TO THE HONORABLE SENATE:

The Committee on Health and Welfare to which was referred Senate Bill No. 195 entitled “An act relating to the certification of mental health peer support specialists” respectfully reports that it has considered the same and recommends that the bill be amended by striking out all after the enacting clause and inserting in lieu thereof the following:

* * * Certification of Mental Health Peer Support Specialists * * *

Sec. 1. FINDINGS

The General Assembly finds:

(1) The Centers for Medicare and Medicaid Services (CMS) recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in a state’s delivery of effective mental health treatment. CMS encourages states to offer comprehensive programs.

(2) Research studies have demonstrated that peer supports improve an individual’s functioning, increase an individual’s satisfaction, alleviate symptoms, reduce hospitalizations and hospital days, increase an individual’s satisfaction with treatment, and enhance an individual’s self-advocacy.

(3) Certification can encourage an increase in the number, diversity, and availability of peer support specialists.
(4) The U.S. Department of Veterans Affairs, more than 46 states, and
the District of Columbia have created statewide mental health peer certification
programs.

(5) Mental health peers in Vermont are currently providing
individualized support, coaching facilitation, and education to individuals with
mental health needs, in a variety of settings, yet no statewide scope of practice,
standardized curriculum, training standards, supervision standards, or
certification protocols are available.

Sec. 2. PROGRAM DEVELOPMENT; MENTAL HEALTH PEER
SUPPORT SPECIALIST CERTIFICATION PROGRAM

(a) On or before September 1, 2022, the Department of Mental Health shall
enter into an agreement with a peer-run or peer-led entity to develop a
statewide certification program for peer support specialists in accordance with
guidance issued by the Centers for Medicare and Medicaid Services for the
purpose of enabling a certified mental health peer support specialist to receive
Medicaid reimbursement for the individual’s services. The selected peer-run
or peer-led entity shall:

(1) Define the range of responsibilities, practice guidelines, and
supervision standards for peer support specialists using leading practice
materials and the opinions of peer experts in the field.
(2) Determine the curriculum and core competencies required for certification as a peer support specialist, including curriculum that may be offered in areas of specialization, such as veterans affairs, gender identity, sexual orientation, and any other area of specialization recognized by the certifying body. The core competencies curriculum shall include, at a minimum, training related to the following elements:

(A) peer support values and orientation, including authentic and mutual relationships;

(B) lived experience;

(C) the concepts of resilience, recovery, and wellness;

(D) self-determination;

(E) trauma-informed practice;

(F) human rights-based approach and advocacy;

(G) cultural competence;

(H) group facilitation skills, including communication, dialogue, and active listening;

(I) self-awareness and self-care;

(J) conflict resolution;

(K) professional boundaries and ethics;

(L) collaborative documentation skills and standards; and

(M) confidentiality.
(3) Establish a code of ethics for peer support specialists.

(4) Determine the process and continuing education requirements for biennial certification renewal.

(5) Determine the process for investigating complaints and taking corrective action, which may include suspension and revocation of certification.

(6) Determine a process for an individual employed as a peer support specialist on and after December 31, 2021 to obtain a certification pursuant to 18 V.S.A. chapter 199, which shall include, at a minimum, a passing certification examination specifically created for this purpose.

(b) In developing a statewide certification program for peer support specialists pursuant to this section, the selected peer-run or peer-led entity shall:

(1) regularly seek advice and work collaboratively with the Office of Professional Regulation and the Departments of Mental Health and of Vermont Health Access; and

(2) seek feedback and recommendations from mental health peer-run and family organizations, hospitals, and mental health treatment providers and organizations by convening not fewer than four stakeholder meetings.
(c) As used in this section:

(1) “Certification,” “core competencies,” “peer-led,” “peer-run,” “peer support,” and “peer support specialist” have the same meaning as in 18 V.S.A. chapter 199.

(2) “Collaborative documentation” means a model in which peer support specialists and recipients of peer support services collaborate in periodically creating intake and assessment summaries, service plans, progress notes, or tallies of services rendered, or any combination of these tasks. Collaborative documentation may be completed at weekly or monthly intervals rather than at every encounter.

Sec. 3. 18 V.S.A. chapter 199 is added to read:

CHAPTER 199. PEER SUPPORT SPECIALISTS

§ 8501. PURPOSE

It is the intent of the General Assembly that the peer support specialist certification program established in this chapter achieve the following:

(1) support the ongoing provision of services by certified peer support specialists for individuals experiencing a mental health challenge or for caregivers parenting children, youth, or emerging adults who are experiencing a mental health challenge;

(2) support coaching, skill building, and fostering social connections among individuals experiencing a mental health challenge or caregivers.
parenting children, youth, or emerging adults who are experiencing a mental health challenge;

(3) provide one part in a continuum of services, in conjunction with other community mental health and recovery services;

(4) collaborate with others providing care or support to an individual experiencing a mental health challenge;

(5) assist individuals experiencing a mental health challenge in developing coping mechanisms and problem-solving skills;

(6) promote skill building for individuals with regard to socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services; and

(7) encourage employment of peer support specialists.

§ 8502. DEFINITIONS

As used in this chapter:

(1) “Certification” means the activities of the certifying body related to the verification that an individual has met all the requirements under this chapter and that the individual may provide mental health support pursuant to this chapter, including the subspecialty of family-to-family peer support.

(2) “Certified” means all federal and State requirements have been satisfied by an individual who is seeking designation pursuant to this chapter.
including completion of curriculum and training requirements, testing, and agreement to uphold and abide by the code of ethics.

(3) “Code of ethics” means the standards to which a peer support specialist is required to adhere.

(4) “Core competencies” means the foundational and essential knowledge, skills, and abilities required for peer support specialists.

(5) “Department” means the Department of Mental Health.

(6) “Peer-led” means an entity, program, or service whose executive director, chief operating officer, or the individual responsible for the day-to-day service identifies publicly as a person with lived experience of mental health challenges and the entity, program, or service operates as an alternative to traditional mental health services and treatment.

(7) “Peer-run” means an entity, program, or service that is controlled and operated by individuals with lived experience of the mental health system or a mental health condition.

(8) “Peer support” means an approach to relationships that recognizes each individual as the expert of their own experience, fosters connection through shared or similar experiences, centers mutuality and mutual support, preserves autonomy, and creates opportunity for meaningful connections and exploring possibilities.
(9) “Peer support specialist” means an individual who is at least 18 years of age and who self-identifies as having lived experience with the process of recovery from a mental health challenge or an individual with lived experience of parenting a child, youth, or emerging adult who is experiencing a mental health challenge.

(10) “Recovery” means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This process of change honors the different routes to recovery based on the individual.

§ 8503. PEER SUPPORT SPECIALIST CERTIFICATION

(a) Eligibility determination and training. The Department shall maintain an agreement with a peer-run or peer-led entity to:

(1) determine the eligibility of each prospective peer support specialist seeking certification under this chapter; and

(2) train eligible applicants consistent with the curriculum and core competencies developed by an entity selected by the Department.

(b) Certification. The Department shall maintain an agreement with a peer-run or peer-led entity to serve as the certifying entity for peer support specialists. This peer-run or peer-led entity shall:
(Draft No. 3.4– S.195)

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(1) determine whether an applicant has met the requirements for certification established by an entity selected by the Department through the administration of an examination;

(2) adhere to the processes for certification, recertification, certification revocation, and appeals as established by an entity selected by the Department; and

(3) maintain a public-facing website that includes, at a minimum, a roster of certified peer support specialists and the procedure for filing a complaint against a certified peer support specialist.

(c) Exemption. Individuals providing peer support services as employees or volunteers of a peer-run or peer-led organization shall not be required to obtain peer support specialist certification.

§ 8504. APPLICANTS FOR CERTIFICATION

(a) An applicant for certification pursuant to this chapter shall:

(1) be at least 18 years of age;

(2) be self-identified as having first-hand experience with the process of recovery from mental illness or be the family member of such an individual;

(3) be willing to share personal experiences;

(4) agree, in writing, to the code of ethics developed pursuant to section 8502 of this title;
(5) successfully complete the curriculum and training requirements for peer support specialists; and

(6) pass a certification examination approved by the certifying body for peer support specialists.

(b) To maintain certification pursuant to this act, a peer support specialist shall:

(1) adhere to the code of ethics developed pursuant to section 8502 of this title and sign a biennial affirmation to that effect; and

(2) complete any required continuing education, training, and recertification requirements developed by the certifying body.

§ 8505. CERTIFICATION FEE SCHEDULE

Any fees required for the administration of the peer support specialist certification program set forth in this chapter shall be requested pursuant to the process set forth in 32 V.S.A. chapter 7, subchapter 6.

Sec. 4. MEDICAID; STATE PLAN AMENDMENT

(a) The Agency of Human Services shall seek approval from the Centers for Medicare and Medicaid Services to amend Vermont’s Medicaid state plan to do the following:

(1) include a certified peer support specialist pursuant to 18 V.S.A. chapter 199 as a provider type;
(2) include peer support specialist services as a Medicaid covered service;

(3) allow beneficiaries to self-refer for peer support specialist services;

(4) allow for collaborative documentation of peer support specialist services; and

(5) allow reimbursement for peer support specialist services for a range of Healthcare Common Procedure Coding System codes.

(b) As used in this section:

(1) “Collaborative documentation” means a model in which peer support specialists and recipients of peer support services collaborate in periodically creating intake and assessment summaries, service plans, progress notes, or tallies of services rendered, or any combination of these tasks. Collaborative documentation may be completed at weekly or monthly intervals rather than at every encounter.

(2) “Peer support specialist services” means services provided by a peer support specialist as defined in 18 V.S.A. chapter 199 that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services.
Sec. 5. 33 V.S.A. § 1901k is added to read:

§ 1901k. MEDICAID REIMBURSEMENT FOR PEER SUPPORT SPECIALIST SERVICES

(a) As used in this section, “peer support specialist services” means services provided by a peer support specialist as defined in 18 V.S.A. chapter 199 that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, identification of strengths, and maintenance of skills learned in other support services.

(b) The Department of Vermont Health Access shall reimburse peer support specialists in accordance with Vermont’s Medicaid state plan.

Sec. 6. APPROPRIATION

In fiscal year 2023, $525,000.00 is appropriated to the Agency of Human Services from the General Fund for the development and operation of the peer support specialist certification program pursuant to 18 V.S.A. chapter 199. The Agency shall seek to maximize federal financial participation in funding these administrative costs.

*** Peer-Operated Respite Centers ***

Sec. 7. FINDINGS

The General Assembly finds:

(1) Peer-operated respite centers can serve as alternative care settings for patients with psychiatric diagnoses who do not require inpatient admission.
(2) Peer-operated respite centers can serve as a step-down alternative for individuals leaving the hospital who no longer need hospital care but are not yet ready to return home. Currently, many patients seeking mental health treatment are unable to leave the hospital because there are not suitable step-down facilities available.

(3) In control group research studies, guests of peer-operated respite centers were 70 percent less likely to use inpatient or emergency services. Respite days were associated with significantly fewer inpatient or emergency service hours. Respite guests showed statistically significant improvements in healing, empowerment, and satisfaction. Average psychiatric hospital costs were $1,075.00 for respite users compared to $3,187.00 for nonusers. Respite guests also experienced greater improvements in self-esteem, self-rated mental health symptoms, and social activity functioning compared to individuals in inpatient facilities.

(4) Vermont currently has one two-bed peer-operated respite center, named Alyssum. Located in Rochester, Alyssum operated at 93 percent capacity in fiscal year 2018, had five-day wait times for a bed, and drew guests from every Vermont county save Essex, Lamoille, and Grand Isle. In contrast, crisis respites run by designated agencies operated at 75 percent capacity in fiscal year 2018, below the Department of Mental Health’s targeted 80 percent occupancy rate.
(5) Peer-operated respite centers are also more cost-effective than alternatives. A peer-operated respite center bed in 2018 cost $634.00 per night, whereas a designated crisis bed cost $693.00 per night, a designated hospital bed cost $1,425.00 per night, and a bed at the Vermont Psychiatric Care Hospital cost $2,537.00 per night.

(6) Use of peer-operated respite centers results in lowered rates of Medicaid-funded hospitalizations and health expenditures for participants.

(7) There are currently two peer-run community centers in Vermont: Another Way, located in Montpelier, and Pathways Community Center, located in Burlington. In fiscal year 2018, Another Way had 8,481 visitors (616 unique visitors) and Pathways Community Center had 3,616 visitors.

Sec. 8. 18 V.S.A. chapter 200 is added to read:

CHAPTER 200. PEER-OPERATED RESPITE CENTERS

§ 8551. LEGISLATIVE INTENT

It is the intent of the General Assembly that peer-operated respite centers established pursuant to this chapter achieve:

(1) a reduction in wait times at emergency departments for patients seeking mental health care;

(2) an increase in community-based, recovery-oriented, and geographically diverse mental health resources;
(3) an increase in employment opportunities for individuals who have
experienced one or more mental health conditions; and
(4) better outcomes for Vermonters experiencing mental health
conditions.

§ 8552. DEFINITIONS

As used in this chapter:

(1) “Department” means the Department of Mental Health.
(2) “Peer” has the same meaning as in section 7101 of this title.
(3) “Peer-operated respite center” means a voluntary, short-term,
overnight program that is staffed and operated by a peer-led or peer-run entity
and that provides community-based, trauma-informed, and person-centered

crisis support and prevention 24 hours a day in a homelike environment to
individuals with mental conditions who are experiencing acute distress,
anxiety, or emotional pain that if left unaddressed may lead to the need for
inpatient hospital services.
(4) “Peer-led” has the same meaning as in section 8502 of this title.
(5) “Peer-run” has the same meaning as in section 8502 of this title.

§ 8553. PEER-OPERATED RESPITE CENTERS

(a) Annually, the Department shall distribute funds to a total of six
to geographically distinct peer-run or peer-led organizations to ensure that a peer-
operated respite center, operating singly or in collaboration with a peer-run or
peer-led community center, is established and maintained.

(b) The Department shall adopt rules pursuant to 3 V.S.A. chapter 25 that
address:

(1) the application process for peer-run or peer-led organizations
seeking to maintain and operate a peer-operated respite center, operating singly
or in collaboration with a peer-run or peer-led community center;

(2) the Department’s criteria for selecting successful applicants;

(3) operational standards for peer-operated respite centers; and

(4) annual reporting requirements for successful applicants.

(c) Annually on or before January 1, the Department shall submit a report
to the House Committee on Health Care and to the Senate Committee on
Health and Welfare summarizing the annual activities of the peer-operated
respite centers, including any challenges that may be addressed through
legislative action.

Sec. 9. APPROPRIATION

In fiscal year 2023, up to $2,000,000.00 is appropriated from the General
Fund to the Department of Mental Health for the purpose of distributing
$500,000.00 to establish and operate each of the four new peer-operated respite
centers, whether operating singly or in collaboration with a peer-run or peer-
led community center, established pursuant to 18 V.S.A. chapter 200.
**Additional Peer-Operated Respite Centers Effective July 1, 2025**

Sec. 10. 18 V.S.A. § 8553(a) is amended to read:

(a) Annually, the Department shall distribute funds to a total of nine geographically distinct peer-run or peer-led organizations to ensure that a peer-operated respite center, operating singly or in collaboration with a peer-run or peer-led community center, is established and maintained.

**Effective Dates**

Sec. 11. EFFECTIVE DATES

This act shall take effect on July 1, 2022, except that:

(1) Sec. 5 (Medicaid reimbursement for peer support specialist services) shall take effect upon approval of the Medicaid state plan amendment in Sec. 4 by the Centers for Medicare and Medicaid Services; and

(2) Sec. 10 (peer-operated respite centers) shall take effect on July 1, 2025.

and that after passage the title of the bill be amended to read: “An act relating to the certification of mental health peer support specialists and the expansion of peer-operated respite centers”
(Committee vote: __________)