4/7/2025 2:43 PM  |
| 20 | Additional professional development. Dream Manager program.   | 4/7/2025 1:57 PM  |
| 21 | When I was working as a peer I was on parole and they were accommodating to my scheduled and restrictions   | 4/7/2025 1:21 PM  |
| 22 | Reflective supervision, wellness, recovery, action, planning (WRAP),  | 4/7/2025 12:14 PM |

## Q10 In your opinion, what are the most important qualities of an effective peer supervisor?

Answered: 34   Skipped: 16

| # | RESPONSES  | DATE               |
|---|--|--------------------|
| 1 | Being empathetic, compassionate and understanding, trauma informed, advocates for our roles in other spaces, able to give constructive feedback , structured, able to give guidance, helps to plan things out with me and supports me in areas of growth.  | 4/14/2025 9:13 AM  |
| 2 | Being present, good listener, and meets peer where they're at. Offers constructive feedback and supports peer in setting employment goals with reasonable accommodations.  | 4/12/2025 3:39 AM  |
| 3 | The been there done that knowledge of what it takes to be appear support. My supervisor was a peer support specialist for many years before her current position now.  | 4/11/2025 12:29 PM |
| 4 | Someone who listens and understands my issues, and the skills that I have and not change me to other models, such as medical. Understanding that cultural differences, family background, and socioeconomic status are all components of understanding a person and their biases that must be understood to assist others. I am a role model to other peers to give them inspiration to pursue their own dreams. | 4/11/2025 7:47 AM  |

## Peer Supervision Survey

|    |   |                    |
|----|---|--------------------|
| 5  | Brainstorming solutions together instead of just offering advice. Curious about the whole well being instead of just work.  | 4/11/2025 7:09 AM  |
| 6  | Appreciation and gratitude  | 4/10/2025 8:14 PM  |
| 7  | To be there when needed. I'm not the micromanaging type. I don't do that in all of my organizations and I don't expect that of me in projects as well.  | 4/10/2025 6:52 PM  |
| 8  | - They seek to understand - They hold you accountable - They are empathetic - They offer feedback - Offer opportunities to grow in my role  | 4/10/2025 5:39 PM  |
| 9  | - kindness - openness - respect - grace   | 4/10/2025 4:49 PM  |
| 10 | Empathy, attention to detail, proactiveness, positivity.  | 4/10/2025 4:42 PM  |
| 11 | Listen  | 4/10/2025 4:39 PM  |
| 12 | Grace, kindness, insight, and empathy to a degree   | 4/10/2025 4:08 PM  |
| 13 | Having the ability to empower the Peer Specialist as well as not being lead by their own emotions   | 4/10/2025 12:29 PM |
| 14 | Easy to reach and talk to, someone who follows up and keeps their word.   | 4/10/2025 9:08 AM  |
| 15 | Reflection, separation of task meetings and reflective supervision and understanding when you are being triggered or need help with a specific peer   | 4/9/2025 11:24 PM  |
| 16 | - Resourceful - Meeting on a weekly basis - Providing feedback and improvements - On call for emergency calls for support - Training opportunities - Years of experience in field - Cultural awareness - Trauma Informed - Respectful and Empathetic - Knows the jobs inside and out - Have prior experience themselves related to peer support   | 4/9/2025 6:10 PM   |
| 17 | Empathetic, non judgmental, supportive of me as both a parent peer support provider and a parent of a child with challenges. An important quality also is that a supervisor is approachable and trusted, making me feel safe and validated during our supervision meetings.   | 4/9/2025 5:36 PM   |
| 18 | Lived experience, experience being a peer support, knowing that peer work is not easy and can offer support and tools to help when I'm in the field   | 4/9/2025 4:45 PM   |
| 19 | Meeting people where they're at with no judgement.  | 4/9/2025 3:18 PM   |
| 20 | Experience and understanding.   | 4/9/2025 12:49 PM  |
| 21 | Listening & outside of the box thinking   | 4/9/2025 9:32 AM   |
| 22 | Flexibility, compassion, commitment to supervising peers, lived experience, mission driven, someone who enjoys leading others as a servant leader.  | 4/9/2025 8:05 AM   |
| 23 | Trust being able to feel comfortable and safe to open up and be honest without judgement or getting in trouble, freedom to speak freely and know I can even speak about my personal life barriers without feeling like I going to get in trouble. being able to have transparency, time for reflex on cases and receive support on possible trainings to support or idea. Having a supervisor that always looks out for your best interest and guide with love such as a protective parent, loving understanding but will lead and direct in right direction because they want better but also hold us accountable if u do something wrong with way to fix or a next steps on how to not make an error in the future but all done out of love. Someone who is willing to go to bat for u if a conflict arise and a peer is being mistreated in a protective but solution focused way. Someone that is dependable and available. In times of crisis willing to stop doing immediate task to help support the parent leader or self | 4/9/2025 7:27 AM   |
| 24 | Patient compassion and kindness in addition to being direct   | 4/8/2025 7:38 PM   |
| 25 | being able to see what's available to me as a Parent Partner and my supervisor always make me feel comfortable in the ask on things that I need to do   | 4/7/2025 10:57 PM  |
| 26 | Willing to listen to what I encounter with my peer and able to give me positive feedback on order for me to support my peer 100%  | 4/7/2025 8:39 PM   |
| 27 | Realistic guidance and honest advice.   | 4/7/2025 6:11 PM   |
| 28 | Empathy, lived experience in the field you are working in   | 4/7/2025 4:35 PM   |

## Peer Supervision Survey

|    |   |                   |
|----|---|-------------------|
| 29 | Someone with minimum 5+yrs lived experience, someone with empathy, compassion, mercy and open minded. Also someone who actually has a passion to help others and doing it from their heart and not their wallet   | 4/7/2025 2:46 PM  |
| 30 | Hes Sympathy and patience with behavior and how working with others   | 4/7/2025 2:43 PM  |
| 31 | Allotting additional supervision time and more availability to have supervision or ask questions. Establishing addition staff to provide consultation when supervisor is not available  | 4/7/2025 1:57 PM  |
| 32 | 1. Feedback- constructive criticism helps me refine my skills and apply knowledge with encouragement and recognition for work done well 2. Autonomy- a hands off supervision process helps me to find my niche and how I best serve others as opposed to micro managing where I am forced to fit in a one size fits all box 3. New learning opportunities- even ones that don't fit in the traditional sphere or work, these opportunities helped me to expand my thinking and create new ideas to serve others in ways that fit them | 4/7/2025 1:21 PM  |
| 33 | Ethical, Respectful, Fair, Champion, Supportive   | 4/7/2025 12:14 PM |
| 34 | Good Listener, empathetic, takes action, decisive, progressive thinker, creates positive work culture, believes in recovery   | 4/7/2025 11:12 AM |

## Q11 What would an ideal supervision session look like for you?

Answered: 34   Skipped: 16

| #  | RESPONSES   | DATE               |
|----|---|--------------------|
| 1  | To help me be on tasks and help to hold me accountable. Helping me to come up with better ways to figure things out with my young adults. Giving me constructive feedback during these on how I can be and do better. Checking in on my mental health too.  | 4/14/2025 9:13 AM  |
| 2  | In person, one hour. Check in with each other on how they're doing with employment and if anything affecting them that needs further discussion of possible accommodations. Peer brings questions/concerns to discuss, offers their perspective. Peer supervisor offers their constructive feedback and sets mutual goals for peer's next steps. Goals set with next steps and next supervision scheduled.  | 4/12/2025 3:39 AM  |
| 3  | For me when I have a concern that I just don't know exactly what I should do, I will ask my supervisor and she will give me different scenarios and strategies for me to help my peer..   | 4/11/2025 12:29 PM |
| 4  | Sharing and talking story and an understanding of my skills that I use to assist others in their journey to mental health issues. Listening to each other and taking steps to correct issues that are different than other coworkers. Explaining what is needed but not expecting us to take on roles of a social worker, transportation, answering phones, or clerical duties alone. My skills are talking story with a consumer and not having to divulge their personal issues unless they are really a danger to themselves or others. Writing in personal files should not have to be in detail and allowing different times to help those in need of support to advocate with their doctors, support groups, or learning skills, such as catching the bus or getting used to other environments, such as housing and living situations. | 4/11/2025 7:47 AM  |
| 5  | An ideal supervision is when I leave feeling confident in my ability to navigate cases in regounded in my purpose.  | 4/11/2025 7:09 AM  |
| 6  | Positive feedback   | 4/10/2025 8:14 PM  |
| 7  | Just open communication, new ideas, new ways or approaches to solutions, freedom to speak ones mind.  | 4/10/2025 6:52 PM  |
| 8  | Growing opportunities   | 4/10/2025 5:39 PM  |
| 9  | Going over cases, check ins   | 4/10/2025 4:49 PM  |
| 10 | A mix of sharing and supervision.   | 4/10/2025 4:42 PM  |
| 11 | Listening then talking. Sharing ideas. An open conversation.  | 4/10/2025 4:39 PM  |

## Peer Supervision Survey

|    |  |                    |
|----|--|--------------------|
| 12 | Quality time, input on big picture, ability to grasp concepts  | 4/10/2025 4:08 PM  |
| 13 | For me an ideal session would allow for discussion of past encounters as well as some encouragement with the possibility of reviewing and adding tools to our toolkits.  | 4/10/2025 12:29 PM |
| 14 | Being able to meet in a close to my area location, talk story get things done  | 4/10/2025 9:08 AM  |
| 15 | I hr to review what has come up for me with certain peers and helping me to find strategies  | 4/9/2025 11:24 PM  |
| 16 | My prior supervisor was well informed and took the time to adjust to my needs and how I learn to retain information. Role playing and practice what I learned was key for me as a visual learner.  | 4/9/2025 6:10 PM   |
| 17 | We would talk either in person, on phone, Zoom, Facetime.... whatever works for both of us. I can share things that I've been working on with families or my professional development and growth as a parent peer support person. I can also ask for support and guidance with a certain problem or challenge. My supervisor would be directly focused on our interaction and they would know it's very important at that moment to connect with me and offer supervision. | 4/9/2025 5:36 PM   |
| 18 | Review of peers being supported with strategies, tools/approaches, system and agency updates information sharing(trends/trainings etc.), tools from our peer practice/training model, supportive, selfcare check-in. These things are currently how my supervision and I meet.   | 4/9/2025 4:45 PM   |
| 19 | 30mins-1 hour long session.  | 4/9/2025 3:18 PM   |
| 20 | someone meeting with me who is very caring, kind, and supportive.  | 4/9/2025 12:49 PM  |
| 21 | Convenient for my schedule, thorough in checking on me first then my cases   | 4/9/2025 9:32 AM   |
| 22 | Focus on positive, sensitivity to effectively address opportunities for improvement, afterwards I feel motivated to move forward positively.   | 4/9/2025 8:05 AM   |
| 23 | Space to open up and talk about any concerns or barrier related to direct work or personal life...space to receive healthy feedback on correctly immediate concern. And space to go over direct service work and brainstorm ideas Time to go over workload and upcoming sure obligations. Space to review personal issues and be to get immediate support  | 4/9/2025 7:27 AM   |
| 24 | At the one on one, good rapport, patience, and understanding. In a group setting, all of the above, plus being able to work with the group dynamics.   | 4/8/2025 7:38 PM   |
| 25 | We open up on how each other doing if I have an pressing thing to discuss and then we get down to business on things that is happening and see if I am available or interested   | 4/7/2025 10:57 PM  |
| 26 | Lots of laughter and positive encouragement  | 4/7/2025 8:39 PM   |
| 27 | Not only hearing challenges but also providing options and doable solutions.   | 4/7/2025 6:11 PM   |
| 28 | Allowing me to set the agenda  | 4/7/2025 4:35 PM   |
| 29 | Someone who gives me the room to do my work, but to be available when I'm stuck and need the help.   | 4/7/2025 2:46 PM   |
| 30 | Solutions to help with thinking and understanding how to cope with the challenges that arise better than before  | 4/7/2025 2:43 PM   |
| 31 | Have a semi-structured agenda, having enough time in case discussion does not stay fully on topic. Honest and hopeful praise along side of all feedback and corrections. Allow patience for peer support to share and occasionally asking same question more than once in case peer support is nervous to share when being called once.  | 4/7/2025 1:57 PM   |
| 32 | A walk outside to "chat", I prefer a less formal approach so that I am more confident in bringing up new ideas and voicing concerns  | 4/7/2025 1:21 PM   |
| 33 | Checking in on cases and challenges, thought partner, reflective feedback, projects, goals review, balance, offer support if needed  | 4/7/2025 12:14 PM  |
| 34 | Explores my challenges and helps with problem solving, celebrates my accomplishments, reviews schedule   | 4/7/2025 11:12 AM  |

## Q12 What could your supervisor start doing, or do more of, to be more effective in their role?

Answered: 34 Skipped: 16

| #  | RESPONSES  | DATE               |
|----|--|--------------------|
| 1  | I'm not sure at the moment.  | 4/14/2025 9:13 AM  |
| 2  | See peer as integral part with clients in recovery, not as an extension to case manager or assigned duties unrelated to peer support specialists.  | 4/12/2025 3:39 AM  |
| 3  | I feel well supported and feel that she listens well and understands where I am coming from.   | 4/11/2025 12:29 PM |
| 4  | Read up on national code of ethics or the Hawaii Certified Peer Specialist manual and listen to everyone's concerns and fears of having a peer as staff, which does not impede or takeover other staff jobs. Dealing face to face with peers are our best assets and sharing our lived experiences but not breaking the confidentiality if others are involved so that peers feel that there is someone they can trust and look to other options instead of attending clinics or clubhouses for the rest of our lives. Understanding career options in education, employment, and support. | 4/11/2025 7:47 AM  |
| 5  | Act like a peer support themselves instead of a manager.   | 4/11/2025 7:09 AM  |
| 6  | Stop micromanaging   | 4/10/2025 8:14 PM  |
| 7  | Nothing. I only have 1 person in a "semi" supervisory position as I am the boss or main go to person in all of my other jobs in the various organizations I am involved with. This "supervisor" is great! Allows for open dialog & sharing. A trust is there & a lot of learning by me I feel is done because of the openness & willingness to be vulnerable & share.  | 4/10/2025 6:52 PM  |
| 8  | n/a  | 4/10/2025 5:39 PM  |
| 9  | N/A  | 4/10/2025 4:49 PM  |
| 10 | Be more attentive to the needs of the participants.  | 4/10/2025 4:42 PM  |
| 11 | My supervisor is a hard worker and goes above and beyond what is required !  | 4/10/2025 4:39 PM  |
| 12 | Doing there best   | 4/10/2025 4:08 PM  |
| 13 | Be a better listener so that they hear what is said.   | 4/10/2025 12:29 PM |
| 14 | Have resources that are updated  | 4/10/2025 9:08 AM  |
| 15 | More opportunities for group reflection  | 4/9/2025 11:24 PM  |
| 16 | Provided resources and have steps for emergency situations that occur to call on for support.  | 4/9/2025 6:10 PM   |
| 17 | My supervisor is the best. I really couldn't ask for anything more at this time.   | 4/9/2025 5:36 PM   |
| 18 | Can't think of anything right now  | 4/9/2025 4:45 PM   |
| 19 | N/a  | 4/9/2025 3:18 PM   |
| 20 | Nothing. I am satisfied with the support I receive.  | 4/9/2025 12:49 PM  |
| 21 | Better communication   | 4/9/2025 9:32 AM   |
| 22 | Can't think of anything.   | 4/9/2025 8:05 AM   |
| 23 | Spend more time with me directly without any distractions More face to face check in's   | 4/9/2025 7:27 AM   |
| 24 | Not only correct what I'm not doing well but also giving me positive reinforcement   | 4/8/2025 7:38 PM   |
| 25 | none we being doing okay   | 4/7/2025 10:57 PM  |
| 26 | My previous supervisor at Mental Health Kokua was the absolute BEST  | 4/7/2025 8:39 PM   |

## Peer Supervision Survey

SUPERVISOR. Altho she had someone above her she always made sure that I was comfortable with the Peers I supported and would go above and beyond to provide me with extra support if I needed it

|    |   |                   |
|----|---|-------------------|
| 27 | Not sure  | 4/7/2025 6:11 PM  |
| 28 | Listen  | 4/7/2025 4:35 PM  |
| 29 | Hear what I'm saying and strongly take my suggestions and recommendations into consideration  | 4/7/2025 2:46 PM  |
| 30 | Takeing care of needs to help us with the needs like saport to achieve our goals in helping each other  | 4/7/2025 2:43 PM  |
| 31 | Each take a type of strength and personality assessment as peer support may still be developing their social and professional skills and regular praise and encouragement will support that growth. | 4/7/2025 1:57 PM  |
| 32 | Clearly outlining the deliverables expected from me and my work. I don't need to be told HOW to do it but WHAT the proposed outcome should be/look like.  | 4/7/2025 1:21 PM  |
| 33 | Structure,  | 4/7/2025 12:14 PM |
| 34 | Review and follow up on issues I have brought to their attention  | 4/7/2025 11:12 AM |

## Q13 What else, if anything, do you want to share about peer supervision?

Answered: 26 Skipped: 24

| #  | RESPONSES   | DATE               |
|----|---|--------------------|
| 1  | Nothing else to share.  | 4/14/2025 9:13 AM  |
| 2  | Peer supervision, always makes me feel that I have been listened to and supported. I am given strategies to help with my work with peers.   | 4/11/2025 12:29 PM |
| 3  | The supervisor does not have to share their own personal trauma, but have an understanding of what peer support really is about, which is unique than any other role of other staff members. The trust and hope given to peers are essential to assist others going through a crisis or even the mental health environment. | 4/11/2025 7:47 AM  |
| 4  | When I feel burnt out I wish it didn't feel like they're checking boxes. I really just need validation and support to figure things out on my own.  | 4/11/2025 7:09 AM  |
| 5  | None  | 4/10/2025 8:14 PM  |
| 6  | It has allowed me to expand my repertoire in communications and skills in facilitation. I feel confident in my groups.  | 4/10/2025 6:52 PM  |
| 7  | N/A   | 4/10/2025 4:49 PM  |
| 8  | Not like a regular job. You gotta have eyes behind your head.   | 4/10/2025 4:39 PM  |
| 9  | Thanks so much  | 4/10/2025 4:08 PM  |
| 10 | For me a more experienced Peer should have the opportunity to become a Supervisor and Peer Supervisors should be more empowered to bill for services that are part of the recovery plan as per the HCPS Billing Code  | 4/10/2025 12:29 PM |
| 11 | This is helpful   | 4/10/2025 9:08 AM  |
| 12 | My prior supervisor was well informed and had a lot of experience in field. Helped me navigate a lot of steps to be successful and feel a bit more comfortable to approaching situation. Big support on tuff calls and someone to fall on for support   | 4/9/2025 6:10 PM   |
| 13 | It's important to feel safe and not judged.   | 4/9/2025 5:36 PM   |
| 14 | N/a   | 4/9/2025 3:18 PM   |

## Peer Supervision Survey

|    |   |                   |
|----|---|-------------------|
| 15 | I have nothing else to share.   | 4/9/2025 12:49 PM |
| 16 | It is not easy but it's very worthwhile.  | 4/9/2025 8:05 AM  |
| 17 | Nothing   | 4/8/2025 7:38 PM  |
| 18 | None  | 4/7/2025 10:57 PM |
| 19 | Having a supervisor who listens and encourages their team is what makes all the difference  | 4/7/2025 8:39 PM  |
| 20 | No  | 4/7/2025 6:11 PM  |
| 21 | Nothing more at this time   | 4/7/2025 2:46 PM  |
| 22 | I'm learning more about myself understanding how to use my ability to learn new ways and to see things in new ways thinking and patience empty to share with other's  | 4/7/2025 2:43 PM  |
| 23 | Peer supervisors should be aware that many peer supports may have received mental health services or may have never received these services to address a need. Offering and incorporating staff mental health services or hygiene within org. or outside org. will be helpful from the beginning of employment, especially to manage sensitive work such as peer support. | 4/7/2025 1:57 PM  |
| 24 | I believe that successful supervision allows both parties opportunities to learn and grow. It inspires new thought processes, ideas and the confidence to propose and follow through with them  | 4/7/2025 1:21 PM  |
| 25 | Peer supervisor should also be supported as much as the peers they oversee. Reflective supervision, should be trained in SUD and how to support those in recovery   | 4/7/2025 12:14 PM |
| 26 | I would like to be asked if there is anything I need such as accomodation, training, etc.   | 4/7/2025 11:12 AM |

# **Appendix F**



## Resources For Peer Support Specialists

1. **Hawai'i Certified Peer Specialist Program**

Website: <https://health.hawaii.gov/amhd/consumer/hcps>

Resources: Certification information, training opportunities, and local resources for peer specialists.

2. **Intentional Peer Support**

Website: <https://www.intentionalpeersupport.org>

Resources: Alternative framework for peer support focused on mutuality and relationship.

3. **Mental Health America (MHA)**

Website: <https://www.mhanational.org/center-peer-support>

Peer support: Research and reports

4. **National Association of Peer Supporters (N.A.P.S.)**

Website: <https://www.peersupportworks.org>

Resources: National practice guidelines, ethics code, certification information, webinars, and annual conference. Note: the organization has been dissolved so resources are available for an unknown time.

5. **Peers for Progress**

Website: <https://peersforprogress.org>

Resources: Research, program development tools, and global network for peer support.

6. **Substance Abuse and Mental Health Services Administration (SAMHSA)**

Website: <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>

Resources: Technical assistance, toolkits, webinars, and research on peer support and recovery.

7. **WRAP (Wellness Recovery Action Plan)**

Website: <https://www.wellnessrecoveryactionplan.com/>

Resources: Training, certification, and materials for developing personalized wellness plans.

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