



Supporting a Better Tomorrow...One Person at a Time

TRAINING APPLICATION

Certified Peer Support Specialist Professional

Adult/Recovery Training Application – CPSSP – A/R

A person who has personal lived experience with a behavioral health diagnosis who can demonstrate his or her own efforts in self-directed recovery. A behavioral health diagnosis can include a mental and/or substance use disorder. This designation prepares people who are successfully engaged in recovery from mental health and/or substance use disorders to help others in their recovery journeys.

TABLE OF CONTENTS

This packet includes everything you will need to apply for the Certified Peer Support Specialist Training. There are several steps to this process which are clearly outlined. Please read all instructions carefully before you begin.

Application Instructions	Pages 3-4
CPSS Discovery Guide	Pages 5-6
Peer Support Specialist Application	Page 7-11
DMH CPSS Professional Reference Form	Pages 12-13
DMH CPSS Personal Reference Form	Pages 14-15
DMH CPSSP Professional Assurance and Release Form	Page 16
DMH CPSSP Information Gathering Form	Pages 17-18
DMH CPSSP Application Check-Off Sheet	Page 19
MS CPSSP Scope of Activities	Page 21
DMH CPSSP Principles of Ethical and Professional Conduct	Pages 22-27

APPLICATION INSTRUCTIONS

Please read all instructions carefully before you begin. As this is a detailed application, please plan to spend no less than one hour to complete the application in its entirety.

1. **The application must be typed or neatly printed.**
2. **Complete Certified Peer Support Specialist Professional (CPSSP) Discovery Guide.** The CPSSP Discovery Guide will help you to decide if participating in the CPSSP Training makes sense for you at this time. If based on the Guide you decide to continue with the process, please complete the CPSSP Application. ***Discovery Guide should be submitted with the Application and supporting documentation.***
3. **Complete CPSSP Application.** This form is to be completed by the Applicant. Type or print **ALL INFORMATION**. Fill in every blank and/or check the appropriate boxes. The application **MUST BE** properly notarized and signed. Failure to complete the application in its entirety may result in a delay of your approval for training and possibly place you in another training at a later date. The CPSSP Application includes:
 - **Experience Information.** 100 hours of formal or voluntary experience related to mental health, community, or public service. Work/Volunteer Experience can include but is not limited to:
 - Facilitating 12-step meeting – N.A., A.A., etc.
 - Facilitating Recovery for Life, Wellness Recovery Acton Plan, etc.
 - Work or volunteer with Mental Health advocacy organizations – AMPSS, NAMI-MS, Mental Health Association of Gulfport, Families as Allies, etc.
 - Public Service Organizations – Red Cross, Food Banks, Shelters, Girl/Boy Scouts, Big Brother/Sister Programs, Religious organization, etc.
 - **Reference Form.** Applicant must submit two Reference Forms (**one personal reference and one professional reference**). The references must be able to attest to your ability to perform the role of a Certified Peer Support Specialist. A **professional reference** is someone who has seen you on the job and knows what you're like to work with. A **personal reference** is a reference provided by an individual who knows you and can vouch for your character and abilities.
 - **Verification of Employment Form.** Verification of Employment Form does not have to be submitted prior to the training; but must be submitted prior to receiving **CPSS Professional Certification**. The form must be completed by the **Human Resource Director** at your place of employment and placed in a signed/sealed envelope and returned to the Mississippi Department of Mental Health.
 - **Professional Assurance and Release Form.** Read the “**Applicant’s Statement of Assurance.**” If you agree with the “Applicant’s Statement of Assurance,” print/type your full name, then sign and date the form. Failure to agree with these terms will delay and/or prohibit processing your application.
 - **Principles of Ethical and Professional Conduct Form.** Applicants must read and abide by the “**DMH Principles of Ethical and Professional Conduct**” form. It is the applicant’s responsibility to read these principles before signing and submitting the application. The Principles of Ethical and Professional Conduct are intended to guide Certified Peer Specialists in their various professional roles, relationships, and levels of responsibility.

- **Scope of Activities Form.** The scope of activities outlines the range of peer support services that a certified peer support specialist can provide to assist others in living their lives based on the principles of recovery and resiliency. **Please review the Scope of Activities and sign and return the Acknowledgement form.**

4. **Please keep a copy of all material submitted for your records.**

APPLICANT NAME: _____

CERTIFIED PEER SUPPORT SPECIALIST DISCOVERY GUIDE

The CPSSP Discovery Guide will help you to decide if participating in the CPSSP Training makes sense for you at this time. If based on the Guide, you decide to continue with the process, please complete the CPSSP Application. **Discovery Guide should be submitted with the Application and supporting documentation.**

The job of a peer support specialist is to help instill the hope of recovery, in part, by being able to demonstrate or model recovery skills they have learned. In Mississippi a person wanting to become a peer specialist must complete a 5-day training program and pass a written exam, but the “expertise” a peer has comes not from a book or training program but from having “walked the walk.” A peer specialist must be aware of, able to publicly describe, and role model to others the things that they learned that helped them to recovery.

To help decide if you are ready for peer specialist training, please answer the YES/NO questions below. A “YES” answer means you are willing and prepared to give a detailed response.

		YES	NO
1.	Are you willing to disclose to individuals receiving services, staff, and the general public, that you have been diagnosed with a mental illness, substance use disorder or both?		
2.	Can you describe in detail what has helped you to move from where you were to where you are now?		
3.	Can you describe what you have had to overcome to get where you are today?		
4.	Can you describe some of the things that you do daily to keep yourself on the right path?		
5.	Can you describe what your diagnosis means, how it impacted your life, and what things you did to change that?		
6.	Can you describe the purpose of your medications, any side affects you experienced, and plans you developed to deal with them? (If you do not take medication leave blank)		
7.	Can you describe some of the beliefs and values you have, or have developed, that helps to strengthen your recovery and why do you believe they do?		
8.	Can you describe some of the things you have found helpful in combating negative self-talk?		
9.	Do you have a Wellness Recovery Action Plan or other type of written wellness plan?		
10.	Do you believe that you could talk to a person to help them understand recovery?		
11.	Can you describe the role that a sense of hope and resiliency played in your life, your recovery?		
12.	Can you describe some of the community supports you have and how they help you deal with your mental illness/addiction?		
13.	Can you describe how you deal with crisis? With recurrence of your symptoms? With relapse?		
14.	Have you ever led a support group? Can you describe what you liked about it?		
15.	Do you have experience leading a community-based support organization like, NAMI-MS, Mental Health Association, Alcoholic Anonymous 12-Step Program? Can you discuss how they supported/helped your recovery efforts?		
16.	Have you attended and/or spoke at any conference, workshops and/or informal meetings in the last three years?		

APPLICANT NAME: _____

If you answered no to eight (8) or more questions you may need more support to participate in the peer specialist training at this time. We suggest that you check out the recovery programs available at your local mental health center, such as, NAMI MS, Mental Health Association, The Arc of Mississippi, Mississippi Families As Allies, etc.

Being grounded in your own recovery is the best step you can take to help others become grounded in theirs.

CPSSP Application Instructions: This form is to be completed by the Applicant. Type or print ALL INFORMATION. Fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed. Failure to complete the application in its entirety may result in a delay of your approval for training which will result in placement of another training at a later date.

PEER SUPPORT SPECIALIST APPLICATION ADULT/RECOVERY MODULE

Directions: This form is to be completed by the Applicant. Type or print ALL INFORMATION; fill in every blank and/or check the appropriate boxes. The application MUST BE properly notarized and signed.

Personal Information

Mr.

1. Name: Ms./Mrs. _____
(Type or Print name EXACTLY as it should appear on your certificate)

b. Name(s) used on records if different from above: _____

2. Gender: Male Female Other 3. Date of Birth: ____/____/____

3. Race/Ethnicity: _____

4.

Home Street Address		
City, State, Zip		
County of Residence		
Phone Numbers	Home Number:	Cell Number:
Email Address		

The Division of PLACE will need to correspond with you regarding your application materials and/or related matters; **an email address and accurate mailing address is mandatory. The Division of PLACE must be notified of any address changes during the certification process.**

Experience Information

Applicant must, within the last three years (not necessarily consecutively), have a minimum of 100 hours of paid or volunteer work experience or activities related to mental health, community, or public service.

Work/Volunteer Experience can include but is not limited to:

- Facilitating 12-step meetings – N.A., A.A., etc.
- Facilitating Recovery for Life, Wellness Recovery Acton Plan, etc.
- Work or volunteer with Mental Health advocacy organizations – AMPSS, NAMI-MS, Mental Health Association of Gulfport, Families as Allies, Arc of MS, Public Service Organizations, etc.

5.

Position	
Organization	
Street Address	
City, State, Zip	
Telephone Number	
Dates of Employment	From _____ to _____ # hours/week _____
Duties/Responsibilities	

Position	
Organization	
Street Address	
City, State, Zip	
Telephone Number	
Dates of Employment	From _____ to _____ # hours/week _____
Duties/Responsibilities	

Position	
Organization	
Street Address	
City, State, Zip	
Telephone Number	
Dates of Employment	From _____ to _____ # hours/week _____
Duties/Responsibilities	

Educational Information

The applicant must provide documentation of a minimum of a high school diploma or a GED certificate.

6.

My official transcript(s) (high school diploma or GED certificate) is included in this application packet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Verification of Employment

7. After successful completion of Peer Support Specialist Professional Training and employment in Mississippi’s “mental health system,” applicant must submit Verification of Employment to apply for Certification as a Certified Peer Support Specialist Professional. *(Please see www.dmh.ms.gov/cpss-documents for a copy of Verification of Employment Form)*

Code of Ethical Practice and Professional Conduct

8. I acknowledge that I have read and understand all of my obligations, duties, and responsibilities under each principle and provision of the Mississippi Certified Peer Support Specialist Professional Principles of Ethical and Professional Conduct and will read and understand all of my obligations, duties, and responsibilities under all future amendments and modifications to the Peer Support Specialist Professional Principles of Ethical and Professional Conduct as listed on the Mississippi Department of Mental Health website and agree to abide by this code. *(A copy of the CPSSP Principles of Ethical and Professional Conduct can be found in the back of this application packet.)*

Print Name _____ Date _____

Signature _____ Date _____

APPLICATION MUST BE NOTARIZED BELOW:

-AFFIDAVIT-

State of _____ County of _____

The undersigned, being sworn, deposes and says that he/she is the person who completed this application; that the statements contained herein are true in every respect; **that he/she has read the DMH Peer Support Specialist Professional Standards & Requirements document and the DMH Peer Support Specialist Professional Principles of Ethical & Professional Conduct and will conform to these Standards & Requirements and Principles**; that DMH (and its representatives) has the right to contact any person/organization in reviewing this application and/or in maintenance of certification; that he/she authorizes the release of any information requested by DMH (and its representatives) in reviewing this application and/or in maintenance of certification; that he/she understands that upon certification, certain certification data are considered public information; that he/she releases DMH (and its representatives) from all liability and claims arising from any services (if any) rendered by the undersigned; that he/she has read and understood this affidavit; that he/she understands that all application materials become the property of DMH and will not be returned.

Applicant's Signature

Legal Representative's Signature Date
(If applicable, please provide documentation)

Subscribed and sworn to before me this _____ day
of _____, 20_____.



Signature of Notary Public

My commission expires on _____.

Reference Form: Applicant must submit two Reference Forms (**one personal reference and one professional reference**). The references must be able to attest to your ability to perform the role of a Certified Peer Support Specialist. A **professional reference** is someone who's seen you on the job and knows what you're like to work with.

**DMH CERTIFIED PEER SUPPORT SPECIALIST
PROFESSIONAL REFERENCE FORM**

Instructions for individual completing Professional Reference Form

Thank you for taking the time to provide a reference and recommendation for certification of this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist credential. Your feedback is a critical component of the application process and is greatly appreciated.

Please read the Scope of Activities in the back of the application packet which describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this description in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

Once the reference form is completed, place the form in an envelope, seal the envelope, and place your signature across the seal. Return the envelope to the applicant so it can be submitted via mail with the application.

If you have any questions or need additional information, please contact Stephanie Stout (662) 416-5714 or Sandra Caron (601) 756-0202.

Applicant Name: _____

1. How long have you known the applicant?

2. Please describe the strengths and any potential weaknesses of the applicant, and his or her ability to provide services as a Certified Peer Support Specialist Professional.

3. Please check the most appropriate rating of the applicant's abilities.

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATION: (Please print/type)

Name: _____ Agency: _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

My signature below affirms that the information contained in this document is true, and that I support this application without reservation.

Signature of Reference

Date

**DMH CERTIFIED PEER SUPPORT SPECIALIST
PERSONAL REFERENCE FORM**

Instructions for individual completing Personal Reference Form

Thank you for taking the time to provide a reference and recommendation for certification of this applicant as he or she applies for the Department of Mental Health Certified Peer Support Specialist credential. Your feedback is a critical component of the application process and is greatly appreciated.

Please read the Scope of Activities in the back of the application packet which describes the role of the CPSSP. Based on your relationship and experiences with the applicant, carefully consider his or her appropriateness for the role. With this description in mind, please complete the CPSSP Reference Form. By your signature at the bottom of the form, you are attesting that the applicant is someone you would recommend for certification.

Once the reference form is completed, place the form in an envelope, seal the envelope, and place your signature across the seal. Return the envelope to the applicant so it can be submitted via mail with the application.

If you have any questions or need additional information, please contact Stephanie Stout (662) 416-5714 or Sandra Caron (601) 756-0202.

Applicant Name: _____

1. Please describe the nature of your relationship with the applicant.

2. How long have you known the applicant?

3. Please describe the strengths and any potential weaknesses of the applicant, and his or her ability to provide services as a Certified Peer Support Specialist Professional.

4. Please check the most appropriate rating of the applicant's abilities:

	Strong	Moderately Strong	Limited
Academic Ability			
Written Communication			
Oral Communication			
Ability To Help Others			
Stress Management Abilities			

REFERENCE CONTACT INFORMATION: (Please print/type)

Name: _____ Agency: _____

Address: _____ City: _____ State: _____

Email: _____

Work Phone: _____

My signature below affirms that the information contained in this document is true, and that I support this application without reservation.

Signature of Reference

Date

**DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL
ASSURANCE AND RELEASE FORM**

The Department of Mental Health PLACE Review Board reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the Board. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

“I give my permission for the PLACE Review Board and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification.”

“I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the PLACE Review Board to officers, members, and staff of the aforementioned Board.”

“I further agree to hold the PLACE Review Board, its officers, Board members, employees, and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the PLACE Review Board to issue certification.”

“I am publicly disclosing myself as a current or former recipient of mental health and/or substance use services or a parent/caregiver of child who is raising or has raised a child with an emotional, social, or behavioral disability. Upon award of certification, I understand that my name and my certification status will be included in a public-access database of Certified Peer Support Specialist Professionals.”

“I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying.”

Print Full Name

Date

Signature

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL INFORMATION GATHERING FORM

On the paper provided or a separate piece of paper, please answer ALL questions below. Answers to the following questions weigh heavily on determining acceptance into the training. You may attach a separate sheet if needed.

1. Related to your personal life and experiences, **how do you define recovery?**

2. Describe how you moved from mental health/substance use challenges to personal recovery.

3. Other than a lived mental health/substance use experience, please describe any other experiences that form your motivation to be a peer specialist, such as: incarceration, homelessness, identification with a marginalized group, and/or traumatic life events.

4. Please share what the role of a peer support specialist means to you and why you want to do the work of a peer support specialist?

5. What factors are important in your own recovery?

6. Peer Specialists are models of recovery for others. In what ways do you demonstrate recovery and its goal of a full and meaningful life in the community?

7. How did you hear about the peer support specialist training?



Consent for Written Name Release

I, (Name) _____ do certify that I have read and fully understand all provision for this written name release form. I grant my permission for my full name to be used on any newsletter or on the website produced by the **MS Department of Mental Health (DMH)** and/or **The Association of MS Peer Support Specialists (AMPSS)** for the purpose of listing the names of those who completed the CPSS Training course during the year.

(Initial ALL THAT APPLY for which permission is granted)

to be used in the AMPSS newsletter.

to be used in the MS DMH newsletter.

to be listed on the AMPSS website.

to be listed on the MS DMH website.

to be identified in written, **full name identification**

to be identified with **first name and last initial only.**

I hereby release, relieve, and hold the MS Department of Mental Health and the Association of Mississippi Peer Support Association harmless for any, and all liability which I may otherwise have so long as the MS Department of Mental Health and the Association of Mississippi Peer Support Specialists Association complies with the provisions of this release.

I hereby certify and represent that I have read and fully understand the foregoing consent form and in intending to be legally bound, I have signed this the _____ day of

(month)

(year)

Signature _____

APPLICANT NAME: _____

**DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL
APPLICANT CHECK-OFF SHEET**

Please use this as a final self-reminder regarding all the necessary documents and that you have fully completed all the requirements of the application. This will help you, as well as us, with a quicker review of your application.

CPSS Discovery Guide

CPSS Application (Notarized and signed)

Reference Forms

Personal Reference Professional Reference

Verification of Employment - only if currently employed by DMH Certified Provider

Professional Assurance and Release Form (Signed)

Official Transcript or Copy of High School Diploma/GED

Scope of Activities Form (Signature Page only)

Code of Ethical Practice and Professional Conduct (Signature Page only)

Legible email address

Signed Consent for Written Name Release

If there are any problems with the application, you will be notified by email. Applications are open for a period of one year after the date of review. If an applicant fails to fulfill all certification requirements within that year, the application will be closed.

SUBMIT YOUR COMPLETED APPLICATION TO

Mississippi Department of Mental Health
1101 Robert E. Lee Building
239 North Lamar Street
Jackson, MS 39201
ATTN: Certified Peer Support Specialist Training

For more information, please visit our website at www.dmh.ms.gov

**Applications are NOT to be emailed.
Original Application must be mailed to the address above.
HAND DELIVERED APPLICATIONS WILL NOT BE ACCEPTED!!
REMINDER: KEEP A COPY FOR YOUR RECORDS**

What Happens Next?

Once your application is received by the MS Department of Mental Health, you will receive an email from a member of the CPSS Training Team to schedule a telephone interview. This telephone interview is a required portion of the application process and must be scheduled and completed prior to being accepted for the training.

Upon completion of the phone interview, a recommendation will be made to the Training Team to accept your application. You will receive an email of acceptance or denial after the Training Team has met. The acceptance email will have the link to the Virtual Training. It is important to keep up with the link used for the training as you will need it to log into the training daily.

Your manual will be sent to you the week before the training and will be sent via UPS Ground. During your telephone interview conversation, your address will be verified. We ask that you provide a street address as UPS will not deliver to a Post Office Box.

We look forward to meeting you.

MISSISSIPPI CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL SCOPE OF ACTIVITIES

The scope of activities shows the wide range of tasks a Certified Peer Support Specialist Professional can perform to assist others in regaining control over their own lives based on the principles of wellness and resiliency. Certification does not imply that the Certified Peer Support Specialist Professional is qualified to diagnose an illness, prescribe medication, or provide clinical services.

Utilizing unique recovery experiences, the Certified Peer Support Specialist Professional shall:

- Teach and model the value of every individual's recovery experience;
- Model effective coping techniques and self-help strategies;
- Encourage peers to develop independent behavior that is based on choice rather than compliance;
- Establish and maintain a peer relationship rather than a hierarchical relationship.

Utilizing direct peer-to-peer interaction and a goal-setting process, the Certified Peer Support Specialist Professional shall:

- Understand and utilize specific interventions necessary to assist peers in meeting their individualized wellness goals;
- Lead as well as teach how to facilitate wellness dialogues through the use of focused conversation and other evidence-based and/or best practice methods;
- Teach relevant skills needed for self-management of symptoms;
- Teach others how to overcome personal fears and anxieties;
- Assist peers in articulating their personal goals and objectives for wellness;
- Assist peers in creating their personal wellness plans (e.g., WRAP, Declaration for Mental Health Treatment, Crisis Plan, etc.);
- Assist peers in setting up and sustaining self-help groups;
- Appropriately document activities provided to peers in either their individual records or program records.

The Certified Peer Support Specialist Professional shall maintain a working knowledge of current trends and developments in the fields of mental health, co-occurring disorders, and peer support services by:

- Reading books, current journals, and other relevant material;
- Developing and sharing recovery-oriented material with other Certified Peer Support Specialist Professionals;
- Attending authorized or recognized seminars, workshops, and educational trainings.

The Certified Peer Support Specialist Professional shall serve as a wellness agent by:

- Providing and promoting wellness-based services;
- Assisting peers in obtaining services that suit each peer's individual wellness needs;
- Assisting peers in developing empowerment skills through self-advocacy;
- Assisting peers in developing problem-solving skills so they can respond to challenges to their wellness;
- Sharing his or her unique perspective on recovery from mental illness with non-peer staff;
- Assisting non-peer staff in identifying programs and environments that are conducive to recovery.

DMH CERTIFIED PEER SUPPORT SPECIALIST PROFESSIONAL PRINCIPLES OF ETHICAL AND PROFESSIONAL CONDUCT

Applicant shall comply with the Peer Support Specialist Professional Principles of Ethical and Professional Conduct as described in the Department of Mental Health Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Providers Chapter 14, Rule 14.3 – Ethical Conduct.

- 1) Are guided by the principle of self-determination for all. Peer Support Specialist Professionals have a primary responsibility to help support peers achieve their own needs, wants and goals.
- 2) Advocate for the full integration of individuals into the communities of their choice and promote the inherent value of these individuals to those communities. Certified Peer Support Specialist Professionals will be directed by the knowledge that all individuals have the right to live in the least restrictive and least intrusive environment.
- 3) Advocate for those they serve so that individuals may make their own decisions in all matters when dealing with other professionals.
- 4) OPENLY share their stories of hope and recovery and are able to identify and describe the supports that promote recovery and resilience.
- 5) Conduct themselves in a manner that fosters their own wellness.
- 6) Keep current with emerging knowledge relevant to recovery, and openly share this knowledge with other Peer Support Specialist Professionals. Peer Support Specialist Professional will refrain from sharing advice or opinions outside their scope of practice with individuals receiving services.
- 7) Maintain high standards of personal and professional conduct.
- 8) Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to the individuals they support. Peer Support Specialist Professionals will not engage in psychological abuse, neglect, or exploitation.
- 9) Never engage in exploitive and/or sexual/intimate activities with the individuals they serve. Peer Support Specialist Professionals will not enter into a relationship or commitment that conflict with the support needs of the individuals they serve.
- 10) Will not practice, condone, facilitate, or collaborate in any form of discrimination on the basis of ethnicity, race, sex, sexual orientation, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state.
- 11) Respect the privacy and confidentiality of those they serve. Peer Support Specialist Professionals have a duty to inform service recipients when first discussing confidentiality that contemplated or actual harm to self or others cannot be kept confidential. Peer Support Specialist Professionals have a duty to accurately inform service recipients regarding the degree to which information will be shared with other team members, based on their agency policy and job description. Peer Support Specialist Professionals have a duty to inform appropriate staff members immediately about any person's possible harm to self or others or abuse from caregivers.
- 12) Provide service and support within the hours, days and locations that are authorized by the agency with which they work.
- 13) Do not loan money; receive money or payment for services to, or from, individuals receiving services; or exchange gifts of significant value.

- 14) Will not abuse substances under any circumstances.
- 15) Strive to create a professional, safe, and healthy work environment through words and actions.
- 16) Utilize supervision and abide by the standards for supervision established by their employer.

There are seven general principals of ethical and professional conduct intended to provide guidelines for Certified Peer Support Specialists who, in good faith, seek to make reliable, ethical judgements. They are:

Principle I: Professional Responsibilities

1. Individuals holding a current credential from the Mississippi Department of Mental Health (DMH) must be employed by a program which receives funding from or is certified or operated/administered by DMH.
2. Individuals who hold a DMH professional credential must notify the Division of Professional Licensure and Certification upon any change affecting credential status, especially a change in employment or change in name.
3. Individuals holding a DMH professional credential must represent themselves as competent only within the boundaries of their education, training, license, certification, supervised experience, or other relevant professional experience.
4. Individuals holding a DMH professional credential must provide services only within the boundaries of their education, training, license, certification, supervised experience, or other relevant professional experience. Services provided must be based on the most current information and knowledge available within the scope of services of DMH.
5. DMH-credentialed individuals do not diagnose, treat, or otherwise provide services which are outside the recognized boundaries of their competencies.
6. Individuals who hold another professional credential shall abide by all principles contained herein.
7. The principles do not alleviate the individual's responsibility to other ethical, programmatic, or professional guidelines. Rather, the principles must be adhered to in addition to other applicable ethical, programmatic, and professional criteria.
8. Individuals holding a DMH professional credential strive to become and remain proficient in professional practice and the performance of professional functions.
9. DMH-credentialed individuals must, at a minimum, complete the required continuing education component respective to their DMH professional credential. DMH-credentialed individuals monitor continually their effectiveness as professionals and take measures to improve when necessary.
10. DMH-credentialed individuals monitor themselves for signs of impairment from their own physical, mental/behavioral, substance use or emotional problems and refrain from offering or providing services when impaired.
11. DMH-credentialed individuals identify their professional credentials in an accurate manner which is not false, misleading, deceptive, or otherwise fraudulent. DMH-credentialed individuals only attest to certifications/licensures which are valid and in good standing.
12. DMH-credentialed individuals maintain accurate and adequate service provision records and other related records in accordance with applicable laws and regulations. DMH-credentialed individuals are honest, accurate, and objective in reporting their professional activities and assessments to appropriate third parties, including but not limited to, courts, health insurance companies and other third-party payment sources.

13. When providing services, DMH-credentialed individuals strive to use techniques, processes, and modalities which are evidenced-based and/or which are otherwise scientifically grounded.
14. DMH-credentialed individuals who verify an applicant's submitted work experience for DMH professional credentialing must meet the definition of "Qualified Supervisor" for the respective DMH professional credentialing program and must have engaged in "active supervision" (as defined in the "Glossary" section of this document) of the submitted work experience.
15. DMH-credentialed individuals who verify an applicant's submitted work experience for DMH professional credentialing should only endorse/recommend the applicant for certification/licensure when they believe that the applicant is qualified for the endorsement/recommendation.
16. When applicable, DMH-credentialed individuals plan, design, conduct and/or report research in a manner consistent with applicable ethical principles, federal and state laws, institutional/programmatic rules and regulations and scientific standards governing research.
17. Individuals holding a DMH professional credential must comply with all applicable sections of the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Providers*, as appropriate (including, but not limited to, the *Operational Standards'* sections pertaining to confidentiality, ethical conduct and the rights of individuals receiving services).

Principle II: Confidentiality

1. Individuals holding a credential from DMH have an obligation to respect the confidentiality rights of the individuals with whom they work and must take reasonable precautions to preserve confidentiality.
2. The individual receiving services (or person(s) legally authorized to consent on his/her behalf) and other interested parties should be informed at the outset of service provision of the nature of confidentiality and the possible limits to confidentiality.
3. Members of a treatment team or those collaborating on the care of an individual shall maintain confidentiality within the parameters of the treatment setting.
4. The confidentiality rights of individuals must be maintained at all times across situations and locations, such as in waiting areas to which the public has access, while speaking on the telephone, or in conversing with colleagues.
5. Confidential information may only be disclosed with appropriate valid consent from the individual receiving services or a person legally authorized to consent on behalf of the individual.
6. All information collected for the purpose of service delivery must be kept confidential and released only when authorized by disclosure, consent, or state (or federal) law.
7. DMH-credentialed individuals take precautions to ensure the confidentiality of all information transmitted through the use of any medium.
8. Individuals involved in family, couples, marital or group counseling must be informed of their individual right to confidentiality.
9. DMH-credentialed individuals must preserve the confidentiality of information shared by others, as well as agency policy concerning the disclosure of confidential information and must explain such policy to the individual receiving services.
10. When consulting with colleagues, DMH-credentialed individuals do not share confidential information which could lead to the identification of an individual who is receiving services with whom

they have a confidential relationship unless they have obtained the prior consent of the person. Information may only be shared to the extent necessary to achieve the purposes of consultation.

11. When DMH-credentialed individuals are required by law, institutional/programmatic policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings or in the service provision environment, they clarify role expectations and the parameters of confidentiality with the individuals they serve and with their professional colleagues.

12. Permission for the use of electronic recording of interviews must be secured, prior to the interview, from the individual receiving services or a person legally authorized to consent on behalf of the individual receiving services.

13. Confidentiality may be waived if disclosure is necessary to prevent serious, foreseeable, and imminent harm to oneself or other identifiable person or when laws or regulations require disclosure without an individual's consent.

14. The confidentiality privilege for the individual receiving services is waived if the individual brings charges against a DMH-credentialed individual.

15. Confidentiality may be waived in compliance with appropriate statutes.

16. DMH-credentialed individuals must respect the confidentiality of individuals' case records and related documentation. Compilation, storage, and dissemination of individual case records, including related documentation, must be in accordance with all applicable federal and state laws and the *DMH Operational Standards for Mental Health, Intellectual/Developmental Disabilities, and Substance Use Disorders Community Service Providers*, as applicable. This provision includes both paper case records and electronic health records or electronic filing.

17. In all instances, individuals who hold a credential from DMH should disclose the least amount of confidential information necessary to achieve the desired purpose.

Principle III: Respect for Individual's Rights and Dignity

1. Individuals who hold a credential from DMH have a primary responsibility to the individual to whom they provide services. The respect of the fundamental rights, dignity, and worth of all people is of the utmost importance.

2. DMH-credentialed individuals must be aware of and accept the cultural, individual and role differences which occur in the service delivery environment.

3. DMH-credentialed individuals do not discriminate against any individual because of race, color, creed, gender, religion, national origin, age, disability or political affiliation.

4. DMH-credentialed individuals actively work to eliminate the effect of bias on service provision, and they do not knowingly participate in or condone discriminatory practices.

5. DMH-credentialed individuals must be respectful of and responsive to individuals with cultural needs.

6. DMH-credentialed individuals must practice appropriate, relevant, and sensitive interventions which enable effective work in cross-cultural situations.

7. DMH-credentialed individuals must maintain a fundamental respect for the beliefs, customs, institutions, and ethnic heritages of all individuals served.

Principle IV: The Service Provision Relationship

1. DMH-credentialed individuals obtain appropriate, valid informed consent to service provision, and related procedures and use language which is clear and understandable to the individual. When persons are legally incapable of giving informed consent, DMH-credentialed individuals obtain informed permission from a legally authorized person, if such substitute is legally permissible.
2. The specific content of the informed consent may vary depending upon the individual and the plan of care; however, informed consent generally requires that the individual receiving services: a) has the capacity to consent; b) has been adequately informed of significant information concerning service provision processes/procedures, including the purpose of the services; c) has been adequately informed of potential risks and benefits of service provision; d) has been informed of the requirements of a third party payer and relevant costs; e) has been informed of reasonable alternatives; f) has been informed of the individual's right to refuse or withdraw consent and the time frame covered by the consent; g) has been informed of the limits of confidentiality; h) has freely and without undue influence expressed consent; i) has provided consent which is appropriately documented; and, j) has been provided with an opportunity to ask questions.
3. DMH-credentialed individuals are aware of their influential positions with respect to the individuals and family members they serve and avoid exploiting the trust and dependency of such persons. DMH-credentialed individuals should not take unfair advantage of any professional relationship or exploit an individual to further their own interests.
4. DMH-credentialed individuals should avoid conflicts of interest which interfere with the exercise of professional and impartial judgement. DMH-credentialed individuals should inform individuals receiving services when a real or potential conflict of interest arises and should take reasonable steps and precautions to resolve the issue in a manner which, first and foremost, protects the individual receiving services and the individual's interests.
5. DMH-credentialed individuals should make every effort to avoid dual or multiple relationships with individuals receiving services and/or their immediate family members which could impair professional judgment or increase the risk of exploitation or potential harm to the individual receiving services and/or his/her immediate family members. Dual or multiple relationships occur when DMH-credentialed individuals relate to the individuals they serve in more than one relationship, whether professional, social, or business. Such relationships include (but are not limited to) business or close personal relationships with an individual receiving services, and/or the individual's immediate family members. Dual or multiple relationships can occur simultaneously or consecutively.
6. DMH-credentialed individuals who anticipate a potential conflict of interest with an individual who is receiving services should clarify their role with the individual; take appropriate action to minimize any conflict of interest/potential for professional judgement impairment and/or risk of exploitation; and should document appropriate precautions taken.
7. DMH-credentialed individuals avoid entering into non-professional relationships with current/former individuals receiving services, their significant others, and/or their immediate family members when the interaction is potentially harmful to the individual receiving services. This interaction applies both to in-person and electronic interactions or relationships.

Principle V: Technology-Assisted Service Provision and Social Media

1. DMH-credentialed individuals recognize that service delivery takes place through an increasing number of technological formats. DMH-credentialed individuals strive to understand the growing and changing nature of technology and the provision of services via electronic means. DMH-credentialed individuals seek to understand the evolving benefits and concerns related to the use of electronic/digital service delivery techniques and the use of technology in service provision. In accordance with applicable laws, rules/regulations and policies, DMH-credentialed individuals make every effort to ensure confidentiality and to meet ethical, legal, and institutional/programmatic requirements for the use of

technological resources. DMH-credentialed individuals who use technology-driven resources in the course of service provision develop the necessary skills and technical proficiency for the use of such resources.

2. DMH-credentialed individuals who maintain a **personal** social media presence should strive to maintain professional boundaries with regards to their personal social media use. Thus, DMH-credentialed individuals should take care to avoid any **purposeful** overlap between personal social media activities and professional activities.

3. DMH-credentialed individuals take precautions to avoid disclosing confidential information through public social media.

Principle VI: Reporting Abuse and Ethical Misconduct

1. DMH-credentialed individuals must meet reporting requirements as outlined by the Vulnerable Persons Act and the Child Abuse/Neglect Reporting statutes.

2. Individuals holding a DMH credential who witness or have knowledge of unethical or discriminatory practices of other individuals who hold a DMH credential are obligated to report such practices to the Division of Professional Licensure and Certification.

3. DMH-credentialed individuals do not harass or seek retaliation against a colleague or employee who has acted in a responsible and ethical manner to expose inappropriate, unethical, or discriminatory practices.

4. DMH-credentialed individuals, as needed and as requested, willingly cooperate with the PLACE Review Board's complaints evaluation and investigation process, along with any resultant disciplinary hearings.

Principle VII: Sexual Harassment/Misconduct/Drug-Free Workplace

1. Sexual harassment/misconduct is considered to be any unwelcome solicitation, physical advance, or verbal or nonverbal conduct which is sexual in nature.

2. Sexual harassment/misconduct can consist of a single onerous act or multiple persistent or pervasive acts.

3. Individuals who hold a credential from DMH will not knowingly engage in behavior which is sexually harassing or demeaning to persons with whom they interact within the service delivery environment.

4. Any behavior that could be construed as sexual harassment during the DMH-credentialed individual's function of providing services for a program which is certified, funded, and/or operated/administered by the Mississippi Department of Mental Health shall be subject to disciplinary action.

5. The Department of Mental Health adopted written policy in Section 71-7-1 through 71-7-31 of the *Mississippi Code of 1972, Annotated* which outlines state policy regarding a Drug-Free Workplace. Programs funded/certified/administered and individuals who hold a DMH credential are expected to abide by this provision.

6. Individuals shall refrain from the use of alcohol/illegal substances in the work environment (including any, and all such locations/venues where service provision takes place).

7. DMH-credentialed individuals should not engage in any behavior in the service delivery environment, which is considered to be harassing, demeaning, bullying, or otherwise disrespectful or derogatory in nature; this tenet extends to all individuals with whom the DMH-credentialed individual interacts within the service delivery environment, both individuals receiving services/family members as well as colleagues/co-workers.