

MEMORANDUM

TO: Senator Virginia Lyons, Senate Committee on Health and Welfare
Senator Cheryle Hooker, Senate Committee on Health and Welfare

FROM: Emily Hawes, Commissioner
Department of Mental Health

DATE: February 15, 2022

SUBJECT: DMH Combined Peer Bill S.195 Recommended Modifications

After thoughtful review of S.195, the combined Peer-operated Respite Centers and Peer Support Specialist Certification bills previously introduced as S.194 and S.195 respectively, the Department of Mental Health would like to offer the following feedback and recommendations to the Committee. The Department agrees with the need for more formalized peer supports and highly values the development of both peer-operated respite centers and peer support specialist certification.

Peer Support Specialist Certification:

Peer support is an essential component of our system of care and we endorse the adoption of a statewide peer support specialist certification process. We acknowledge that Vermont and South Dakota are the last two states to adopt such legislation which provides standardization to the position of peer specialist and enables services to be reimbursable by Medicaid. Stakeholder input during the development of DMH's [Vision 2030](#), DMH's ten year plan for integration, identified increased availability of peer services at every level of care as one of the top eight action items.

With that said, this essential work to develop, implement, and sustain peer support specialist certification is already underway. This work is being addressed by the Peer Workforce Development Initiative (PWDI), whose membership represents the peer-run organizations in Vermont. Last year PWDI contracted with Wilda White to develop the *Peer Specialist Credentialing* report, which identified and analyzed mental health peer specialist certification programs across the United States and Canada. Its intended purpose is to inform initiatives to promote and expand Vermont's peer specialist workforce capacity.

Additional funding this year via the Federal Medical Assistance Program (FMAP) will supplement the existing DMH grant to PWDI. This allocation will fund a process to solicit and incorporate the input of stakeholders into recommendations for implementation of a statewide peer support specialist certification program in Vermont. This group will be co-facilitated by the Vermont Department of Mental Health and will consider the expectations of the role and the practice of peer support work; the knowledge, competencies and skills required; and the programmatic supports needed to be successful.

The end goal of this work is an implementation plan for a peer specialist credentialing process that will result in the development of a well-trained, mentored and supervised peer support workforce.

To develop a statewide mental health peer support specialist certification program, Bill. 195 identifies the following steps

- Define a range of responsibilities and practice guidelines for peer support specialists, determine curriculum, and core competencies required for certification, and determine continuing education requirements for certification renewal.
- Determine a process for complaint investigation and corrective action, which may include suspension and certification revocation.
- Determine a process for an individual employed as a peer support specialist as of a certain date, to obtain certification.
- Amend state plan to include peer support specialist as a provider type and to include peer support specialist services as a distinct service, which may be provided to eligible Medicaid beneficiaries enrolled in a managed care plan or a mental health plan. Seek any federal waivers or other state plan amendments to implement the certification program.

Some of the steps implicit in the foregoing list include defining ‘peer support’ and ‘certified peer support specialist’. Determining and defining peer support specialist services, determining areas of specialization, and determining whether the peer certification program will be an assessment-based or a professional certification program needs to occur.

As you can see, the important work of building a peer support specialist certification is well underway and therefore the bill as written may decrease the workgroup’s ability to fully recommend the most successful path forward. Any edits to this bill should reflect the work of the PWDI and ensure flexibility to allow for changing federal guidelines and expert peer input into the certification process.

Peer-operated Respite Centers:

As with the Peer Support Certification process, we agree that not every individual who visits a Vermont emergency department in psychiatric crisis requires inpatient mental health admission; peer-operated respite centers can serve as alternative care settings for Vermonters with psychiatric needs who do not require inpatient admission. We agree with the Legislative intent of S.195 being reduction in wait times at emergency departments for individuals seeking mental health care, increase in community-based, recovery-oriented, and geographically diverse mental health resources, increase in employment opportunities for individuals who have experienced one or more mental health conditions, and better outcomes for Vermonters experiencing mental health.

As specified in the bill, Vermont already has two peer-run community centers in Vermont and in addition, Vermont has one peer-run respite program with two beds. We offer the following observations and recommendations:

- Utilize the work of the PWDI to clearly define the terms and concepts around mental health and peer supports (peer-run vs. operated; mental health challenges, psychiatric diagnoses). Clarify the population served: age, conditions, challenges.

- Allow for more flexibility in reporting by providing provisions for DMH to report back to the legislature in testimony next session and consider the reporting already completed by peer organizations in alignment with DMH scorecards.
- Utilize the current peer-run respite program and community centers operating data to inform the committee rather than investing in a pilot program. With the funding limited to FY23, it would be very difficult to compensate for the effort and operating costs to find an appropriate location, modify it for the purposes of this program, and invest in hiring and training staff. This is not a feasible one-year pilot project.

We hope this feedback and the recommendations above demonstrate the alignment of DMH with the intent of these bills. Ultimately, these two bills represent important work around peer support specialist certification and peer-run respite centers and we would like to see the language reflect current work by the PDWI as well as our thriving peer-run community centers and peer-run respite program.