



IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

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DIVISION OF BEHAVIORAL HEALTH  
450 West State Street, 3rd Floor  
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## **Peer Support Specialist Certification**

### Complaint and Grievance Process

The Division of Behavioral Health desires to honor and address any concerns or complaints that the general public, mental health programs, regional state programs, or Certified Peer Support Specialist may have regarding the certification process or those certified by the Division.

#### **Complaint:**

Any individual may file a complaint with the Division of Behavioral Health to address those concerns.

If an applicant has a complaint about a certified Peer Support Specialist or program, a complaint about the certification process, or desire to voice a concern, a person may contact the Division of Behavioral Health through telephone; submit in writing, via the US Postal Service or other delivery service offering delivery confirmation, or through email a formal complaint. Be sure to include in your complaint:

- the full name, mailing address, phone number, and e-mail contact information for the person reporting the complaint
- a description of the nature of the complaint, including the desired resolution

Address, email, or telephone the complaint to:

Division of Behavioral Health  
450 W. State St. 3<sup>rd</sup> floor  
Boise, ID 83702  
(208) 639-5720  
Attn: CPSS Oversight Committee  
PeerCertSpec@dhw.idaho.gov

The CPS Oversight Committee will ensure that the complaint is addressed within twenty-eight (28) business days of receipt of the complaint. This process includes, as needed, gathering additional information from any involved parties, including the complainant.

#### **Grievance**

When an applicant is denied certification, questions the results of the application review process, or is subject to an action that he or she deems unjustified, the applicant has the right to the Grievance process.

*A grievance is a type of complaint about the certification decision that has been made following application to the Division of Behavioral Health for Peer Support Specialist Certification. The applicant, upon receiving the decision letter, will have ten business days to submit a grievance in writing to the Quality Assurance Program Manager (by certified mail or other delivery service with written delivery confirmation), using the process described below.*

Any grievance must be submitted in writing by postal mail or email or telephone, and will be forwarded to the Quality Assurance Program Manager. Using delivery confirmation or certified mail, the letter should be sent to:

Division of Behavioral Health  
Grievance Process  
450 W. State St. 3<sup>rd</sup> floor  
Boise, ID 83702  
Email: PeerSpecCert@dhw.idaho.gov

The grievance must include:

- the full name, mailing address, phone number, and e-mail contact information for the person filing the grievance
- a detailed explanation of the decision that is being grieved, from the perspective of the complainant, including any steps already taken to resolve the issue
- detailed reasons for the grievance

DBH staff has (60) sixty days to respond. All decisions are final.