Mental Health Peer Support certification stakeholder meetings

Report and Recommendations

This report summarizes the six stakeholder meetings held in fall 2022 to identify a model and develop an implementation plan for mental health peer support certification in Vermont. It includes stakeholder recommendations and identifies the decisions that policymakers must make before the next phase of the process can proceed.

Wilda L. White Consulting

March 31, 2023

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How to Read this report

Most people will find all the information they need in the Executive Summary. If you want more in-depth information about a recommendation, refer to the section of the report that pertains to that recommendation.

The great bulk of the report consists of meetings reports, including verbatim transcripts of each of the six, stakeholder meetings held in fall 2022. Most people will not be interested in reading the meeting reports. The meeting reports are included for people who were unable to attend the meetings or view the video recordings and who may be interested in learning more about how the recommendations came to be.

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EXECUTIVE SUMMARY

The Peer Workforce Development Initiative retained Wilda L. White Consulting to facilitate a series of six meetings to solicit ideas about the development of a statewide, Medicaid-compliant mental health peer support certification program in the State of Vermont. In addition to attending meetings, stakeholders were also able to weigh in by responding to post-meeting surveys or reaching out to the facilitator by email or telephone.

The six, one-hour meetings were held every other Friday between September 9 and November 18, 2022. Over the course of the six meetings, 126 individuals registered to attend and/or receive mailings about the meetings. Seventy-seven (77) unique individuals attended at least one of the six meetings in the series. Twenty-five (25) unique individuals completed at least one of the four, post-meeting surveys. Another two dozen or so individuals reached out by email and/or telephone. Overall, engagement in the process was high and participation at meetings was robust. Many participants commented that they very much liked and appreciated the way the meetings were conducted.

Each of the six meetings was devoted to a different topic. At each meeting, the facilitator provided an overview of the topic and thereafter facilitated a discussion about the topic.

This report summarizes recommendations from those who participated at the meetings, responded to surveys and/or reached out by email and telephone. The report includes a recommended Medicaid State Plan amendment to add peer support services as a Medicaid-billable service. The report also identifies those issues that require policymaker decisions before additional work can proceed. Finally, the report proposes a work plan for the next phase of developing and implementing a Medicaid-compliant, statewide, mental health peer support certification program.

The report also highlights other issues that arose during the stakeholder meetings related to developing and implementing a peer support certification program.

There are essentially three steps in any peer support provider certification program: (1) Screening; (2) Training; and (3) Credentialing. This report uses these three steps to frame the recommendations, the required policymaker decisions, and the Phase Two Work Plan.

This Executive Summary is an overview of the report's contents. A full discussion of the recommendations and required policymaker decisions is included in the body of this report.

The facilitator also prepared a report after each of the six meetings. The meeting reports are included in Appendix A. Each meeting report includes a meeting summary, an attendance report, links to the video recordings and slide decks, a list of questions asked by participants, a list of comments made by participants, a verbatim transcript of the meeting, the Zoom Chat, survey results, and comments received via email and/or telephone.

Stakeholder Recommendations

SCREENING

Minimum Age	Minimum Education	Criminal Conviction Disqualifying?	Vermont Residency Required?	Personal Statement Required?	Attestation of Recovery Required?	Lived experience required?	Screening Entity
18	None	No	No	Yes	No	Yes	Peer-run entity

TRAINING

Curriculum	Who conducts training?	Is completing training sufficient for certification?
• IPS • WRAP • Alternatives to Suicide • Hearing Voices • State-Specific Curriculum	A single, approved peer-run vendor	No; applicants must pass a statewide exam administered by an independent, peer-run entity

CERTIFICATION

Reciprocity?	Grandfather Current Peer Support Providers?	Duration of Certification	Certifying Body
No	No Screen and Test	Two years	Peer-run entity and OPR, split responsibilities

CORE COMPETENCIES	
1	**Peer support values and orientation**: Peer support providers understand the history of peer support and the peer support movement; relevant human rights and social justice issues; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of peer support relationships that support self-determination, can hold multiple truths and are free of judgment and hierarchy
2	**Lived Experience**: Peer support providers are thoughtful in telling their personal stories. They share their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience. They invite mutual sharing and endeavor to create meaningful connections with those they support. Over time, the relationship becomes mutually inspiring and supportive, as well as a template for creating similar relationships with others.
3	**Awareness of Self and Others**: Peer support providers build a capacity for introspection and self-reflection. They can voice their own discomfort and needs, while staying open to the discomfort and needs of others. Peer support providers endeavor to maintain a multi-dimensional awareness that includes themselves and their own needs; others and the needs of others; and the relationship and the needs of the relationship as it develops between the peer support provider and others.
4	**Boundaries**: Peer support providers invite frank discussions about personal needs and boundaries. They are clear about their personal limits, and they invite others to explore their own. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. They negotiate boundaries, consistent with the needs and values of everyone involved. They understand that the way boundaries are negotiated and/or applied affects both internal and relational dynamics. Peer support providers are alert to signs of overwhelm, burn out, pushed buttons and trauma re-enactment. They address this openly and frankly when it occurs and seek support as needed. They encourage others to do the same when the peer support relationship is under stress.
5	**Worldview and cultural awareness**: Peer support providers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. They are aware of their own worldview and how it influences their individual attitudes, biases and judgments. They openly acknowledge that their personal worldview is the lens through which they currently experience reality. Peer support providers use their personal understanding of worldview to create connection, relationship and growth. They are open to the ideas, experiences and viewpoints of others, including to being changed by them. They endeavor to hold multiple truths and embrace the span of human diversity in a non-judgmental and compassionate manner. They negotiate worldview differences that affect the relationship openly and transparently, consulting others for assistance when necessary.

CORE COMPETENCIES	
6	**Communication**. Peer support providers understand that much of what is "said" between human beings is expressed indirectly (e.g., facial expressions, gestures, body language, tone of voice) or is impacted by the speaker's assumptions about what it is culturally appropriate to say. Peer support providers actively listen for what isn't being said (untold story). Peer support providers listen for commonalities and shared interests that can be built upon. Peer support providers allow for free-flowing, mutual conversations. When conflict arises, peer support providers explain their own needs, the needs of the job or organization and the limitations of their peer support role. Peer support providers are reflective and transparent in what they share and how they respond. They engage, network, collaborate and seek outside assistance as needed to care for the relationship.
7	**Authentic and mutual relationships**: Peer support providers are honest with themselves and genuine in their relationships with others. They acknowledge the relative power, privilege and status between service providers and service recipients, as well as between employees and participants at an organization.
8	**Self-determination**: Peer support providers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals to determine what they wish their lives to be.
9	**Trauma-informed**: Peer support providers understand the impact of personal history and trauma on human experience and functioning. Peer support providers understand that challenging behaviors (e.g., violence, substance use, anger) may result from trauma or learned patterns that have aided coping or survival. Peer support providers refrain from judging or resorting to labels, asking "What happened to you?" rather than "What is wrong with you?" Peer support providers appreciate crisis as an opportunity to grow and change.
10	**Safety**: Peer support providers view safety as something that results from relational connection and mutual trust. Peer support providers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address mutual distress and reactivity and any concerns that may arise for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.
11	**Collaboration and teamwork**: Peer support providers use the same relational skills and practices used while providing peer support to develop effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. They look for and establish connection based on shared interests and concerns. They explore worldview and acknowledge multiple truths. They seek to negotiate mutual, win-win solutions that address the needs, values and core concerns of everyone involved. When conflicts arise between the needs of the program or organization and those it serves, peer support providers openly acknowledge the conflict and seek to negotiate such conflict through thoughtful, mutually respectful dialogue. Peer support providers clarify the limits of their authority and seek assistance from others when needed.

CORE COMPETENCIES	
12	**Links to resources, services, and supports**: Peer support providers journey with others in their efforts to obtain the resources, services and supports they need within mental health and community settings and beyond. Peer support providers share knowledge about available resources, continually develop their knowledge of available resources, and understand when and to whom to reach out for assistance.
13	**Human Rights, Social Justice, and Advocacy:** Peer support providers appreciate the importance of human rights and social justice to mental, physical and social well-being. Peer support providers understand that various forms of oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) are embedded in institutions, including the mental health system. They are alert to discrimination and oppression and listen carefully when others raise these issues. They endeavor to negotiate power imbalances and redress unfairness in a relational manner. They respect the right of individuals to receive services and supports of their choosing. They advocate with those who are advocating to receive such services and supports within communities of their choosing
14	**Medicaid and Insurance- related Requirements:** Peer support providers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support providers are able to document collaboratively.
15	**Understand the Peer Support Code of Ethics:** Peer Support providers understand their responsibilities under the Peer Support Code of Ethics. They know, and can articulate, how the ethics that pertain to peer providers are different from those that apply to other providers within the state mental health system.
16	**Privacy:** Peer support providers honor the privacy and confidentiality of individuals, embrace peer support values and follow the law regarding the sharing and disclosure of confidential or protected information.
17	**Facilitate Change:** Peer support providers facilitate self-directed, autonomous, at-one's-own-pace change within themselves and with others. Peer support providers facilitate institutional, and systems change to move institutions and systems towards trauma-informed, healing-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.

Required Policymaker Decisions

Screening

- ☐ Develop the criteria to determine, on an individual basis, when a criminal conviction is disqualifying
- ☐ Determine whether Vermont should require a minimum number of relevant work hours to apply to become a peer support provider

- ☐ Determine whether Vermont should offer a provisional certification to applicants who have not met the minimum number of relevant work hours at the time of their application
- ☐ Determine whether references should be required as part of the application process
- ☐ Determine whether applicants should be interviewed as part of the application process

Training

There are no required policy decisions pertaining to training.

Certification

- ☐ Determine whether re-testing should be required for recertification

State Plan Amendment

- ☐ Develop policy for handling applications from applicants with a criminal history
- ☐ Determine whether any additional requirements for certification, e.g., supervised work or volunteer experience should be included in recommended State Plan amendment
- ☐ Determine whether any additional requirements for re-certification, e.g., re-testing, should be included in recommended State Plan amendment
- ☐ Determine title and qualifications of those who may supervise a certified peer support provider
- ☐ Determine required frequency of supervision of a peer support provider and any other supervisory requirements beyond those recommended

Next Steps

Screening

- ☐ Finalize and communicate screening policy decisions
- ☐ Approve and/or revise stakeholder screening recommendations and communicate decisions to facilitator and stakeholders

- ☐ Create application
- ☐ If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity
- ☐ Develop process for screening current peer support providers who wish to become certified peer support providers
- ☐ Draft request for proposal for entity to oversee screening or screening and training

Core Competencies

- ☐ Approve and/or revise stakeholder core competency recommendations and communicate decisions to facilitator and stakeholders
- ☐ Refine approved core competencies

Training

- ☐ Finalize and communicate training policy decisions
- ☐ Approve and/or revise stakeholder training recommendations and communicate decisions to facilitator and stakeholders
- ☐ If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity
- ☐ Determine process for developing state-specific curriculum
- ☐ Draft request for proposal for entity to oversee training or screening and training

Certification

- ☐ Finalize and communicate certification policy decisions
- ☐ Approve and/or revise stakeholder certification recommendations and communicate decisions to facilitator and stakeholders
- ☐ Draft Code of Ethics
- ☐ Determine minimum number of continuing education hours
- ☐ If bifurcation recommendations accepted, begin Office of Professional Development rulemaking process
- ☐ Determine process for developing and approving statewide test for new, peer support providers

- ☐ Determine process for developing and approving statewide test for current, peer support providers
- ☐ If bifurcation recommendations accepted, draft request for proposal for peer-run, certifying body that includes a required transition plan to bifurcated system

State Plan Amendment

- ☐ Finalize and communicate State Plan amendment policy decisions
- ☐ Approve and/or revise State Plan amendment recommendations and communicate decisions to facilitator and stakeholders
- ☐ Establish utilization review and reimbursement methodologies
- ☐ Seek any federal waivers or other state plan amendments to implement certification program

Proposed Phase Two Work Plan

Next Steps	Phase Two Work Group	Policymakers
Screening		
Finalize and communicate screening policy decisions		X
Approve and/or revise stakeholder screening recommendations and communicate decisions to facilitator and stakeholders		X
Create application	X	
If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity		X
Develop process for screening current peer support providers who wish to become certified peer support providers	X	

Next Steps	Phase Two Work Group	Policymakers
Draft request for proposal for entity to oversee screening or screening and training	X (Make recommendations)	X
Core Competencies		
Approve and/or revise stakeholder core competency recommendations and communicate decisions to facilitator and stakeholders		X
Refine approved core competencies	X	
Training		
Finalize and communicate training policy decisions		X
Approve and/or revise stakeholder training recommendations and communicate decisions to facilitator and stakeholders		X
If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity		X
Determine process for developing state-specific curriculum	X (Make recommendations)	X
Draft request for proposal for entity to oversee training or screening and training	X (Make recommendations)	X
Certification		
Finalize and communicate certification policy decisions		X
Approve and/or revise stakeholder certification recommendations and communicate decisions to facilitator and stakeholders		X
Draft Code of Ethics	X	

Next Steps	Phase Two Work Group	Policymakers
Determine minimum number of continuing education hours	X (Make recommendations)	X
If bifurcation recommendations accepted, begin Office of Professional Development rulemaking process		X
Determine process for developing and approving statewide test for new, peer support providers	X (Make recommendations)	X
Determine process for developing and approving statewide test for current, peer support providers	X (Make recommendations)	X
If bifurcation recommendations accepted, draft request for proposal for peer-run, certifying body that includes transition plan to bifurcated system	X (Make recommendations)	X
State Plan Amendment		
Finalize and communicate State Plan amendment policy decisions		X
Approve and/or revise State Plan amendment recommendations and communicate decisions to facilitator and stakeholders		X
Establish utilization review and reimbursement methodologies	X (Make recommendations about supervision requirements)	X
Seek any federal waivers or other state plan amendments to implement certification program		X

Mental Health Peer Support certification stakeholder meetings

Report and Recommendations

Background

The Department of Mental Health (DMH) partnered with the Peer Workforce Development (PWDI) Initiative to identify a model and develop an implementation plan for a Medicaid-compliant, peer support certification program in the State of Vermont.

To that end and supported by a grant from DMH, the PWDI retained Wilda L. White Consulting to facilitate a series of six, stakeholder meetings to solicit ideas about the development of a statewide, peer support worker certification program in the State of Vermont.

Meeting Structure

The six, one-hour meetings were held via Zoom every other Friday at 11:00 a.m. between September 9, 2022, and November 18, 2022. Participants without internet access were able to participate by dialing a toll-free number. The PowerPoint slide decks used during the meetings were mailed in advance of the meeting by overnight delivery to anyone unable to access the internet. All meetings were videorecorded and the recordings and PowerPoint slide decks used during the meetings were made available online to those unable to attend the meetings.

The facilitator also created and distributed four, post-meeting surveys to allow those unable to attend the meetings to weigh-in on meeting topics. The survey was also mailed, with prepaid return postage, to anyone without internet access who requested a survey.

The facilitator also received recommendations and ideas from interested individuals via email and telephone.

Each of the six meetings had a unique topic, as indicated in the table below. At each meeting, the facilitator provided an overview of the day's topic, and thereafter facilitated a discussion about the topic. Participants were also encouraged to leave comments or questions in the Zoom Chat. The facilitator also reviewed the survey results at each meeting.

Meeting Number	Meeting Date	Meeting Topic
1	9/9/2022	**Overview of mental health peer specialist certification program**. The purpose of the meeting was to educate stakeholders about peer certification programs in other states, the terminology used, and how programs in other states are structured
2	9/23/2022	**Peer support, peer support services, and assessment-based versus professional certification program** The purpose of the meeting was to solicit input on the definition of peer support and peer support services and whether Vermont should adopt an assessment-based certification program or a professional certification program.
3	10/7/2022	**Screening** The purpose of the meeting was to solicit input on the minimum standards that an applicant must meet before applying for certification and creating a process to determine whether those minimum standards have been met.
4	10/21/2022	**Training** The purpose of the meeting was to solicit input on required competencies, training length, approved training vendors, fees, and types of certifications to be offered (e.g., veterans, gender identity, sexual orientation, forensic, whole health, peer support supervision, family peer specialist, substance use recovery, etc.)
5	11/4/2022	**Certification** The purpose of the meeting was to solicit input on the process for certifying whether the applicant has met the requirements for certification. Sub-topics include the type of certifying body; re-certification; continuing education; reciprocity; grandfathering of current peer support specialists; fees; and investigation and revocation

Meeting Number	Meeting Date	Meeting Topic
6	11/18/2022	**Integration into the continuum of care** The purpose of the meeting is to solicit input on what steps will be necessary to incorporate peer support specialists into the continuum of care.

Meeting Participation

In August 2022, the facilitator circulated notice of the stakeholder meetings via email to 225 individuals that included service users and their families, peer support workers; staff from community mental health programs; hospitals; peer-run organizations; family networks and organizations; the recovery community and mental health advocates; insurance companies; and staff from other State agencies.

Representatives from every stakeholder group that received notice, except insurance companies, registered to attend the meetings and/or receive notices about the meetings. Over the course of the six meeting, 126 individuals registered to attend.

DMH participated in the meetings along with individuals and representatives from other Vermont stakeholders, including service users and their families, peer support workers; staff from community mental health programs; hospitals; peer-run organizations; family networks and organizations; the recovery community and mental health advocates; and staff from other State agencies.

Meeting Attendance

Seventy-seven (77) unique individuals attended at least one of the six meetings in the series. Five individuals attended all six meetings; 13 individuals attended five of six meetings; 13 individuals attended four of six meetings; 12 individuals attended three of six meetings; nine individuals attended two of six meetings; and 25 individuals attended one of six meetings.

The table below indicates attendance, by meeting.

	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6
Number of Attendees	41	43	39	33	26	34

Survey Respondents

Twenty-five unique individuals completed at least one survey. No one stakeholder group dominated among survey respondents. Respondents included both service users, employees

of designated agencies, employees of state agencies, psychiatric survivors, and leaders of peer-run organizations. The table below indicates the number of respondents for each survey.

	Survey 1	Survey 2	Survey 3	Survey 4
Number of Respondents	18	20	7	11

Video Recording and Slide Deck Access

Video recordings and slide decks were made available online at wildalwhite.com/certification. The table below indicates the minimum number of unique views of the video recordings and PowerPoint slide decks. The number represents only a minimum because individuals could view and download the recordings in a multitude of ways, not all of which were tabulated.

	Meeting 1	Meeting 2	Meeting 3	Meeting 4	Meeting 5	Meeting 6
Video	27	18	16	25	25	11
Slide Deck	19	11	6	7	12	3

Comments Received Via Email and Telephone

Six individuals commented via email and/or telephone about developing a peer support certification program in the State of Vermont. The facilitator also received 27 emails and/or telephone calls from individuals asking questions about the meetings and the process.

Overall, engagement in the process was high and participation at meetings was robust. Many participants commented that they very much liked and appreciated the way the meetings were conducted.

About the Report

This report is a compilation of the recommendations that came out of the six stakeholder meetings, the post-meeting surveys, and comments received via email and telephone. The recommendations represent those areas where in the facilitator's estimation, consensus was reached.

The report also indicates issues where responses were mixed and that will require resolution. The report also identifies areas that require policy decisions, some of which were beyond the province of the stakeholder's meetings but nevertheless require resolution to implement a statewide, mental health peer support certification program.

The facilitator prepared a report after each meeting. The meeting reports are included in Appendix A. Each meeting report includes a meeting summary, an attendance report, links to the video recordings and slide decks, a list of questions asked by participants, a list of comments made by participants, a verbatim transcript of the meeting, the Zoom Chat, survey results, and comments received via email and/or telephone.

There are essentially three steps in any peer support provider certification program: (1) Screening; (2) Training; and (3) Credentialing. This report uses these three steps to frame the recommendations, the required policymaker decisions, and the Phase Two Work Plan.

RECOMMENDATIONS

Assessment-based versus Professional Certification Program

Overview

Peer specialist certification programs are either assessment-based certification programs or professional certification programs.

An assessment-based certification program provides training and then determines whether applicants have successfully met the learning objectives of that training, usually through a written test but not always. Some assessment-based programs, for example, require participants to complete a capstone project or deliver a presentation on a topic.

A professional certification program does not provide training. Such programs are independent of the training. They evaluate applicants' knowledge, skills or competencies against a pre-determined standard usually through a written test.

Recommendation

The consensus among stakeholders is that Vermont should adopt a professional certification program.

Initially, many meeting participants voiced support for an assessment-based program even while acknowledging the potential for conflict of interest. Discussions revealed that the preference for an assessment-based program was based on an assumption that those with lived experience would be precluded from leading a professional certification program or that a professional certification would not accommodate people with disabilities. A few felt that an assessment-based program seemed more aligned with peer support values. After assurances that those with lived experience have led professional certification programs in other states, and that reasonable accommodation and accessibility would be legally required, a consensus formed around a professional certification program.

Screening

Overview

Screening is the first of three steps in any peer specialist certification program. Screening involves setting the minimum standards that an applicant must meet before applying for certification and creating a process to determine whether those minimum standards have been met.

Although minimum standards vary, most certification programs screen for (1) lived experience of a mental health condition from which the applicant is in recovery; (2) a willingness on the part of applicants to speak publicly about their recovery; (3) minimum age; (4) minimum education; and (5) minimum number of hours of relevant volunteer or paid work experience.

Nearly all states require some form of lived experience of a mental health condition and a willingness to share that experience publicly. Many states require applicants to certify in writing that they are in recovery from a mental health and/or substance use condition. Many states require the applicant to have been in recovery for at least two years before applying for certification. Some states require just one year. In most states, 18 is the minimum age to become certified. However, some states require a peer specialist to be at least 21 years old to bill Medicaid. Most, but not all, states require a high school diploma or equivalent. At least one state – Oregon -- does not require a high school diploma or equivalent.

Many states require at least 250 hours of relevant and supervised volunteer or paid work experience.

Recommendations

The following table contains the consensus recommendation about screening criteria.

Screening Criteria	Recommendation
Minimum education	None
Personal statement	Yes
Lived experience of trauma, mental health and/or substance use challenge	Yes
Attest to recovery	No
Minimum period of recovery	No
Residency requirement	No
Criminal history *per se* disqualifying	No

POLICY DECISION REQUIRED: (1) Develop the criteria to use to determine on an individual basis when a criminal conviction is disqualifying.

Stakeholders did not reach a consensus on the following screening criteria:

1. Whether a minimum number of relevant work hours should be required to apply to become a peer supporter.

Most felt that a minimum number of relevant work hours would be beneficial but also felt it would limit the pool of applicants because of the lack of opportunities to meet the minimum requirement for relevant work experience.

To address this concern, New York state offers a provisional certification, which becomes a full certification after individuals accumulate a minimum number of supervised peer support work hours within a prescribed period.

2. Whether references should be required to apply to become a peer supporter.

Responses were mixed. Some participants and respondents cited the lack of opportunity for some prospective applicants to obtain references. Others thought it should be optional.

In those states that require references, they do not accept references from an applicant's treating health care providers.

3. Whether applicants should be interviewed before they are accepted into the training program.

Responses were mixed. Those who did not favor interviewing applicants cited the amount of work required to interview applicants. They also believed that interviewing is the responsibility of employers. Those who favored interviews believed that interviews support job development and professional growth.

The facilitator recommends that Vermont require neither references nor interviews. Interviews are labor intensive, subjective, and burdensome in a state with limited public transportation and unequal access to the internet. A personal statement is a reasonable substitute for an interview.

In addition, many prospective applicants may have difficulty securing references because they lack an employment history or have a stale employment history because of a history of trauma or mental health and/or substance use challenges.

The facilitator also recommends that Vermont require a minimum number of supervised, volunteer or paid peer support hours and issue provisional certifications to applicants who have not met the minimum number of peer support hours if they satisfy all other certification requirements. They would then have a certain period to fulfill the work requirement (up to one in year in Florida, for example).

POLICY DECISIONS REQUIRED: (1) Determine whether Vermont should require a minimum number of relevant work hours to apply to become a certified peer support provider; (2) Determine whether Vermont should offer a provisional certification to applicants who have not met the minimum number of relevant work hours at the time of their application; (3) Determine whether references should be required; (4) Determine whether applicants should be interviewed

Core Competencies

Overview

A Medicaid-compliant, mental health peer certification program must ensure that peer support providers have a basic set of competencies necessary to support the recovery of others.

The facilitator presented an initial list of core competencies to participants compiled from the core competencies developed by the Vermont Wellness Workforce Coalition, the State of Georgia's peer certification program, and the core competencies developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

Most participants and survey respondents believed many of the initial core competencies were not aligned with peer support values, as written. Some of the competencies contravened peer support values. For example, an initial core competency, entitled "Safety" states that peer support workers should be able to "identify potential risks" and "manage situations." Participants pointed out that peer support providers do not perform risk assessments and do not manage anything (other than themselves).

Recommendations

The following table indicates the core competencies as presented for discussion and the recommended revisions from meeting participants and survey respondents.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
1. **Peer support values and orientation:** Peer support workers are trained in and have an understanding of: the human rights issues and history of peer support and the peer movement; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of relational support that is free of judgment and hierarchy.	1. **Peer support values and orientation**: Peer support providers understand the history of peer support and the peer support movement; relevant human rights and social justice issues; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of peer support relationships that support self-determination, can hold multiple truths and are free of judgment and hierarchy.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
2. **Lived Experience**: Peer support workers are thoughtful in telling their personal stories and sharing their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience, to inspire and support the individuals with whom they work. Through mutual sharing of lived experience, peer support workers create connection with those they support.	2. **Lived Experience**: Peer support providers are thoughtful in telling their personal stories. They share their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience. They invite mutual sharing and endeavor to create meaningful connections with those they support. Over time, the relationship becomes mutually inspiring and supportive, as well as a template for creating similar relationships with others.
3. **Self-Awareness:** Peer support workers build a capacity for introspection and self-reflection, can voice their own discomfort and needs and have the ability to recognize themselves as individuals.	3. **Awareness of Self and Others**: Peer support providers build a capacity for introspection and self-reflection. They can voice their own discomfort and needs, while staying open to the discomfort and needs of others. Peer support providers endeavor to maintain a multi-dimensional awareness that includes themselves and their own needs; others and the needs of others; and the relationship and the needs of the relationship as it develops between the peer support worker and others.
4. **Boundaries:** Peer support workers create clear and respectful personal limits and boundaries which are essential to effective peer support relationships. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. Boundary setting can change internal and relational dynamics.	4. **Boundaries**: Peer support providers invite frank discussions about personal needs and boundaries. They are clear about their personal limits, and they invite others to explore their own. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. They negotiate boundaries, consistent with the needs and values of everyone involved. They understand that the way boundaries are negotiated and/or applied affects both internal and relational dynamics. Peer support providers are alert to signs of overwhelm, burn out, pushed buttons and trauma re-enactment. They address this openly and frankly when it occurs and seek support as needed. They encourage others to do the same when the peer support relationship is under stress.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
5. **Worldview and cultural awareness:** Peer support workers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. This worldview is the lens through which reality is experienced and influences individual attitudes, biases and judgments. Sharing this worldview can create connection, relationship and growth. Peer support workers develop the ability to work in a non-judgmental and compassionate manner, meeting individuals where they are at, regardless of differences in worldview**.**	5. **Worldview and cultural awareness**: Peer support providers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. They are aware of their own worldview and how it influences their individual attitudes, biases and judgments. They openly acknowledge that their personal worldview is the lens through which they currently experience reality. Peer support providers use their personal understanding of worldview to create connection, relationship and growth. They are open to the ideas, experiences and viewpoints of others, including to being changed by them. They endeavor to hold multiple truths and embrace the span of human diversity in a non-judgmental and compassionate manner. They negotiate worldview differences that affect the relationship openly and transparently, consulting others for assistance when necessary.
6. **Communication, dialogues and active listening:** To create connection, peer support workers understand the components of dialogue, non-verbal dialogue, collaborative problem solving and remaining curious. They are able to clearly communicate their needs and the needs of the job or organization according to their particular role. They are able to be reflective and transparent in what they share and how they respond. They also enable effective engagement, networking, teamwork and conflict management.	6. **Communication**. Peer support providers understand that much of what is "said" between human beings is expressed indirectly (e.g., facial expressions, gestures, body language, tone of voice) or is impacted by the speaker's assumptions about what it is culturally appropriate to say. Peer support providers actively listen for what isn't being said (untold story). Peer support providers listen for commonalities and shared interests that can be built upon. Peer support providers allow for free-flowing, mutual conversations. When conflict arises, peer support workers explain their own needs, the needs of the job or organization and the limitations of their peer support role. Peer support providers are reflective and transparent in what they share and how they respond. They engage, network, collaborate and seek outside assistance as needed to care for the relationship.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
7. **Authentic and mutual relationships:** Peer support workers are encouraged to be honest with themselves and genuine when providing peer support and to approach relationships with a sense of curiosity. They consider the individuals with whom they work as equals while acknowledging relative power, privilege and status.	7. **Authentic and mutual relationships**: Peer support providers are honest with themselves and genuine in their relationships with others. They acknowledge the relative power, privilege and status between service providers and service recipients, as well as between employees and participants at an organization.
8. **Wellness, resilience and self-care:** Peer support workers understand, demonstrate and actively practice self-care strategies. They are aware of their own personal limits and recognize signs of becoming overwhelmed (e.g., burn out, compassion fatigue, vicarious or secondary trauma, over-engagement, over-identifying). They actively aspire to approach challenges with equanimity, to remain composed when under strain or tension and to acknowledge when this is difficult. Peer support workers often rely on their relationships as a source of support.	**Consolidated with No. 4, Boundaries**
9. **Self-determination:** Peer support workers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals in determining what they want their lives to be like by encouraging them to reflect on their needs and pursue their aspirations.	8. **Self-determination**: Peer support providers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals to determine what they wish their lives to be.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
10. Trauma-informed: Peer support workers are aware of the short- and long-term impact of personal history and trauma on all aspects of an individual's life. They recognize that certain actions (e.g., violence, substance use, anger) are coping mechanisms and that most challenges and forms of adversity experienced by individuals may result from personal history and trauma. Peer support workers' orientation is not "what is wrong with you" but "what has happened to you;" they see crisis as an opportunity to grow and change.	9. **Trauma-informed**: Peer support providers understand the impact of personal history and trauma on human experience and functioning. Peer support providers understand that challenging behaviors (e.g., violence, substance use, anger) may result from trauma or learned patterns that have aided coping or survival. Peer support providers refrain from judging or resorting to labels, asking "What happened to you?" rather than "What is wrong with you?" Peer support workers appreciate crisis as an opportunity to grow and change.
11. Safety: Peer support workers identify potential risks and seek to work collaboratively with individuals to reduce risk to themselves and others. They may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and others and learn when to step out of harm's way. In peer support, mutual safety is enhanced through relationship and connection.	10. **Safety**: Peer support providers view safety as something that results from relational connection and mutual trust. Peer support providers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address mutual distress and reactivity and any concerns that may arise for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.
12. Collaboration and teamwork: Peer support workers develop and maintain effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. All peer support workers seek to balance the needs of the program or organization with peer support values, but particularly when working in more traditional mental health settings (designated agencies, hospitals, etc.). Peer support workers may see themselves as representatives of a collaborative movement striving to improve the quality of life for individuals experiencing various forms of adversity.	11. **Collaboration and teamwork**: Peer support providers use the same relational skills and practices to develop effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. They look for and establish connection based on shared interests and concerns. They explore worldview and acknowledge multiple truths. They seek to negotiate mutual, win-win solutions that address the needs, values and core concerns of everyone involved. When conflicts arise between the needs of the program or organization and those it serves, peer support providers openly acknowledge the conflict and seek to negotiate such conflict through thoughtful, mutually respectful dialogue. Peer support providers clarify the limits of their authority and seek assistance from others when needed.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
13. Professional development, leadership and privacy: Peer support workers seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner. At all levels, peer support workers honor the privacy and confidentiality of individuals and embrace peer support values regarding the sharing and disclosure of information.	**Delete**
14. Links to resources, services, and supports: Peer support workers help individuals acquire the resources, services and supports they need by connecting them to resources or services within mental health and community settings. Peer support workers have knowledge of resources within their communities as well as on-line and learn when and to whom to reach out for assistance.	12. **Links to resources, services, and supports**: Peer support providers journey with others in their efforts to obtain the resources, services and supports they need within mental health and community settings and beyond. Peer support providers share knowledge about available resources, continually develop their knowledge of available resources, and understand when and to whom to reach out for assistance.
15. Human Rights-based Approach and Advocacy: Peer support workers understand a Human Rights-Based Approach and how various forms of systemic oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) intersect with mental health and the mental health system. They work to examine and reduce the impact of stigma and discrimination on mental health through advocacy and a social justice lens. They believe that individuals have a right to receive the services and supports of their choosing and will advocate for individuals to receive these services and supports within communities of their choosing.	13. **Human Rights, Social Justice, and Advocacy:** Peer support providers appreciate the importance of human rights and social justice to mental, physical and social well-being. Peer support providers understand that various forms of oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) are embedded in institutions, including the mental health system. They are alert to discrimination and oppression and listen carefully when others raise these issues. They endeavor to negotiate power imbalances and redress unfairness in a relational manner. They respect the right of individuals to receive services and supports of their choosing. They advocate with those who are advocating to receive such services and supports within communities of their choosing.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
16. Medicaid/Insurance- related Requirements: Peer support workers and supervisors in programs receiving federal (Medicaid, Medicare) or insurance reimbursement will abide by certain requirements pertaining to assessment, treatment planning, progress notes and program supervision in accordance with peer support values to the extent possible.	14. **Medicaid/Insurance- related Requirements:** Peer support providers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support providers are able to document collaboratively.
17. The recovery process and how to use their own recovery story to support others: Understand the five stages in the recovery process and what is helpful and not helpful at each stage; Understand the role of peer support at each stage of the recovery process; Understand the power of beliefs/values and how they support or work against recovery; Understand the basic philosophy and principles of psychosocial rehabilitation; Understand the basic definition and dynamics of recovery; Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.	**Delete**
18. **Understand the Code of Ethics within the state mental health system.**	**15. Understand the Peer Support Code of Ethics:** Peer support providers understand their responsibilities under the Peer Support Code of Ethics. They know, and can articulate, how the ethics that pertain to peer workers are different from those that apply to other providers within the state mental health system.

INITIAL CORE COMPETENCY	RECOMMENDED REVISION
19. **Provide information about skills related to health, wellness, and recovery:** These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. Educates peers about health, wellness, recovery and recovery supports; Participates with peers in discovery or co-learning to enhance recovery experiences; Coaches peers about how to access treatment and services and navigate systems of care; Coaches peers in desired skills and strategies; Educates family members and other supportive individuals about recovery and recovery supports; Uses approaches that match the preferences and needs of peers.	**Delete**
	16. Privacy: Peer support providers honor the privacy and confidentiality of individuals, embrace peer support values and follow the law regarding the sharing and disclosure of confidential or protected information.
	17. Facilitate Change: Peer support providers facilitate self-directed, autonomous, at-one's-own-pace change within themselves and with others. Peer support providers facilitate institutional, and systems change to move institutions and systems towards trauma-informed, healing-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.

Training

Overview

Training is the second of three steps in any peer support certification program. Nearly all state certification programs require applicants to attend a training program before becoming eligible for certification. The only exception to this requirement is states that grant reciprocity to applicants who hold a certification from another jurisdiction. In that instance, an applicant may be permitted to take the certification test without completing a training in the new state.

Although all states require training, the length, cost, curricula, and approved training vendor varies across jurisdictions. Some states allow applicants to select from approved training vendors, each of which has its own training curricula and sets its own fees. Some states include state-specific training about their state's mental health system. At least one state, relies solely on Intentional Peer Support for training certified peer support providers.

Recommendations

The stakeholder recommendations regarding training are:

Issue	Recommendation
Who should provide training?	A single, approved peer-run vendor
What should training encompass?	▪ Intentional Peer Support ▪ Wellness Recovery Action Planning ▪ Alternatives to Suicide/When Conversation Turns to Suicide ▪ Hearing Voices (Listening across Alternative Realities) ▪ State-specific curriculum

The training about hearing voices and suicide is considered critical to provide familiarity to prospective peer support providers who have not experienced suicidal thoughts or feelings or hearing voices. Anecdotally, there is evidence that peer support providers who have not experienced suicidal thoughts or hearing voices feel incapable of and overwhelmed by supporting voice hearers and/or individuals who experience suicidal thoughts and feelings, unless they have received training about these experiences.

The following table indicates how the recommended training would align with the recommended core competencies.

A description of the individual training programs and their duration are included in Appendix B.

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
1.	**Peer support values and orientation**: Peer support providers understand the history of peer support and the peer support movement; relevant human rights and social justice issues; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of peer support relationships that support self-determination, can hold multiple truths and are free of judgment and hierarchy.	X				

[1] The proposed core competency revisions were suggested by stakeholders during the meeting series, respondents to the post-meeting surveys, and individuals who reached out to the facilitator by telephone or email.

[2] Information about the Intentional Peer Support curriculum was provided by Chris Hansen, Co-Director of Intentional Peer Support.

[3] Information about the Wellness Recovery Action Plan curriculum was provided by Katie Wilson, the Copeland Center's Director of Operations.

[4] The information about the Hearing Voices training was provided by the Hearing Voices Network.

[5] Information about the Alternatives to Suicide Training was provided by the Wildflower Alliance.

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
2.	**Lived Experience**: Peer support providers are thoughtful in telling their personal stories. They share their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience. They invite mutual sharing and endeavor to create meaningful connections with those they support. Over time, the relationship becomes mutually inspiring and supportive, as well as a template for creating similar relationships with others.	**X**				
3.	**Awareness of Self and Others**: Peer support providers build a capacity for introspection and self-reflection. They can voice their own discomfort and needs, while staying open to the discomfort and needs of others. Peer support providers endeavor to maintain a multi-dimensional awareness that includes themselves and their own needs; others and the needs of others; and the relationship and the needs of the relationship as it develops between the peer support worker and others.	**X**	**X**	**X**	**X**	

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
4.	**Boundaries**: Peer support providers invite frank discussions about personal needs and boundaries. They are clear about their personal limits, and they invite others to explore their own. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. They negotiate boundaries, consistent with the needs and values of everyone involved. They understand that the way boundaries are negotiated and/or applied affects both internal and relational dynamics. Peer support providers are alert to signs of overwhelm, burn out, pushed buttons and trauma re-enactment. They address this openly and frankly when it occurs and seek support as needed. They encourage others to do the same when the peer support relationship is under stress.	X				

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
5.	**Worldview and cultural awareness**: Peer support providers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. They are aware of their own worldview and how it influences their individual attitudes, biases and judgments. They openly acknowledge that their personal worldview is the lens through which they currently experience reality. Peer support providers use their personal understanding of worldview to create connection, relationship and growth. They are open to the ideas, experiences and viewpoints of others, including to being changed by them. They endeavor to hold multiple truths and embrace the span of human diversity in a non-judgmental and compassionate manner. They negotiate worldview differences that affect the relationship openly and transparently, consulting others for assistance when necessary.	X		X	X	X

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
6.	**Communication**. Peer support providers understand that much of what is "said" between human beings is expressed indirectly (e.g., facial expressions, gestures, body language, tone of voice) or is impacted by the speaker's assumptions about what it is culturally appropriate to say. Peer support providers actively listen for what isn't being said (untold story). Peer support providers listen for commonalities and shared interests that can be built upon. Peer support providers allow for free-flowing, mutual conversations. When conflict arises, peer support providers explain their own needs, the needs of the job or organization and the limitations of their peer support role. Peer support providers are reflective and transparent in what they share and how they respond. They engage, network, collaborate and seek outside assistance as needed to care for the relationship.	**X**		**X**	**X**	
7.	**Authentic and mutual relationships**: Peer support providers are honest with themselves and genuine in their relationships with others. They acknowledge the relative power, privilege and status between service providers and service recipients, as well as between employees and participants at an organization.	**X**				

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
8.	**Self-determination**: Peer support providers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals to determine what they wish their lives to be.	X	X	X	X	
9.	**Trauma-informed**: Peer support providers understand the impact of personal history and trauma on human experience and functioning. Peer support providers understand that challenging behaviors (e.g., violence, substance use, anger) may result from trauma or learned patterns that have aided coping or survival. Peer support providers refrain from judging or resorting to labels, asking "What happened to you?" rather than "What is wrong with you?" Peer support providers appreciate crisis as an opportunity to grow and change.	X		X	X	X
10.	**Safety**: Peer support providers view safety as something that results from relational connection and mutual trust. Peer support providers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address mutual distress and reactivity and any concerns that may arise for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.	X		X	X	

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
11.	**Collaboration and teamwork**: Peer support providers use the same relational skills and practices to develop effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. They look for and establish connection based on shared interests and concerns. They explore worldview and acknowledge multiple truths. They seek to negotiate mutual, win-win solutions that address the needs, values and core concerns of everyone involved. When conflicts arise between the needs of the program or organization and those it serves, peer support providers openly acknowledge the conflict and seek to negotiate such conflict through thoughtful, mutually respectful dialogue. Peer support providers clarify the limits of their authority and seek assistance from others when needed.	X				
12.	**Links to resources, services, and supports**: Peer support providers journey with others in their efforts to obtain the resources, services and supports they need within mental health and community settings and beyond. Peer support providers share knowledge about available resources, continually develop their knowledge of available resources, and understand when and to whom to reach out for assistance.			X	X	X

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
13.	**Human Rights, Social Justice, and Advocacy:** Peer support providers appreciate the importance of human rights and social justice to mental, physical and social well-being. Peer support providers understand that various forms of oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) are embedded in institutions, including the mental health system. They are alert to discrimination and oppression and listen carefully when others raise these issues. They endeavor to negotiate power imbalances and redress unfairness in a relational manner. They respect the right of individuals to receive services and supports of their choosing. They advocate with those who are advocating to receive such services and supports within communities of their choosing	X				X
14.	**Medicaid/Insurance- related Requirements:** Peer support providers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support providers are able to document collaboratively.					X

	RECOMMENDED COMPETENCIES[1]	Training Curriculum				
		IPS[2]	WRAP[3]	Hearing Voices[4]	Alternatives to Suicide/When Conversations Turn to Suicide[5]	State Specific Curriculum
15.	**Understand the Peer Support Code of Ethics:** Peer support providers understand their responsibilities under the Peer Support Code of Ethics. They know, and can articulate, how the ethics that pertain to peer workers are different from those that apply to other providers within the state mental health system.					**X**
16.	**Privacy:** Peer support providers honor the privacy and confidentiality of individuals, embrace peer support values and follow the law regarding the sharing and disclosure of confidential or protected information.					**X**
17.	**Facilitate Change:** Peer support providers facilitate self-directed, autonomous, at-one's-own-pace change within themselves and with others. Peer support providers facilitate institutional, and systems change to move institutions and systems towards trauma-informed, healing-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.					**X**

Certification

Overview

Certification is the third and final step in the process. During the certification process, the certifying body determines whether the applicant has met the requirements for certification. Issues include: (1) who administers the exam and what exam is administered; (2) recertification requirements; (3) characteristics and role of the certifying entity; and (4) duration of the certification.

The typical responsibilities of a certifying body include:

- Approve certification test and/or training vendors
- Certify that requirements have been met to become certified (test results, and any other requirements)
- Certify that requirements have been met to continue certification (e.g., continuing education, renewals, Code of Ethics)
- Approve continuing education courses
- Maintain a public-facing roster of certified peer support workers
- Investigate and resolve complaints
- Determine whether credential should be revoked, suspended, etc.
- Hold due process hearings, when necessary
- Process applications for reciprocity

The foregoing responsibilities need not be performed by a single entity. The duties could be bifurcated, with a peer-run entity performing the functions that require more specialized knowledge about peer support and a state agency performing administrative functions.

Recommendations

The following are the recommendations regarding certification.

Issue	Recommendation
Should Vermont offer reciprocity to certified peer specialists from other jurisdictions?	No; it's important for peer support providers to learn Vermont's system and peer support values and principles
Should Vermont grandfather current peer support workers?	No; screening and testing should be required
What should be the duration of a peer support worker credential?	Renewed every two years

Issue	Recommendation
What should be the certifying body?	Bifurcated; peer-run entity and the Office of Professional Regulation split responsibilities

At the outset, most participants, especially psychiatric survivors, favored a single, peer-run organization as the certifying body. However, after discussion, including an exchange between a psychiatric survivor and the Director of Vermont's Office of Professional Responsibility, participants and survey respondents eventually came to favor a bifurcated arrangement between a peer-run organization and the Office of Professional Regulation.

The exchange that seemed to shift the consensus towards a bifurcated system is excerpted below:

> **QUESTION** from a Psychiatric Survivor:
>
> Lauren, would your agency be open to hiring someone who's familiar with the peer support work? Otherwise, my concern is that mainstream mental health values are so well known that an agency person that's just hired off the streets to do this kind of thing is not going to understand them and approach these issues from a more mainstream mental health perspective.
>
> **ANSWER** from Lauren Hibbert, Former Director, Office of Professional Responsibility[6]:
>
> If I were to build this in OPR, perhaps I would hire a staff person who was a peer support specialist, although I think the better model would be to set this up with a robust adviser model, or maybe even a board model, where all the applications go before that group for determination. And we provide more just the merely administrative tasks, which is something that we do in some of our boards. For instance, if you're a dentist, all of your application is reviewed by the Dental Board. My staff does not make a determination on technical applications, … so there's a lot of humility and integrating with any other profession or group. And I would think that we'd have to build that in if OPR were to be responsible for peer certification. I would want there to be a robust advisor group or board that I could rely on to make these determinations, and I wouldn't want it to be a staff function.

The recommended bifurcation of responsibilities is as follows:

[6] Lauren Hibbert is currently Deputy Secretary of State.

Peer-Run Entity	Office of Professional Regulation	Shared
Approve certification test and/or training vendors	Maintain a public-facing roster of certified peer support workers	Determine whether credential should be revoked, suspended, etc.
Certify that requirements have been met to become certified (test results, and any other requirements)	Investigate and resolve complaints	
Approve continuing education courses	Hold due process hearings, when necessary	

The bifurcation would not have to be implemented at the inception of the peer certification program. In many jurisdictions, a peer-run entity began as the sole certifying body and as the program grew, the jurisdiction transitioned to a bifurcated system.

If policymakers were to accept the recommendation, any Requests for Proposal that solicited peer-run entities to serve as a certifying body should include a request for a transition plan to a bifurcated system.

There was a single, unresolved certification issue: Whether re-testing should be required for recertification.

The facilitator recommends against re-testing every two years, given that there is a mandatory continuing education requirement for Medicaid-compliant, certification programs. Successful completion of the required hours of continuing education should suffice. Vermont is a small state. It would be costly to develop a new test every two years for re-certification.

REQUIRED POLICYMAKER DECISION: Whether re-testing should be required for recertification.

Definition of Peer Support and Peer Support Services

Overview

For peer support services to be eligible for Medicaid-reimbursement, states must amend their State Plans to include peer support services. The State Plan amendment typically

includes definitions of peer support and peer support services. Thus, the facilitator asked stakeholders their opinions about various definitions already in use for other purposes.

Definition of "Peer"

18 V.S.A. section 7101, subdivision (2) defines peer as:

> "…an individual who has a personal experience of living with a mental health condition or psychiatric disability."

There was strong objection from some to using the word "peer" as a noun. There was also strong objection from most to including in any definition references to "mental condition" or "psychiatric disability."

Definitions of "Peer Support"

Source of Definition	Definition
Person with lived experience	People with lived experience supporting each other to live self-determined lives of their own choosing.
Person with lived experience	A mutual relationship between individuals with lived experience of mental health challenges that emphasizes a non- judgmental, values-driven approach that promotes multiple perspectives, advocates for human rights and dignity, and focuses on genuine, mutual relationships that enrich the lives of those involved

The forgoing definitions were generally acceptable to stakeholder participants.

Definitions of "Peer Specialists"

Source of Definition	Definition
Vermont Global Commitment to Health Demonstration Project[7]	Peer specialists use lived experience to help individuals and their families understand and develop the skills to address mental illness, SUD, and other health conditions.
Substance Use and Mental Health Services Administration (SAMHSA)	Persons who use their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

[7] Vermont Global Commitment to Health Demonstration Project (Project Number 11-W-00194/1), Attachment F, p. 123.

Participants were critical of the definitions and did not believe they accurately defined peer support or accurately characterized the work of a peer support provider.

Participants nearly uniformly objected to including within any definition terms such as "recovery," "mental illness," and "addiction."

Many survey respondents also disapproved of referring to certified peer supporters as "specialists."

Definitions of "Peer Support Services"

Source of Definition	Definition
Vermont Global Commitment to Health Demonstration Project[8]	Peer specialists … [c]ore functions include providing recovery, health, and wellness supports; supporting individuals in accessing community-based resources and navigating state and local systems; providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce; and promoting empowerment and a sense of hope through self-advocacy.
18 V.S.A. §7101 (30)	"Peer services" means support services provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.

Stakeholder participants and survey respondents preferred the Global Commitment definition over the definition found in Vermont law. Again, participants and survey respondents disfavored including words such as "mental health," "co-occurring conditions," and "recovery," in the definition of "peer support services." Those terms are grounded in the mental health system and the medical model. Peer support is seen as an alternative to and distinct from these systems and ideologies.

Recommendations

While stakeholders were not asked to reach a consensus about specific definitions, the facilitator recommends the following definitions based on the consensus around what words should be avoided, what peer support providers do, and what definitions were generally favored and disfavored.

[8] Vermont Global Commitment to Health Demonstration Project (Project Number 11-W-00194/1), Attachment F, p. 123.

Peer support *is a mutual relationship between individuals with lived experience of trauma, mental health or substance use challenges that emphasizes a non-judgmental, values-driven approach that promotes multiple perspectives, advocates for human rights and dignity, and focuses on genuine, mutual relationships that enrich the lives of those involved.*

Certified peer support providers *use their lived experience of trauma, mental health or substance use challenges in combination with specialized training to build genuine, mutual relationships that support individuals to live self-determined lives of their own choosing.*

Peer support services *address mutually agreeable issues or areas of life consistent with the Certified Peer Support Provider Code of Ethics that are reasonably related to increasing an individual's capacity to live a self-determined life of their own choosing. Peer support services include, but are not limited to, providing health and wellness supports; supporting individuals in accessing community-based resources and navigating state and local systems; providing employment supports, including transitioning into and staying in the workforce; and promoting empowerment and a sense of hope through self-advocacy.*

Medicaid-Compliant Certification Program

This section includes a recommended Medicaid State Plan amendment that would meet the requirements for a Medicaid-compliant, mental health peer support certification program. The recommended State Plan amendment is based on consensus recommendations from the stakeholder meeting series, including survey responses and comments received by mail and telephone, as well as the facilitator's expertise in this area.

Sections where additional policymaker decisions are required are highlighted.

As a reminder, to qualify for Medicaid funding:

1. Persons providing peer support services must be supervised by a mental health professional, as defined by the State;

2. The peer support services must be coordinated within a comprehensive, individualized plan of care with specific, individualized goals;

3. Persons providing peer support services must complete training and certification as defined by the state that ensure persons providing peer support have a basic set of competencies necessary to support the recovery of others; and

4. A state's certification program must include mandatory continuing education.

States must describe, in their Medicaid state plans, the service and provider qualifications in detail and must establish utilization review and reimbursement methodologies. Also, states

must meet the requirements of the specific Medicaid authority used for covering peer support (e.g., the Medicaid State Plan rehabilitative service or a waiver authorized by Section 1915(b) or Section 1915(c) of the Social Security Act).

Recommended State Plan Amendment

Definition of Certified Peer Support

Certified peer support is provided under 42 CFR 440.130(d) as a rehabilitative services benefit.[9] Certified peer support is wellness-oriented, person-centered, relationship-focused, and trauma-informed. Certified peer support emphasizes a non-judgmental, values-driven approach that promotes multiple perspectives, and advocates for human rights and dignity.

Peer support is non-clinical and based on a genuine, mutual relationship between the certified peer supporter and another individual. Certified peer support providers use their lived experience of trauma, mental health or substance use challenges in combination with specialized training to assist an individual in achieving the goals and objectives in the individuals' person-centered, wellness plan, which serves as the plan of care.

Certified peer support is designed to improve the quality of life for the individual, help the individual live a self-determined life of their own choosing, avoid more restrictive levels of care such as psychiatric inpatient hospitalization, and relieve suffering from trauma, mental health or substance use challenges, and discrimination and oppression based on a mental health or substance use challenge.

Peer Support Services

Certified peer support services (provided individually or in a group setting) may include:

(1) Providing health and wellness supports;
(2) Supporting individuals in accessing community-based resources and navigating state and local systems;
(3) Providing employment supports, including transitioning into and staying in the workforce;
(4) Providing advocacy, which includes helping individuals to advocate for themselves and helping to ensure that individuals' rights are respected;
(5) Addressing areas or issues in an individual's plan of care, if they are consistent with the Certified Peer Supporter Code of Ethics and related to increasing an individual's capacity to live a self-determined life of their own choosing.

Certified peer support providers who are employed by Medicaid-enrolled providers delivering mental health services may deliver certified peer support services.

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[9] "Rehabilitative services," with certain exceptions not here applicable, include "any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a beneficiary to his best possible functional level."

A certified peer supporter may not practice psychotherapy, create plans of care or engage in any service that requires a license.

Eligibility to Receive Services

Certified peer support services are available to individuals 18 years of age or older who have a mental health or substance use condition and who have peer support included as a component of their person-centered, wellness plan, which serves as the plan of care. An individual 18 years of age or older who has peer support included in their person-centered wellness plan, may self-refer to receive certified peer support services.

Care Coordination

Certified peer support providers who are employed by Medicaid-enrolled providers delivering mental health services must deliver certified peer support services within a comprehensive, individualized, person-centered, plan of care with specific, individualized goals.

Collaborative Documentation

Certified peer support providers who are employed by Medicaid-enrolled providers delivering mental health services may use collaborative documentation to memorialize Medicaid-billable encounters between certified peer support providers and Medicaid-eligible individuals. "Collaborative documentation" is a model whereby certified peer support providers and recipients of certified peer support services collaborate in periodically creating intake and assessment summaries, service plans, progress notes, and/or tallies of services rendered. Collaborative documentation may be completed at intervals of weekly or monthly, rather than at every encounter. Collaborative documentation is essential to maintaining fidelity to peer support values and principals and results in greater accuracy in documentation.

Certified Peer Support Provider Qualifications

A certified peer support provider must:

a) Be at least 18 years of age;
b) Have lived experience of trauma, mental health and/or a substance use condition; and
c) Pass criminal history and registry checks as described in state regulations governing certification for certified peer support providers.

REQUIRED POLICYMAKER DECISION: Develop policy for handling applicants with a criminal history.

Peer Support Provider Certification

To deliver certified peer support services, an individual must complete all required training, pass the certification examination, and fulfill continuing education requirement.

REQUIRED POLICYMAKER DECISION: Insert any additional requirement for certification, e.g., supervised work or volunteer peer support experience.

Certification must be renewed every two years, including any required continuing education hours.

REQUIRED POLICYMAKER DECISION: Insert any additional requirement for recertification, e.g., re-testing

Peer specialists may only deliver services within their specialty area.

Certification must be maintained in good standing with the certification body.

Certified Peer Support Provider Supervision

An organization in which certified peer support providers deliver services must provide supervision for certified peer support providers.

Certified peer support provider supervision must be provided by:

REQUIRED POLICYMAKER DECISION: Insert title and qualifications of those who may supervise a certified peer support provider.

Peer support provider supervision must focus on a certified peer support provider's provision of peer support services, including adherence to the Code of Ethics, review of activities, skill building, problem solving, and professional growth. Supervision may also include aspects specific to the organization, such as following organizational policy and other administrative matters.

Peer support provider supervision must occur at least [INSERT FREQUENCY]. Peer support provider supervisors must document all supervisory sessions and maintain records in the certified peer support provider's employee personnel file.

REQUIRED POLICYMAKER DECISION: Insert frequency of supervision and any other supervisory requirements

Summary Checklists

The following two checklists (Policymaker Decisions and Next Steps) are provided for the convenience of policymakers.

Policymaker Decisions Checklist

As discussed earlier in the report, there are issues that require specific, policymaker decisions before additional work can proceed. The following checklist merely sets forth in one place the issues that are referenced earlier in the report.

Screening

- ☐ Develop the criteria to determine, on an individual basis, when a criminal conviction is disqualifying
- ☐ Determine whether Vermont should require a minimum number of relevant work hours to apply to become a peer support provider
- ☐ Determine whether Vermont should offer a provisional certification to applicants who have not met the minimum number of relevant work hours at the time of their application
- ☐ Determine whether references should be required as part of the application process
- ☐ Determine whether applicants should be interviewed as part of the application process

Training

None.

Certification

- ☐ Whether re-testing should be required for recertification

State Plan Amendment

- ☐ Develop policy for handling applications from applicants with a criminal history
- ☐ Determine whether any additional requirements for certification, e.g., supervised work or volunteer experience, should be included in the recommended State Plan amendment
- ☐ Determine whether any additional requirements for re-certification, e.g., re-testing, should be included in the recommended State Plan amendment

- ☐ Determine the title and qualifications of those who may supervise a certified peer support provider
- ☐ Determine the required frequency of supervision of a peer support provider and any other supervisory requirements beyond those recommended

Next Steps Checklist

Screening

- ☐ Finalize and communicate screening policy decisions
- ☐ Approve and/or revise stakeholder screening recommendations and communicate decisions to facilitator and stakeholders
- ☐ Create application
- ☐ If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity
- ☐ Develop process for screening current peer support providers who wish to become certified peer support providers
- ☐ Draft request of proposal for entity to oversee screening or screening and training

Core Competencies

- ☐ Approve and/or revise stakeholder core competency recommendations and communicate decisions to facilitator and stakeholders
- ☐ Refine approved core competencies

Training

- ☐ Finalize and communicate training policy decisions
- ☐ Approve and/or revise stakeholder training recommendations and communicate decisions to facilitator and stakeholders
- ☐ If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity
- ☐ Determine process for developing state-specific curriculum

- ☐ Draft request for proposal for entity to oversee training or screening and training

Certification

- ☐ Finalize and communicate certification policy decisions
- ☐ Approve and/or revise stakeholder certification recommendations and communicate decisions to facilitator and stakeholders
- ☐ Draft Code of Ethics
- ☐ Determine minimum number of continuing education hours
- ☐ If bifurcation recommendations accepted, begin Office of Professional Development rulemaking process
- ☐ Determine process for developing and approving statewide test for new, peer support providers
- ☐ Determine process for developing and approving statewide test for current, peer support providers
- ☐ If bifurcation recommendations accepted, draft request for proposal for peer-run, certifying body that includes a required transition plan to bifurcated system

State Plan Amendment

- ☐ Finalize and communicate State Plan amendment policy decisions
- ☐ Approve and/or revise State Plan amendment recommendations and communicate decisions to facilitator and stakeholders
- ☐ Establish utilization review and reimbursement methodologies
- ☐ Seek any federal waivers or other state plan amendments to implement certification program

PHASE TWO WORK PLAN

After policymakers have made the policy decisions identified in this report, the facilitator recommends proceeding to Phase Two of the Work Plan.

In the original proposal, the facilitator described Phase Two as follows:

> The consultant will convene a working group to draft a recommended work plan for the next steps in developing and implementing a statewide, peer support specialist certification program. The work plan will be based on recommendations from the six, Zoom meetings.
>
> The volunteer, working group will have broad, stakeholder representation and meet at least three times via Zoom. The consultant will facilitate the working group.

Phase One of the Work Plan achieved far more than anticipated. Thus, the facilitator proposes using Phase Two to begin work on implementation.

In addition, the facilitator proposes providing policymakers more specificity about implementation costs and ongoing program costs after policymakers make the required decisions about program design.

The actual work plan will depend on what decisions policymakers make. Below is a rough outline of a Phase Two work plan.

Next Steps	Phase Two Work Group	Policymakers
Screening		
Finalize and communicate screening policy decisions		X
Approve and/or revise stakeholder screening recommendations and communicate decisions to facilitator and stakeholders		X
Create application	X	
If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity		X

Next Steps	Phase Two Work Group	Policymakers
Develop process for screening current peer support providers who wish to become certified peer support providers	X	
Draft request for proposal for entity to oversee screening or screening and training	X (Make recommendations)	X
Core Competencies		
Approve and/or revise stakeholder core competency recommendations and communicate decisions to facilitator and stakeholders		X
Refine approved core competencies	X (Make recommendations)	
Training		
Finalize and communicate training policy decisions		X
Approve and/or revise stakeholder training recommendations and communicate decisions to facilitator and stakeholders		X
If screening and training recommendations approved, decide whether to combine screening and training functions in one peer-run entity		X
Determine process for developing state-specific curriculum	X (Make recommendations)	X
Draft request for proposal for entity to oversee training or screening and training	X (Make recommendations)	X

Next Steps	Phase Two Work Group	Policymakers
Certification		
Finalize and communicate certification policy decisions		X
Approve and/or revise stakeholder certification recommendations and communicate decisions to facilitator and stakeholders		X
Draft Code of Ethics	X	
Determine minimum number of continuing education hours	X (Make recommendations)	X
If bifurcation recommendations accepted, begin Office of Professional Development rulemaking process		X
Determine process for developing and approving statewide test for new, peer support providers	X (Make recommendations)	X
Determine process for developing and approving statewide test for current, peer support providers	X (Make recommendations)	X
If bifurcation recommendations accepted, draft request for proposal for peer-run, certifying body that includes transition plan to bifurcated system	X (Make recommendations)	X

Next Steps	Phase Two Work Group	Policymakers
State Plan Amendment		
Finalize and communicate State Plan amendment policy decisions		X
Approve and/or revise State Plan amendment recommendations and communicate decisions to facilitator and stakeholders		X
Establish utilization review and reimbursement methodologies	X (Make recommendations about supervision requirements)	X
Seek any federal waivers or other state plan amendments to implement certification program		X

Other Issues

Accessibility and Reasonable Accommodation

Stakeholder meeting participants, survey respondents, and those reaching out by email and telephone were concerned about accessibility to training and certification, and whether reasonable accommodations would be made, particularly during test-taking for people with disabilities. A few people who currently employ peer support workers asserted that their current employees would be unable to pass a certification test without reasonable accommodations.

Any entity that is chosen to oversee screening, training and/or certification should be required to demonstrate that they are aware of their legal obligations under the Americans with Disabilities Act and can meet those requirements.

Peer Support Provider Compensation

Stakeholder meeting participants, survey respondents, and those reaching out by email and telephone were emphatic in their opinion that the success of a Vermont statewide, peer support certification program would hinge on adequate program funding and adequate wages and benefits for peer support providers.

An informal poll among stakeholder meeting participants recommended a starting hourly wage of $25.

These concerns underscore the need for the State of Vermont to be mindful of how it sets Medicaid reimbursement rates to ensure that peer support providers earn a living wage.

However, compensation of peer support providers is complicated by the potential pool of prospective applicants who receive Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI). Meeting participants shared that the higher the wage for peer support work the fewer hours people receiving benefits would be able to work to stay within income earning limitations. One participant shared that because of income caps, she ends up volunteering her time to accomplish her work, which she finds unacceptable.

Another participant shared that the benefits cliff also makes it difficult to send employees receiving SSI or SSDI to training because they must be paid to attend training and their attendance at training can put them at the edge of the benefits cliff and thus unable to continue working.

Participants did seem to recognize that this was not a problem that the State of Vermont can or should solve in its implementation of a peer support certification program. However, the State could advocate for raising the income earnings limitations.

Supervision

The supervision of peer support providers is a recognized challenge for peer support programs. The results of a 2015 survey of Texas certified peer specialists suggested that supervisor understanding of the peer support provider job role has a significant impact on job satisfaction.[10]

Stakeholder meeting participants and survey respondents were also concerned about how certified peer support providers would be supervised.

The leading practice is to develop a peer supporter supervisor certification. Short of that, the facilitator recommends that the State of Vermont make deliberate and targeted efforts to educate prospective supervisors about certified peer support provider roles.

Medicaid Billing

[10] Kuhn, W., Bellinger, J., Stevens-Manser, S., Kaufman, L. "Integration of Peer Specialists Working in Mental Health Service Settings." Community Ment Health J (2015) 51:453-458. DOI 10.1007/s10597-015-9841-0

At least one peer-run organization that provides peer support has expressed interest in billing for Medicaid-reimbursable peer support services. At the same time, the organization expressed doubt about its ability to do so, given its small size and unfamiliarity with the process. The organization implored the State of Vermont to provide training and resources to small peer-run organizations to allow them to bill Medicaid efficiently and effectively.

Appendix A: Meeting Reports

Meeting One Report

Meeting Two Report

Meeting Three Report

Meeting Four Report

Meeting Five Report

Meeting Six Report

September 9, 2022, via Zoom

Meeting One Report

Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Overview of mental health peer specialist certification program

The purpose of the meeting was to educate stakeholders about peer certification programs in other states, the terminology used, and how programs in other states are structured.

Meeting Summary

The facilitator provided an overview of the series of six meetings, including the objective and purpose of the meetings, background information about the conveners of the meeting, and an overview of peer support, and peer support certification programs throughout the United States.

At least one attendee expressed concern about the definition of peer specialist reflected in one of the slides in the presentation. Another attendee expressed concern that any program that is created is adequately funded. Another attendee inquired about expanding peer support to "the developmental side of things."

There was a comment in the Zoom chat that "enhancing the availability of high-quality peer support in Vermont can massively enhance our health equity here." There were also comments in the chat challenging the emphasis on "recovery."

There were several, general questions about peer support, all of which were answered.

Questions Asked:

1. What is the definition of functional support services?

2. Are Medicaid billable peer support services only available to individuals with certain diagnoses?
3. Can you move Vermont certification to another state?

4. I'm wondering if OPR the Office of Professional Regulation is on board with Vermont certifying peers, as I recall, during the legislative testimony this session, that they were one of the only entities who are not in favor of the bill on peer certification. I'm guessing they will want to weigh in on the reciprocity issue as well.

5. Will peer certification be going back before the legislature?

6. Where does the definition of peer specialists on slide 10 come from and is there an intention of using that going forward?

7. Can the mental health peer certification run across the board and be used on the developmental side of things?

Comments Made:

1. I'm really interested in making sure that whatever we come up with really builds funding into it. People doing this critical work need to be receiving livable wages.

2. I was part of this process in Rhode Island about five to 10 years. ago, I was happy to be on the committee that wrote the curriculum, joint mental health, substance use training. The core of the peer movement was always promoted as being a power differential. In the substance use disorder world, it is important that there is a clear difference between a peer support specialist and sponsor, and similarly a difference between clinical care and peer support.

3. I imagine I'm not alone in feeling that the definition of peer specialist on slide 10 does not describe my work in peer support. I specifically mean the second bullet point, which says "peer specialists use their own personal lived experience recovering from mental illness to support others in their recovery."

4. My favorite definition of peer support is that people with lived experience support each other to live self-determined lives of our choosing.

5. There's really two kinds of peer support. The first one is really about people supporting each other. The second one is really we're supporting the agency we're employed by to really promote the agency's agenda, whatever that is, for and deliver the services the agency wants delivered to the person who that the agency is serving.

6. SAMHSA's working definition of recovery talks about a process of change to live a self-directed life. And so that idea of that the recovery articulates what they're looking for help with, what they need from the peer for their recovery. There's sort of that self-given, which, of course, is very different from a clinical model.
7. Peer can be defined as a family member, individuals with mental health, individuals with substance use disorder. So, there are many different specialties in the peer support world. So how can we develop this state by certification process that can help to support all of those areas to be able to -- whether it be reimbursement with Medicaid or through other means of financial support?

Links

Video Recording	https://vimeo.com/748397123#t=0
PowerPoint Slide Deck	https://tinyurl.com/2vhb3s2z

Attendance

Registrants	97
Meeting One Attendees	44

Meeting One Transcript

SPEAKERS

Laurie Emerson, Alexandra Karambelas, Zack Hughes, David Martin, Wilda White, Malaika Puffer, Sarah Knutson, Will Eberle, Randy Lizotte

Wilda White 20:28

So just so you don't be alarmed that there are multiple slide decks that we're pasting into the chat, we're only posting pasting one link to the same slide deck in the chat. However, people who enter after you paste it the first time don't have access to the previous chat. So, we have to continually paste it to make sure that people have access. So don't be alarmed that there are many different slide decks. I guess I will get started. And thank you all for joining us today for what I think is a somewhat momentous occasion, Vermont, expressing interest in embarking on a statewide peer certification program that is evolving and being co led by the peer community. My name is Walter White belts. Talk to you a little bit more about my background. As we get into this, right now I'm going to share a I'm going to share that PowerPoint slide deck and begin the formal program. This is always for me the most difficult part of presentations, going sharing my screen. So, it looks like I did it without freaking out. So, I'm very happy about that. I, I know you can all see the screen, so I won't even ask. So, to make sure you're in the right place. This is the first meeting of the mental health peer specialist certification stakeholder meetings. The just to give you a little bit of the kind of zoom protocol here. All the meetings are being recorded, because we are going to be making the recordings available to people who were not able to attend. And questions, please feel free to do it any way that makes sense. I may not always be able to see your hand, whether it's actual or virtual. So, you can write questions in the chat. And I'm going to ask Alex to help me manage the chat. And also, you can just shout it out when it's appropriate. Also, comments are very much welcome. And you can leave those in the chat. I will be collecting everything that's been written and said during this process to make sure that all voices and ideas are incorporated into this, this process. And also, as I said earlier, for those who may have just recently joined us the slides to this PowerPoint slide that the link is in the Zoom chat.

Wilda White 23:38

So first question you may be asking is like what are you all gathered here today for? Well, this is a collaboration between the Department of Mental Health and the peer Workforce Development Initiative, who've partnered to identify a model and develop an implementation plan for peer specialist credentialing in the state of Vermont. The peer Workforce Development Initiative is facilitating these stakeholder meetings to review a report that was authored by Wilda White, which analyzed peer certification in the United States in Canada. And the peer Workforce Development Initiative has hired my consulting firm will they'll buy consulting, to do the actual facilitation during these stakeholder meetings? We've invited a wide variety of stakeholders to this process and in fact, anybody is welcome to join this process. But you'll see on this slide among those who've been invited are service users and their families peer support specialists, staff from community mental health agencies, hospitals, peer run organizations, family networks, family members, the recovery community, advocates, private insurers and staff from other state agencies, including Corrections, Department of Public Safety, and many departments in the Agency of Human Services.

And I also know that there's at least a member of the media here, there's legal people representing the legal community here. So, I think the only group of people that we invited that we did not get a registration from was the insurance community. But I'm going to continue to reach out to the private insurance because they are also an important stakeholder in this process. So, you might be wondering what the Peter Workforce Development Initiative is, well, it arose out of a grant that the Department of Mental Health awarded two pathways Vermont, to develop this initiative, including creating a steering committee to evaluate statewide peer workforce needs, and to ensure the availability of peer support worker training. And just be curious about who's on that steering committee. There are all kinds of people who are peers, I use that really, as an adjective, not a noun, it's just people. It's a word that has been created to refer to describe people who would identify as having some lived experience a personal lived experience of mental health challenge or touch being involved in the mental health system. And so you can see both organizations and individuals are represented on that committee.

Wilda White 26:59

And then about me, I told you, I will tell you a little bit about me like why am I the person who's facilitating this? Well, I am a management consultant by education and training. I hold a law degree and a business degree, MBA. And I in my life, I've done both management consulting for Fortune 50 companies, I was editor at a major metropolitan daily newspaper, I was partnered with a law firm, I've run businesses, but for profit and nonprofit, I was the executive director of Vermont psychiatric survivors, I founded my own nonprofit, MadFreedom. And then I also have this consulting firm. And I was retained to prepare a report about peer support throughout the United States and Canada. And that resulted in the February 2021 publication called peer specialist certification and analysis of US and Canadian efforts to promote and expand mental health peer specialist workforce capacity. And in the coming meetings, you'll all be supplied a copy of that report, It's actually being in the process of being updated. Because as it turns out, this is actually a very fast-moving area. The states are changing their programs rapidly in this environment. And so, things add things are quickly out of date. So, I want to give you an overview of the sixth meeting, because each meeting has a separate topic. Because what we're striving for is to get input on kind of each of the elements of a peer support certification program. This first meeting is providing an overview of Mental Health Care Specialist Certification just to give you like, what is it why do we want to do it? What's happening in other states, some of the terminology that's used just to try to put us all on the same page, and future meetings will actually break down peer support certification into its component parts? And which will include like, what is the definition of peer support or peer support services? What kind of program should Vermont adopt? We'll talk about what screening criteria Vermont should have, what training criteria, what the certification process should be in? And ultimately, how do you integrate peer support into the continuum of care to make it successful.

Wilda White 29:48

So, the meaning process will be pretty much the same. And this slide demonstrates the template for that. So, we'll meet every other week between now and November 18. I'll make a short presentation on the meeting topic just to give people background about the topic, we'll have a discussion and question and answer session. And we may do that as a big group. Or we may do it and breakout sessions. Regardless of how we do it, they'll all be recorded and collate it later. And then after, you'll get a link to a stakeholder survey, so each person can write down, they can select from the menu of options, what their preferences are, and the reasons for that. And then, and then I will get those and collate the results and disseminate them. And then from after all, the six meetings are done, I'll do a written report to the Department of Mental Health and the peer Workforce Development Initiative, about what the recommendations were, what the concerns were, what the questions were, what the general sentiment was, and any recommendations. Alex, are there questions in the chat that I need to address?

Alexandra Karambelas 31:09

Not that I can see right now. But thank you both for the introductions. Amey and Will. Appreciate that.

Wilda White 31:18

So now, we're going to get into the very first part of the meeting one topic, which is the overview of the mental health peer specialist certification. And maybe your first question is like, well, what is peer support, and I'm sure you all have different knowledge of very lot, not very knowledge of peer support. And there's no one definition of peer support. I put on this slide, some general definitions of peer support. And the key pieces of it, the most important piece of it is, peer support is distinguished from other kinds of traditional mental health service providers, because it's based on that person's lived experience of the mental health system, I'm going to have challenges. And they use that same kind of personal lived experience recovering from mental illness to support others in their recovery. And it's really based on the kind of mutuality and shared responsibility and reciprocal relationships and listening and validating. And so, it's a system of giving and receiving support. And sometimes it's the best way to understand something is through an example. And I'm going to give you an example from my own personal experience, I'm, I'm up kind of convert to peer support. I know when I first heard the term peer support, it's probably eight years ago, by now, I was just coming out of a protracted psychotic manic episode. And was feeling extremely lost. And then during that period, my psychiatrist had inserted a kind of secret diagnosis in my medical record that I found out about inadvertently, and he had diagnosed me with a narcissistic and think schizophrenic schizoid personality disorder. And I was kind of horrified by the whole thing and that relationship with that psychiatrist ended, and I was like, embarking on trying to find relationships with other psychiatrist or psychotherapist to help me manage my feelings and the trauma of discovering this kind of accidentally. And I would go from psychiatrists to psych psychotherapist, and none of them could give me no more helpful, you know, the most helpful I got was somebody who just said it was too big for the mind to hold. One person suggestions might have had to do with countertransference. But then I moved to Vermont, and I was invited to a dinner with some peers, a group of women, actually the founder of intentional peer support, had invited me to dinner and I mentioned this experience to them and kind of how traumatic and troubled I was by it and, and, and kind of as a group, they told

me that if you've been diagnosed with a personality disorder, that's when you know, you really pissed off psychiatrists. And they she kind of shared experiences with me, you know, their own personal experiences around it, and for some reason, but it's time I left that meeting, kind of this this, this extra skin of kind of shame and trauma and achiness had just disappeared. And I mean, at the time, I didn't know that this was peer support. But upon reflection, I realized that this was exactly peer support. They listened to me, they validated my experience, they actually had a name for it. And it was something that psychiatrists and psychiatrists could not help me with. And so that's, that's kind of my own personal experience of how peer support can work.

Wilda White 35:41

But peer specialists do a multitude of things, not only, it's not just kind of informally, kind of around the table at dinner. But they also do things as illustrated by this slide, like advocacy, connecting people to resources, helping people build community and relationships, facilitating groups, running programs, supervising other peer specialists, educating public, and policymakers. And I always want to make sure that I underscore how important it is that peer specialists listen non-judgmentally. And that's just so important and so central to what peer specialists do. And where to peer specialists work well, kind of anywhere and everywhere. Here. This slide illustrates a couple of examples of where they work, currently. But they're really no limits to where peer specialists could work. And many of these mid even in the state of Vermont, currently, even without a certification program, there are people who are providing peer support services. And they're working in pure on respites, they're working in hospital emergency departments, particularly in the Northeast Kingdom. They're working in the designated agencies, certainly the peer run organizations. And I'll tell of where does peer support come from? Well began in the in the 70s. After what's known as the institutionalization when they started letting people out of psychiatric hospitals and small groups of ex patients began to organize mutual support groups to talk about their experiences in psychiatric hospitals, mostly their experiences of being mistreated and maltreated. It was seen as an alternative to psychiatry, and it was seen as self-help and mutual self-help. In the 80s, these peer support, people who were doing engaged in this kind of mutual support started reaching out to government agencies and professional organizations to kind of get funding and more formally, and formalizing it as an alternative to the mental health system. And by 2001, the state of Georgia actually began to bill Medicaid for peer support services a couple years later, the President's New Freedom Commission and brace peer support is an evidence-based practice. There's there were a lot of research studies showing their efficacy. And finally, in 2007, the Centers for Medicare and Medicaid Services, also known as CMS issued guidelines and then in 2014, CMS expanded the type of practitioners who can provide Medicaid prevention services beyond physicians and other licensed practitioners to include peer specialists at a state's discretion.

And then in 2015 SAMHSA. The Substance Abuse Mental Health Services Administration actually developed peer support core competencies, things that every kind of peer support specialist should know and be able to do to provide evidence-based peer support.

Wilda White 39:27

So, I mentioned that there has been a lot of peer reviewed studies about the efficacy of peer support. And those studies have concluded that peer support has resulted in reduced hospitalization rates, reduced inpatient days, increased engagement rates, increased quality of life, increased use of outpatient services.

Wilda White 39:53

And many insurance private insurance companies have covered it and have shown that for every dollar that they spent on kind of peer support, they have a return on investment of $2.50. So why certified peer support workers? We already have people doing peer support in Vermont. So why do we need to certify them? Well, it allows, first of all, I think it's really important is to make sure that people are providing evidence-based peer support. You ensure kind of competency standards for the peer profession, you ensure people are meeting certain standards of experience and training, you ensure ethical standards, and you allow peers to achieve and maintain a professional credential, which in our kind of credential, expertise driven society, reassures the public that what peers are providing is valued and valuable. Also, creating a peer workforce opens up job opportunities for peers who as a group have the highest rates of unemployment in the United States due to discrimination. And it also allows billable services to Medicaid. That is, if you have a Medicaid compliant Peer Support Specialist Certification Program, you are able to build Medicaid for those services provided by peer support certified peer support specialist. Excuse me. So, what does Medicaid require? Medicaid is an incredibly flexible program when it comes to peers, support specialists and reimbursements. peer specialists must be supervised by mental health specialist and that when they say mental health specialist, that's however the state defines mental health specialists. So, peer specialists can be supervised by peer specialists, supervisors, people with lived experience who have the training and experience to be supervisors. Peer support services have to be coordinated within a individualized treatment plan with specific individualized goals. And the state has to have a program where the that requires training and mandatory continuing education. So that's pretty much all a state has to do to create a compliant Medicaid program. And the state is free to determine what services are available and what services can be provided and who can supervise them. And they can specify things like what kind of documentation is required, they can specify things like what kind of referral is required, including self-referral.

Wilda White 43:02

So this slide demonstrates the kind of how widespread statewide mental health care certification programs in the United States. As you can see, Vermont is in the minority with not having a peer support certification program. I know I used to live in California, but we always joke that if you're in the same category with kind of Alabama and Mississippi, you know you're doing something wrong. And as you can see here, both Alabama and Mississippi have certified peer support programs. We are in the company of South Dakota, as the only state without a

statewide mental health peer certification program. And then not all people who have not all states that have sort of, you know, Medicaid compliant pewter certification programs allow for Medicaid reimbursement. And so, this slide illustrates what states do not have Medicaid reimbursement and of course, South Dakota and Vermont would be on there because they don't have pure. They don't have a statewide peer certification program. But Alabama and Connecticut also don't bill Medicaid. And New Hampshire is a is a really funny state when it comes to billing Medicaid, because their state Medicaid plan doesn't even mention kind of peer support specialist as a provider, but they do allow the services peer support services to be billed under this category called functional support services. And in talking to the folks from New Hampshire that's caused a lot of problems for them because no one wants to bill under that code. So, it's kind of rare that that code is that Medicaid is being billed in New Hampshire, much to the chagrin of policymakers in New Hampshire That's all slated to change because New Hampshire was investing a lot of money currently in building up its peer workforce. Right. And it's also primarily driven by the introduction of mandatory crisis mobile response teams that include a peer. So, this has really increased the number of people in New Hampshire who were becoming certified peer support workers. And it's also thought that it will also spur the state to more formally recognize in their Medicaid plan billing codes directly for peer support specialist. I want to ask if, Alex, if there are any questions in the chat that I should attend to?

Alexandra Karambelas 45:54

Yes, one actually just came in, right. As you were asking, Deborah is asking what is the definition of functional support services?

Wilda White 46:04

Well, thank you for asking, Deborah, New Hampshire defines functional support services as medically necessary individual and group interventions that support optimal functioning and enhance resiliency, recovery and integration in the community. And a couple of the things that are on the menu for functional support services in New Hampshire are many medication services, crisis intervention services, family supports, and what they call therapeutic behavioral intervention services. That's common development, reinforcement and application of skills and strategies.

Wilda White 46:49

Hope that answers your question. So as I mentioned, you know, New Hampshire only allows people to bill for peer support services under functional support services, which is resulting in people not really billing because they don't like that. But other states have are willing more robust, Medicaid, billable services. And they include things that are illustrated on this slide, your traditional kind of self health peer services, your peer directed and operated support services, community, wraparound wellness, action, recovery, planning, case management, just a whole wealth of things, and these can all be defined by the state in their Medicaid state plan.

Alexandra Karambelas 47:37

Well, the question just came in the chat. Um, Amy is wondering, are all Medicaid billable peer support services only available to individuals with certain diagnoses?

Wilda White 47:50

This, again, will depend on how the state sets it up. The state could limit it by diagnoses, so the state could what's mandatory is that it be quote, medically necessary. But the definition of management medically necessary, can be does support like peers self referring themselves for peer support? Just like, you know, in sometimes other private insurance, if there's parity, you have to allow people to kind of self refer to therapy for you know, mental health diagnoses? So the answer is, it depends on what the state sets up, the limitation is it has to be medically necessary.

Wilda White 48:42

Let me know if that doesn't answer your question if you have others. So, I'm going to briefly just go through the steps for how a state would develop a or establishing Medicaid Compliance Certification Program. And then I'll get into more details about the framework that we're going to be using to solicit recommendations for Vermont's program. So, this is these are basically the steps. You know, first, you have to figure out well, who's going to certify the peer. So, you've established a certifying body. And we'll get into details about what a certifying body is, it could be anything from a pure organization to like Department of Mental Health, a Professional Regulation board, or you can outsource it to a third party or a kind of more formal Consortium. Then you need to provide for that then you need to say okay, we're having state fights, certification. And then you need to define Well, what do we want the responsibilities, the practice guidelines and supervision standards to be? What do we want the training to be? That's what core competency core competency refers to like, what do you what do people need to know the be able to do. And then you need to develop a curriculum. You specify the training requirements, you establish a code of ethics and a method for investigating and processing complaints. And you determine a process for certification renewal and to be Medicaid compliant and has to include continuing education, and they determine the process for grandparenting existing peer workers. So that's essentially an overview of what Vermont would have to do to establish a Medicaid Compliance Certification Program. And the framework that we're going to be using basically what I've done is taken what you need to do and divided into basically three buckets of activities. You need to develop some screening standards, you need to develop some training standards, and you need to develop some credentialing standards. And what I mean by screening areas, you know, you want to think about, well, should there be a minimum education requirement? Should there be a residency requirement? Should there be an age requirement? Should people have to have lived experience of a mental health condition or a mental health system involvement? Should they be required to have to publicly disclose their psychiatric history? Do you want to have a minimum requirement of number of hours worked as a peer support person before becoming certified? Are you going to interview individuals? Are you going to require them to have letters of recommendation? And is criminal history disqualifying?

And though the answers to those questions vary from state to state? For example, in Texas, criminal history is per se disqualifying in other states, it's not even it's not it's not disqualifying at all. In other states, it depends on what the offense was. Education, residency and age also varies by state, New Hampshire has a very loose certification, they have no education requirements, no residency requirements, no age requirements. They have no they don't even have requirements that you have lived experience. So that kind of gives you the kind of example of a state with a really loose requirements to other states that say, No, you have to have lived experience, you have to demonstrate that you've been in recovery for at least you know, a certain number of years, you have to be at least 18, because that's the age at which you can enter into a contract. Like for example, for Medicaid billing, you have to live in the state, at least, you know, 51% of the time, you have to have at least a high school diploma or GED. So it varies all over the place some places interview every single person that applies for to enter the training, some people don't bother some of our recommendations, others don't bother. So those are the things that we're going to be considering in the state of Vermont, what we what we think those things should be. And then in terms of training, the kind of decision points that we'll be discussing when we get to that, or how many hours of training should be required? Should it be should it be in person? Should it is virtual, okay?

Wilda White 53:27

Can it be just web based, where you're not even interacting with the person at all, you're just, you know, reading a screen and ticking off some boxes. And some of the hope value that I'll bring to this process is I'll be able to talk to you about some of the pros and cons of various choices. For example, there are there's a study that was done by the Federal General Accounting Office, which said that outcomes are better if training is in person. peer support specialists report higher job satisfaction if they had an in person training. So I will be able to, you know, kind of, like we say, hey, we just want people to be able to do a computer base. And most of all, you know, the drawback of that is long run burnout, lack of job satisfaction. Also, part of the training is you have to identify a set of core competencies and remind has already spent time doing this. And so, people, the peer community has developed some core competencies. I mentioned earlier that SAMHSA has also has a recommended list of core competencies. And then you have to think about like, what do you want people in Vermont to know like in terms of ethics and advocacy and mentoring and education, and recovery and wellness support? And then you need to decide like, who's going to be qualified, who are you going to trust to do the training? Some states, say, Hey, here's a list of approved vendors. Go get trained, and you either pay for it on your own or maybe we'll give you scholarship. Other places have a whole dedicated, permanent training staff that create that puts on the training several times a year. And also, do continuing education training and special credential trainings. And that tends to be smaller states, you know, a small state like Vermont, it's unlikely that you're going to get more than one vendor to provide training because the market isn't that big. And then, of course, you want to know, what kind of state specific training do we need? You know, do you need to know more about how our system of care works? So there's this specific training. And this is where, you know, we want to hear from both, you know, kind of employers and people who are currently providing peer support to see where have we seen gaps? What

do we want, what would make what would make me as an employer more comfortable hiring a peer support specialist, and what would make me as a peer support worker feel more comfortable providing the services. And then finally, the last bucket is credentialing, you have to make the big decision about whether you're going to have kind of an assessment-based credentialing system, or professional certification, and I'll explain to you what those are. Assessment base is when the people who provide the training also test you. And if you pass that test, your Certified Professional Certification Program is if you go and you take the training, and then there's a statewide test that you have to take, that's not administered by the people who conducted the training. And again, this is all over the board across the state. Like Massachusetts has an assessment-based Rhode Island has a professional certification, for example. You have to you have to if you're going to do a statewide examination that has to be created, and you got to want to know what you want to test on that you have to determine what the continuing education requirements are. And these can be very loose to very stringent. Some places require you to have at least one evidence-based training a year along with special things like maybe smoking cessation, Oregon had required training in taking care of teeth, because they thought that dental care was a problem with people with mental health challenges. And New Hampshire actually requires you to attend for intentional peer support co reflection sessions a year, along with some other continuing education requirements. You also need to figure out a system for investigating complaints and enforcing your code of ethics and rules regulations that apply to peer support specialists. And then as I mentioned before, you need to figure out who's the certifying body? Are you going to contract that out to appear on organization? Are you going to let the state board handle that? Are you going to put that on to a third party, some states in the states do all of the above. And that third party you see in parentheses here, I reference IC and RC.

Wilda White 58:25

That's the international certification and reciprocity consortium. And states can join that consortium. In return, they get a test, they get it scored. And it can be quite stringent. I know that some states have started out having a pure run organization or the state board do their certification and ultimately had gone to IC and RC that to do it. And they had to change some of their program because their either IC and RC didn't like their test, or didn't like where they're holding their test. And so, they would make them go and create a better test taking environment. And then they charge you. There's a charge associated with it both for each test you give and each certification that's rendered. But I see NRC has been around since 1981. They have I think 73-member certification and licensing boards and 48 of the US states and territories, including on in Native American reservations, all the branches of the military and also their international. So, some people find confident that Rhode Island actually uses ICRC.

Alexandra Karambelas 59:46

I was just going to highlight, first a question from Zack in the chat and then there was a couple of different comments. So we'll start with the question Zack is wondering could You transferred to another state like certification here moving to another state?

Wilda White 1:00:05

Yeah, yeah. So that's a that's a good question. And that's something that we'll discuss in the credentialing. When we get to credentialing we'll actually discuss. We will be discussing whether Vermonters can transfer to another state because that's up to another state. But we will discuss whether other people who are certified or the people certified in other states can have reciprocity in Vermont. And that's a decision that Vermont makes. And so that decision is ultimately up to each individual state.

Alexandra Karambelas 1:00:42

Thank you, Zach. Let us know if that covered everything. I'm also just going to read a comment here from Amy. Amy says I think that Oregon Oregon's dental requirement is more about peer support providers being branch into the labor force of traditional health workers and dental hygiene education is required for all jobs, the classify and the th W lays labor designation. Then there's an I don't know if you want to respond to that. But there's also another comment here from well, that says we utilize IC and RC credentialing for recovery coach Academy, the basis of recovery coaching, which can be loosely thought of as S-U-D, substance use disorder, peer support. And yeah, thank you.

Wilda White 1:01:27

I don't know what the W means. That abbreviation that Amey Dettmer used, can she but anyway I don't know if I don't know what you're basing your dental requirement on. Though, I actually took that training in Oregon, just to test it out. It was it was pretty bad. But I think it actually was based more on the Orient, wanting to improve the dental health of based on how the training was given I, I got the impression that it had to do with people with people with mental health challenges, although it's probably the case that other people in Oregon, they take some of the trainings for dental hygiene. I don't know. I just I just use that example, to illustrate the diversity of continuing education requirements. And nothing else. I'm not. I'm not advocating it one way or the other.

Alexandra Karambelas 1:02:47

You have another question in the chat here from Kristin. Kristin says, I'm wondering if OPR the Office of Professional Regulation is on board with Vermont certifying peers, as I recall, during the legislative testimony this session, that are one of the only entities who are not in favor of the bill on peer certification, I'm guessing they will want to weigh in on the reciprocity issue as well.

Wilda White 1:03:13

Yeah, I'm not going to speak for the Office of Professional Regulation, the director of whom is actually on this call. But I will correct the assertion that the Office of Professional Regulation was against certifying peers. My understanding of their written and oral testimony was that they wanted to be involved in regulation and it had to deal with this specific bill and not I don't think they took a position on whether the state should have a certification program. And I want everybody to weigh in on all the issues, including the Office of Professional Regulation.

Wilda White 1:03:59

Okay, so I'm at the final before, I'm going to I have one more slide I want to share one more topic I want to talk about before I leave the slide deck and just open this up to kind of general comments and discussion in the time we have left today. I don't want to leave here giving you the impression that peer certification is without controversy. Because it is it can be controversial, because there is a tension between formalizing peer support which began as an alternative to psychiatry and really part of the psychiatric survivors civil rights movement, if you will. And so there's a constant tension with maintaining what's really powerful about peer support, and also, formalizing it or institutionalizing it. And this slide I put here, I think really captures the tension with those values. Because on the left, you know, there's appears there's a peer definition of peer support. And, you know, it's grounded in mutual relationships. It emphasizes non-judgmental, values driven approach that promotes multiple perspectives, advocates for human rights and dignity, and focuses on genuine mutual relationships and enrich the lives of those involved. And then you look at Samson's definition of peer support. And it's, you know, it's extremely transactional. It's people who use your lived experience of recovery, plus skills learned in formal training to deliver services, and a behavioral health setting to promote Mind Body Recovery and Resiliency. And so, on the one hand, we've got this, this more transformational definition of peer support from peers themselves who are providing it. And on the other hand, we have a very transactional definition from SAMHSA. And the goal here is to move forward with the certification program, it is to not lose the core values of peer support. And think of it as just a transaction and a behavioral health setting, but rather, is a way people can transform their lives and build a bridge to a better life. So that concludes my slides. And what I would like to do now is to ask if people have questions, comments, concerns, something that wasn't clear, questions you have may have about upcoming sessions. anything is fair game right now.

Zack Hughes 1:07:27

Wilda, this is Zack --

Wilda White 1:07:29

Hello, Zack.

Zack Hughes 1:07:31

Hi, how are you? I just wondering, are you seeing this going back in front of the legislature? Are we going another route? Do we know?

Wilda White 1:07:39

I don't believe that the peer community is going to return to the legislature to ask for peer certification. The peer community is working in collaboration with the Department of Mental Health to achieve the same results that we sought during the last legislative session.

Zack Hughes 1:08:04

Okay, that's what I kind of thought I just wanted to get. Okay.

Wilda White 1:08:09

Will, your hand is out. Thank you.

Will Eberle 1:08:11

Thanks, Wilda. Wonderful presentation. Like always, I really appreciate it. So I just wanted to sort of right out the gate, that I'm particularly interested in this idea of certifications, wage, and making sure that whatever we come up with really builds founding into it, and that people doing this critical work, need to be receiving livable wages. So just wanted to make that point. And that's it for now. Thank you so much.

Wilda White 1:08:40

Yeah. And to your point, well, which I appreciate, it's really good to see you, congratulations on your new job. This is the opportunity like and the last meeting six, one of the topics is cost, right? Because in order for a program to be successful, the Medicaid billing rates have to be high enough to pay people a sustainable wage. And so this is actually going to be a topic of conversation. And then the report that I authored, I, I talked about in that report, kind of almost a formula for ensuring a livable wage, what's required in that regard. So that's not an insignificant concern. That's an integral part of developing a successful Peer Support Specialist Certification Program. Sarah Knutson. You're muted.

Sarah Knutson 1:09:49

My mistake didn't mean to raise my hand. Okay.

Wilda White 1:09:53

There's a comment in the in the chat. I was part of this process in Rhode Island about five to 10 years. ago, I was happy to be on the committee that wrote the curriculum, joint mental health, substance use training, the core of the peer movement was always promoted as being a power differential. In the substance use disorder world, it is important that there is a clear difference between a peer support specialist and sponsor. And similarly a difference between clinical care and peer support. Thank you for that, thank you for taking the time to write that these are all important points that I will be capturing in my final report Malika puffer writes thank you for mentioning the tensions will the Where does definitional peer specialists on slide 10 come from? And is there an intention of using that going forward? I imagine I'm not alone and feeling that the definition does not strike me or my work in peer support. Slide 10.

Malaika Puffer 1:10:56

And specifically, I mean, the second bullet point, which it says peer specialists use their own personal lived experience recovering from mental illness, to support others in their recovery. That SAMSA I imagined so.

Wilda White 1:11:15

We're going to be coming up with I mean, part of the next session is, is discussing definitions of peer support. And I'll be bringing samples of those and helping people think about what it might be in Vermont. And this is, I think, an opportunity, you know, we there are, there were 97 people who registered for this, these meetings, and, you know, the breakdown, and, and it's like not, I think the highest representative category were like, designated agency employees. And so I say that to say that this is this is not going to be a vote, right, we're not going to vote and whatever wins, these are all recommendations. And so and I also don't think that we're actually going to be able to crack and be a definition that we ultimately ended up with. But what's important is for things like what you just said, like is to say, what is unacceptable or what is not representative. And then if you have language that is then more reflects what it is you do or more reflects what you think peer support is, those are welcomed, as well. But the goal, the ultimate goal is to stay true to peer support values within the context of this certification program. Any other questions or concerns?

Alexandra Karambelas 1:13:02

There's another comment in the chat. Wilda, that's from Chris. Feel free to let me know if you might have read it.

Wilda White 1:13:07

Let me see what is Chris say? One piece of language about recovery stood out to me. As I'm always curious about how and who defines recovery. A lot of peer support feels like about learning new ways to live that aren't always about recovery language. You know, that's an interesting point. I thank you for mentioning it. I'll tell you, I, when I was looking at the competencies that previous efforts, and in Vermont I came up with recovery was never mentioned. And that is essential to every competency and every state that had created core competencies, but it wasn't mentioned in Vermont. Because I think of what you pointed out to Chris, is that the recovery language can be very problematic. And I know even personally, for me, I would never say I recovered. I think for me, I'm more transformed. So I think I appreciate you raising that point. And I think it's something be sensitive to as we go forward. Either if we use that word, we define it in a way that it really embraces the actual experience of people who are providing peer support and the aspirations of people who are receiving peer support and the realities of a certification program

Sarah Knutson 1:14:36

I do have my hand up now if it's okay.

Wilda White 1:14:40

Yes, I didn't know

Sarah Knutson 1:14:43

I doubled goofed. Yeah. My favorite definition of peer support is that people with lived experience support each other to live self-determined lives of our choosing. And I sort of and for me, the contrast between that is one of us one of one Is it seems like there's two kinds of there's sort of these two definitions, because there's really two, two kinds of peer support. And the first one is really about people supporting each other. The second one is really, it all turns on the how you who's what you're supporting. One is we're supporting each other. The other is that we're supporting the agency, we're employed by to really promote the agency's agenda, whatever that is, for and deliver the services the agency wants delivered to the person who that the agency is serving.

Wilda White 1:15:33

Thank you, you know, we have a lot of people who are providing peer support in a designated agency context. And I'm hoping that they will speak up and talk about any tensions that they feel in their jobs, if any, and how we might mitigate those if they do exist. Because that's another thing that the research has shown, causes people to be dissatisfied in their jobs. And that is that pull between what employers want peer support specialists to do? And what is peer support. So you know, what is peer support? So David Martin's, your hand is up? It says, can you lower your hand unless you're asking another question?

David Martin 1:16:18

Oh, thanks. I'm David Martin. I'm the director of the Affordable Housing Coalition. And but I'm here really, because of our we were involved in the recovery community that Yeah, with a piece of legislation and my background and peer support. So, I was really interested in this, I tried to throw in the mix that the, in Rhode Island we had, there were already people that were we had a recovery coach Academy for substance use disorder. And there are people in the mental health world that we're doing peer support work, there are people who are formerly homeless, who were doing kind of peer support all these different groups, were doing peer support stuff. And so we said, well, this should be a state certification. And so first, we certified the recovery coaches, and then added the mental health component, but the real drive, you know, that the SAMHSA is working definition of recovery talks about a process of change to live a self-directed life. And so that idea of that the recovery, you know, articulates what they're looking for help with, they are particularly what, what they need from the pier for their recovery. There's sort of that self-given, which, of course, is very different from a clinical model. And I think that, from my experience, then our interactions with the peer movement in other places, share that sentiment, I think that that really was well light at the core of the whole movement. And I think that what's part of what's those successful, about, about peer support work, and I just wanted to kind of throw that in the mix. And and thanks so much for putting this together.

Wilda White 1:18:03

Well, thank you for throwing that in the mix. Those are really helpful. It's really it's really helpful when people from others have experience from other states, and can bring that to the conversation. So I appreciate that. David, you sharing your experience. Laurie Emerson, it's good to see you back. Your hand is up.

Laurie Emerson 1:18:19

Hi, thanks. Thanks so much. I really appreciate your presentation. And, you know, I just want to build on what David had talked about. And it seems that it's really developing a peer certification process. And peer can be defined as a family member. individuals with mental health, individuals with substance use disorder. So there are many different, you know, as we talked about before those specialties in the peer support world. So how can we develop this state by certification process that can help to support all of those areas to be able to whether it be reimbursement with Medicaid? or through other means of financial support?

Wilda White 1:19:14

Yes, we are getting into that. I know that's on the that's on the agenda for one of our meetings. I don't remember exactly which one. Thank you, Laurie. So, one of the things is I really do want to start on time and end on time, and we were at 12 o'clock. Because I didn't say that before Randy raised his hand. I hope you will bear with us and let's hear what Randy has to say. And then we will end this meeting. All the recordings will be available to anybody who registered. Just so you know, if you miss a meeting you can I'll send out a link after the meeting letting you know where the recording is and giving you a link to any surveys that were distributed. So, Randy, you have the final word.

Randy Lizotte 1:19:58

So, first of all, I want to say I actually do work for is a Vermont State Agency as a professional care. My question is, we we've heard you talk about mental health, do you think this program or certification can be run across the board with all what was like the developmental services side of things?

Wilda White 1:20:26

I think that you can like the state and I think states have created a core peer certification credential, and added on specialties. And things like you're talking about, you know, I've seen them do it for youth, I've seen them do it for people who are involved in the criminal justice system, I've seen them do it for they call geriatric people of age, like myself. I've seen it for LGBTQ, so anything is possible. This process itself, though, is really related to the adult mental health system. program. But it's not to say that what comes out of this would not form the core for any other peer certification program in the state of Vermont. I hope that answers your question. So, I have, all the chats will be saved, all the recordings will be available, all the comments will be collated. And our next meeting is in two weeks on September 23, where we start talking about defining peers peer support and peer support services. And thank you again for your attention for your contributions and your questions. And I'll see you then then you have any questions. In the meantime, you got my email address, when you registered, feel free to reach out I tend to get back to people rather quickly. So, and if not, something's wrong. So just email me again or telephone me. Take care. I hope you all have a great weekend.

Meeting One Zoom Chat

10:59:59 From Wilda White to Everyone:

https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:01:25 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who have just arrived: https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:03:11 From Will Eberle to Everyone:

Hi everyone - Will Eberle He/Him Executive Director of Recovery Vermont/Vermont Association of Mental Health and Addiction Recovery and person in co-ocurring recovery at your service and happy to be here.

11:03:24 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who have just arrived: https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:04:53 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who have just arrived: https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:07:05 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who have just arrived: https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:09:10 From Amey Dettmer to Everyone:

Hi Everyone, Amey Dettmer(she/her) here joining from the NEK. I work for the Copeland Center as the Program Manager of Doors to Wellbeing National Consumer Technical Assistance Center. I get the opportunity to work with Peer Specialists all over the country in certification training, continuing educational and peer support networking. I am very excited to be here and part of this call discussing the future of peer support certification in VT.

11:17:10 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who have just arrived: https://madfreedom.org/wp-content/uploads/2022/09/meetingOne_PeerCertificationStakeholderMeetings.pdf

11:27:04 From Debra Currier to Everyone:

What is the definition of Functional Support Services?

11:28:52 From Amey Dettmer to Everyone:

A question; is all medicaid billable peer support services only available to individuals with certian diagnosises?

11:35:41 From Zachary Hughes to Everyone:

Could you transfer to another state like cert here moving to another state

11:40:44 From Amey Dettmer to Everyone:

I think that Oregons Dental requirement is more about Peer Support providers being branched into the laborforce of traditional health worker, and dental hygiene education is required for all jobs that classify in the THW labor designatio

11:41:00 From Will Eberle to Everyone:

We utilize IC&RC credentialing for Recovery Coach Academy - the basis of Recovery Coaching which can be loosely thought of us SUD peer support

11:43:59 From Kristin Chandler, Team Two to Everyone:

I'm wondering if OPR (Office of Professional Regulation) is on board with VT certifiying peers? As I recall, during the legislative testimony this past session, they were one of the only entities who were not in favor of the bill on peer certification. I am guessing they will want to weigh in on the reciprocity issue as well

11:44:01 From Debra Currier to Everyone:

Dental care equates to better health/good health and chronic health conditions

11:44:57 From Amey Dettmer to Everyone:

I need to leave to go pickup my son from school. Thanks for todays meeting. I look forward to future meetings

11:48:35 From Leslie Nelson to Everyone:

Peer Specialists are change agents.

11:49:40 From David Martins to Everyone:

I was part of this process in Rhode Island about 5-10 years ago. I was happy to be on the committee that wrote the curriculum for the joint Mental health/SUD training. The core of the peer movement was always promoted as being the lack of a power differential. In the SUD world it is important that there is a clear difference between a peer support specialist and a sponsor, and similarly a difference between clinical care and peer suppor

11:51:50 From Malaika Puffer to Everyone:

Thank you for mention the tensions Wilda! Where does definition of peer specialists on slide 10 come from and is there an intention of using that going forward? I imagine I'm not alone in feeling that that definition does not describe me or my work in peer support

11:52:56 From Chris Nial (he/him/his) Pathways Vermont Community Center to Everyone:

One piece in the language around recovery stood out to me, as I am always curious about how and who defines recovery. A lot of peer support feels like about learning new ways to live that aren't always about "recovery" language

11:53:49 From Sarah Knutson to Everyone:

Nice point Chri

11:53:57 From Malaika Puffer to Everyone:

Thank you

11:57:32 From Will Eberle to Everyone:

There is a huge focus on Health Equity at this particular moment in time in Vermont. connecting that focus and aspiration to our advocacy around mental health peer support could be wise. Aka, enhancing the availability of high quality peer support in Vermont can massively enhance our health equity here. As can enhancing the amount of Vermonters able to earn livable wages in the peer support profession

12:00:19 From David Martins to Everyone:

Yes Will - well sai

12:01:56 From Sarah Knutson to Everyone:

I suppose I could go with a definition of recovery that centers on recovering from the psychosocial othering and loss of a sense on one’s right to belong in the human race that so often accompanies a mental illness diagnosis

12:03:42 From Alexandra Karambelas to Everyone:

Thank you Wilda for this great presentation & for everyone's participation. Looking forward to this group's next session!

12:03:45 From Diane Bugbee to Everyone:

Thank you, this was a very helpful presentation

Comment(s) Received Via Email and/or Telephone

Comment #1

re:

> The purpose of the meeting is to solicit input on the definition of peer support and peer support services

is there an intent to tweak the current definition from Act 79?

(10) “Peer” means an individual who has a personal experience of living with a mental health condition or psychiatric disability.

(11) “Peer services” means support services provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.

September 23, 2022, via Zoom

Meeting Two Report

Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Peer support, peer support services, and assessment-based versus professional certification program

The purpose of the meeting is to solicit input on the definition of peer support and peer support services and whether Vermont should adopt an assessment-based certification program or a professional certification program.

Meeting Summary

The facilitator introduced participants to the concept of an assessment-based certification program versus a professional certification program.

The facilitator also introduced several competing definitions of peer, peer support and peer support services.

Attendees discussed their preferences for an assessment-based or professional certification program. Some recommended a hybrid certification program, which would include both assessment-based followed up by an individual interview to ensure the individual met the skills and standards for certification.

Those who favored an assessment-based certification program did so because they believed it would provide the most flexibility in addressing different learning styles and test-taking anxieties.

Nearly everyone understood the potential conflict of interest in relying on trainers to both train and assess whether a prospective peer support worker meets the qualifications for certification.

If the professional certification program were flexible enough to address different learning styles and make reasonable accommodations for learning disabilities, attendees were not opposed to a professional certification program.

Questions Asked:

1. What are the implications for reimbursement options if Vermont elected an assessment-based certification program versus a professional certification program?

2. What are the requirements of a peer support worker in terms of skills and experience?

3. Is an assessment-based system easier for people who are certified in another state and might be moving to Vermont in terms of more training is good?

4. Will the assessment-based program use the same test and have the same set of questions as a professional-based program?

5. Can Vermont adopt a program where the trainers meet with the certifying body to determine collectively whether a person has met the standards to become certified?

6. If we make this decision [assessment-based versus professional certification program] does that have implications down the road in terms of the way we stand this up?

7. Does a professional certification term, provide the peer with a competence and skills to meet the needs?

Comments Made:

1. Whether Vermont selects an assessment-based program or a professional certification program, I would hope there would be some modifications for individuals.

2. I don't think people who are trainers need to be involved in whatever assessment process there is. It could be a conflict of interest.

3. I like both [assessment-based and professional certification program] because I think one is like, if you if you can show the trainers that you can do the work, then then that's great. And if for some reason, you might not have the greatest relationship with your trainers, then then you could have another bite at the apple.

4. There's just a relational component, a strong relational component, and sort of a developmental component of the development of learning when the trainer is involved in any assessment

5. The assessment based feels collaborative and less hierarchical and more in line with our value system here in Vermont.

6. I think it's useful for trainers to have some involvement. Either way, whether they're part of a separate process, or whether it's part of the training, I do think that some sort of hybrid is, is useful. Because there is as Dan said, there is a relational component. And in some places, it's not just a written test, there's some sort of demonstration, that happens, a bit more like joining some professional associations.

7. Having people who are doing that training centered in [assessment] I think is really important if we can structure it in a way that can prevent those conflicts of interest. I do support a hybrid model too, because I think that those test-taking anxieties are very real and sometimes the relational anxieties are very real as well.

8. My initial thought was that I was concerned about the issue of bias if the trainers were to do the testing. But on the other hand, I really think a written test or a single instance test is going to be a lot less accurate, especially given the peer population that tends to have varying functioning levels.

9. I feel very, very strongly that whoever evaluate someone's competency should be a peer. It should not be someone working in an agency who does not have lived experience or peer support experience.

10. There's two components, one is the information, and the ability to be able to retain and recall the information. And the other one is the ability to be able to demonstrate it. And something I think we just need to be cognizant of is that, as somebody said earlier, it's not all people who are going to be really good peer workers are going to be really good at sitting tests. And having components of both I think, are really important. And making sure that it is sort of standardized, and a little bit independent, so we don't actually discriminate against people because they just because of the style or the learning differences.

11. As long as the test is fully developed, then trainers can be a good choice.

12. I think we need to be open to different avenues of learning and testing.

13. In Rhode Island, when we did this, the training was through the different agencies, and then you took the test with the state. And what we found was that there's another element here of their peers, when they end up working, when they end up in the workforce as a certified peer, they're working alongside clinical professionals. And there was something about the fact that they had taken this test with the state, that it gave them some credibility with the clinicians they're working with. And that went a long way. We found it was a real hurdle in the beginning was getting the peers to be recognized by the clinical professionals they were working with or working under, in many cases. So, beyond content, it does something psychologically that they sat and took the state test

14. We want to stay away from an OPR scenario.

    Lauren Hibbert, Office of Professional Regulation replied: if that's the direction that this group goes, or that the legislature goes, we have many different scales of oversight of any group of professionals. Some we regulate very intensely, some we regulate very differently than others. We really tailor our approach depending on which profession it is. And if you're with us, it won't be bad. And if you're not with us, that's okay. But I'm just here really listening to the conversation.

15. I want to add to the definition of peer support, lived experience of pain, about how to deal with pain. There are so many people living with chronic pain.

Links

Video Recording	https://peercertification.wildalwhite.com/murpb63h
PowerPoint Slide Decks	https://peercertification.wildalwhite.com/2p8t3ep9
Meeting Two Survey	https://tinyurl.com/2p8rwete

Attendance

Registrations	119
Attendees	43

Meeting Two Transcript

SPEAKERS

Laurie Emerson, David Martin, Ken Russell, Alexandra Karambelas, Zack Hughes, Per Eisenman, Chris Hansen, Emily LaCroix, Wilda White, Lauren Hibbert, Sarah Knutson, Dan Towle, Kelly Blakeney, Will Eberle, Dylan Fraser, Dawn Little, Randy Lizotte, Debra Currier

Wilda White 11:05

I'm going to keep my voice up. And let me know if you have problems hearing. Thank you, everybody for joining us, I appreciate the lorry putting in the chat, the sound was better. So, my name is Wilda White. And you're at the stakeholder meeting for developing in Vermont, a mental health peer specialist certification program. And I am going to be sharing my screen for most of the presentation. And we have people who are on the phone, at least one person on the phone. And so, I want to just draw your attention to that, Alex, because I want to make sure that person gets has an opportunity to just take and understand that they don't have access to the chat. So, we want to make sure that we read what's in the chat, and try to bring the full flavor of his Zoom meeting to everyone regardless of how they have how they're joining us today. So let me share my screen and we'll be underway. One of my commitments was to try to begin on time and end on time. So here we go with that.

Wilda White 12:42

As I said, this is meeting two of the mental healthcare specialists certification stakeholder meetings. And we're using the same zoom protocol as it used in meeting one. If you have questions, feel free to raise your hand, either actual or virtual. And Alex will, will recognize you or all recognize you if I happen to see you, you can write your questions in the chat. Or if you're not getting the attention that you think you need, you can feel free to just shout it out. The Zoom chat is fully operational. And I encourage you to use it. If you're comfortable with that. The link to this PowerPoint slide should be in the chat. And if it's not let Alex go and we can get that there. And all the meetings are being recorded. Because when people can are unable to make it, we're making a link available to them so they can participate as well. The process is as outlined.?

Wilda White 13:52

In our last meeting, we meet every other week. There's a presentation on the topic which changes each week. We have a discussion and a question-and-answer session. After the session. There's a stakeholder survey distributed. I will collect, collect those surveys and collate them and prepare a report and disseminate that. And then I'll report back to both department mental health and the peer Workforce Development Initiative, who are collaborating bringing these stakeholder meetings to us. And I've been hired by the Peer Workforce Development Initiative to facilitate the process. Some reason my mouse isn't working, there we go. So, these are the outline of the six meetings that we'll be holding at we've already had meeting one. Today we're meeting too. And the subject of that is peer support peer support services, defining those terms, and also begin In a discussion about weather in Vermont, we want to have an assessment base versus a professional certification program. And if you were still don't have the links to the recording from the first meeting, I've

included that again in this slide. So that you'll have them. So, these are what you see on the on the screen are the links from meeting one. The link for meeting two should be in the chat. So, any questions so far?

Alexandra Karambelas 15:39

Questions? Well, to just let you know, Marlena was just hoping to have this sent her way afterwards. I think she's now signed off. Can you? I'm sorry? Will you? Turn? Yeah, just that there was just one question in the chat just about the accessibility of a recording for those who can't join during this time, every Friday, and I let her know that we're happy to send that over. And just for this broader group, that's definitely something that we can do.

Wilda White 16:11

Yeah, I send that I send the I send the recording, and the slide deck to everyone who registered, everyone who attended the previous meeting, and everyone receives the initial invitation regardless of whether you registered. So, through those various means it's readily available and you can always email me and I will immediately send you the link to both the recording and the slide deck. And for those on the phone may not even have either email you the slides slide deck, and I can also if you so request. So we're going to start with

Alexandra Karambelas 17:11

but you know, well, that we're getting a little bit of an echo here. Yeah. Dylan in the chat said that it may be because you're signed in twice.

Wilda White 17:35

Whoever said that is that was pure genius. It's not only that I was signed it twice, but I'm not muted on the other screen. I'm signed in twice, so I can monitor what you see. But that's I just needed to mute that other computer. So, thank you. So anyway, we're going to start with, like I said, today's session, we're going to be talking about some definitions of key terms. And we're also going to be talking about beginning a discussion about whether Vermont should have an assessment-based Certification Program, or professional certification program. And where we're going to begin today is a discussion about an assessment-based program versus a professional certification program. And I'm going to begin by just explaining what those two terms mean. So, an assessment-based certification program is when the state says you can go to a training program, and that training provider will provide you a test to determine whether you have met the qualifications of the certification. So, it's the same entity that provides the training that's doing the testing. Now, in contrast, a professional certification program is a program where there's a distinction between who does the training and who does the testing. So, if you have a professional certification program, the entity that administered the test does no training. And that test is just an evaluation of whether the applicant has met the standards that have been set forth by the state. Now, just because an assessment day certification program doesn't have the term professional, it doesn't mean that it's not a professional certification. It just so happens this is how these two types of programs have been distinguished. And both of these types of programs are prevalent throughout the United States. As the next slide shows, Maine has a completely The assessment based certification program, if you successfully complete intentional peer support, you become certified as a peer specialist in the state of Maine. On the other hand, Rhode Island has a completely professional certification program. And

Rhode Island, you go to these approved training vendors. And then you have to take a test that has been developed by the state of Rhode Island's peer certification program. And everybody who becomes certified in Rhode Island as a peer specialist has to take and pass the Rhode Island peer recovery specialist certification examination. And that examination was developed by the international certification and reciprocity consortium. And this is an organization that sets standards and develops credentials. For the for the people in the prevention, substance use treatment and recovery kind of industry. So that gives you an example of the extremes. And then you kind of have in the middle, I think New Hampshire provides something in the middle where their training program as you complete, intentional peer support, you complete Wellness Recovery, action planning training, you go on the internet and take a one-and-a-half-hour webinar on resilience. And then the state has written a test. And that's administered through administered through its Department of Mental Health. And if you take that test and pass, you become certified. So those give you some of the I'm going to stop sharing my screen, just so we can start talking about this. So that gives you some of the choices that we can remind about whether we want to go more towards an assessment-based program or a professional certification program. And at this time, what I'd like to do is open up a discussion or in questions about what we might want to think about when we're deciding what kind of certification program we want to have in the state of Vermont. And this is meant to be interactive, but if people don't volunteer, I'll just continue talking about maybe some of the pros and cons, what other people have decided. And there's some things in the chat. I don't know if you want to bring those out. Alex?

Alexandra Karambelas 23:02

Yeah, absolutely. So, we've got a question from Will, he's asking, what implications does this choice have for what's possible for reimbursement options for peer support services,

Wilda White 23:15

It has no implications whatsoever. The if you if you're only basing reimbursement based on Medicaid, they don't Medicaid does not care if you have an assessment-based program or professional certification programs. Any other questions?

Alexandra Karambelas 23:43

We've got a question from Deborah. She's asking what are the requirements of the position skills experience?

Wilda White 23:52

We're going to get to that that hasn't been established yet. Thanks for asking that question. And so that's one of the things that you're going to be able to weigh in on in these meetings. And I believe that's the subject of the very next, maybe two meetings away what the requirements are for that. But right now, the question is simply, regardless of what the requirements are, once people become certified, once people kind of meet those requirements, how do we want to test them? Do we want to test them through? Do we want the trainers to do the testing? Or do we want that to be a completely separate function? I can tell you that when we conducted when I conducted a survey of kind of people who are currently providing peer support in the state of Vermont. They late they lean toward an assessment base, excuse me, professional certification program. They thought it made more sense for the people who did the training not to be involved in the testing because it was that way the that we

had more control over, making sure everybody was actually meeting the standards set by the state, rather than just the standard set by the trainer.

Alexandra Karambelas 25:17

Well, do we have another question in the chat or comment? Emily is saying, I wonder if an assessment make it easier for people who are certified in another state and might be moving more training is good. But sometimes having to repeat the process if you move is really frustrating.

Wilda White 25:35

So yeah, let's not let's not conflate what's going to happen with people who move To Vermont who already had certification with the initial certification? Because that's the question. The question you're asking really, is about whether people who already have a sort of certification elsewhere can get reciprocal certification in Vermont. And that's a completely separate question about whether we have an assessment base versus professional certification, which is to say, in a more maybe simple way, it doesn't make a difference, whether we have a certification program that's based on assessment, or professional. Whether we'll recognize a certification from another state, we can do so under either type of program. Kelly, you have your hand up?

Kelly Blakeney 26:27

Yes, thank you. I think it's important that we, either way that we keep it somewhat flexible, so that those that learn. We all learn in different ways. And we also test, I feel more comfortable testing in different ways. So, either way, whether it's an assessment or an official state certification, test, written tests, I would hope that there'd be some modifications made for individuals.

Wilda White 27:01

Thank you. I appreciate that. Kelly. And, you know, that that's an important point, because you want to make sure that people are not unable to become a peer specialists, because they may have some kind of test taking inability. And there are many ways that we can go about addressing that, you know, some people use oral test whether the written some people use interviews, rather than just a written test, sometimes you get more and give on limited time, there are many ways that you can go about making sure that your test is not resulting in undue disparate impacts. So, I appreciate you raising that. And that can be had that can happen regardless of whether it's an assessment-based program, or a professional certification program. In either program, we're going to need to make sure that the test is equitable, and is not resulting in, you know, unfair impacts on different people based on the test taking abilities.

Alexandra Karambelas 28:12

We have a comment, saying I don't think the people who are trainers need to be involved in whatever assessment process there is, it could be deemed a conflict of interest.

Wilda White 28:26

Yeah, I think that's what the people who were involved in the initial survey that I conducted, felt like that it just made more sense to separate those two functions to ensure that there wasn't a conflict. So, if we had to, if we had to do a show of hands right now about whether we wanted to go

assessment based versus professional, raise, raise your hand, and I'm going to screen through I'm going to scroll through the screens to see to vote for assessment based.

Wilda White 29:14

I think I only see, well, maybe raising the hand isn't a good point, because most people are off camera. Unless people can use their virtual hands. Will,

Will Eberle 29:29

Sorry, this is I just want to clarify two because of the professional assessment. The assessment one is the one we were just talking about where it's separate from the people doing the training and you're asking for people to or that's the professional one. Yeah, let me let me slow down let me say I felt like I was clear and then the way something got worded after I thought I was unclear.

Wilda White 29:52

Let me slow down. Okay,

Sarah Knutson 29:53
Can I make a comment?

Wilda White 30:01

No, not yet, Sarah. I want to make sure like I that that I clarify what we're talking about. So about what, what is an assessment based program. So, assessment is when the trainer's assess whether you've met whether you've successfully completed the training, okay? So, assessment is based on the trainer's assessment. The other one is professional certification. And that's when someone who's not involved in training whatsoever creates and distributes a test to see if you've met certain standards, competencies and skills. So the first question I asked where I asked for a show of hands, either virtual or real, was Who's in favor of having the trainers do the testing, that's assessment base, who's in favor of that? Okay, so there's a handful of hands. Okay. Now, Sarah, you had a comment about that. So, I'd like to go ahead.

Sarah Knutson 31:17

One is, one is just if you're on the phone, and you want to raise your hand, you can press star nine. So point of information. Second one is, the second more substantive thing is, I like both because I think one is like, if you if you can show the trainers that you can do the work, then then that's great. And, and, and if you and, and if for some reason that your trainers are human, you might not have the greatest relationship with your trainers, then then you could back up then then you could go to another kind of this, this other sort of more distant objective assessment and data and have another bite at the apple. So, I like a comp I like I like both. I like both and

Wilda White 32:01
Okay, so that's a hybrid model. Yep. Yes. Thank you. Any other people who raised their hands who favor assessment base want to talk about why then Dan Towle, Kate, Dan Gifford, any thoughts about why you favor the assessment base?

Per Eisenman 32:28

I'll say a word. If that's okay. Wilda.

Wilda White 32:32
Sure. I didn't see down there.

Per Eisenman 32:35

There's just a relational component, a strong relational component, and sort of a developmental component of the developing of learning when the trainer is involved in a any assessment. And that seems worthwhile, and it's for this program, but this idea

Dan Towle 32:54

Wilda, for my part. It's the assessment based feels collaborative and less hierarchical and more in line with our value system here in Vermont.

Wilda White 33:11

Will, or Chris,

Chris Hansen 33:17

I agree with Dan. And I actually agree with I would reiterate what Sarah said, I think that I think that it's useful for trainers to have some involvement. Either way, whether they're part of a separate process, or whether it's part of the training, I do think that some sort of hybrid is, is useful. Because there is as San said, there is a relational component. And in some places, it's not just a written test, there's, you know, there's some sort of demonstration, that happens, a bit more like, you know, joining some professional associations.

Wilda White 34:06

Will?

Will Eberle 34:10

I really like what's been said so far. And I feel like this is a chance to really have a direct connection between the shaping of the curriculum and the training of best practice, and ideally, connecting that to people who have lived experience with the with the training, content, and having them sort of centered in the process of determining if people have met those competencies or not, and are going to be able to be like good ambassadors of this practices in the community. So having people who are

doing that training centered in that I think is really important. If we can structure it in a way that can prevent those conflicts of interest. I do support a hybrid model too, because I think that those test taking anxieties are very real and sometimes the relational anxieties are very real as well. So, giving people multiple opportunity is to demonstrate mastery and have entrance into the field I think is a huge goal. And so just accommodating that as much as possible. Thank you.

Wilda White 35:10

I want to ask everybody who's has their hand up because they were voting to lower their hands like to distinguish between who wants to talk and who wants that, who was just voting?

Alexandra Karambelas 35:23

A couple of comments in the chat if you want me to read them really quickly, as well, before we get to the folks with their hands raised just because they've been in the chat for a moment, and I don't I don't want their moment to have passed.

Wilda White 35:33

Okay, don't read them really quickly. Give them the time they deserve, so people can take them in, especially.

Alexandra Karambelas 35:39

Sure, absolutely. Emily, had mentioned that assessment based, does seem potentially more streamlined. One stop shopping, do the training and the test, and you're done. And we then went on to say, if both is an option, I'm always going to vote for both, they definitely both have pros.

Wilda White 36:02

Thanks,

Alexandra Karambelas 36:03

Deborah in the chat that said I cannot raise my hand prefer the professional certification and assessment. So the peer interpersonal skills can be assessed.

Wilda White 36:15

Okay. Thank you for those. Sure. I'm Ken Russell.

Ken Russell 36:23

Yeah, I like the hybrid approach. I'm kind of stuck on the word professional. And I'm wondering if it couldn't be independent, or I mean, if if the goal is, you know, it's not the person doing the training, and somebody else may be independent could work there. So an idea?

Wilda White 36:45

Yeah, I will say that I didn't create that terminology. That's the terminology that's used in the field, for these two programs. But I think that the name of it is problematic, because it makes it seem like the other one is not professional. So Ken, if you could lower your hand, so I don't have to? I don't call you your virtual hand. And then Laurie?

Laurie Emerson 37:13

Yes, I had a question about if you could verify for me, whether Hold on one second here, whether both methods would have the same set of questions or testing done. So, you know, if somebody's going through the assessment-based process with the trainers, would it be the same testing done to help verify whether they understand the standards for that, as well as the same testing done at the professional level?

Wilda White 37:52
Okay, so there's no state that currently has both the two tests, right the test for the trainer and a test administered by the state,

Laurie Emerson 38:05
if there would be no test for the assessment based?

Wilda White 38:10

No, no, if a state is using assessment-based, whoever does the training determines who met the qualifications, right, who completed successfully completed, however, they determined that if they if the state is using assessment base, that trainer determines who successfully completed the training. Right. So then if a state is using the professional certification, they don't rely on whatever happened in training. The only thing they want to know is if you completed the training.

Laurie Emerson 38:50

Okay.

Wilda White 38:50
Does that make sense?

Laurie Emerson 38:52

Yeah, yeah. So, you know, I think I would probably go more with the assessment based. And it could look like some sort of a test to see that people did understand the information,

Wilda White 39:06

correct? Yes, I think I don't think there's any assessment-based trainers out there who are not doing some kind of testing to make sure that people have met the requirements of their training, otherwise, they are not going to be successful trainers for long.

Laurie Emerson 39:21

So I thank you.

Wilda White 39:24
You're welcome. Randy.

Randy Lizotte 39:27
So, I wonder if you're talking about assessment based and professional testing, is that correct?

Wilda White 39:37
Well, these are just terms of are they use assessment based.

Randy Lizotte 39:43

So, I'm wondering if it couldn't be like you said it could be kind of a hybrid thing. Where where are these? All these people sit down and talk about Okay, so the people you're gonna do the training and then both the trainers and the people who do the testing. I mean, the test errs, kind of sit down and say, Okay, this is how we're going to do this. And then both sides can I also, like the trainers, and the touch test arising, my camera knowledge is correct. Kind of have a saying. Okay, so this is how it's going to be done.

Wilda White 40:27

Yeah. So yeah, you're proposing a hybrid model? Yeah. I think that's, that's had some appeal among this group. Thank you, Randy. Don.

Dawn Little 40:40

Yeah, I'm, I have a couple of comments and a question. I guess the question first, is that does the actual content and presentation of the test differ? If you're using the different models? Or is it the same test, potentially the same test and the same method of testing just given by different people,

Wilda White 41:03

It's not likely the same test. It, you know, first of all, remember that tests are developed by the state, or at the direction of the state. And so, they're not, it's not the same test, given 48 states that currently have certification programs,

Dawn Little 41:24

the DEM DMH, that develops them, it depends.

Wilda White 41:28

So, like in Rhode Island, they had their test developed through that consortium. In New Hampshire, the Department of Mental Health develop their tests. In Maine, they just use IPS, you pass IPs, you get certified. So it's that flexible, you can do whatever the state decides it wants to do. And remember, the goal is to is to figure out if people have met the standards, if they know how to do what's required of them. And that can be you can determine that in a variety of ways. You can do it through an interview, you can do it through some kind of capstone project, you can do it through a pen and paper test, you can do it in a variety of ways.

Dawn Little 42:13

I guess, I guess in that case, I my initial thought was that I was concerned about the issue of bias if the trainers were to do the testing. But on the other hand, I really think, you know, a written test or something developed, a single instance test is going to be a lot less accurate, especially given the peer population that tends to have varying functioning levels. So I feel like trainers would be more likely to be able to accurately assess the person over a period of time, I would only so I would be in favor of that model. However, I think it would be good if there was, I don't know if it was Sara, who said that somebody said if there was a second option, like either a retest or test with a different person or something, if there was some sort of issue in the relationship with the trainers or whatever. Yeah.

Wilda White 43:06

Thank you. Thank you, Dawn. I appreciate it. Dylan.

Dylan Fraser 43:11

Yeah. Hi, thanks. I think I have a pretty similar question to Dawn, and it's around you making this decision of assessment versus professional? Are we if we if we make this decision does that have what implications does that have down the road in terms of the way we stand this up? Right. And, and my question was kind of around. Like, if we take the professional option, or will so if we take the assessment option, does that mean we have to have a state created and run type of testing? Or could we use the like ICRC sort of established method? I'm just wondering, like, are we? Will this decision have implications down the road of how exactly this gets stood up? And I'm wondering about just like, you know, the time and resource cost of of leaning on the state to either develop or run this testing versus adopting some sort of existing test or certification program and or modifying that.

Wilda White 44:22

Yes, thank you for that question. It's what I've seen throughout the other states who have made this decision about what kind of program they want to have, is that it's not fixed. They may start with an assessment program, and then go to a professional certification program. For example, for many years, Wyoming created its own test through its it hired a third party to run their peer certification program. And that third party nonprofit We created the test. Ultimately, this last year, they decided to basically buy the test through the consortium that I referred to. And so New Hampshire for many years use the same test, which no one's ever, ever failed. And now this year, they're deciding to,

they're going to rewrite their test, but they're going to keep it in house. There are costs associated with whatever choice you make, obviously, a copy, there's a cost associated through getting the test through the consortium, there's a per test charge, there's a per certification charge, and there's a cost of joining the consortium. And then they also the consortium requires you to hold the test in certain places. And so they actually, there's a cost associated to even where you can host the test. But you're not I don't I don't I don't think the switching costs are great. If you if you decide to go down one path and then go to another, I don't think I don't think the I don't feel like you would never want to change because you have so many sunk costs involved, the switching costs are not that great to start one way and then transition to another way.

Wilda White 46:23
And so just the pointedly follow up all the if you wouldn't mind like, so if we said we want to do the assessment base. Does that mean that we're not doing does that mean that that's a choice saying we're not going with the consortium option for now? Yes, it does. Okay, yes, that, okay.
Wilda White 46:42

Those are mutually exclusive. Those because the consortium doesn't do any training. Okay. Right. They just do testing. Okay,

Dylan Fraser 46:52

Thank you. That's helpful.

Wilda White 46:54

Thanks for asking that follow up. So I think get to Dawn, did you have another question? Or is your hand up from your previous?

Dawn Little 47:04

I was previous but I just want to say that one of the things I like about the assessment is that I feel very, very strongly that whoever evaluate someone's competency should be a peer. It should not be someone working in an agency who does not have lived experience or peer support experience. And it sounds to me like a GM H develops test, written test would not be the way to evaluate someone's competency or appropriateness for peer support. So, thank you.

Wilda White 47:35

Thanks. And I'm glad you raised that point on because just because there's a professional certification program, it doesn't mean that non peers have not developed the test. There are many states that used whose peer programs are run completely by peers. And those who have professional certification program, the peers develop the test, the peers do the screening, the peers do the training, the peers are the certifying body. So do not believe that just because it's professional, and just because in some states DMH develops the test, that it means that peers cannot be fully involved at every step of the process. I want to I would like to ask if people who are strongly in favor of the professional certification program, can talk to can share their thoughts about why

Kelly Blakeney 48:36

I would like to see the hybrid in which maybe we set it up that you would need to take IPS wrap training, lethality training, and then have a certain number of hours where you're actually working as a peer with within an agency somewhere. And then you take a written or verbal test that is developed by peers, that would give us the hands-on experience assessment, the formal trainings and then everyone that's working as a peer within the state is receiving the same tests and same certification. So, you can you're getting that assessment and hands on experience within your own agency. So, you have that relationship there. But that everyone is being tested on the same skills and definitely would not want it to be called a professional certification. We're all professionals in our own way, and you know, it would be a peer certification.

Wilda White 49:47
Yes, see that name is not what it would ever be called. Exactly. But in no state calls their peer certification program professional, whether they have an assessment based or professional It unfortunately, that phrase, that term was created to distinguish different types of certification programs. Right, but not the certification itself.
Alexandra Karambelas 50:13

Wilda, would you like me to jump in with some comments that came through the chat? I know we have quite a few here.

Wilda White 50:19

Yes. And I just want to make sure that we checked in with our telephone folks to make sure that they don't have a comment. So go ahead, Alex.

Chris Hansen 50:27

And Alex, I was going to sort of speak to the comments that I had there. So if you skip mine, I want to speak a little bit more about the professional

Alexandra Karambelas 50:39

as well. Yeah, obviously, would you like to go first, before I go through the shots? Yeah, just wanted

Chris Hansen 50:43

to just clarify that, in main, they do the IPS training. And then I guess they have what they call a fidelity review. And it's a it's a little group of people, some of whom are trainers and some of whom are not, who will sit with a person and have a conversation. And I believe it is sort of standardized, they are asked to do some demonstration. And I wanted to just point out that, you know, there's two components, one is the information, and the ability to be able to retain and recall the information. And the other one is the ability to be able to demonstrate it. And something I think we just need to be cognizant of is that it's, as somebody said earlier, not all people who are going to be really good peer workers are going to be really good at sitting tests. And having components of both I think, are really important. And making sure that it is sort of standardized, and and a little bit independent. So we don't actually discriminate against people because they just because of the style or the learning differences.

Wilda White 52:02

Thanks for this. And you know what, I want to encourage everybody who has had experience in other states to share that with us, because I think that's really valuable to this process.

Alexandra Karambelas 52:17

Right, I'm going to read a couple here. So Joe, when have said, as long as the test is fully developed, then trainers can be a good choice. Tina has said, I think we need to be open to different avenues of learning and testing. Deborah had a question Deborah was asking, does a professional certification term, provide the peer with a competence and skills to meet the needs?

Wilda White 52:47

Can you explain more about what that means? I'm not sure. What if you're asking if the professional certification is adequate to ensure that the peers know that we're confident that the peers can successfully perform the job. But I think it really depends on the particular state and their tests. Because you want to make sure the test is that you know, the test is accurately testing what you need to do the job. But I'm not really I'm not really fully understanding the question.

Debra Currier 53:23

We'll do this is Debbie, can you hear me? Yes. Hi. And this is a phenomenal conversation. And as the community as the conversation has continued, my question is different. Now my comment is different now. Because I'm just, you know, I look at the certification as as an accomplishment for somebody, whether it's, it's, you know, a professional, if it's somebody with lived experience, versus somebody that hasn't had the experience, but wants to come into the field to be appear. So that's where my head went. That's what I'm thinking that the standards that I refer to an another comment is looking at the same Is it someone that has lived the experience, you know, has had experience with the needs? Or is it somebody new that's coming in? So that's, that's where I'm coming from.

Wilda White 54:29

Thank you for clarifying. I appreciate it. Thank you. So let me before we go any further, I want to acknowledge that we're not going to get through our full agenda for today. But don't worry, I'll figure out how to make sure that we get it done within our six meetings. I hadn't realized how, how. This was been a great discussion, and I didn't realize how much discussion it was going to engender. What I would like to do is basically after this meeting, I'm going to distribute a link to a survey, that's going to be asking questions about what kind of certification program you want assessment based versus professional explaining what those are giving you some options, so that I get every single voice who wants to weigh in on this. And so that link will come. What I'd like to do is transition to giving you an overview of the definitions piece, which we're not going to finish today, we're just point to give you an outline. I'll distribute a survey with questions. And then our next meeting, we're going to probably pick up again, a little bit about definitions. But I want to just walk you through the framework and what we're trying to accomplish just to get any questions you may have. So that you can answer the survey. And then when we come back next time, we'll continue to we'll continue the discussion about definitions. If that's okay with everybody, if somebody feels like they really want to say something right now on on assessment versus professional certification, by

all means, say, that's what I'm proposing we do with the 15 minutes that we have left. David, do you have something that you need to say?

David Martin 56:26

I do, I just wanted to tell you that in Rhode Island, when we did this, the, you know, the training in the beginning, the training was, you know, through the different agencies, and then you took the test with the state. And what we found was that there's another element here of their peers, when they end up working, when they end up in the workforce as a certified peer. They're working alongside clinical professionals. And the there was something about the fact that they had taken this test with the state, that it gave them some credibility with the clinicians they're working with. And that went a long way. We found it was a real hurdle in the beginning was getting the peers to be kind of recognized by the clinical professionals they were working with or working under, in many cases. So, there's a beyond content and beyond kind of all those things that the it, it does something sort of I guess you could say psychologically for the professional skills say, well, they, they sat and took the state tests. Excuse me. And furthermore, I think that just by nature of, of what peer support is they have to have lived experience to I don't think that you can truly be a peer without it. And the sense of accomplishment that comes with having passed this state test was also something that I mean, to see people's excitement, to see people's preparation process and to just be able to, for them to be able to walk out of that testing room and say that they passed a state test that now they could put letters after their name. And they're you know, from the College of hard knocks, so to speak, like was their background, you know what I mean? I really think that that certification style is really important to be the kind of professionals that professionalization of pupil.

Wilda White 58:39

Thank you. That's definitely a very common argument that people make in favor of the professional certification, particularly just it gives the employer imprimatur of respectability and credibility. When you have to pass the state test. It's like passing the bar exam. It means that you've you studied and you pass. So I appreciate you sharing that, David. So ,if there is nothing else, I do want to just segue to giving you an overview of these definitions that we will be taking up at a future meeting about just giving you a gist, just so you can just start thinking about what it is we're going to be trying to do with that. So I'm going to go back to sharing my screen and walk you through that a few more slides.

Wilda White 59:43

So here we're getting into definitions. And I always like to begin at the beginning, whenever I do anything is like oh, what is the definition? And here you see on this slide, it just explains what the definition is. I'm not going to read it I guess I will read it because we have people on the phone. So a definition a statement of the meaning of a word or group of words, and explains through clarification and further explanation, what we are trying to say. And why do we need a definition? Well, we need to be able to communicate to the public, what we are being what we're offering, when we say peer support services, we need to be able to determine eligibility for certification. We use it to determine what the scope of practices and by scope of practice that refers to those activities that a person who is certified are permitted to engage in or perform. And if you're applying for Medicaid

reimbursement, you need to determine eligibility for that. And you usually use definitions to make sure people qualify or eligible. So those are the those are the reasons that we're talking about definitions. Now, this gets pretty complicated, it's not really complicated, but it's a lot of words on the slide. Because I want you to understand that there are many different types of definitions, but we may not be using all of them. And there's, there's the first kind of kind of category of definitions, it's called intentional. And that's when you basically say, Hey, this is the category of the thing. But this is how that category is differentiated. So for example, if you wanted to make a definition of baked goods, you would say, you know, there are foods that are cooked in the oven, using dry heat, usually based on flour or porn. So you see there's a category, really a definition category, part of the definition, you know, foods that are cooked in an oven. And then there's the differential differentiator, you know, based on flour or cream, then you have kind of an extensional definition where you just say everything that belongs to that category in your definition of baked goods, we try to list all the date baked goods there are. And then sometimes you have what's called the stipulative. Definition. And that's when there's no existing definition, you just make it up based on maybe something that does exist. So what if you want to make a new kind of baked good, that doesn't currently exist, you would say, it's like a scone, but it has this. And then there's the type of definition where you just create a definition because even though the words are commonly used on the broader society, you want to have a special definition in that particular community. And I'm going to skip part of the definition because it doesn't really come into our come into what we're going to be doing. But it's a functional definition is where you just describe it by what people do. For example, if you wanted to define peer specialists, you would just define it by what they engage in, for example, not saying that's what we're going to do. But that's how you would go about doing that kind of definition. And all these definitions, all these different styles of definitions are valuable and valid. But you know, it's up to us to determine which kind of category of definition we want to have. This is just providing a framework for when we think about creating a definition. But for our purposes, what I thought would be more helpful, since we're not going to sit down and as a group, write a definition, but you may when you can turn in your survey, you might propose a definition. But what's also important when you're filling out the survey is what do you think is important to include in the definition, what's important to exclude in the definition, the types of definitions that will be most helpful, whether it'd be a functional just describing what people do, or listing all the things that people do? It's also would be helpful in filling out the surveys is critique existing definitions, like definitions that you think are strong and definitions that you think are weak. And also in filling out the survey, it'd be helpful if you could offer proposed definitions for our consideration, either borrowing them from other jurisdictions or creating them as specifically for this purpose. And these are the terms that we want to think about in defining peer, what is a Peer, peer support, peer support specialists and peer support services.

Wilda White 1:04:48

And I'm just going to go through the slides that tell you that some of these definitions exist in other places. It doesn't mean that we have to use them, but we should consider whether or not they're Good enough for our purposes. So the definition of appear already appears in Vermont law. It means an individual who has a personal experience of living with a mental health condition, or psychiatric disability. And definitions of peer support was offered in our first meeting, someone said of people with lived experience supporting each other to live self-determined lives of their own choosing. Another definition of peer support a mutual relationship between individuals with lived experience of mental health challenges that emphasizes a non-judgmental, values driven approach that

promotes multiple perspectives, advocates for human rights and dignity and focuses on genuine mutual relationships that enrich the lives of those involved. And then, there's also definitions existing of peer specialist. I wouldn't call this necessarily a definition, but I found it in the romance role for March global commitment to health Demonstration Project, which is part of how this state it's an agreement for Medicaid, and how they describe the peer specialist as someone who uses lived experience to help individuals and their families understand and develop the skills to address mental illness, substance use disorder, and other health conditions. And by including these here, I'm not advocating for them I'm demonstrating to you giving you some examples so that you can say, hey, this is good. This is not good, this, this part is good, or this part isn't good. Here's Samson's definition, which we I think, yeah, it was in it appeared in the meeting one people who use their lived experience of recovery from mental illness and or addiction, plus skills learned and formal training, to deliver services and behavioral health settings to promote Mind Body recovery and resilience. And then finally, definitions of peer support services that are existing. Here's one that's also from the Vermont global commitment to health demonstration project. peer specialist core functions include providing recovery, health and wellness supports, supporting individuals and accessing community-based resources and navigating state and local systems, providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce, and promoting empowerment and a series of hope through self-efficacy. And here is the definition of peer services that already exist in Vermont law. peer services means support services provided by trained peers or peer managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery. I'm going to stop my screen share. Because you know, we don't have a whole lot of time left, but I wanted to give you I wanted to walk through that so that when you get the survey, you have something you have a little bit of background and a framework for completing the survey in terms of definitions that you think are problematic definitions that you like, parts of definitions that you might want to use to create your own definitions. So, in the time remaining, do you have any questions about anything that I've talked about in terms of definitions? Like I said, you're all blank.

Zack Hughes 1:08:51

This is Zack. And Tina's out right now that we were this is Zack, and I just wanted to lay out there the absolute flexibility that I would urge if we, you know, as we develop this, because there's some people who learn differently. Also, I wanted to just echo that I would want to stay away from think we can all agree with this, but maybe not an OPR scenario, or Professional Regulation type thing. Thank you.

Wilda White 1:09:22

Thanks. So, when Zack talks about OPR he's referring to the Office of Professional Regulation, which is a department within the Secretary of State. Any questions about or comments, or definitions that you have that you want to share or definitions that you want to refer us or me to? Like I said, you're going to get a survey and we're going to discuss the survey in the next session.

Lauren Hibbert 1:09:53

Wilda, if I could just respond to OPR. Is that okay?

Wilda White 1:09:58
Of course, this is Lauren Hibberd. She is the Director of the Office of Professional Regulation.

Zack Hughes 1:10:04

And I'm sorry, I didn't mean any offense.

Lauren Hibbert 1:10:07

Okay, I take no offense, I know that we're a little bit of a mismatch. And I hear that, but I just want to say that if that's the direction that this group goes, or that the legislature goes, we have many different scales of oversight of any group of professionals. Some we regulate very intensely, some we regulate very differently than others. We really tailor our approach depending on which profession it is. And if you're with us, it won't be bad. And if you're not with us, that's okay. But I'm just here really listening to the conversation. Because we've historically had professions come to us that weren't. People didn't contemplate being with us, but then they get moved to us. And that always creates wrinkles. So that's, you know, the ADC l de la DC model, and I just don't try to not replicate that again. So we're not as bad as some people might think. Sometimes we are. But I'm just here listening. And whenever you need me or want me, I'm here.

Dylan Fraser 1:11:18

One thing I noted in your comments or somebody's comments from over there was that you guys would conduct if we went that direction. Guys would conduct a review to make sure we need be in that direction. I think that's what I read.

Wilda White 1:11:31

Yeah. Okay. So let's not get into the details of OPR. Right now, because we have a whole session that we're talking about the kinds of certifying bodies we want to do. But thank you both, Zach, for raising your issue. And Lauren, for speaking to it. I appreciate it.

Lauren Hibbert 1:11:48

And I apologize, I couldn't hear what Zack just said, because my internet glitch. So I apologized to use that because I couldn't really respond to what you were saying.

Zack Hughes 1:11:56

It's all right. We're good for now. Thanks.

Wilda White 1:11:59

Yeah, okay, I won't repeat it then. Like I said, I wanted to begin on time and end on time, we did begin a little late. So, I'm going to Emily, your hand is up. And that's going to be the last comment. But before you begin, I want you to know, you're all going to get us a link to a survey that's going to ask questions both about the type of certification program we want, with explanations in it. And some questions about definitions. So look for that. Look for that in your mailbox, or your mail, your snail mail, if you don't have internet access. Emily.

Emily LaCroix 1:12:40

Hi. Um, can you hear me?

Wilda White 1:12:43

Yes,

Emily LaCroix 1:12:44

Okay, cool. I didn't get the yellow box. I am here because I would really like to go get a master's degree and become a health worker, you know, a health mental health worker, but I'm quite disabled. And that's not really an option. So, I'm looking at peer specialist stuff. And I found this meeting, I was like, why not? I want to raise for adding to the definition, pain, and health stuff, I see lots of things about mental health and addiction, there is so much need for pain counseling about how to deal with pain, which is often both tied to addiction and mental health. But there are so many people living with chronic pain. That's what I personally really feel like I could help people with. But I also feel like there's a ton of need. So, I just wanted to raise that as a direction that I would love to add to the definition process.

Wilda White 1:13:50
Thank you, Emily. I appreciate it. I appreciate all the voices that weave. And please remember that you can include any and all of this information again on your survey and all of it is going to be considered. Every voice is going to be considered every comment. I think it's a powerful process for making sure that we create a program in Vermont that's responsive to Vermont. So, until next time, that's going to be all for today. Feel free to reach out to me individually if you have questions or comments or if you have trouble getting slides and recordings. Thank you all for your participation. I'm really grateful for how you all showed up today. Have a great weekend.

Zoom Chat

00:09:27 Rachel Cummings: Hi Everyone- apologies for being off camera. I need to be in my car commuting for part of this meeting. Thank you.

00:11:14 Laurie Emerson: Sounds better

00:12:37 Alexandra Karambelas (she/her): Link to the slide deck: https://peercertification.wildalwhite.com/2p8t3ep9

00:12:55 Trevor Hanbridge: Trevor Hanbridge, Howard Center on the iPhone 857-8018

00:13:50 Marlene Wein: Is it possible for me to receive a recording of this meeting as it is difficult for me to be in person on Friday? Marlene

00:14:24 Alexandra Karambelas (she/her): Hi Marlene, absolutely these are being recorded. Happy to send your way.

00:17:16 Dylan Frazer: I think there is an echo because it looks like you are logged in twice, Wilda

00:17:47 Alexandra Karambelas (she/her): Thank you, Dylan!

00:22:46 Will Eberle He/him: What implications does this choice have for what's possible for reimbursement options for Peer Support services?

00:23:42 Debra Currier: What are the requirements of the position? Skills, experience?

00:24:46 Emily HL (she/her): I wonder if an assessment would make it easier for people who are certified in another state and might be moving, More training is good, but sometimes having to repeat the process if you move is really frustrating

00:27:05 Alexandra Karambelas (she/her): Link to today's slide deck for those who have just joined: https://peercertification.wildalwhite.com/2p8t3ep9

00:27:20 Chris Hansen (she/her): FWIW I don't think the people who are trainers need to be involved in whatever assessment process there is. It could be deemed a conflict of interest

00:27:51 Dawn Little: thank you, Kelly

00:29:22 Chris Hansen (she/her): I came in late- I'm not sure how you're defining the difference

00:29:27 Debra Currier: I can not raise my hand

00:30:00 Will Eberle He/him: I'm currently undecided

00:32:01 Chris Hansen (she/her): I think trainers can have a say. I think a 'test' needs to be more comprehensive than just a written test. In some places there's some discussion and demonstration that happens

00:33:14 Emily HL (she/her): Assesment based does seem potentially more streamlined. One stop shopping, do the training and the test and you're done.

00:33:30 Debra Currier: I can not raise my hand - prefer the Professional Cert and assessment so the Peer interpersonal skills can be assessed.

00:34:26 Emily HL (she/her): If both is an option, I'm always going to vote for both. They definitely both have pros

00:36:25 JoAnne Larsen: As long as the "test" is fully developed then trainers can be a good choice –

00:40:32 Tina Manning: I think we need to be open to different avenues of learning and testing

00:42:32 Debra Currier: Does the professional certification term provide the PEER with a confidence and skills to the meet the needs?

00:43:02 Chris Hansen (she/her): Actually, Maine have a more professional assessment process they call ‘fidelity review' which is separate from the IPS training. They have a small number of people who are not necessarily trainers who do this. It involves some demonstration also

00:47:32 Will Eberle He/him: Hearing all this I favor hybrid, but lean towards assessment if we collectively find it easier to do one or the other.

00:48:02 Sarah Knutson: I agree with will

00:48:12 Kate Blouin: will there be survey that we are going to complete on this topic for everyone to response so we can gather everyones comments?

00:50:51 Debra Currier: Certification: sense of accomplishment,, standards of care that reflect the Person Centered Plan

00:51:21 JoAnne Larsen: I would like to see a plan where a "board" of peers could be responsible for the testing -and collaborate with the local trainers.

00:51:44 Vickie Crocker: First choice Hybrid. If only one choice assessment.

00:52:07 Debra Currier: agree

00:54:36 Will Eberle He/him: Going out on a limb here but I think shared lived experience around mental health challenges, trauma, etc should be foundational to whatever we settle on.

00:54:56 Camille Royce: Agree00:55:16 Debra Currier: agree

00:55:25 Eva Dayon (they) DMH: Agree Will.

00:57:44 Debra Currier: agree David

00:58:17 Kelly Blakeney: Thank you David.

00:58:56 Daniel Towle: Thought (perhaps heretical): to leverage admin costs and accelerate getting PSC certification up and running suggest we look at option of creating certification collaboratively with a neighbor state (NH or ME)

01:00:09 Daniel Towle: Why always reinvent wheel?

01:00:35 Dylan Frazer: Not reinventing the wheel does make sense to me, David.

01:00:39 Eva Dayon (they) DMH: I like where you're going with this Dan.

01:00:44 Kate Blouin: agree with Daniel

01:01:13 Dylan Frazer: Meant Daniel, not David!

01:02:48 Will Eberle He/him: This is all critical and appreciated. I think we need to also bake into our aspirations the notion that we seek to make a robust investment in peer support in Vermont. To allow it to have a much greater impact in more places, to grow existing programs and seed new ones. To create livable wages, ongoing training and professional development, a real career ladder, and the opportunity to attain positions of real power and influence for people with lived experience. And so doing, to reduce deaths of despair, chronic health conditions andhigh medical expenditure, and disparate health outcomes generally, and critically, to give everyone in our state equitable opportunities to enjoy health, happiness, and the opportunity to attain their full human potential, to benefit themselves and our communities as a whole.

01:02:53 Kelly Blakeney: I believe it is important to look at the needs of Vermonters. We can look at what other states have done but collaborate within Vermont from Peers in each community Agency.

01:09:50 Ken Russell: Sorry, I have to jump. Great meeting.

01:10:38 Dawn Little: I agree with Zack on flexibility & keeping options open

01:11:58 Debra Currier: Thank-you both, very much appreciated!

01:13:25 Will Eberle He/him: Great meeting all, thanks everyone - see you next time!

01:14:40 Debra Currier: Thank-you

Comments Received Via Email and/or Telephone

Comment #1

I have only listened to the initial presentation and my initial response would be of one of having consistent messaging from all the parties

"The Department of Mental Health (DMH) is partnering with the Peer Workforce Development Initiative (PWDI) to identify a model and develop an implementation plan for peer specialist credentialing in Vermont."

The above sentence doesn't necessarily relate to Medicaid reimbursement and Trish Singer has expressly said in conversation that the peer certification is not intended for Medicaid reimbursement

So if DMH has had a change of heart in that regards it may be helpful if Trish or somebody from DMH expresses such during your process

October 7, 2022, via Zoom

Meeting Three Report

Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Screening

The purpose of the meeting is to solicit input on the minimum standards that an applicant must meet before applying for certification and creating a process to determine whether those minimum standards have been met.

Meeting Summary

The facilitator reviewed the results of the post-meeting two survey. A plurality of respondents favored a professional certification program over an assessment-based certification program (41 percent to 25 percent).

A majority of survey respondents disfavored the definition of "peer" codified in 18 VSA Section 7101, subdivision (29).[11]

Most survey respondents favored the following definition of "peer support": "A mutual relationship between individuals with lived experience of mental health challenges that emphasizes a non-judgmental, values-driven approach that promotes multiple perspectives, advocates for human

[11] "Peer" means an individual who has a personal experience of living with a mental health condition or psychiatric disability. (18 VSA 7101, subd. (29).)

rights and dignity, and focuses on genuine, mutual relationships that enrich the lives of those involved."(51.2 percent to 30.8 percent)[12]

Neither alternative definition of "peer support specialist" was favored by a majority of survey respondents. Alternative A[13] was favored by 38.5 percent of respondents; Alternative B[14] was favored by 23.1 percent of respondents. Slightly more than 23 percent of survey respondents disfavored both definitions.

More than half of survey respondents (53.8 percent) favored the definition of "peer support services," found in the Vermont Global Commitment to Health Demonstration Project. That definition describes peer support services as follows:

> Peer support services include providing recovery, health, and wellness supports; supporting individuals in accessing community-based resources and navigating state and local systems; providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce; and promoting empowerment and a sense of hope through self-advocacy.

Less than one-quarter of survey respondents favored the definition of peer support services found at 18 VSA section 7101, subdivision (30). That section defines peer support services as follows:

> Peer support services means support services provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery.

Following a review of the post-meeting two survey results, the facilitator provided an overview of screening, the meeting three topic.

Thereafter, the facilitator polled attendees about their preferences for what screening criteria should be used to determine who is eligible to apply to become a certified peer support worker. A copy of the polling questions is included as an attachment to this meeting summary. The poll was intended to identify areas of widely divergent views that required group discussion. The table below captures those questions that received a majority response and those questions where the responses were mixed. Questions that received a mixed response were discussed further to reach a consensus.

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[12] The alternative definition of "peer support" favored by 30.8 percent of respondents was "people with lived experience of a mental health condition supporting each other to live self-determined lives of their own choosing."

[13] Alternative A definition of "peer support specialist" was "peer support specialists use lived experience to help individuals and their families understand and develop the skills to address mental illness, substance use disorder, and other health conditions."

[14] Alternative B definition of "peer support specialist" was "peer support specialists use their lived experience of recovery from mental illness and/or addition, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency."

Poll Question	Majority Response
1. Should the State of Vermont establish a minimum age requirement to become a certified peer support worker?	No.
2. Should the State establish minimum educational requirements to become a certified peer support worker?	No.
3. Should the State establish a minimum number of hours of relevant volunteer or paid work experience to become a certified peer support worker?	No.
4. Should the State require letters of reference or recommendations to accompany the application to become a certified peer support worker?	No majority response; responses mixed. Further discussion warranted.
5. Should the State of Vermont require an applicant for peer support certification to have some form of personal, lived experience of a mental health or substance use challenge?	Yes.
6. Should the State of Vermont require an applicant for peer support certification to affirm a willingness to share their lived experience of a mental health or substance use challenge while engaged in peer support?	Yes.
7. Should the State of Vermont ask applicants for peer support certification to attest in writing that they are in recovery from a mental health or substance use challenge	No.
8. Should the State of Vermont require the applicant to have been in recovery from a mental health or substance use challenge for a minimum period of time?	No majority response; responses mixed. After discussion, the consensus was not to require a minimum period of recovery.
9. Should individuals with a criminal history be deemed ineligible to become certified peer support workers?	No; should be decided on a case-by-case basis
10. Should Vermont have a residency requirement to be eligible to become a Vermont certified peer support worker?	No
11. What entity or person should screen applications to determine whether a person meets the minimum requirements for certification?	This question was previewed and not voted on. Zoom chat discussion overwhelming supported a peer-run entity or people with lived experience to perform the screening.

Questions Asked:

1. Who defines what recovery is [if recovery is made a pre-condition of applying to become a certified peer support worker]?

2. What is served by attestation [that one is in recovery from a mental health or substance use challenge]?

Comments Made:

1. The state should not require prospective peer support workers to attest that they are in recovery from a mental health or substance use challenge. I really hope we can start using the language of a wellness story that relates to where we want to be going, when we're talking about moving towards a life that is self-directed and purposeful and meaningful, I wish we could capture language that talks more about that this word that really doesn't mean anything in particular.

2. And so recovery for me assumes a mental illness kind of perspective. For myself, I can't recover from the human condition. And the only way that recovery works for me is if we're talking about the social definition of disability, where I'm recovering from a society that breaks people down.

3. What is this thing called recovery? And I sometimes have a picture in my mind of this giant Chutes and Ladders game. And if I end up in the hospital, does that mean that I go down the giant shoot, and I failed, and I've got to start again. I think there's some challenges in defining what recovery means and what recovery looks like, because it's such a nonlinear journey.

4. I agree with some of the conversation around the word recovery and like shifting our conversation more towards wellness stories. So, maybe something worded like, do you attest to having been a person with lived mental health experience that has worked towards a path of wellness in your life, and a willingness to share that with others.

5. I do not, though, however, think that there should be any kind of minimum recovery period, whether that's substance abuse, recovery, or mental health recovery. This journey is nonlinear and up and down, and a couple of steps back and a few steps forward. So, I do not agree that there should be a minimum and recovery. Sometimes the job, the work of a peer is being able to share that that is part of the journey. So, I'm strongly against the minimum period of recovery.

6. Just the idea that anyone doesn't have experience with mental health challenge, I think it's kind of silly. And so that label of -- why even specify it when everyone can speak to experience of mental health challenges and strife in their lives? To me, that's already a universal thing.

7. Recovery is not measured the same by everyone. And for some protecting and sharing their experiences done differently, and then makes people all have to share in one way, which I think would keep people from possibly doing the work.

8. Recovery looks different for different people. How would the minimum be decided?

9. Let's acknowledge and celebrate that many of us are going to support others while also being mad, disabled in distress, etc.

10. I think a shared experience is important. So to figure out how we maintain that people have shared experiences, while at the same time making sure we're not excluding other people or pushing people into you can only do this if you've had a diagnosis sort of thing. … But I've seen in places where the experience that people are bringing may not be as aligned with who they're working with. And I think that there is a way to map that out through the certification process.

11. It makes a difference to me if the person that is working with me has experienced something of -- that they have the ability to understand what I'm going through. And I agree that it's like a systemic societal issue, and that we've all experienced these things to a degree, and I do not want to pathologize them or have people required to out themselves, but at the same time, if I have mechanically crippling effects of a trauma issue, I would love to be able to know that the person working with me, has the experience to really understand what I'm going through. And I don't know how you achieve that. Because I really want to keep ourselves as open as possible. In the admission process, the application process, I think it's a mistake to be really limiting. But I don't know how you achieve both of those things, honestly.

12. It seems like interviews and personal statements are the best way to assess the relevance of lived experience.

13. I think it should be voluntary on a case-by-case basis, I should not attest to some authority sharing wise.

14. What I would urge us to consider the fact that from a workforce capacity supply perspective, the more we can push out the boundaries, the more people we can have as potential peers in the peer workforce.

15. Can we look at it to that we don't have to have one way or the other. We can have peer workers. And then we also could have certified peer workers, because we're going to have people that are great doing the peer support and wonderful with people, but they don't want to deal with the paperwork and, the stuff that may come along depending on your job. And so ,we can still have peer workers, and then we can have certified peer workers.

16. There needs to be awareness and training. I'm mostly not out of the closet about my history with my medical people because generally, they don't take seriously anything you say once they know that because of the enormous prejudice. Also if somebody is coming predominantly or entirely from substance abuse background and if somebody is coming almost entirely from the mental health background and I imagine a lot of people are a mixed bag, but there is a difference in the culture and looking at myths about the other the other crowd is necessary to deal with in training and all of the downsides of every issue being at least discussed and put out there I think would improve the workforce.

Links

Video Recording	https://vimeo.com/758342586
PowerPoint Slide Deck	https://peercertification.wildalwhite.com/2p92sdud
Post-meeting Survey	https://peercertification.wildalwhite.com/2p999p6w

Attendance

Registrants	119
Meeting Three Attendees	39

Meeting Three Transcript

SPEAKERS

Jessica Parker, Ken Russell, Sarah Knutson, Amey Dettmer, Zack Hughes, Unknown, Trish Singer, Dan Towle, Chris Hansen, Xenia Williams, Chris Nial, Wilda White, Zack Hughes, Katie Wilson, Tina Manning, Dawn Little, Leslie Nelson, Kate Blouin, Kelly Blakeney

Wilda White 15:39

Okay, I think we were here. So, oh, now my co-host is here. Okay. So, this is just the Zoom protocol, which I've explained each time we've had the meeting, feel free to ask questions. You don't have to wait. You can put your comments in the chat, you can, you know, raise your virtual hand, your actual hand, shout it out. Like I said before, the link to the PowerPoint slides is in the Zoom chat. And all these meetings are being recorded so that they're available for people who couldn't attend, and they can still participate in this in this process. This is the zoom. This is the meeting process which you've seen this slide before. If you've attended previously, we meet every other week. There's a presentation on a meeting topic each week, there's discussion in question and answer. And most meetings after the meeting, there will be a survey distributed, I will be collating and all the feedback and constructive criticism that we receive and disseminating that in a written report to the Department of Mental Health, and the Peer Workforce Development Initiative, who've who are working in collaboration to design, Vermont's mental health peer certification program. There are six meetings. And this is a listing of each of the topics, we are on meeting three, which is screening. And like I said, because everything's being recorded, those recordings are available. And I've listed on these links, and these links are hot if you have downloaded the slide deck, where you can find previous slide decks, previous recordings, and previous surveys. So today, we're going to be talking about I'm going to give you a little overview of the survey responses we received today. Then we're going to go into talking about eligibility requirements for peer support worker certification, and also a discussion of an entity that screens applications for peer support worker certification. The first thing we're going to do is launch into just a brief overview of survey responses today. So, I received by the cut off for analyzing or reviewing the survey results for this meeting, I received 13 responses. That actually is a pretty good response rate. If you use as the denominator, the number of people who've on average attended these meetings, which is about 44. So that would be all that's like a 30% response rate. If you use as the denominator, the number of people who register to attend these meetings as like 11% response rate. And either those depending on kind of the purpose are considered a pretty good response rate. Obviously, I'm not this is not a typical survey, because we're not relying on the survey exclusively as a means for soliciting comments and feedback. It's just another way for people to participate. And so, as I said before, anybody can continue to fill out the survey until probably the end of the year, when everything will be collated and presented to the Department of Mental Health and the Peer Workforce Development Initiative. So, let's just give you a brief overview of what the responses to date are indicating. So, the first question –

Jessica Parker 19:34

I have a quick question. Sorry, this is Jessica with Northwestern counseling and support services. Um, when was that sent? I'm not sure we I received anything and I want to make sure that other people at my agency are able to fill that out to you.

Wilda White 19:48

I appreciate that question. So that was set last week, so basically after the last session I sent out an email that included both September 27, recording and the survey?

Jessica Parker 20:14

Oh, is there a way to make sure that? Can I be sent that again? Or can it be sent out again to everybody? If it's getting caught, maybe in our filter system, too, I want to make sure we have you like as a safe sender. So everyone has access to that.

Wilda White 20:28

All right, I appreciate that. And yes, I will, I will take up those, I will do both of those suggestions. Every time I send out a notice, I always send out the previous links in that notice as well. So basically, my practice has been the send out through my email distribution program, which is MailChimp, links to everybody who received the initial invitation to attend these meetings, who register to attend, and who actually attended. And then even as people register after a meeting there, an email is sent to them with all the information as well. So I do invite you to check your spam folders. And then if you can indicate that emails received from my MailChimp account will be acceptable. And I'll also try to figure out a way maybe to do a little website that will always have the information. And if for any reason those don't work, you can just go to that link, and download things. And I'll look it up this weekend.

Jessica Parker 21:39

I don't want to take any more of people's time on this. But I don't it's not something that's going to end up like in our junk. I think it's getting caught in our whole agency's filter system. So, I want to loop our tech team in on that if you can just send me like what that email address would look like. So, we can make sure you're a safe sender for us.

Wilda White 21:56

All right. Thank you. I appreciate it. You're welcome. And I encourage any questions or comments, please don't be shy. This is the this is the opportunity to for anything. So, as I was saying the first question asked, Should Vermont adopt an assessment-based sort of patient program or professional sort of patient program? And you'll see here that these are the results. I mean, 41.7% favor that professional certification program of these initial responses. And 25% favorite and assessment base, and then there were people who were suggesting alternatives. The next question asked about the definition of a peer. And there's an existing period definition that's in the Vermont statutes that was created after act 79. And this is that definition. So the question was, well, should we adopt this

definition for purposes of Vermont statewide mental health care certification? And 53.8% of those respondents said no, most respondents took issue with the phrase mental health condition of psychiatric disability. And they also thought the definition should include substance use disorder or substance use condition. And then they were asked to choose between two different definitions of peer support alternative A and B. As you can see, 38.5 percent, found alternative B to be a more inclusive and representative of the work of peer support workers. And their respondents who favored alternative a really just noted that simplicity and accessibility, it was like easy to understand.

Wilda White 23:59

I also asked about a peer support specialist definition. And you can see the results here 38.5%. favor, alternative A. And so, I'm not going to read all of that, but I do want and there's probably people on the phone. And so, I'm going to briefly just say that 38.5% prefer the alternative be which was peer support specialists use their lived experience of recovery from mental illness and or addiction, per skills learned in formal training to deliver services and behavioral health settings to promote Mind Body Recovery and Resiliency. But I also want to say that and thank people who filled out the survey because it's more than what you see summarized on your chart. People took great care and writing lots of information about what they liked about a definition what they found problematic about a definition and that's going to be really helpful as we craft the final definition. And so I don't want you to think that I'm only looking at these kind of pie charts as a direction, but I really appreciate it and was really impressed by the depth, and thoughtfulness that went into the responses. And many people even suggested definitions, all of which will be taken into consideration in proposing a final definition, but this is just a snapshot. One of the things that people really didn't like about the definitions was the language of mental illness in the language of recovery. And this is mostly people who even would consider themselves appear. And so I think that's something that we need to be sensitive to as we move forward in crafting and definition. In the last step, the last survey question asked about a definition of peer support services, and 53.8%. Like the definition, which was Peer Support Services means support services provided by train peers, or peer managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery. Excuse me, I should have said, I misstated actually 53.8% like alternative A, and then the 23.1%, like the definition that I just read. So I'll turn into that definition which 53.8% of the people preferred. It reads: Peer support services include providing recovery, health and wellness supports, supporting individuals and accessing community-based resources, navigating state and local systems, providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce, and promoting empowerment, and a sense of hope, through self -advocacy. And that definition came from the Vermont global commitment to health demonstration project application. And what the some of the comments around the definitions were, again, not really liking the use of this word recovery, and questioning the emphasis on workforce participation as a indicator of being in recovery. I'm going to move on unless there are questions that people want to ask. But in the interest of time, I would like to move forward because there are going to be lots of opportunities for you to weigh in again, on these through filling up the survey. And it may come up in our discussions anyway. So again, I want to thank everybody who filled out the survey and really thank you for taking the time and for the thoughtfulness it was really, it's going to be very helpful. And I found that quite impressive, actually. So today, we're going to be talking about the minimum standards for an applicant must meet before applying for certification. And you if those of you who are here, the first meeting may recall that I

said that you can break down into three buckets, how to build up a peer certification program. There's screening, there's training, and there's credentialing. And today, we're going to be focusing on that screening bucket. So, screening involves setting the minimum standards that an applicant must meet before applying for certification, and then creating a process to determine whether those minimum standards have been met. All U.S. programs use a written application for screening.
Wilda White 28:51

And among the factors that they consider in eligibility, or things like that are on this on the screen age education, previous work experience, references, whether you actually have lived experience of a mental health or substance use challenge, willingness to share your lived experience with others, whether you have a criminal history, how long they've been in recovery, if that's required, whether they have to attest that they are in recovery, and then whether they should have like person write personal statements, some of the plan for college, or whether they're in person interviews and residency requirements. And so this is a lot of eligibility requirements, and instead of going through and asking your opinion about each of them, in turn, I think it's a better use of our time. I'm going to launch a poll and what this poll is going to ask you your opinions on each of these. Then we're going to put the poll results up and we'll look to see where there's maybe a lot of you know, for some things or just may not be much dispute and we don't need to spend much time talking He might appear, but there might be areas where there's just more all over the place, I want to try to use our time to get together to focus on those. So I'm going to stop sharing my screen and I'm going to launch the poll. And while we're at this point, are there any questions? Okay, so let me launch the poll I'm this is a there's going to be two polls I'm going to launch. First one is just like who's in the room? And the second one is on screening criteria.

Wilda White 30:40

So, I think you can all see the poll so, yes,

Xenia Williams 30:56
This is Xenia Williams and Barre town. I'm only on audio I'm, since I have a stroke, I have brain damage. And I don't can't do much digital stuff. So, I'm only on audio.

Wilda White 31:14

So that means that you're not going to be able to participate in this poll right here unless you want to tell us what your answers are. But you will, as I've sent you the previous survey, and I'll send you another survey that will ask the same questions, and you'll be able to participate in the poll there in this poll is just really, for centering our discussion today, and no more. But there, I'll work out I'll figure out a ways you need to make sure that you're a part of this, this conversation in this process. Thank you. So I know you are so the first question is either asked about like what's your affiliation with the this whether your peer support worker, peer or, and I know I consider you an activist in the mental health community. And I think you have an advanced degree and why don't you tell the group what you what you do? What you told me, you got a degree in mental health counseling, is it?

Xenia Williams 32:28

Yes, yeah. Well, in community mental health, masters in community mental health. I also worked for Washington County Mental Health for 14 years, mostly in the crisis residence program, home intervention.

Wilda White 32:45

Okay, so I'm going to launch the second poll. Thank you for everybody. You can see the results of who's here today. And here's the second poll. I will get you are you there is another category by the way, it's under media. Zoom only allows you to ask 10 questions, so I have to let's see. Okay. Let's see. I may have had another

Trish Singer 33:36

Well, the just so you know, there's a comment from Katie Wilson, who works at Copeland. And her question is, how many folks here are from peer run agencies? I think she's maybe saying it. The poll doesn't really specify.

Wilda White 33:52

The poll doesn't specify it was a quick and dirty poll. I'm having some problems with. I wish it were more than one choice for the first poll. Yeah, me too. I mean, we're dealing with Zoom. I knew that was we're going to run into problems with that. And I seem to have run into another problem while the polls that I created are not here for some reason. I'm not finding my other polls. So I'm going to have to improvise. Hmm, this is interesting. All right. Um, let's begin the improvisation. Let's see, okay. We're going to do a show of hands virtual hands or our best because they will automatically count them but if you can't do that, I will look around. And so, the first question about age why was should there be a minimum age requirement? And if your answer is yes, please raise your virtual hand which is under reactions has everyone voted and wants to vote? Okay. Um, it looks like what was the question again? Sorry, I think I missed the question is should there be a minimum age requirement?

Wilda White 35:52

Okay, so from that, I'm going to assume that most people think there shouldn't be Because the majority people have not raised their hand.

Zack Hughes 36:04

This is Zach. With theorize I'm sorry, I can't do any raising hands right now I'm on a phone. What I will say is I would theorize perhaps 18 should be minimum. But that's just what I would.

Tina Manning 36:21
Okay. Sorry, we couldn't get on the internet. I'm sorry. We were unable to get on the internet for some reason.

Wilda White 36:32
Okay. All right. Um, it seems that most people here do not think there should be a minimum age. And so I'm going to move on to the next question. The next question is, should there be a minimum education requirement?

Unknown 37:03
Wilda, would this include curriculum associated, like non-college level curriculum or training associated with the role?

Wilda White 37:13

This would mean, this, the question would be if somebody wanted to become a peer support specialist, would they have to demonstrate that they achieved any kind of minimum education and usually it's a college, it's a high school diploma or equivalent? So, so this question is, do you have to have any particular education to apply to be a certified peer support specialist? Right. This

Trish Singer 37:40

This does not mean the training that you would need to do to finish this is just to enter the peer credentialing program. It says it isn't talking about having the training necessary to graduate.

Wilda White 37:55

Yes, so the exact question should the state establish minimum educational requirements to apply to become a certified peer support worker? Okay, so most people say no, they should not. Alright, I'm going to move on to the next question. Should the state establish a minimum number of hours of relevant volunteer or paid work experience to apply to become a certified peer support worker?

Wilda White 38:43

Okay, most people are saying no. All right. Should the state require letters of reference or recommendations to accompany the application to become a certified peer support worker? Leslie Nelson does your real hand up for a question or because you voting?

Leslie Nelson 39:18

Voting. I'm very handicapped because I'm on my phone as well.

Wilda White 39:22

Okay. All right. So that one will be something I think we should discuss because we seem to be evenly divided there.

Wilda White 39:37

Okay, should the state of Vermont require an applicant? Yes, everyone can lower your hand before I read the next question. Should the state of Vermont require an applicant for peer support certification to have some form of personal lived experience of a mental health or substance use challenge? If you think yes Raise your hand.

Zack Hughes and Tina Manning 40:04

Yes. Thank you. Thank you, Tina. Yes.

Wilda White 40:11

Thank you. All right. So that's no dispute. People think that's, that's pretty overwhelming that people think you should have to have that. Okay. I don't think we need to discuss them. So new question if you can lower your hands. And thank you for this really low -tech poll and how you're going around with going along with my improvisation here. I really appreciate it. Okay, should the state of Vermont require an applicant for peer support certification, to affirm a willingness to share their lived experience of a mental health or substance use challenge while engaged in peer support? So for those of you who might not be familiar with this, many states require people and they the way they say it, they say you have to speak publicly about your recovery from a mental health challenge or substance use challenge. And so this question is picking up on that, should that be a requirement that you have to be able to share that in the in the context of your job? So most people say, say yes to that. And I think that's another one we're going to have to discuss. Okay. There's, there's a little controversy on that one. All right. Here's another one. If you could lower your hands, please. Should the state of Vermont ask applicants for peer support certification, to attest in writing, that they are in recovery from a mental health or substance use challenge? Raise your hand if you think the answer is yes. If you want it to be yes.

Katie Wilson 42:04

Well, can I ask a clarifying question here, of course. So like in most states, I'd say that like when you submit your application that they like, they like require you to sign and attest that everything you've submitted is like true or correct, or whatever. Would that be the same thing as what we're saying here? Or would that be something separate?

Wilda White 42:28

Well, that's in most assume that this application is not requiring you a tech to attest to the truthfulness of everything in the application. So this application is only requiring you to attest that in writing that you are in recovery from a mental health or substance use challenge, because what I'm trying to do is just focus in on this particular issue. If you can ask any question, who wants to ask the question,

Leslie Nelson 42:57

Leslie Nelson reporting in somewhere in northern Vermont? I think the question is too broad, and that the whole topic of recovery is like who can determine that? And like, I might be one thing today and another thing tomorrow, and I hope that wouldn't exclude me from my position or discipline as a peer specialist. So kind of defies the whole idea that, you know, it's not linear.

Wilda White 43:23

Okay, so the question was deliberately phrased that way, because that is the issue. And it was deliberately placed to raise exactly the issue that you raised. And so I think this is based on the results here. This is another topic that needs discussion.

Trish Singer 43:37

Yeah, as well. But this is Trish, as you said earlier, there's also some discussion around what the word recovery means. And do people really feel like that's the appropriate word to describe their experience? So, I think it is. Yeah, it has a lot of permutations.,

Wilda White 43:54

Yeah, in the question is designed to bring up these issues. And I don't know if you recall, the first time I told you when I was discussing the work that's been done in this state around competencies, like what people need to be able to know and do in order to become a peer certified specialists. And you remark was unique, that the word recovery did not appear in the competencies, and that is untrue for any other state in the United States. And so that's an issue here. And we it's been raised up repeatedly. And so that's something that we're going to discuss, and they may not even have to discuss it long, because it seems to be a shared value here around the use of this word recovery. But anyway, I've noticed it and I appreciate the feedback on that. So just three more questions. And this was related to the last question. And I'll just tell you what it is. We're not going to vote on it because we're going to be talking about it anyway. But the question asks, should the state of Vermont require the applicant to have been in recovery from a mental health or substance abuse challenge? says, minimum period. Did everyone hear the question? We're going to discuss it later when I vote on it. Okay, so the question is, should the state of Vermont require an applicant for mental health peer specialist certification to have been in recovery from a mental health or substance use challenge for a minimum period? So that's related to the other question. So, which we're going to discuss that we're not going to talk about now. This question I am going to ask people to vote on and so if you could lower your hands, this is a fresh question. Um, should individuals with a criminal history be deemed ineligible to become certified peer support workers? If you say yes, raise your hand.

Katie Wilson 45:55

So, raising your hand would say with a criminal background, you would not be able to get certified?

Wilda White 46:02

Exactly, yes. Yes, yes. Vote means if you have a criminal background, you would not be able to be eligible to become peer support workers certified. Okay, so that doesn't seem that we need a lot of discussion, because not many people have voted yes on that. But this is not the final word on this. There's also going to be a survey where you can write, you know, what are the nuances that you want to? Okay, so the last question. And is, it's going to be a topic of conversation on its own later today. So I'll put I'll just tease it up now. And the question on that poll was, what entity or person should screen applications to determine whether a person meets the minimum requirements for sort of minimum requirements for certification? You're not voting on this, I'm just telling you what the question is that we're going to discuss, okay. And the choices that were given were a volunteer group of experienced peer support workers. A peer run organization responsible for operating the peer certification program, the Department of Mental Health, a certification board run by a peer led organization, a certification board operated by the Department of State, I don't know or other. So what I'm going to do is, Jessica, do you have a question? Because your hand is up. Okay, thank you. All right.

Sarah Knutson 47:43

So while you might also want to revisit the question on criminal history, because there's a fair amount of people, and there's a number of people in the chat who are saying it depends on the offense.

Wilda White 47:51

Yeah. So that's why we don't need to revisit it. Because most people, yeah, we don't need to visit that we can talk we can, I think do after survey. I do think we need to talk about this issue of lived experience of recovery. So the question that I want to open up a discussion right now is about should the state of Vermont ask applicants for peer support certification, to attest in writing that they are in recovery from a mental health or substance use challenge? And maybe the way we can begin this discussion is people who say strongly? No, I'm, it may be things in the chat, might want to just start up start out by saying what are your reasons for saying no?

Wilda White 48:54

Does anyone want to get started? Well, I think didn't you? Let Linda Go ahead, Leslie, go ahead. Which do you prefer? Leslie Nelson, primary job.

Leslie Nelson 49:08

I think it's too simplistic for one. So that's why I feel no, but to I really, really hope we can start using the language of a wellness story or some kind of thing that relates to where we want to be going. When we're talking about moving towards a life with that self directed and purposeful and meaningful like, somehow, I wish we could capture language that talks more about that than this, like, word that really doesn't mean anything in particular.

Wilda White 49:38
So that's a comment about the word, others. I'm going to go by the hands I see. And then in between that I'm going to invite people on the phone to make sure that they don't have something to say. So first, let's go with Kate. Hi,

Trish Singer 49:54

Well, just quick, people who are not quite sure what the question is. Oh, they wanted to know. Thank you. If you can, if I can only type it into chat while you're talking.

Wilda White 50:04
Yes.

Trish Singer 50:08

And I can type it in, but I think they're not quite sure what the question is something

Wilda White 50:12

let me just I'll just type it in. Okay. Alright, I'm going to be read aloud. Should the state of Vermont require applicants to attest in writing that they are in recovery from a mental health challenge or substance use challenge? And related to that is should the state require the applicant to have been in recovery? for a minimum period? So, that's, that's the topic of discussion. Kate, did you want to say something? Yep.

Kate 51:32
Um

Wilda White 51:36
I can't hear you. You're not muted, but I can't hear you. So two things while again. You can't hear me at all. though. I can hear you now. Oh, okay. We had a delay. So I think

Wilda White 51:56
now, I can't hear you. The,

Kate Blouin52:00
The wording again? I'll take

Wilda White 52:12
Okay, let's go to Sara Knutson. Unmute yourself.

Sarah Knutson 52:17
And so recovery for me assumes, like, a mental illness kind of perspective. And, and so and I make for myself, I can't recover from the human condition. And the only way that recovery works for me is if is if we're talking about like, the social, social definition of disability, where I'm recovering from a society that like, breaks people down.

Wilda White 52:43
Thank you. That was very succinct. Chris Hansen.

Chris Hansen 52:47
Yes. Sarah speaks my mind. But also, how do you define, you know, what is this? What is this thing called recovery? And I sometimes have a picture in my mind of this giant Chutes and Ladders game. And, you know, if I end up in the hospital, does that mean that I go down the giant, you know, shoot, and, and, and I failed, and I've got to start again. So I think there's some challenges defining what recovery means and what recovery looks like, because it's such a nonlinear journey.

Wilda White 53:30
Thank you. Amey.

Amey Dettmer 53:33
Um, yeah, so I guess I kind of agree with some of the conversation around the word recovery and like shifting our conversation more towards wellness stories. So, you know, maybe something worded like, um, you know, do you attest to having been a person with lived mental health experience that has worked towards, you know, a path towards wellness in your life, and a willingness to share that with others. And I guess I'm also kind of inclined to, to not have like, Okay, I'm going to write out like, I agree to this, but some kind of, like, truth at attestation, like Katie kind of brought up before would be something that I think would be okay. I do not, though, however, think that there should be any kind of minimum recovery period, whether that's substance abuse, recovery, or mental health recovery, kind of to what Chris said that sometimes, you know, this journey is nonlinear and up and down, and a couple of steps back and a few steps forward. So, I do not agree that there should be a minimum and recovery sometimes the job, the work of a peer is being able to share that that is part of the journey. So I'm strongly against the minimum period of recovery.

Wilda White 54:46
Thank you. I want to go to our folks on the phone and make sure that they haven't wanted to jump in here. Xenia or Zach.

Xenia Williams 54:56
Oh, this is Xenia Williams. I would get behind what Sarah had to say. Thank you.

Wilda White 55:07
Okay. Chris,

Zack Hughes 55:13

This is Zack. That we concur here. I think with the last speaker. I don't know what that was, but about the minimum requirements and all that, don't. Me, there shouldn't be any minimum recovery requirements or anything like that, because it changes things.

Wilda White 55:31

Thanks Zach. Chris Niall, and then Katie Wilson.

Chris Nial 55:36

Yeah, I just wanted to add in. Because for myself, like, I think I initially raised my hand on this question. And where I was kind of coming from was not thinking about like an individual working in peer support, being capable of speaking about their experience in that role. But the idea of publicly disclosing that to like a defined entity, I wouldn't be as comfortable with and also, similarly with the recovery language piece I struggle with, but also just the idea that like, anyone doesn't have experience with mental health challenge, I think it's kind of silly. And so that that kind of label of just like, that's, you know, why even specify it when everyone can speak to experience of mental health challenges and, and, and strife in their lives? So, so to me, that's, that's already a universal thing.

Wilda White 56:31

Thank you. And just to bring to the into the room, some of the things people are writing in the chat because people on the phone don't have access. Kate writes at recovery is not measured the same by everyone. And for some protecting and sharing their experiences done differently, and then makes people all have to share in one way, which I think would keep people from possibly doing the work. Dawn Little asks the last who defines it? Diane Bugbee recovery looks different for different people. How would the minimum be decided? Well, it's up to it's up to the decision makers. Malaika asks Anyway, we were things it's not going to work for everyone. What is the point of an attestation? At all? And yes, let's acknowledge and celebrate that many of us are going to support others while also being mad, disabled in distress, etc. She also asked what is served by attestation. Katie Wilson.

Katie Wilson 57:34

Thanks. Well, that. So, what I was thinking of around this is that I think that there's good reason to come up with a way to make sure that folks that are going through this process do share things in common. And while I, I absolutely agree that like we are all impacted differently by how we are, are through the world. I think that there's also sometimes a like, if this is seen as kind of like a helping profession, that there's also sometimes a like thought of, I want to help in this way where the best help might be for someone who shares in a common experience, I'm thinking about like, different like ways in which this has been put together in other communities where like, you might have young people who support other young people. And like that there are things like that, that continue to be important. And so to figure out how we maintain that people have shared experiences, while at the same time making sure we're not excluding other people or pushing people into you can only do this if you've had a diagnosis sort of thing. I don't know if that's making a lot of sense. But I just, I've

seen in places where the experience that people are bringing may not be at, like as aligned with who they're working with. And I think that there is a way to sort of map that out through the certification process.

Wilda White 59:23

I hope you will continue to flesh out that very important thought in writing, in response to a survey, especially with ideas about how you figure out what the shared experience should be. You know, I think that's very difficult based on how you're describing it, so if you could, if you could share more about even now, if it's on the top of your head, like, what do you think, are these are there certain critical shared experiences that you think an applicant should have? And you don't have to answer now, but I think that That's the question that comes to mind when I, when I, when I hear what you said.

Katie Wilson 1:00:07

I guess that for me, it's more that I don't want, like shared experiences to be pushed out because people want certification.

Wilda White 1:00:16

Okay. Okay. Well, thank you. I want to move on to the second question. You know, we've had, we've had no one speak in favor of having people attest to recovery. And if there's somebody who wants to present the arguments in favor of that, they're more than welcome to do so. And I'll just wait a few seconds to see if someone wants to step forward with that. If not, we'll move forward with the next topic that I'd like to talk about. So, no one's talking about it. Okay. So the other is someone talking done? Gone? Your hands up?

Dawn Little 1:01:04

Sorry. Yeah, I just wanted to say, as briefly as I can, which is not usually briefly, I'm not necessarily in favor of that at all. But I do. Katie, what Katie said, sort of brought up something for me, which is as a peer, rather than a provider, I, it makes a difference to me if the person that is working with me has, has experienced something of that they have the ability to understand what I'm going through. And I agree that it's like a systemic societal issue, and that we've all experienced these things to a degree, and I do not want to pathologize them or have people required to out themselves, but at the same time, if I have, you know, mechanically crippling effects of a trauma issue, I would love to be able to know that the person working with me, has the experience to really understand what I'm going through. And I don't know how you achieve that. Because I really want to keep ourselves as open as possible. In the admission process, the application process, I think it's a mistake to be really limiting. But I don't know how you achieve both of those things, honestly. Just say,

Wilda White 1:02:19

Thank you, Dawn, I think I'm happy brought that up, because I think it might be worthwhile to encourage us to not conflate or really combine, like being eligible to pursue a certification become a peer support worker, and then applying for a job as a peer support worker. Me those.

Trish Singer 1:02:40

I'm sorry. Malaika does have a comment on this. And she says it seems like interviews and personal statements are the best way to assess the relevance of lived experience. And Zacks says, I think it's voluntary on a case-by-case basis, I should not to attest to some authority sharing wise. Anyway, not quite sure if I got all that. But those are the two comments. And

Wilda White 1:03:05

So as I was saying, I think that you can become a it's just like any other job we do, right? You can become qualified, you can go to school and learn how to do it. And then you apply for a job. And because of who you're applying for that job with, they may think you're not appropriate for the people who that organization serves. And so let's not mix up these two things. Right now. We're just talking about minimum qualifications to go into the training and become certified. We're not talking about qualifications to do the job. We need to keep those things separate. So our final topic for today in our remaining time. Wilda, that's it. Yes.

Dan Towle 1:03:47

You didn't you did have a comment to what Dawn was saying. And actually, it's and Tricia may have said this as well, this issue of excluding people, I just wanted to mention, as we all know, there's a workforce shortage across the economy, but in particular in health care, but even more so in mental health. So, what I would urge us to consider the fact that that from a workforce capacity supply perspective, the more we can we can push out the boundaries, the more people we can we can have as potential peers in the peer workforce. Thank you.

Dawn Little 1:04:28

Yeah, I do think that my concern could be addressed by, you know, matching people up with individuals rather than an overall qualification requirement. Because again, I as I said, I'm not saying that I'm for You know, my quote, my answer, the question is not yes, it's just a concern. Thank you. Thanks.

Kelly Blakeney 1:04:46

Can I add something in there? I had posted in the chat that can we look at it to that we don't have to have one way or the other. We can have peer workers. And then we also could have certified peer workers, because we're going to have people that are great doing the peer support and wonderful with people, but they don't want to deal with the paperwork and, and the stuff that may come along depending on your job. And so we can still have peer workers, and then we can have certified peer workers.

Wilda White 1:05:23

Okay, um, I appreciate that, that that all of those that comment, like I said, you have another opportunity to weigh in on this in the survey. But right now, I just want to get a sense of folks in the room what you're thinking about, who should be actually doing the screening, you know, Malaika talked about having interviews and personal statements and what body what entity should be reading these and making this decision. And in states across the United States, it varies by state, sometimes it's a peer run organizations in charge of it. Sometimes it's the Department of Mental

Health, sometimes it's the state certifying body. So in this if for example, if that's how we went in the state of Vermont, it would be the Office of Professional Regulation. Sometimes, for example, in Washington DC, they just assemble a group of peer people who work in the role of peer support to review applications and make recommendations about who should be admitted into the training program. So what are our thoughts about how Vermont should screen people for eligibility requirements

Xenia Williams 1:06:32

This is seen yet somewhere in here there needs to be awareness and training perhaps on the negative side of various questions. And like I'm not most I'm mostly not out of the closet about my history with my medical people because generally, they don't take seriously anything you say once they know that because of the enormous prejudice also if somebody is coming predominantly or entirely from substance abuse background and if somebody is coming almost entirely from the mental health background and I imagine a lot of people are a mixed bag, but there is a difference in the culture and looking at myths about the other the other crowd is necessary to deal with in training and and all of the downsides of every issue being at least discussed and put out there I think would improve the workforce and the awareness and analysts I'm not saying this very well. But maybe people are getting my drift.

Wilda White 1:08:47

I think so, Xenia, thank you. So I am --

Zack Hughes 1:08:54

Zack. Here, peer-operated, some sort of peer operate body.

Wilda White 1:09:01

Thank you that so we have people in the chat who've written Screening could be done by trainers or a certifying organization. That's Laurie Emerson. Sarah Newton peer appointed peer counselor peer organization, personality grease, peer org or peer appointed. Amy Dettmer. I think I also think that people who are certified through peer support training, our job title and of itself discloses our lived experience by choosing to become a trained peer supporter, and willfully agreeing that we are okay with the disclosure of our lived experiences, why we may sign on stage and if we become certified, we're willingly disclosing our experience. I think the training organization provided could do the screening peers. So no one has really advocated for anyone other than peers to do the screening. So that just might be a good note to end on. Does anyone want to speak to having somebody other than a peer organization do the screening for eligibility requirements. This is not your last time to speak. I'll be sending out a survey after this, that will have the questions that that would have been in the poll has that worked and a few others about these topics of eligibility requirements and a screening organization. Our next meeting is October 21. Thank you all for hanging in there with me as I experienced a technical difficulty, I really appreciate the level of engagement and interest in this topic. And as always, if there's something that I could be doing better, something that would work better for you, please drop me an email or call me because I'm doing this to make sure that we get the utmost participation and that everybody feels like they have a role in developing this program. Thanks. All right. Have a great weekend. Take care

Zoom Chat

10:53:53 From Wilda White to Everyone:

https://peercertification.wildalwhite.com/2p92sdud

10:54:10 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

10:57:06 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

10:58:42 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

11:00:38 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

11:01:35 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

11:02:52 From Wilda White to Everyone:

PowerPoint slide deck can be accessed with this link:
https://peercertification.wildalwhite.com/2p92sdud

11:04:31 From Eva Dayon (they) DMH to Everyone:

You've got this Wilda!

11:10:41 From Aimee Tedeschi to Everyone:

Could you send one my way also?

11:10:46 From Aimee Tedeschi to Everyone:

Thank you

11:20:04 From Amey Dettmer to Everyone:

also volunteer experience is a common eligibility requirement I don't see listed

11:22:31 From Annamarie Cioffari to Wilda White(Direct Message):

I need an "other" category. Higher Ed, and Xenia graduated from our program :)

11:22:53 From Katie Wilson to Everyone:

How many folks are here from peer-run agencies?

11:23:28 From Kate Blouin to Everyone:

I wish it were more than one choice for the first poll.

11:24:26 From Dawn Little to Everyone:

at least 3 that I know of, katie

11:26:14 From Kelly Blakeney to Everyone:

Peer Support in the schools is beneficial.

11:27:31 From Dawn Little to Everyone:

seriously opposed to academic requirements

11:30:58 From Malaika Puffer to Everyone:

No!

11:35:16 From Dawn Little to Everyone:

I think it should be a consideration but not a number

11:35:40 From Laurie Emerson to Everyone:

It depends on the offense

11:35:50 From Emma Harrigan to Everyone:

Agree with Laurie

11:35:57 From Lauren Hibbert to Everyone:

I agree with Laurie

11:36:07 From Kelly Blakeney to Everyone:

I think it is important to remember we can have Peer Workers and Certified Peer Workers.

11:36:20 From Annamarie Cioffari to Everyone:

Yes, re: seriousness and type of offense

11:39:24 From Amey Dettmer to Everyone:

Can the question at hand be typed into the chat please

11:40:19 From Emily HL (she/her) to Everyone:

We use "valued life" in my therapy a lot. Not necessarily substance disorder related, but are you living a life that you value, are proud of, and has meaning for you

11:40:30 From Wilda White to Everyone:

Should the State of Vermont require applicants to attest in writing that they are in recovery from a mental health challenge or substance use challenge?

11:40:56 From Wilda White to Everyone:

Should the State require the applicant to have been in recovery for a minimum period?

11:41:45 From Diane Bugbee to Everyone:

For what purpose would the state be requiring an attestation?

11:41:45 From Kate Blouin to Everyone:

Ill type instead

11:43:05 From Kate Blouin to Everyone:

recovery is not measure the same by everyone. and for some protecting and sharing their experience is done differently and this makes people all have to share in one way which I think would keep people from possibly doing the work

11:43:07 From Dawn Little to Everyone:

who defines it

11:43:08 From Eva Dayon (they) DMH to Everyone:

Agree Chris!

11:43:12 From Diane Bugbee to Everyone:

Recovery looks different for different people. How would the minimum be decided?

11:43:20 From Kate Blouin to Everyone:

sorry about my audio

11:44:48 From Chris Hansen to Everyone:

Also- not sure about the utility of 'a written statement'. It's about as useful as some of us feel 'safety plans' are (it's just a statement on a piece of paper)

11:45:08 From Malaika Puffer to Everyone:

Any way we word things is not going to work for everyone. What is the point of an attestation at all? And yes let's acknowledge and celebrate that many of us are going to support others while also being mad/disabled/in distress/etc.

11:45:20 From Malaika Puffer to Everyone:

Who/what is served by an attestation?

11:45:48 From Sarah Knutson to Everyone:

Agree with Chris and Malaika

11:50:21 From Malaika Puffer to Everyone:

It seems like interviews/personal statements are the best way to assess the relevance of lived experience

11:52:17 From Zachary Hughes to Everyone:

I think it's voluntary on a Case by case basis I should not to attest to some authority sharing wise

11:56:21 From Laurie Emerson to Everyone:

Screening could be done by the trainers or certifying organization

11:56:48 From Sarah Knutson to Everyone:

Peer-appointed peer council or peer run organization

11:57:47 From Chris Nial to Everyone:

Agreed, peer org or peer-appointed council of peers.

11:58:29 From Amey Dettmer to Everyone:

I also think that people who are Certified through peer support training, our job title in and of itself discloses our lived experience. By choosing to become a trained peer supporter and willfully agreeing that we are okay with the disclosure of our lived experience is why we may sign any attestation. If we become certified, we are willingly disclosing our experience.

11:58:44 From Amey Dettmer to Everyone:

I think the training organization/provider could do the screening

11:58:59 From Dawn Little to Everyone:

Peers

11:59:22 From Katie Wilson to Everyone:

I have another meeting right at noon - I agree with peer run org or council (but not volunteer)

11:59:41 From Daniel Towle to Everyone:

Need to drop off at 12. Thanks, Wilda, etal

11:59:59 From Chris Hansen to Everyone:

A peer org can change and drift over time. GOod to have peer council or apointed group with link to certification

12:00:23 From Kelly Blakeney to Everyone:

Thank you

12:00:37 From Ken Russell to Everyone:

Thank you Wilda!

12:00:37 From Kristin Chandler to Everyone:

Thank you Wilda! Always impressed with your ability to juggle a crowd!

12:00:47 From Kate Blouin to Everyone:

Thank you

Zoom Poll

1. Should the State of Vermont establish a minimum age requirement to become a certified peer support worker?

    - No
    - Yes, and the minimum age should be 18
    - Yes, and the minimum age should be 21
    - I don't know
    - Other

2. Should the State establish minimum educational requirements to become a certified peer support worker?

    - No
    - Yes, and the minimum requirement should be a high school diploma or a GED
    - Yes, and the minimum requirement should be a high school diploma
    - I don't know
    - Other

3. Should the State establish a minimum number of hours of relevant volunteer or paid work experience to become a certified peer support worker?

- No
- Yes, and the minimum number of hours should be at least 250 hours of relevant and supervised volunteer or paid work experience
- Yes, and the minimum number of hours should be at least 2,000 hours of relevant and supervised volunteer or paid work experience
- I don't know
- Other

4. Should the State require letters of reference or recommendations to accompany the application to become a certified peer support worker?

    - No
    - Yes

5. Should the State of Vermont require an applicant for peer support certification to have some form of personal, lived experience of a mental health or substance use challenge?

    - No
    - Yes
    - I don't know
    - Other

6. Should the State of Vermont require an applicant for peer support certification to affirm a willingness to share their lived experience of a mental health or substance use challenge while engaged in peer support?

    - No
    - Yes
    - I don't know
    - Other

7. Should the State of Vermont ask applicants for peer support certification to attest in writing that they are in recovery from a mental health or substance use challenge?

    - No
    - Yes
    - I don't know
    - Other

8. Should the State of Vermont require the applicant to have been in recovery from a mental health or substance use challenge for a minimum period of time?

    - No
    - Yes, and that minimum period should be one year
    - Yes, and that minimum period should be two years
    - I don't know
    - Other

9. Should individuals with a criminal history be deemed ineligible to become certified peer support workers?

    - No
    - Yes, for any criminal conviction that has not been expunged
    - Yes, some crimes should be disqualifying
    - I don't know
    - Other

10. Should Vermont have a residency requirement to be eligible to become a Vermont certified peer support worker?

    - No.
    - Yes, and it should be the applicant must live or work in the state at least 51 percent of the time
    - Yes, and it should be the applicant must be a full-time resident of the State of Vermont or a full-time employee in the State of Vermont
    - I don't know
    - Other

11. What entity or person should screen applications to determine whether a person meets the minimum requirements for certification?

    - A volunteer group of experienced peer support workers who are paid to review applications
    - A peer-run organization with responsibility for operating the peer certification program
    - The Department of Mental Health
    - A certification board controlled and operated by a peer run organization
    - A certification board controlled and operated by a department of state government
    - I don't know
    - Other

Post-Meeting Two Survey Results

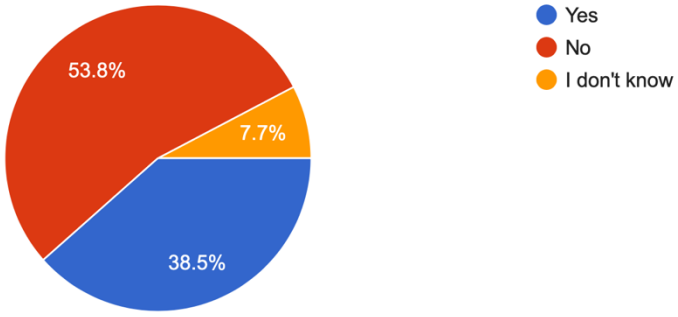
Should Vermont adopt an assessment-based certification program or a “professional” certification program?

12 responses

“Peer” means an individual who has a personal experience of living with a mental health condition or psychiatric disability. (18 V.S.A.§7101, subd. 29)

Do you think the above definition appropriately defines a peer for purposes of a Vermont, statewide mental health peer certification program?

13 responses



Alternative A	Alternative B
People with lived experience of a mental health condition supporting each other to live self-determined lives of their own choosing	A mutual relationship between individuals with lived experience of mental health challenges that emphasizes a non-judgmental, values-driven approach that promotes multiple perspectives, advocates for human rights and dignity, and focuses on genuine, mutual relationships that enrich the lives of those involved.

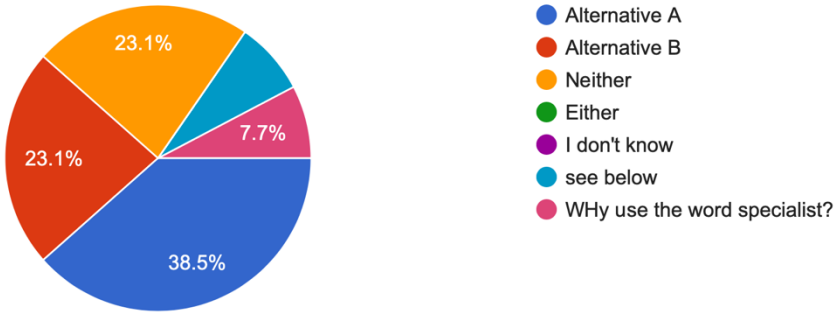
Which of the above alternative definitions of "peer support" do you prefer for a Vermont statewide mental health peer certification program?

13 responses

Alternative A	Alternative B
Peer support specialists use lived experience to help individuals and their families understand and develop the skills to address mental illness, substance use disorder, and other health conditions.	Peer support specialists use their lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

Which of the above alternative definitions of "peer support specialist" do you prefer for Vermont's statewide mental health peer specialist certification program?

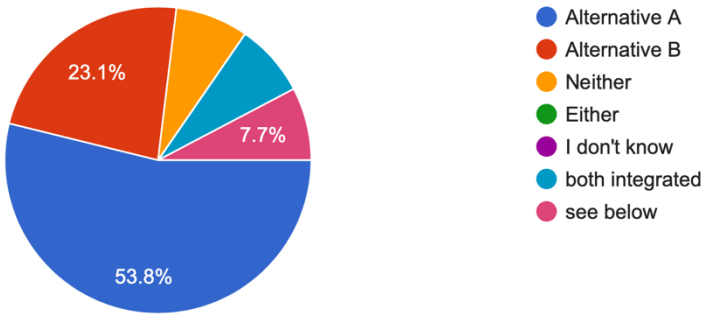
13 responses



Alternative A	Alternative B
Peer support services include providing recovery, health, and wellness supports; supporting individuals in accessing community-based resources and navigating state and local systems; providing employment supports, including educating individuals regarding services and benefits available to assist in transitioning into and staying in the workforce; and promoting empowerment and a sense of hope through self-advocacy. (Vermont Global Commitment to Health Demonstration Project)	Peer support services means support services provided by trained peers or peer-managed organizations focused on helping individuals with mental health and other co-occurring conditions to support recovery. (18 V.S.A. §7101, subdivision 30)

Which of the above alternative definitions of "peer support services" do you prefer for a Vermont statewide mental health peer certification program?

13 responses



Comments Received Via Email and/or Telephone

Comment #1

I have some contributions to make to this conversation
.
What competencies should be required for peer support providers?
Included should be basic knowledge of criminal law, including:
What is and is not an assault, ex pushing and shoving mental health workers is assault (some peer support providers misinform others about this)
It's important not to drive while intoxicated, it's a crime, you can end up killing someone else if you do it, that is why it's a crime (peer support providers try to destigmatize it by saying life is too complicated to necessarily avoid driving while intoxicated, when it would be better if they support each other in planning how to not drive while intoxicated, and maybe give each other rides. They actually bully and ostracize people who say it's important not to drive while intoxicated. They need education in this area so they don't get each other into criminal trouble.)
What is aiding and abetting? DIfferentiate destigmatizing addiction, from aiding and abetting crimes such as drug sales, so that peers are guiding each other accurately about what is and is not criminal and aren't goading each other to do criminal things by shaming them about stigmatizing addiction.
miranda rights
criminal court procedure
etc there may be others. good competence about criminal law

Also for peer crisis respite workers, first aid and CPR

Also WRAP and it should be taught interactively (as Mary Ellen did) not as a lecture. The content of the education is affected by the method of delivery. People who are just lectured at, don't get the same training.

Also having a bachelor's degree should be able to count toward peer support competencies. Certain kinds of college courses should count toward it. But having college courses or a degree should NOT be a requirement for being a peer supporter. There should be other approved ways to get the competencies. (Colleges don't seem to be able to accommodate certain kinds of psychiatric disabilities, and they're extremely expensive.)

Certification board could have a variety of stakeholders on it. The best boards are mixed stakeholder. Some DMH board members, some peer support board members, more peer support providers than DMH people on the board, but some of each. The certification board should not be housed in one camp or the other, but should be a mixed board.

Peer support specializations? A general peer support training, and on top of that, some optional specialization trainings? A specialization training for inpatient hospital jobs, a

different specialization training for community outreach, a different specialization training for remote jobs, a different specialization training for hotlines, a different specialization for working in prisons, a different specialization training for working in peer run crisis respites (ex with first aid and CPR), etc If peer support providers are to participate in court hearings, a specialization training for that.

Also the state needs to pay for these trainings for people who are looking to have peer support jobs, and for psychiatric survivors who want to just do mutual peer support in the community (no money exchanged, in some cases).

There should be access to peer support trainings for people in prison.

There should be remote peer support, there should be part time peer support jobs, seasonal peer support jobs, per diem, etc. A wide variety of employment structures.

Reimbursement by Medicaid could involve making notes but just keeping them vague and general enough not to invade privacy (that is what I did as a Medicaid funded child mental health worker)

It is very important that peer support training be funded for people who want to do it in some way other than being paid to do it, like just mutually between community members, so that that type of peer support doesn't just devolve into bullying and other weird stuff (as it currently does). We shouldn't focus only on peer support jobs, though peer support jobs are very important.

Comment #2

beliefs about addictions and harm reduction:
The philosophy behind harm reduction is that it's normal to struggle and have some relapse, and it's important not to be overly punitive about it and to make the process as non-harmful as possible.
Harm reduction is NOT because it's impossible to beat addiction and everyone needs to settle for continuing to do addictive behaviors and just try to reduce the amount they are harmed by them.
The latter thing is espoused by peers a lot, and peers who believe that, sometimes take over the narrative and bully and ostracize people who are looking to beat addictions.
People who are trying to beat addictions seek peer support for beating their addiction, and instead, they get into a situation where the peer support providers are not trying to help them beat the addiction but are more trying to help them accept the addiction, which is not what the person seeking support wants.
I had a friend (not in Vermont) die by suicide over this. He wanted to beat the addiction, he tried all the various treatments, he tried peer support, the peer support providers weren't trying to help him beat the addiciton, he didn't want to live an addicted life anymore and didn't

see any way out and didn't feel he could find anyone to support him in it, not even peer support providers- they wanted to support him to stay addicted and "recover" from wanting to beat the addiction!
Now he's dead.
Some people want to beat the addiction and want support, and it would be good if some peer support providers would be prepared to support people in that.
Peer support providers should not go around espousing that it's impossible to beat addiction. That's false.
It's fine to destigmatize struggles with addiction. Saying it's impossible to beat addiction shouldn't be part of that, because it's false. It's hard to beat addiction and it's normal to struggle and have some relapses, yes.
Harm reduction is not about giving up on beating addiction, it's about not being harmed too much during the struggle.

My two cents anyway

Comment #3

Transactionalism is giving something to get something. I listen to you so that you will listen to me. It's a give and take model where people feel that the other person is obligated to give to them exactly the same amount as they give.

Mutuality is making each interaction, and the overall relationship, work for both people, communicating well about that. I listen to you in a way that works for both me and you. You might listen to me that day, or you might not. Over time, the relationship would work well for both people. It might or might not involve equal turns listening and being listened to. It could, but it doesn't have to.

IPS is based on mutuality, not transactionalism, I was told in my Intentional Peer Support training in 1998.

This is a reason to get IPS training out to the lay peers who aren't doing peer support jobs, but are doing peer support with each other in the community. Mutual peer support in the community is very important to resource well enough that people can do it and not devolve into getting into nasty fights with each other over disagreeing about and not understanding how peer support is supposed to work. Even though no money is being made by these peers by doing peer support, it's very important to give lots and lots of them at least access to the IPS training. The IPS training is pretty expensive. I'd like the state of Vermont to budget a whole bunch of money to give access to the IPS training to lots of people of all ages who are involved in peer support in the community. I'm not sure exactly how it would get to the right people, but some ideas are to get Vermont Psychiatric Survivors to help get the word out, and to have an application process where it's not very hard to qualify, it's just a search for people who want

to do peer support, and so, they get to, and it's not just for people who have a peer support job offer.

There also should be a lot more peer support jobs of all shapes and sizes

October 21, 2022, via Zoom

Meeting Four Report

Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Training

The purpose of the meeting is to solicit input on required competencies, training length, approved training vendors, fees, and types of certifications to be offered (e.g., veterans, gender identity, sexual orientation, forensic, whole health, peer support supervision, family peer specialist, substance use recovery, etc.)

Meeting Summary

The facilitator provided an overview of the survey results from the post-meeting three survey, which addressed screening criteria for peer support worker certification applicants. The results of the survey are included as an attachment to this meeting report and summarized below.

a. There should be a minimum age of 18 years old (64%)

b. There should be no minimum education requirement (59)%

c. Vermont should require minimum hours of relevant work experience (36%)
Vermont should not require minimum hours of relevant work experience (29%)

d. Vermont should require letters of reference or recommendations (53%)

e. Vermont should require some form of personal, lived experience of mental health or substance use challenge (100%)

f. Vermont should not require applicants to attest in writing they are in recovery (59%)

g. Vermont should not require an applicant to have been in recovery for a minimum period (83%)

h. Criminal history should not be disqualifying (70%)

i. Vermont should not have a residency requirement (53%)

j. Vermont should interview applicants (47%)
Vermont should <u>not</u> interview applicants (47%)

k. Vermont should require a Personal Statement from applicants (76%)

l. What entity should screen applications for eligibility
   (i) Peer-run organization (40%)
   (ii) Other (20%)
   (iii) Peer-run certification board (13%)
   (iv) I don't know (13%)
   (v) Experienced peer workers (7%)
   (vi) State-run certification board (7%)

The facilitator also provided an overview of potential core competencies and training models.

The facilitator presented core competencies created by the Wellness Workforce Coalition some years ago, core competences created by the State of Georgia, and core competencies developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The following are the core competencies presented during meeting five for consideration by participants.

Potential Core Competencies	
1.	**Peer support values and orientation**: Peer support workers are trained in and have an understanding of: the human rights issues and history of peer support and the peer movement; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of relational support that is free of judgment and hierarchy
2.	**Lived Experience**: Peer support workers are thoughtful in telling their personal stories and sharing their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience, to inspire and support the individuals with whom they work. Through mutual sharing of lived experience, peer support workers create connection with those they support.
3.	**Self-Awareness**: Peer support workers build a capacity for introspection and self-reflection, can voice their own discomfort and needs and have the ability to recognize themselves as individuals.
4.	**Boundaries**: Peer support workers create clear and respectful personal limits and boundaries which are essential to effective peer support relationships. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. Boundary setting can change internal and relational dynamics.

Potential Core Competencies	
5.	**Worldview and cultural awareness**: Peer support workers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. This worldview is the lens through which reality is experienced and influences individual attitudes, biases and judgments. Sharing this worldview can create connection, relationship and growth. Peer support workers develop the ability to work in a non-judgmental and compassionate manner, meeting individuals where they are at, regardless of differences in worldview.
6.	**Communication, dialogues and active listening**: To create connection, peer support workers understand the components of dialogue, non-verbal dialogue, collaborative problem solving and remaining curious. They are able to clearly communicate their needs and the needs of the job or organization according to their particular role. They are able to be reflective and transparent in what they share and how they respond. They also enable effective engagement, networking, teamwork and conflict management.
7.	**Authentic and mutual relationships**: Peer support workers are encouraged to be honest with themselves and genuine when providing peer support and to approach relationships with a sense of curiosity. They consider the individuals with whom they work as equals while acknowledging relative power, privilege and status
8.	**Wellness, resilience and self-care**: Peer support workers understand, demonstrate and actively practice self-care strategies. They are aware of their own personal limits and recognize signs of becoming overwhelmed (e.g., burn out, compassion fatigue, vicarious or secondary trauma, over- engagement, over-identifying). They actively aspire to approach challenges with equanimity, to remain composed when under strain or tension and to acknowledge when this is difficult. Peer support workers often rely on their relationships as a source of support.
9.	**Self-determination**: Peer support workers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals in determining what they want their lives to be like by encouraging them to reflect on their needs and pursue their aspirations.
10.	**Trauma-informed**: Peer support workers are aware of the short- and long-term impact of personal history and trauma on all aspects of an individual's life. They recognize that certain actions (e.g., violence, substance use, anger) are coping mechanisms and that most challenges and forms of adversity experienced by individuals may result from personal history and trauma. Peer support workers' orientation is not "what is wrong with you" but "what has happened to you;" they see crisis as an opportunity to grow and change.
11.	**Safety**: Peer support workers identify potential risks and seek to work collaboratively with individuals to reduce risk to themselves and others. They may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and others and learn when to step out of harm's way. In peer support, mutual safety is enhanced through relationship and connection.
12.	**Collaboration and teamwork**: Peer support workers develop and maintain effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. All peer support workers seek to balance the needs of the program or organization with peer support values, but particularly when working in more traditional mental health settings (designated agencies, hospitals, etc.). Peer support workers may see themselves as representatives of a collaborative movement striving to improve the quality of life for individuals experiencing various forms of adversity.

Potential Core Competencies	
13.	**Professional development, leadership and privacy**: Peer support workers seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner. At all levels, peer support workers honor the privacy and confidentiality of individuals and embrace peer support values regarding the sharing and disclosure of information.
14.	**Links to resources, services, and supports**: Peer support workers help individuals acquire the resources, services and supports they need by connecting them to resources or services within mental health and community settings. Peer support workers have knowledge of resources within their communities as well as on-line and learn when and to whom to reach out for assistance.
15.	**Human Rights-based Approach and Advocacy:** Peer support workers understand a Human Rights-Based Approach and how various forms of systemic oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) intersect with mental health and the mental health system. They work to examine and reduce the impact of stigma and discrimination on mental health through advocacy and a social justice lens. They believe that individuals have a right to receive the services and supports of their choosing and will advocate for individuals to receive these services and supports within communities of their choosing.
16.	**Medicaid/Insurance- related Requirements:** Peer support workers and supervisors in programs receiving federal (Medicaid, Medicare) or insurance reimbursement will abide by certain requirements pertaining to assessment, treatment planning, progress notes and program supervision in accordance with peer support values to the extent possible.
17.	**The recovery process and how to use their own recovery story to support others**: Understand the five stages in the recovery process and what is helpful and not helpful at each stage; Understand the role of peer support at each stage of the recovery process; Understand the power of beliefs/values and how they support or work against recovery; Understand the basic philosophy and principles of psychosocial rehabilitation; Understand the basic definition and dynamics of recovery; Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.
18.	**Understand the Code of Ethics** within the state mental health system.
19.	**Provide information about skills related to health, wellness, and recovery**: These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. Educates peers about health, wellness, recovery and recovery supports; Participates with peers in discovery or co-learning to enhance recovery experiences; Coaches peers about how to access treatment and services and navigate systems of care; Coaches peers in desired skills and strategies; Educates family members and other supportive individuals about recovery and recovery supports; Uses approaches that match the preferences and needs of peers

A discussion ensued critiquing each of the core competencies. Much of the discussion focused on the emphasis on recovery, which was largely disfavored. Participants also highlighted core competencies

which they perceived as inconsistent with peer support values, such as risk assessment or "managing" risks.

Participants favored core competencies that emphasized peer support values, trauma, Mad history, peer support workers as facilitating change and supporting people to make choices around voluntary treatment and self-directed choice. They stressed that peer support workers do not manage others and do not assess others.

The predominant view was that many of the core competencies needed to be re-written to reflect peer support values.

The facilitator also conducted a poll to ask participants what the training should entail. The question was posed as multiple-choice question with four options. The results were as follows:

> What should Vermont require for training to become a certified peer support worker?
>
> - Complete Intentional Peer Support training
> - Complete Intentional Peer Support training and Wellness Recovery Action Planning training (38%)
> - Complete training offered by an approved vendor (
> - Complete a single approved core training curriculum developed specifically for Vermont (29%)

Further discussion revealed that participants thought that IPS and WRAP were good core trainings but were insufficient as a complete training. They favored adding on a Vermont-specific curriculum that would include training on power, oppression, trauma, and Mad history, for example.

Questions Asked:

1. I'm interested in how intentional peer support compares to Vermont's core competencies, and Georgia's curriculum, IPS and WRAP were identified as the recommended trainings for peers by Vermont's peer community via the Mental Health Transformation Grant work five to 10 years ago.

Comments Made:

1. I'm concerned about the assumption that literacy is necessary for certification. It seems like learning to navigate a reading world without being able to read is a valuable skill and may benefit many a significant portion of the groups that healthcare organizations are trying to serve.

2. The role of peer support specialists would be to connect the person with someone who can help them navigate a reading world, the peer support specialists need to be literate to complete paperwork with the recovery, depending on the work environment they are in, of course.

3. We saw in Rhode Island that while merging substance abuse disorder with mental health stuff in the training and having a joint curriculum, there's a lot of places where this all goes together. But there's also a lot of places where this is really different. So, to think about peer support specialists beyond the world of any kind of recovery, we're going to face that yet again; there's even more differences here. So, I think that holding a recovery priority or a

recovery perspective, both in the definition in the work, it gives them some ground of commonality, because the principles are certainly the same; that drive for a living is self-directed life.

4. As someone with my own lived experience of extreme mental health states and challenges that I think for me recovery has this implication that there's something I'm recovering from, like there was some problem, there was some issue, there was something that was like wrong or inherently bad, or some level of judgment. That isn't part of my experience.

5. [The recovery community] doesn't want to be any kind of impediment to mental health, peer support, getting its feet under it, as soon as it can get certification, getting designated funding; we want to see that grow in the world and be helpful with that however we can.

6. I'm not seeing is a lot of conversation around hope or empowerment [in these draft core competencies], and how I think that those are big pieces to the types of conversations that we facilitate; we facilitate spaces of hope and self-direction and empowerment. The other couple other things that I think are missing is like seeing from a strengths-based lens and recognizing those things away from like perceived deficits.

7. I see that the wellness workforce coalition has listed safety as one of the core competencies. And that's real interesting to me. I almost feel like a better terminology for that is transparency; in the mutual relationship, how we can be transparent about our own safety concerns. As I read the description of safety it, it seems to me that from what I know of peer support, I'm not sure it directly aligns with what I believe it to be. When it says peer support workers identify potential risks. I feel pretty strongly that peer support providers are not to do risk assessments on individuals. We notice the strength that we see. And so I just have some alarming things that kind of show up when I see that word safety.

8. [The Wellness Workforce Coalition core competencies] talks about that we manage situations, and I really don't ever view us as peer support providers as managing anything role; we're more of a be with sit with in mutuality, and transparency and honesty, types of things so that that one is just a little, I'm unsure about it.

9. The other piece that I think is, is really big and maybe fits in with this last one of human rights based approach and advocacy. I think it's so important that the foundation of the ex-patient, consumer survivor, movement doesn't get lost in this. But that I think peer support providers are really about like, also facilitating change in our systems and bringing up these hard topics that making sure our systems are equipped, as much as the people that we are supporting and make choices around voluntary treatment and self-directed choice in what it is that we want. So I think that just facilitating change is a big piece for me in a core competency of peer support.

10. In response to the question about IPS, IPS aligns reasonably with the Vermont core competencies. We don't love the language of self-care, because of its assumption of fragility.

11. IPS is less focused on treatment and recovery than Georgia's

12. For me that the different emphases in substance use and mental health peer support come out of our history. The primary emphasis in substance use and peer support, if you look at the history, there was really Bill Wilson and wanting to get back into wanting to get back into society and wanting a way for alcoholics to get back into society. And so the idea of recovery and the idea that, that, that alcoholism was an illness fit really well with what they

were trying to achieve. And the idea that people could get cured from this and get back to their jobs and get back to doing the things that that a society assumed good people always do was, is essential to substance use recovery. The Mad movement came along quite a bit later in a human rights context in the 1960s. And we were really about changing society. So, our history is about, there's a need for we're much more aligned with the social construction of disability model, we're much more aligned with the idea that actually society needs to do a fair amount of self-reflection and changing and then it's the way that society is operating is hurting people. And so I love the part about Vermont, that's really sort of taking the competencies that are taking a much more transformational role;, we're supporting people to find themselves and be who they are and actually support a critique of the system as it is rather than help people fit better into a system that may be oppressing and hurting people.

13. The option that I prefer is I think intentional peer support is a good peer support training. And I think that there are things that would be really beneficial alongside intentional peer support. WRAP was just one example. But I think there's possibly other trainings around power, oppression, marginalization, trauma. Some of the mad people's history could be expanded beyond intentional peer support. And I think a robust training schedule needs to have a wide, wide range of some of those competencies included.

14. I would be willing to settle with those two requirements there [WRAP and IPS]. Just because I'm concerned, more robust requirements, some people on our staff would not be able to complete those. I feel very confident with that. And I have some serious concerns. And that's why I would say there would need some be some flexibility if we were to go deeper.

Links

Video Recording	https://vimeo.com/763031796
PowerPoint Slide Deck	https://peercertification.wildalwhite.com/2p8rp2v3
Post-meeting four survey	https://peercertification.wildalwhite.com/bp5nfasf

Attendance

Registrants	120
Attendees	33

Meeting Transcript

SPEAKERS

Alexandra Karambelas, Zack Hughes, David Martin, Chris Hansen, Chris Nial, Wilda White, Sarah Knutson, Will Eberle, Dawn Little

Wilda White 07:16

Welcome to the fourth meeting of the Mental Health Care Specialist Certification, stakeholder meetings. I will the White and I am your facilitator. As if you've been joining us before you know that if you have questions, you can raise your hand you can raise your virtual hand or actual hand you can put your question in the chat or you can just shout it out if you haven't gotten someone's attention. For comments, please write them in the chat. We're monitoring the chat. Also, I also look at the chat and incorporate that into my final report what's in the chat. So that's also an important way of communicating information. If you'd like to follow along with the slides you can get there's a link to the slide deck that I'm using in the Jim's chat. And you'll notice if you do that, that that will include more slides, and I'll probably we'll get through today. But it's also for people who weren't able to join and gives them more background information to use when filling out the survey. And all these meetings are being recorded so they can be available for people who couldn't attend. Again, if you've haven't joined us previously, the way these meetings work is that we've been meeting every other week. There's a presentation on a topic I'm getting some feedback, I'm not sure why. But there's then we have a discussion and we ask questions. After the meeting, I distributed a survey where you can elaborate on your meeting, but on your comments. Or if you haven't participated in the meeting, you can give feedback in that. That medium, I cook I've collected all the information, both what happened during the meetings, what's been communicated in surveys, I'm going to write a final report and provide that to the people who've retained me to facilitate these meetings both the Department of Mental Health and the peer Workforce Development Initiative. So, there are six meetings with six different topics and we are on leading for So today's topic is training. If you haven't had a chance to look at the previous meetings, you haven't had a chance to attend this slide. We'll give you where you can go find both the slide decks, the recordings and the surveys and these are all hot links. So if you were to use that link to access the slide deck you can find those links there. I also, as promised last week, when people said they weren't receiving the email announcements, where I included the surveys and included the links, I've also created a web page where all things certification will be housed there. So, you'll be able to go there and get. So you need to register. Because you've lost the link or send you want to get the slide deck. So, the recordings, all that information is on that website.

Wilda White 10:30

So, what are we going to do today are three things, I want to go over some of the preliminary responses from the survey to I will, we will be talking about what competencies should be required for a certified peer support worker in the state of Vermont. And I'll explain a little bit by what I mean by the term competency when we get there. And then we'll look at different kinds of training models. And we'll be, I hope, take a poll, and I'll explain what those are. And we'll take a poll to gather your input on that. So I'm going to get launched right now into the survey, preliminary responses. So, there were 17 responses to that survey, which is about a 39% response rate, and based on the average attendance over the meetings, and it's probably about a 10% response little higher than a 10% response rate based on the number of people who registered to attend. But we're not so much concerned about the response rate here, because we're not relying on the survey results, to dictate the results of this process. The surveys are really to give people an opportunity who didn't attend the meetings, to participate and give feedback. And also for people who did attend the meetings, but who want to provide more information. And I again, want to say how impressed I am with the quality of the responses that we're receiving to the surveys, because you're not just answering these multiple-choice questions, you're also given your rationale and what you value, which will be invaluable to us as we craft a peer certification program in the state of Vermont. So what were the results? Let's launch into that. And so the basically the whole topic of the survey, what were the eligibility requirements for someone to even apply to become a peer support worker in the state of Vermont? And so the first question is, should Vermont establish a minimum age? And as you can see here, 64% of the people thought they shouldn't at that age should be 18. The people who did like the other and then they were they were saying, Well, what if we want to have a youth peer certification program, in those instances, you know, a minimum age of 18 wouldn't be appropriate. And that's really valuable information to have, because they weren't. Because they were helping us understand why they selected the alternative they they selected. And I think everyone would agree that if you're going to have a youth peer certification program, you wouldn't, it wouldn't be appropriate to have a minimum age. And then some people gave information about why they selected 18. And that was because they felt like if it was a minor, you might have to get the parents' permission to discuss certain subjects. So again, that's valuable information to have. And I encourage you to keep answering these surveys with that kind of specificity. Minimum education, 59% said, no, there should be no minimum education. And people stress just the disparities in getting an education in our society these days. And also, for people who have a history of mental health challenges, how sometimes their education is direct disrupted, but doesn't mean they wouldn't be a great peer support worker. Whether a peer of applicant and applicants for peer support certification should have previous relevant work experience. That means having worked as a volunteer or paid peer support. And you know, the responses here more divided. A third, a little over a third thought that we should have at least 250 hours. Others thought that no, we shouldn't have it. And the rationale behind those responses is also very helpful here. Some people were concerned that will be very difficult for someone in the state of Vermont to get that many hours of work experience. They're all also concerned about people having to work for free to be Some eligible because they felt like employers would know that they needed the hours and then wouldn't pay them. And so they wanted to discourage that.

Wilda White 15:14

The last question was should applicants be required to submit letters of reference recommendations and little over half thought yes. But people acknowledge that they might be hard to get, especially because based on how isolated some people with mental health challenges history of mental health challenges can be. This is the only question so far that we've had 100% uniformity and the response and that question was, should Vermont require some form of personal lived experience and mental health or substance use challenge? And 100% of the respondents thought, yes. But they also thought it was self-defined. There was a question about should remote require applicants to attest in writing that they are in recovery? And almost 60% of the people said no. And a lot of people who explain their responses stress that, you know, what is this notion about recovery? You know, it, it's it's hard to define and who knows what it is. And it's not a static thing. People may relapse, people may be symptomatic, but still be able to go to work, and still be able to add value as a peer support worker. And then there was a follow up question related to whether people should have to be recovery. So if you thought people shouldn't have to be in recovery, what was the minimum period of time that you thought they had to be recoveries? And so most people 83% said, no, there should be no minimum period that you'd have to be in recovery. People who? Certainly, somebody thought it should be at least six years, in the people who select it other thought it'd be something like one month to three months. criminal history, the question was, should a criminal history be disqualifying? And 70% of respondents said no, those who said yes, they were very much concerned about the specific crimes, and I'm sure you can all guess what crimes there were. They were sex crimes, homicide, absolutely murder. Domestic Violence, repeat offenders. Some people thought people who sold drugs should be disqualified. But as you can see here, the overwhelming majority of people thought that it should not be disqualifying outright, and that these things should be handled on a case-by-case basis. There was a question about a residency requirement, and more than half the people felt like Vermont should not have a residency requirement. And those that thought they should. It's 27% thought it should be at least 51% of the time you live or work in Vermont. There was a question about should applicants be interviewed before they're considered eligible to apply to become a peer support worker certified, and it's evenly divided. So there was a split. I think some people thought it was labor intensive to do it. But some people thought it would be really important because some people are better in person than they may be in writing. Some people felt like an applicant interview was totally the responsibility of the employer. That's just not something that's appropriate for applying for certification. Should Vermont require a personal statement from applicants, suddenly six or seven people thought they should, they thought it was a really important way for people to express why they wanted to this as a career. It's also a way that some states who don't have minimum education requirements, they use the personal statement just to make sure the person is literate and can handle the rigors of a training program and a job. And then the final question had to do with once you decided what are the requirements, the minimum eligibility requirements to apply to become a certified peer support worker who should screen the applications? And again, this is it looks like it's all over the board. But I think what's really came out in the written comments and if you total up the responses is that you're the majority of people felt it should be a peer run. It should be done by peers either experienced peer workers working like an ad hoc screening committee, or a peer run organization or peer run certification board.

Wilda White 20:15

So that, so are there any questions about anything I've said in terms of the responses to the survey? Okay, I'm going to move then into. Alex, I see that there are I haven't looked at the chat, but I think there might be some things in the chat. Is there anything I need to know about?

Alexandra Karambelas 20:37

The link to the slides for folks who have been joining, but no questions that I can see so far.

Wilda White 20:43

Okay. So, I'm then going to launch into our topic for today, which I said was competencies and, and training. So, competency means like, what should a Certified Peer Support Worker be required to easily perform or what function should they be required to easily do to become a certified peer support worker. This includes both knowledge, skills, values and attitudes, a person needs to have to perform successfully in the role of a certified peer support worker. And these core competencies are often used to develop the training programs and the curriculum. Of course, this is a big topic to tackle in one hour, which is like net less than one hour at this point. However, the way I've decided that we might do this is that we wouldn't start from scratch. So several years ago, Vermont had a coalition called a wellness workforce coalition. And it was a group of pure support workers and pure organizations who would get together kind of as a professional association. And they had a core competencies workgroup to develop core competencies for its member organizations. And the court these core competencies, core competencies were the result of several years discussion and an effort by the wellness workforce coalition. And in developing these core competencies, the workgroup review the competencies and values developed by several peer organizations and oversight bodies. But these core, these core competencies that they came up with were never formally adopted. And so, we're going to look at those core competencies as a jumping off point. And we're also going to compare those core competencies to those that have been developed by the Substance Abuse Mental Health Services Administration, known as SAMHSA. And we'll also look at the core competencies from the state of Georgia. And the reason that picked Georgia is because well, they were the first state to have the certified peer support workers and start billing Medicaid. And also, at least 35 states in the United States tend to have adopted the core competencies that Georgia developed. So first, I'm going to spend some time going through the ones that the wellness workforce Coalition did for the state of Vermont. We'll compare those to Georgia and SAMSA. And I'm going to have a couple of questions that I want us to be thinking about as I discuss what the wellness workforce coalition came up with, and what Georgia and SAMSA came up with. And those questions are, what's missing? What's missing? You know, if you have worked as a peer support worker, you've hired a simple peer support worker, if you receive peer support services, what on this list is not captured by what you think you need it as an employer, employee or recipient or engaged in this relationship? Peer support, then what's not necessary? You know, what, what don't we need to spend time on, you know, what should be removed from this list? And then any other comments or concerns?

Alexandra Karambelas 24:20

Well, I'm just going to jump in here really quickly and share just a thought from one of our participants. So Sarah says I'm concerned about the assumption that literacy is necessary for certification. It seems like learning to navigate a reading world without being able to read is a

valuable skill and may benefit many a significant portion of the groups that healthcare organizations are trying to serve. And then Will said that was me showing off my wellness workforce coalition drinking glass is on my desk right now.

Wilda White 24:52

Okay. Well, as always, I appreciate all those comments. I haven't taken a position about whether literacy should be required or not, I do want to share with you and I, what I shared with you was what other states have said about a personal statement and, and testing, assessing literacy based on a personal statement, but by doing so I wasn't saying that Vermont should or should not have a literacy requirement that is for is for the state to decide. So thank you, as always, for those comments and keep them coming. So now I'm going to, we're going to just go through these wellness workforce coalition peer support competencies, and I don't want to necessarily have to read everything on the slides. But I'm going to have to do a little bit of paraphrasing, because we do have people on the phone, and I hope that you're able to pull up your own copy if you can't see the screen, because it's too small or something, because I did want to fit as much information as I could and still make it legible. So so we wouldn't have, you know, too many slides. But I'm just going to get into them right now. And then periodically asked for, for comments for feedback, or jumped in. So as I said, they're these are from the wellness workforce coalition, they haven't been formally adapted. But it was the result of several years work and research. There are 14 of them, just so you know. So the first one was, they felt like it was really important for peer support workers to understand peer support values and the different orientation of a peer support worker. The next one was they felt like people, peer support workers should have lived experience. And that meant learning how to thoughtfully tell your own personal stories and share that in a way that was useful to establishing a mutual, authentic, healthy relationship. The next one was self-awareness, they thought that peer support workers needed to build their own capacity for introspection, self-reflection. And the next one was boundaries. So peer support workers needed to create, they need to know kind of where they end and the other person begins, they need to recognize that there are some limits that you don't cross. And they, there needs to be some recognition of the complexity of boundaries. So I'm just going to move on to feeling that no questions about that. They're

Alexandra Karambelas 27:49

just there was one comment, but it had to do with our previous conversation around literacy, David says, the role of peer support specialists would be to connect the person with someone who can help them navigate a reading world, the peer support specialists need to be literate to complete paperwork with the recovery, depending on the work environment they are in, of course.

Wilda White 28:11

Thank you, I appreciate that. And like I said, all those comments in chat will be incorporated into the final report. So, I strongly encourage you to keep using that chat in that way. So I'm going to get back to the peer support competencies, and we're on number five. And this is worldview and cultural awareness. And so, this is just peer support, workers need to be aware of their own culture, their own beliefs, their own familial influences, so that they could understand that theirs is not the only one. And they also need to be on I'm on six, they need to have skills and communication and active listening. Seven, they needed to be able to engage in and build authentic and mutual relationships, which many people consider to be the kind of the heart of peer support. And really important to

understand that these are supposed to be equal relationships, and to recognize kind of the relative power or privilege and status that comes just merely from the position itself. So, eight, they needed to practice self care, wellness and their own resilience to prevent burnout, which is everyone knows is a risk in these kinds of professions. They also need to understand self-determination. You need to understand that peer support is not about you know, kind of helping people it's about, you know, help. It's about encouraging people to live their own lives and determine what those lives are going to be and helping assisting them and reaching what their own aspirations. The 10th one was they need to be aware of trauma, or everything they do need to be trauma informed. And so they would have to learn kind of what trauma is what trauma informed means, how to incorporate that in the peer support relationship. Number 11 was safety, they needed to learn how to identify potential safety risks, and work collaboratively people to reduce the risk to themselves and others. 12 they needed to be able to develop and maintain effective working relationships with their colleagues and others in the organization. They need to figure out how to balance the needs of the organization with the values of peer support and the aspirations of the people with whom they're working. Number 13 was professional development. And this is the peer the peer support workers all professional development, leadership, and, and issues of confidentiality. And the final one was linking people to resources, services and support. So peer support workers needed to help individuals acquire resources and services and supports they need in the community, and they needed to have knowledge about. So my next slide is a summary that I put together comparing the wellness workforce coalition, to competency to Georgia's and to the Substance Abuse Mental Health Services Administration, also known as SAMHSA. Before I get to that next slide, are there any questions or comments about anything I've said so far? Anything in the chat, Alex, I'm sure you tell me but

Alexandra Karambelas 32:06

No, mine, if I see anything, I'll try to jump in. Nothing so far.

Wilda White 32:12

Okay. So then let's move into this chart. I've put together this table I put together that compares the Vermont with Georgia with SAMHSA. So the main difference between Vermont, Georgia and SAMSA is that both Georgia and SAMHSA spend a lot of time on recovery. And it doesn't appear that the word recovery is even in the Vermont wellness workforce coalition core competencies. You know, Georgia in their curriculum, they spent seven different sessions on recovery. They have recovery, planning the recovery process. Using your recovery story, creating recovery cultures is exploring beliefs that promote recovery. And SAMHSA is always also very much focused on recovery. But like I said, Vermont is not. The other difference between Vermont and Georgia is that Georgia spends some time on a code of ethics and ethical decision making and ethics is not at least explicit. In the Vermont wellness workforce coalition, proposed core competencies, it comes in a little bit with boundaries, but not in the same way Georgia does. Georgia spends a great deal of time on going over the code of ethics, and helping people understand what's involved in ethical decision making. Those are the big differences. But you can see where the black bars are, where there's not overlap. And so for Mark spends a lot more time on kind of a human rights based approach and advocacy. They spend time on self-care where other ones are not so don't seem very much concerned about self-care. And they spend, they call out trauma informed and issues of safety in the way that Georgia and SAMSA do not. So, I'm going to stop sharing my screen for a bit and see if we might get into a conversation about what we think about what's missing. What doesn't need to be here are other thoughts about the set of core competencies what we think it's certified peer support worker and the

State of Vermont should know, to become certified. And who would like to? Who would like to kick us off? There must be some reaction. Or I can ask for specific questions, for example. All right, we have a hand David Martin's.

David Martin 35:26

Hi, everybody, they Martin's on the director at the Affordable Housing Coalition. In Rhode Island, I was I'm very passionate about this stuff, because I did it for so long in Rhode Island, and I'm so excited to see it taking shape here. In Rhode Island, we I remember the recovery, the peer support specialist's role was really born up there from the recovery community. And the mental health world was sort of doing it on their own, and in time, we said, well, it makes sense for these to be merged. And so and so I'm not surprised to hear that SAMHSA stands out, of course, is going to have a lot of language about recovering. So, I think that that was kind of how this develops, not just in Rhode Island, but from what I used to see at national conferences and stuff. In a lot of ways across the country that really, it came out of this idea of, especially since the recovery community kind of already had the seed, right, because like the 12-step world is based on this idea of like sharing your experience, strength and hope to help someone achieve sobriety. So that was the understanding of recovery group, no surprise that this, the peer support specialist role kind of was an act as an actual spin off from it. So, I think that like the well, we saw in Rhode Island was that while merging substance abuse disorder with mental health stuff in the training and having a joint curriculum, was that where we were like, yeah, there's a lot of places where this all goes together. But there's also a lot of places where this is really different. So, to think about peer support specialists beyond the world of any kind of recovery, we're going to face that yet again, like whoa, there's even more differences here, right? So, I think that the holding a recovery priority or a recovery perspective, both in the definition in the work, it gives them some ground of commonality, because the principles are certainly the same that drive for a living is self directed life, the the notion of a process of change, etcetera. We find in that working definition of recovery that SAMSA provides, you know, beyond mental health stuff, it was beyond addiction, really. And it's just this, what is recovery, but a process of change, to live a more self directed life. I wanted to chime in about that recovery piece. It's so much fun to be a part of this discussion.

Wilda White 38:02

Thank you, David, I appreciate that. I've had every single question that in the chat for me to put up the last slide. So I'm going to go back to screenshare. But we want to continue this. Chris, from pathways Vermont Community Center, your hand is up?

Chris Nial 38:19

Yeah, I was thinking about the recovery piece as well, myself. I think I kind of stand on the other side of that, I am really proud to see that recovery isn't something that promotes talking about as much and at least for me, in terms of, of like a mental health peer worker, right, and someone with experience with my own lived experience of like extreme mental health states and challenges that I think for me recovery has this implication that there's something I'm recovering from, right. Like there was some problem, there was some like issue, there was something that was like wrong or inherently bad, or, or like some level of judgment, I think on this, like other way of being or this other state, that isn't a part of my experience, right? Like I have had folks that will make try to put like a illness label upon myself. But like, that's not something I'm interested in, not something I

want, and not something I identify with. So. So for me that recovery, it just it comes with all of this, this this judgment and this idea that like there's some illness that that is at the root of whatever is happening here. And that's not a notion that I find relevant to the mental health peer work that I do.

Wilda White 39:31

Thank you, Chris. And I think that your comment is reflected in so many of the survey results and previous conversations we had about this word recovery, and how it just doesn't resonate with many people who would either be delivering peer support or engaged in kind of peer support relationships. Any thoughts about people who might want to talk about why we think There should be more in the core competencies about helping people with their path to recovery.

Wilda White 40:16

No one's interested in arguing that point.

Alexandra Karambelas 40:18

Go for Will, I was just going to say it looked like your hand was up as well as Amy, and

Will Eberle 40:19

I appreciate it, no problem. So I just want to let people know that, you know, recovery, Vermont has a really open attitude about this. And I just want to start with some sort of like, awareness of the current state relative to recovery coaching in Vermont, there may be like, differing understandings of that. So, currently, there is a separate training and certification process for recovery coaching across all of Vermont. And we provide both the training and the certification for that and plan to indefinitely. And at the same time, you know, we are very interested in really fully embracing empowerment frameworks, and mental health, peer support, and IPS, and each of these things that are such transformational, you know, processes in the world. So over time could certainly imagine recovery, coaching itself shifting and changing and be more informed by that could imagine there being co-occurring, you know, trainings and things of that nature, but also realize that that can be very slow, and does really require both of these communities of like mental health, peer support, and, you know, the recovery community on substance use disorders and other addictions, to really have a lot of time coming to terms with what we both believe what we both wants, if there's middle ground, all of those types of things, that takes a long time. So, we don't want to be any kind of impediment to mental health, peer support, getting its feet under it, as soon as it can get in, you know, certification, getting designated funding, we want to see that grow in the world and be helpful with that however we can. So, I just say all of that, to let people know that if the consensus of this group is that we really want to have mental health, peer support be a standalone thing that's very separate, we can support that. If over time, there's interest in sort of merging or combining it just into like a co-occurring practice. We're interested in looking at that too. But mostly, we just want to be supportive of this process. And also let people know that for folks that do want training and resources, certification, etc., relative to substance use disorder, recovery work, that's something that we have available to everybody in the state that would like that. So that's what I can say about that right now. Thank you.

Wilda White 41:02

Thanks. Will. Alex, are there any other?

Alexandra Karambelas 42:38

Yeah, so I there? I'm not sure any way you can respond to this thread of conversation, because there is a question in the chat. But it's just four different topics. So I just don't want to miss that if you're hoping to participate in this one. I certainly have some things I guess to comment on when it comes to these core competencies, I'm not exactly sure that it fits in with the idea of whether or not not the terminology of recovery goes here. I certainly have similar experiences to the gentleman that spoke from experiences in Rhode Island. But for me, I guess like, what's really coming up as I read some of this is like, what else is is missing from this that I really view is important pieces of peer support. So like, what I'm not seeing is a lot of conversation around hope or empowerment, and how I think that those are big pieces to the types of conversations that we facilitate, we facilitate Spaces of Hope and self direction and empowerment. And I also I guess, see that the other couple other things that I think are missing is like seeing from a strengths-based lens and recognizing those things away from like perceived deficits. And this kind of matches with something else that I guess I'm a little struck by that. You know, I see that Vermont, the wellness workforce coalition had put a stamp here on on safety being one of the core competencies. And that's real interesting to me. I almost feel like a better terminology for that. And in my head, and I'm not sure I'm articulating this quite correctly, but like transparency, and that, I guess is in the mutual relationship, how we can be transparent about our own safety concerns about those types of things. Um, as I read the description of safety it, it seems to me that from what I know of peer support, I'm not sure it directly aligns with what I believe it to be. When it says peer support workers identify potential risks. And I feel pretty strongly that you know, peer support providers are not to do risk assessments on individuals but were, you know to measure and notice the strength that we see. And so I just have some alarming things that kind of show up when I see that word safety. And additionally, it talks about like that we manage situations, and I really don't ever view us as peer support providers to being like a manage anything role more of a be with sit with and mutuality, and transparency and honesty, types of things so that that one is just a little, I'm unsure about it. And then the other piece that I think is, is really big and maybe fits in with this last one of human rights based approach and advocacy. I think it's so important that the foundation of the X patient, consumer survivor, movement doesn't get get lost in this. But that I think peer support providers are really about like, also facilitating change in our systems and bringing up these hard topics that making sure our systems are equipped, as much as the people that we are supporting and make choices around voluntary treatment and self directed choice in what it is that we want. So I think that just facilitating change is a big piece for me in a core competency of peer support.

Wilda White 46:18

Thank you, Amy, I have to say I'm so impressed with all the contributions, that things that you're able to articulate so well, off the top of your head without a whole lot of preparation. So thank you very much for your comments. And everyone's comments that my comment reflects applies to all of these comments. Anyone have anything to say in response to Amey? And go ahead, Alex.

Alexandra Karambelas 46:53

Oh, I was just going to get us caught up in the chat. But if there's others who want to respond directly to me, definitely agree to make some space for that right now.

Wilda White 47:03

Especially if there are people here who were part of that workgroup? I mean, what would be your response to? Because I think what Amey articulated particularly on this level about safety, is what I think I would get, I don't think that would be controversial what she said within the peer support community of people who worked on this workgroup. And so I'm wondering what you were thinking about when you use the word safety, and use the word manage? I'm not going to cold call anyone right now. But I'd be interested, people want to fill out the survey and address that issue a little bit more. Or send, you know, call me up or whatever, I would be interested in exploring your what your reaction is to what Amey said.

Wilda White 47:57

So Alex, is there something that

Alexandra Karambelas 48:01

yeah, I can just maybe what we can do is I can just read through the last few comments in the thread. And then Sarah, I know you had your hand up. So maybe we can go back to you after I just read a couple of these. So Trish said I'm interested in how intentional peer support compares to Vermont's core competencies, and Georgia's curriculum, IPS and rap were identified as the recommended trainings for peers by Vermont's peer community via the Mental Health Transformation Grant work five to 10 years ago. Sarah had said, well said Chris to Chris's previous comment. And then Chris Hansen says Trish, in response to your question IPS aligns reasonably with the Vermont core competencies. We don't love the language of self-care, because it can be risk and assumption of fragility. Here are the IPS competencies specific to IPs. Just to let you know, Chris, I think I tried to get that link and I needed access. So just to let you know, and then Chris continued to say some others are speaking eloquently to some of the wrinkles also. And then says I appreciate all of Amy's points, including unsafety human rights in that people's history. IPS is less focused on treatment and recovery than Georgia's

Wilda White 49:20

Thank you. We're actually going to talk and maybe we can segue now into the comment that Trish asked about IPS and WRAP. So, I'm going to transition off core competencies

Sarah Knutson 49:31

Can I -- I got my hand up can i

Wilda White 49:32

Yes Sarah. Excuse me, I lost track of you please.

Sarah Knutson 49:46

Easy thing to do. Um, I think for me that the different emphases in peer -- substance use and mental health peer support come out of our history. The primary some emphasis in substance use and peer support. If you look at the history, there was really Bill Wilson and wanting to get back into wanting to get back into society and wanting a way for alcoholics to get back into society. And so the idea of recovery and the idea that, that, that alcoholism was an illness fit really well with what they were trying to achieve. And the idea that people could get cured from this and get back to their jobs and get back to doing the things that that a society assumed good people always do was, is essential to substance use recovery. The Mad movement came along quite a bit later in a human rights context in the 1960s. And we were really about changing society. So, our history is about, there's a need for we're much more aligned with the social construction of disability model, we're much more aligned with the idea that, that actually society needs to do a fair amount of self-reflection and changing and then it's and the way that society is operating is hurting people. And so I love the part about Vermont, that's really sort of taking the competencies that are taking a much more transformational role and a much more sort of crude, a, potentially a much more like, we're supporting, or supporting people to, to find themselves and be who they are. And, and, and, and go and, and actually support a critique of the system as it is rather than rather than help people fit better into a system that may be oppressing and hurting people.

Wilda White 51:33

Thank you, Sara. Appreciate that. That history and that context, to understanding the divergence between the recovery community and the Mad Men movement, for lack of a better word. So, what I want to do in the remaining time left is assure you that you'll have another opportunity to weigh in on these issues and the survey, if you wish, and then move on to just a final. This final issue of you know, once you've created your core competency, once you've decided what people need to know what you have some decisions to make about training, and I'm going to take us there now. So, there are kind of roughly four different models for delivering training around the core competencies. One extreme, there's main, which only requires a certain to become certified that you complete intentional peer support, training, and to intentional peer support for people who aren't familiar with it. You know, we have I am taking a risk and even trying to explain it, because we have, we have one of the CO directors or an intentional peer support among us, we're lucky enough to pay for action from this area. But it was created in the 1990s. And according to the Creator, and I'm quoting, intentional peer support is a way of thinking about and inviting transformative relationships. Practitioners learn to use relationships, to see things from new angles, develop great greater awareness of personal and relational patterns, and support and challenge each other and trying new things. So that's just a synopsis of what it is. But it's a you know, it's a it's a rigorous program that is used in the state of Vermont. But for people who do provide peer support, but in May, that's all you need to do. In New Hampshire. They require you to take complete a course and intentional peer support, also known as IPs. They also want you to create a course and Wellness Recovery Action Planning. And there's also a one-and-a-half-hour webinar on resilience that you can take Rhode Island, they take a different approach. They just say okay, here's a list of approved training vendors take this course and then go take the test. And they have their test is independent. It's through -- they actually outsource their testing. And in Georgia, its model is there's a single approved core training curriculum that we've developed specifically for the state of Georgia. And so kind of those. Those are the models. And so, are there any questions about anything I've said? Because what I'd

like to do now is I'm going to take this screen down. I'm going to see if we can launch a poll about where you think Vermont should end up. I will say though, or just for information sake, Maine's program in New Hampshire's programs are not considered leading practices. The leading practice and peer certification training is a core curriculum grounded in recovery, such as Georgia's curriculum coupled with a supplemental curriculum that you need to the particular jurisdiction. That also incorporates physical health and wellness, and ongoing training and practice in developing interpersonal skills. So that leading practice is based on some research that the federal government did when they looked at some large states peer certification programs several years ago. There's also some research that one of the there's also some research that says that peer support workers are happier, and do better and stay longer with the profession, when they're in training programs that are kind of in person, and rigorous and cover more than just a single subject like intentional peer support. So let me stop this screenshare.

Wilda White 56:27

I'm going to see if today, the poll works last time, we had a little difficulty with polls. But this poll is basically just going to ask you to pick between those kind of four options that I just laid out, and it's a multiple choice, there's obviously nuance, but it's just trying to get a general sense of where you would be would line up. So, let's see. Oh, wow, we might even get it so I think you all know the people on the phone. I will check in with the people on the phone separately. But for the people on the phone, I'm going to read the poll. Basically, it says what should Vermont require for training to become a certified peer support worker, one, just complete international intentional peer support to complete intentional peer support training and Wellness Recovery Action Plan training, three complete training offered by an approved vendor, or for complete a single approved core training curriculum developed specifically for Vermont. There's also a choice for other and there's also a choice for I don't know so I'm going to launch the poll and I'm going to hope that it works and I'm going to ask you to vote and when you maybe will give a minute and then I'll will reveal the results and it did work Wow.

Wilda White 58:36

So, there are 15 seconds left for you to participate if you wish.

Wilda White 58:58

All right, I'm sharing the results.

Wilda White 59:05

So it looks like 38% thought that it was sufficient to just have the intentional peer support and the rap training as the only requirements become certified, followed by 29% thought which have a single approved core training curriculum developed specifically for Vermont. I will invite those who would like to tell us why you voted for the IPS and wrap and then if somebody would, who voted for the the core training curriculum developed specifically in Vermont, we give us your rationale for that.

Wilda White 1:00:00

Chris Hansen?

Chris Hansen 1:00:02

Yeah. So, okay. All right. Chris Hansen from intentional peer support actually voted for a couple of them. Because the option that I prefer is I think intentional peer support is a good peer support training. And I think that there are things that would be really beneficial alongside intentional peer support. WRAP was just one example. But I think there's possibly other trainings around power, oppression, marginalization, trauma. You know, some of the mad people's history could be expanded beyond intentional peer support. And I think a robust training schedule needs to have a wide, wide range of some of those competencies included. My five cents worth,

Wilda White 1:01:06

thanks. For those who don't know, Chris Hansen is what's your position with intentional peer support? co director, she's a co director of intentional peer support. Thank you, Chris. I appreciate you stepping up. Zachary Hughes, you're up.

Zack Hughes 1:01:27

Yeah, I'm going to try to be up. I guess I wouldn't be okay with what Chris said as well, in addition, but we but I believe we could, I would be willing to settle with those two requirements there. Just because I'm concerned, more robust requirements, some people on our staff would not be able to complete those. I feel very confident with that. And I have some serious concerns. And that's why I would say there would need some be some flexibility if we were to go deeper. Thank you.

Wilda White 1:02:02

Hey, Zack, can you talk to me? Can you say why you think people on your staff would not be able to complete? Different kinds of curriculum? Well, what would prevent them from doing that?

Zack Hughes 1:02:17

Well, I should correct myself, actually, I think I would be, I should correct it a little bit. I think with accommodation, they could complete it. I think if we're requiring it, and you're rolling it out. And if we don't exercise flexibility, they may not be able to complete it because of where they are in their recovery situation. You know, they have different speeds we have, we all have different speeds with which we complete things. And you know, I'm just saying I really believe in the flexibility. So I would, I would say actually, they could complete it if accommodated. Thank you.

Wilda White 1:02:57

Thanks. I appreciate the clarification. Dawn Little.

Dawn Little 1:03:01

I just wanted to say that like Chris, I voted for multiple options, and was likely counted as someone who wanted IPs and WRAP. And I just wanted to clarify that I don't believe that, that the training should be limited to those two things. I think a curriculum developed for Vermont would be good. However, I feel that IPS in particular, and also WRAP should be included. And I would also echo Zach's caution about, you know, using flexibility in terms of how much we put on there as a requirement. And I basically agreed with everything Chris said, as well. Thank you.

Wilda White 1:03:41

Thank you. Okay, so we are two minutes from 21 minute from 12. And so like I said, like to begin on time and end on time, this is not your last opportunity to weigh in on this. I will be circulating the survey. And even outside of that survey, you should feel free to reach out to me by phone by email or any other way that you can reach me to let me know your thoughts on this and any other topic that's come up. If there are, if there's nothing further. I think we will call it a day. Let me see there's somebody that just write something in the chat. Let me see if I understand it. Okay, so Sarah Knutson said that she thinks IPs and rap cover the major basis of what's important for peer workers to know. And she would add hearing voices training to that. So that's really helpful. All right. So thanks, again very, very much for your participating in this session. It's been very valuable to me as the facilitator, the person who's going to be writing up the final report making recommendations and look forward to our next meeting on November 4. And I look forward to hearing In your survey responses, thank you, everybody. Have a great weekend. Thanks. Well done. Thank you, Alex.

Zoom Chat

00:00:35 Wilda White: Meeting Four Slide DecK can be accessed at this link: https://peercertification.wildalwhite.com/2p8rp2v3

00:05:16 Wilda White: https://peercertification.wildalwhite.com/2p8rp2v3

00:07:36 Alex Karambelas: Link to the slides for those just joining us : https://peercertification.wildalwhite.com/2p8rp2v3

00:08:53 Alex Karambelas: Link to the slides for those just joining us : https://peercertification.wildalwhite.com/2p8rp2v3

00:10:57 Alex Karambelas: Link to the slides for those who just hopped on the call: https://peercertification.wildalwhite.com/2p8rp2v3

00:15:37 Alex Karambelas: Link to the slides for those who just hopped on the call: https://peercertification.wildalwhite.com/2p8rp2v3

00:23:33 Sarah Knutson: I'm concerned about the assumption that literacy is necessary for certification. It seems like learning to navigate a reading world without being able to read is a valuable skill and may benefit many a significant portion of the groups that healthcare organizations are trying to serve

00:23:55 Will Eberle: that was me showing off my "Wellness Workforce Coalition" drinking glass. It's on my desk right now ☺

00:26:08 Alex Karambelas: Link to the slides: https://peercertification.wildalwhite.com/2p8rp2v3

00:26:10 David Martins: The role of the peer support specialist would be to connect the person WITH someone who can help them navigate a reading world. The Peer Support Specialist needs to be literate to complete paperwork with the recoveree (depending on the work environment they are in of course).

00:37:23 Amey Dettmer: can that last slide be pulled back up?

00:38:31 Patricia Singer: I am interested in how Intentional Peer Support compares to Vermont's core competencies and Georgia's curriculum. IPS and WRAP were identified as the recommended trainings for peers by Vermont's peer community via the MH Transformation Grant work 5-10 years ago

00:40:09 Sarah Knutson: Well said Chris

00:44:32 Chris Hansen (She/Her): Trish in response to your question- IPS aligns reasonably with the Vt Core Competencies. We don't love the language of 'self-care' because it can risk an assumption of fragility.

00:44:48 Chris Hansen (She/Her): Here are the IPS competencies specific to IPS https://drive.google.com/drive/u/0/folders/0B7SevWpsubU3LWxTeG43UFV4NVU?resourcekey=0-RX64dSe_GSxmbGo-ZceNIA

00:46:02 Chris Hansen (She/Her): Some others are speaking eloquently to some of the wrinkles also

00:46:41 Will Eberle: Hi all, have to leave and rejoin on my phone - please let me back in the virtual room ya'll – thanks

00:48:00 Chris Hansen (She/Her): I appreciate all Amey's points including on safety, human rights and mad people's history

00:49:03 Chris Hansen (She/Her): IPS is less focused on treatment and recovery than Georgia's.

00:50:31 Chris Hansen (She/Her): Try this for IPS Core Competencies chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf?v=b8a74b2fbcbb

00:50:39 Chris (he/him/his) Pathways Vermont Community Center: In terms of safety, I'm not 100% clear on where this came from. I do think Peer Support is inherently risky, requires vulnerability, and an amount of leaning into discomfort, which means safety is never really a guarantee, but a negotiation around boundaries.

00:51:33 Keith Grier: well said Sarah.

00:52:14 Will Eberle: I was initially on the WWC Core competencies way back in the day but left for another role outside the peer movement before it was finalized.

As a "peer," and "person in recovery" both, I'll say that I'm very invested in us coming up with a mental health peer support certification approach centered on shared lived experience, empowerment and being truly trauma informed and healing centered. I find IPS to be an incredible tool to achieve all of the above and am advocating for that to be foundational to whatever we land on.

00:56:22 Charlotte McCorkel: Would Georgia share their curriculum with us to use?

00:57:05 Chris Hansen (She/Her): And for what it's worth, I think that a robust peer support training should include some other things than just Intentional Peer Support!

01:01:24 Eva Dayon: Everyone loves a "vermontified" version of training curriculum. I wonder about how much time it would take to develop that and who would deliver it.

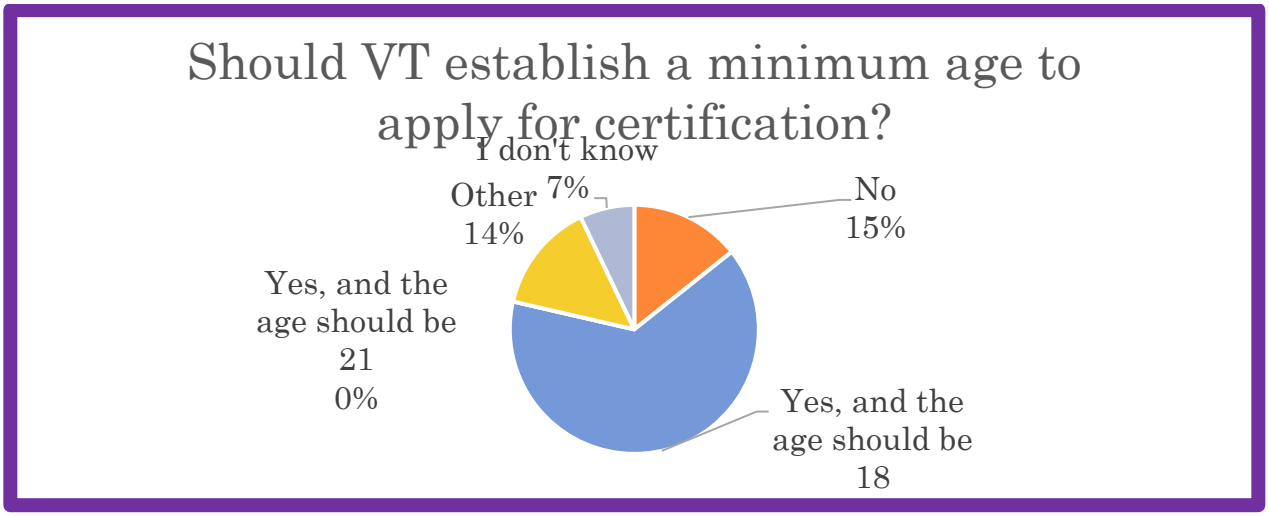
01:04:13 Sarah Knutson: For me, IPS and WRAP cover the major bases of what is important for peer workers to know. I'd add hearing voices training to that

01:04:58 Chris (he/him/his) Pathways Vermont Community Center: Would love to see a Mad Histories Movement training in there.

01:05:00 Chris Hansen (She/Her): Thanks Sarah- that's another good one- and alternatives to suicide is a good ceu option

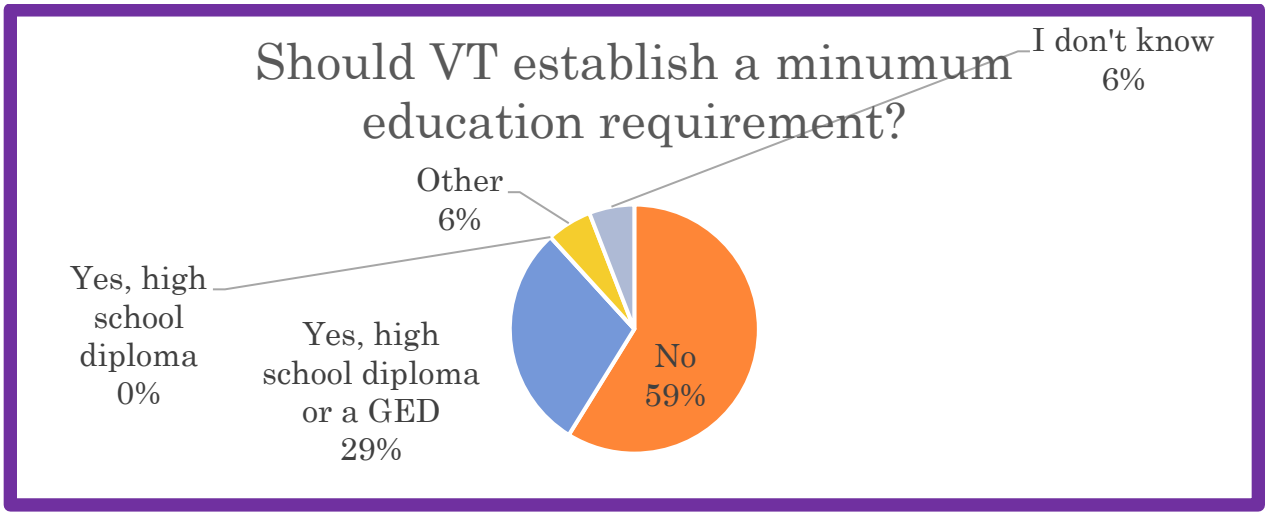
01:05:05 Kristen Briggs: Thank you!

Post-Meeting Three Survey Results



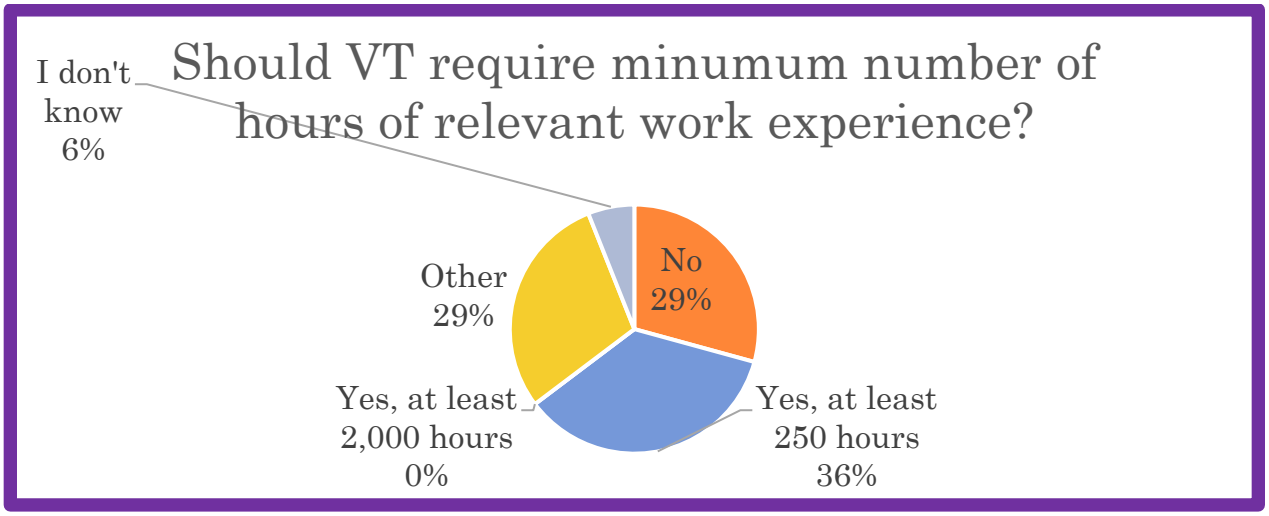
Respondents favored peer support for youth, in which case a minimum age would not be appropriate.

Respondents thought minimum age of 18 was necessary to avoid the requirement of parental approval for the discussion of certain topics.



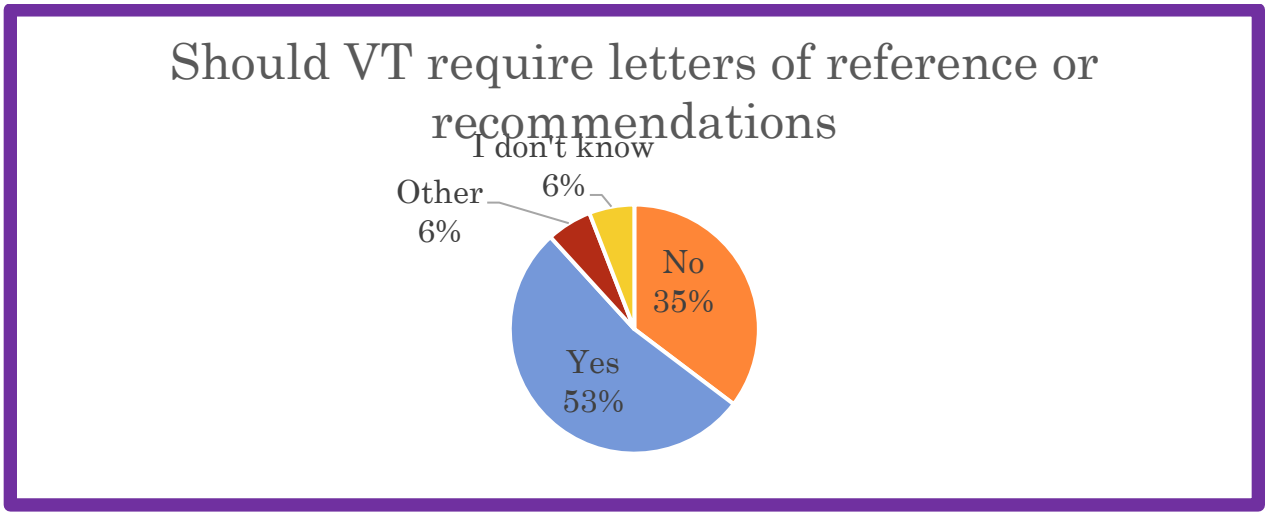
Comments:

- Many of us miss out on critical education opportunities because of mental health treatment. In my experience, some of the best peer workers are people with the least education. FOr certification I think there's a minimum level of literacy necessary, but beyond that I believe in giving everyone a chance.
- A high school deploma should not be a requirement to connect with someone, or engage as a peer. In fact, NOT having one could be a benefit when connecting with others that don't.
- Originally I thought yes, but again, if youth wish to support other youth and they have not yet graduated, then it is important that this is not a requirement.
- I'm inclined to say yes, High School Diploma or GED, but I could be swayed if others feel strongly against that. I do feel strongly if high school diploma is allowed, GED should also be allowed.
- Yes, and the minimum requirement should be a high school diploma or a GED
- No. I strongly feel that there should be no educational requirements in order to qualify. Living with a mental health challenge can oftentimes disrupt an individual's ability to thrive in standardized academic settings. Underfunded school systems and systemic disparities can also create disadvantages for people living with mental health challenges; if these individuals do not receive proper supports throughout their youth, the ability to graduate high school becomes much more challenging. Functioning in a standardized educational setting is not a reflection of one's ability to lead a meaningful life, nor is it a reflection of one's capacity to support others.
- disability or life circumstance may curtail someone's minimum education



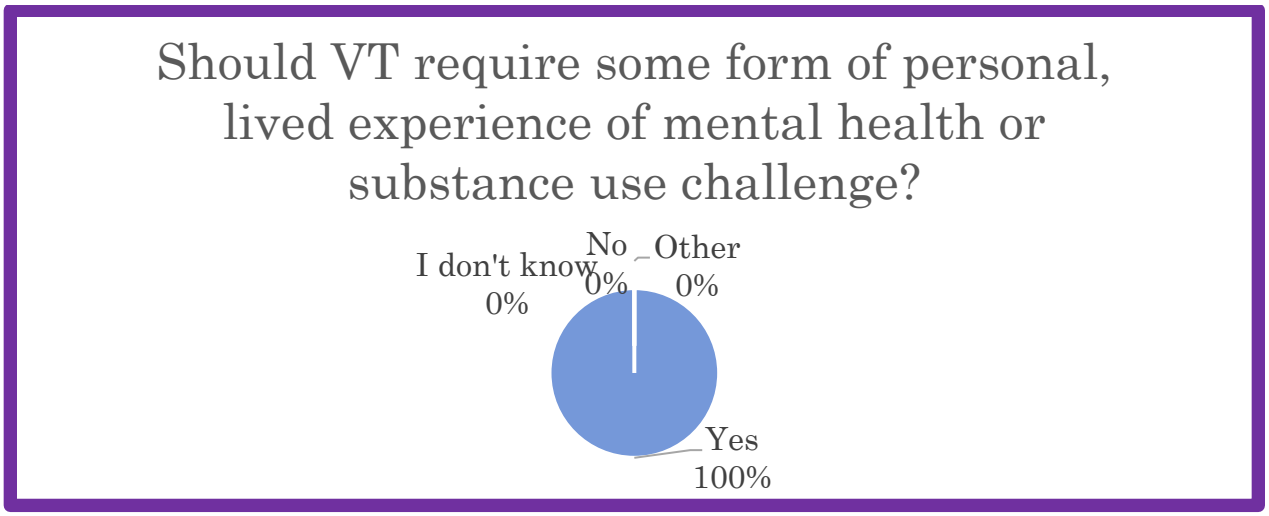
Comments:

- Paired with this requirement there needs to be ample volunteer opportunities in the peer work space.
- If there is no minimum education experience required, then there should be a minimum job/volunteer exp requirement.
- Very unclear how someone would even obtain these hours in our current system, and this doesn't feel necessary for learning how to work as a peer.
- This requirement further adds to the legitimacy of peer work in the eyes of their clinical coworkers.
- All of DMH respondents believe that there should be a minimum number of hours of relevant volunteer or paid work experience. There were some differences of opinion related to the number of hours required, and pay.
    - I like the idea of 100 hours of relevant work experience, but I don't want to give agencies the option to not pay folks for their time. Potentially at a different pay rate for certified and non-certified peers.
    - Yes, and the minimum number of hours should be at least 250 hours of relevant and supervised volunteer or paid work experience
    - Yes, there should be a minimum requirement related to work experience, but they should be paid hours. I think the number of hours required should be 250, but 2,000 hours required seems like it would be a challenge or barrier for many to achieve.
- I think having some kind of experience supporting others is important but it doesn't have to be through structured work or volunteer experience. Many people have ample experience supporting others in informal ways.
- work experience/internship should be part of the certification



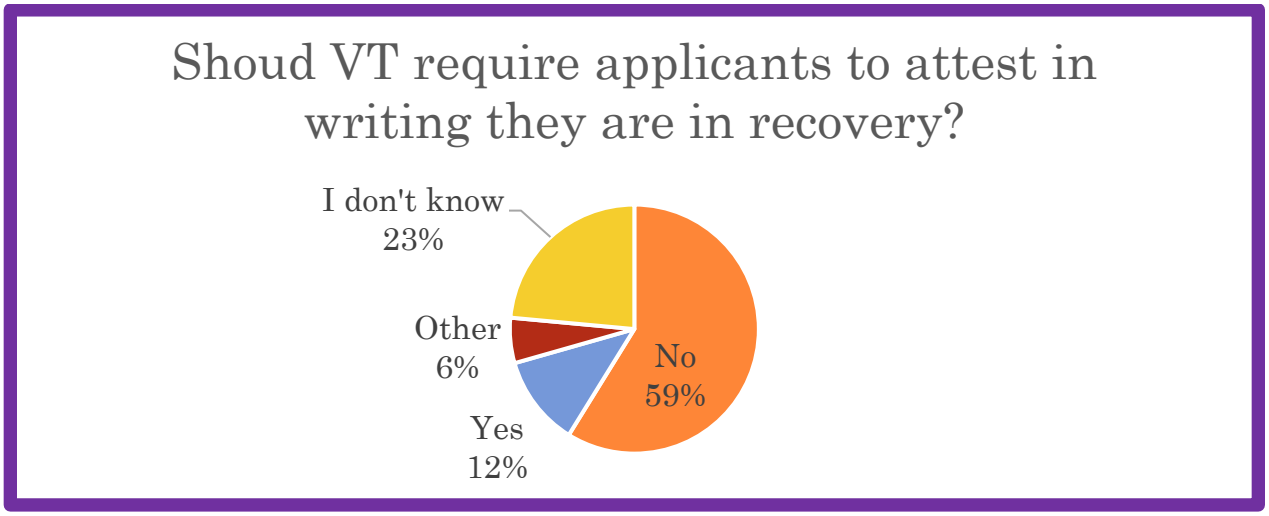
Comments:

- I think a peer may have experienced their time in isolation. If they are unfit to work as a peer, I'd want the accrediting organization to identify that, not a lack of available references.
- In my experience letters of recommendation come from employers, professors/teachers, maybe mentors or volunteer supervisors. If someone has been excluded from the systems that would provide them access to these that doesn't necessarily mean they wouldn't be successful doing peer support. If references can be from friends and family then the validity seems even more questionable. Maybe references/recommendations are requested but if someone doesn't have them then they can explain why and it isn't necessarily a deal breaker depending on the situation and the person.
- you may need a letter of reference for a job - you should not need one to get an education



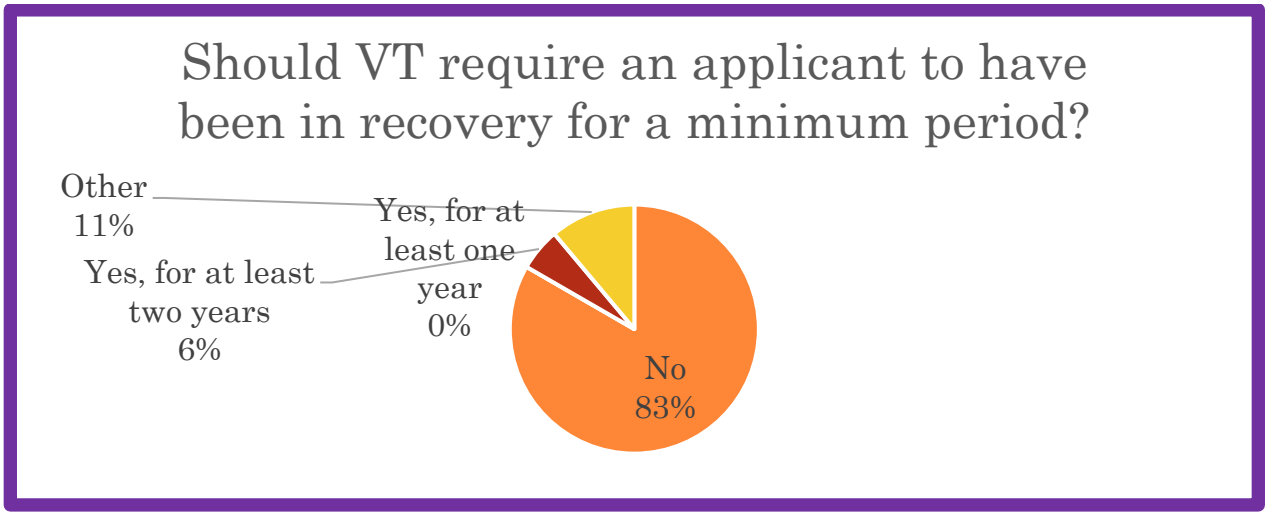
Comments:

- Personal lived experience should include people who have had someone close to themselves mental illness cause disruption/impact their life in a meaningful way.
- I think the wording could be something like ' some sort of personal lived experience of a mental health or substance use challenge, or identifying as a user or survivor of psychiatry'.
- This requirement is implied in the nature of peer work. If someone does not have lived experience, how are they a peer?
- Yes. With a broad definition of experiences that apply.
- Yes, as defined by the individual.
- Yes, as defined by the individual.
- I think we need to talk more about what this means but I agree with something along these lines.
- Working with peers and peers doing work are separate things –



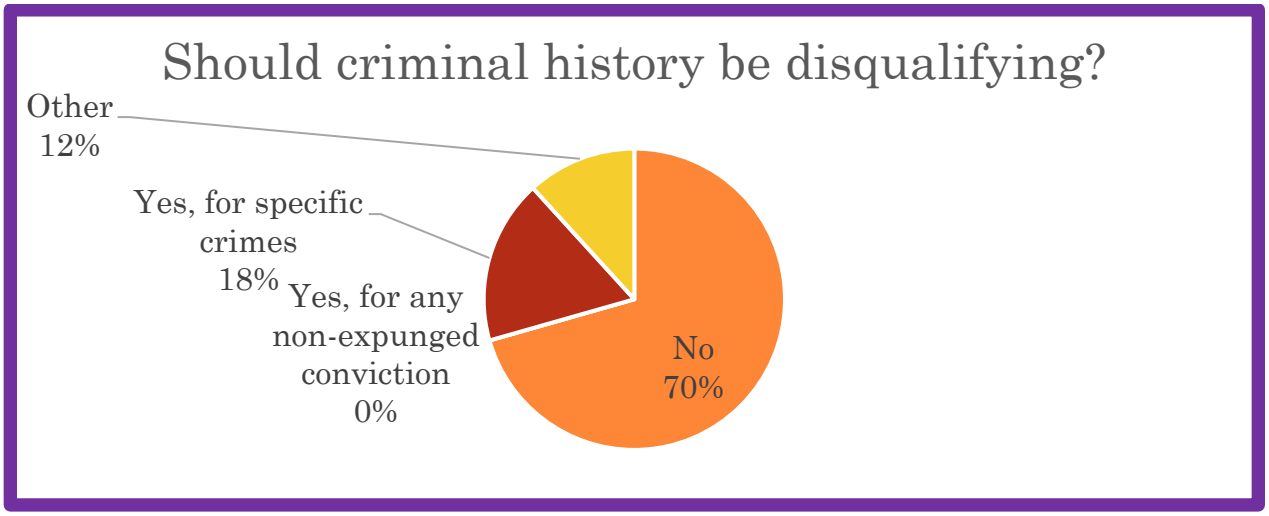
Comments:

- The question about "recovery" and willingness to share "recovery" story would likely fall within the expectations of the peer speciaist role and/or ethics and values of role.
- I'm not sure what the purpose of this is, if a person qualifies under the parameters of the last question. What is recovery and when does it begin?
- Peers don't have to identify with "recovery" and no one should be forced to "out" themselves to the state of Vermont, or another governing body that they have no personal or mutual relationship with.
- They should attest that they have a lived experience that they are willing to share in their work as a peer support specialist.
- recovery is not a static thing - you may relapse or even be symptomatic and still performing



Comments:

- Other: periods of one month to three months
- Reasons: difficult to define; what is recovery?
- Again, I don't think this is meaningful or useful and is hard to define or measure
- Recovery is not what everyone identifies with. This requirement seems fear-based.
- What does recovery even mean. What would be the measure?
- No. This seems very difficult to define, particularly in the case of people living with mental health challenges. Although it is not how I would define it, I think the word recovery could be interpreted to mean a variety of indicators which may not actually reflect one's ability to live a meaningful life such as presenting as symptom- free, or the ability to function in various societal structures. Comparing an individual's journey to these measures could be potentially harmful, and may be a misguided way to measure an individual's empowerment process.
- both parties may need some time

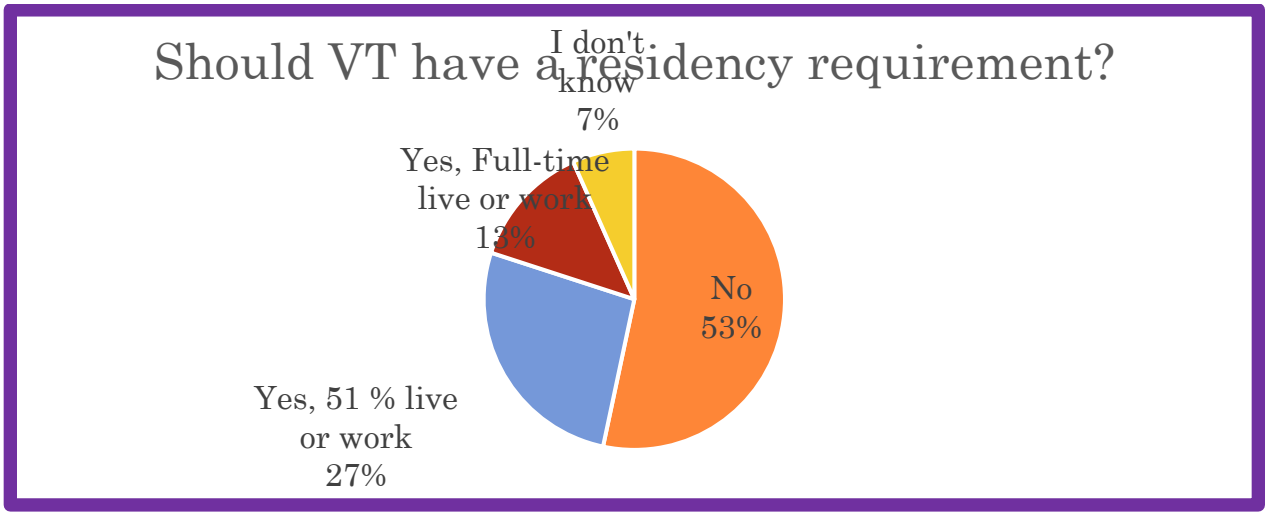


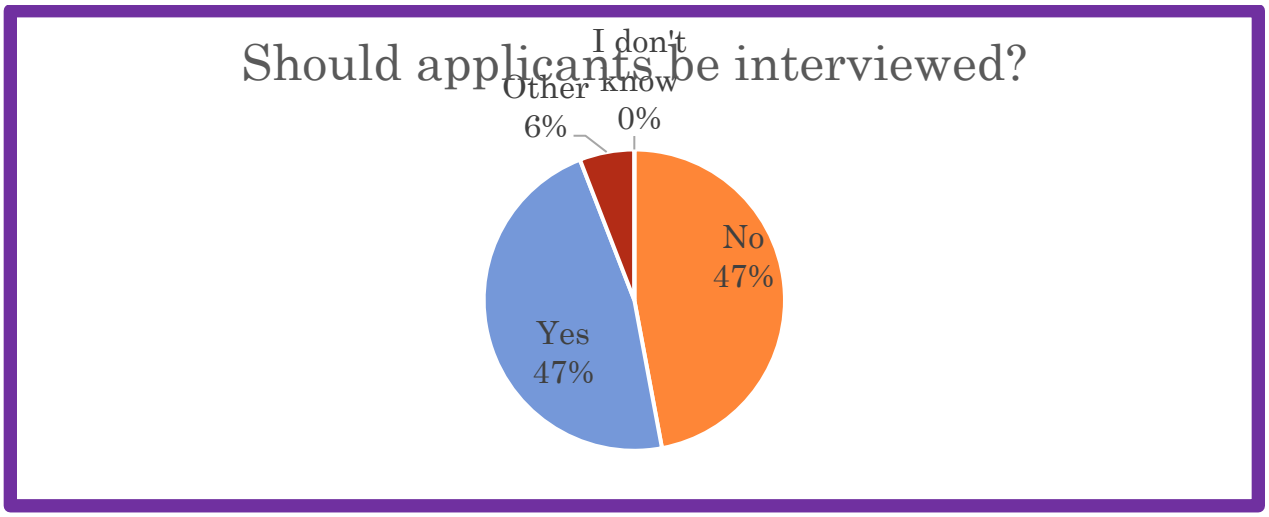
Comments:

- Disqualifying crimes: felonies; sex offender; sale of drugs; murder, capital crimes; repeat offenders; abuse of individuals; “severe sex crimes”; murder, rape, domestic violence
- Any crime resulting in a sex offender status, sale of drugs, murder and similar capital crimes
- Felonies
- Individuals with past convictions of child sexual abuse should be disqualified.
- Yes, some crimes should be disqualifying. murder, rape and domestic violence and other violent crimes.
- repeat offenders, abuse of individuals, severe sex crimes
- In general no. AND - I think this should be determined on a case-by-case basis. Many have committed crimes they never got caught or convicted of, and others have convictions for crimes that do not relate to who they are in the present. Some of the best peer workers to work with people with criminal convictions are others with criminal convictions for example
- Should follow the requirements to become a Medicaid provider.
- I think that folks regardless of the crime are potentially capable of being peer support workers, but I do think the trainers should attest to someone's capabilities.
- That’s a firm no from me, I don’t think criminal conviction should block someone from being a peer.
- Yes, some crimes should be disqualifying. murder, rape and domestic violence and other violent crimes.
- I strongly believe that no, a criminal history should not deem someone ineligible. 40% of people living with mental health conditions have been in jail or prison at some point throughout their life. Many people living with mental health and substance use disorder are more at risk to be involved in criminal justice system due to a lack of adequate, resourced, and available mental health services or community supports. This is even more true for groups that face disparities in access to livable housing, education, health care, employment etc. Further, peers with a criminal history can greatly help others who justice-involved navigate the traumas specific to that system, as well as the barriers individuals may experience with re-entry such as employment and housing. Here is some more information describing the intersection of the criminal justice system and people living with mental

health challenges. (Link to article: https://ps.psychiatryonline.org/doi/10.1176/appi.ps.201900627) "Individuals with mental health conditions are overrepresented at all stages in the criminal justice system. Diagnosis of a major mental illness in the year before an arrest is associated with a 50% increase in the odds of a jail sentence for individuals arrested for misdemeanors. Approximately half of state prison inmates have a diagnosable mental illness, including 29% with a serious mental illness (22). Rates of serious psychological distress among probationers and parolees are two to three times higher than among individuals in the general population (23)." I would recommend looking to justice-involved peer programs to explore how safety was ensured for those working with peers, without barring individuals based on past experience. Perhaps a written statement would give the applicant the chance to explain the nature of their conviction, how it relates to their recovery process, the impact it may have had on their life and their ability to thrive, how they healed from the experience, and why it makes them uniquely qualified to support others with similar lived experiences. In these situations, I think transparency to the service user would be key.

- There are some convictions that if they came up in a background check would absolutely be a major concern- especially anything to do with abuse or exploitation. But I don't think it should necessarily in all cases be a dealbreaker- if someone did something harmful a long time ago and can demonstrate how they have changed and taken responsibility that person could potentially be an excellent peer supporter. Also do most professional certifications require background checks? Previously I thought of that as something that was in the realm of the employer to determine if they were okay with someone's criminal history- is it necessary to duplicate that process?

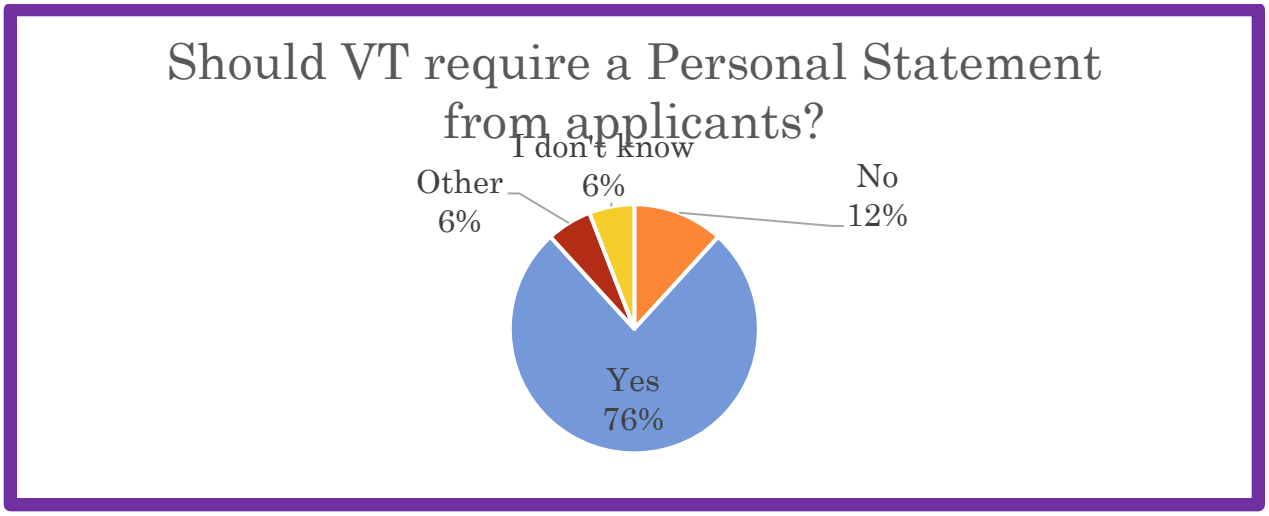




Comments:

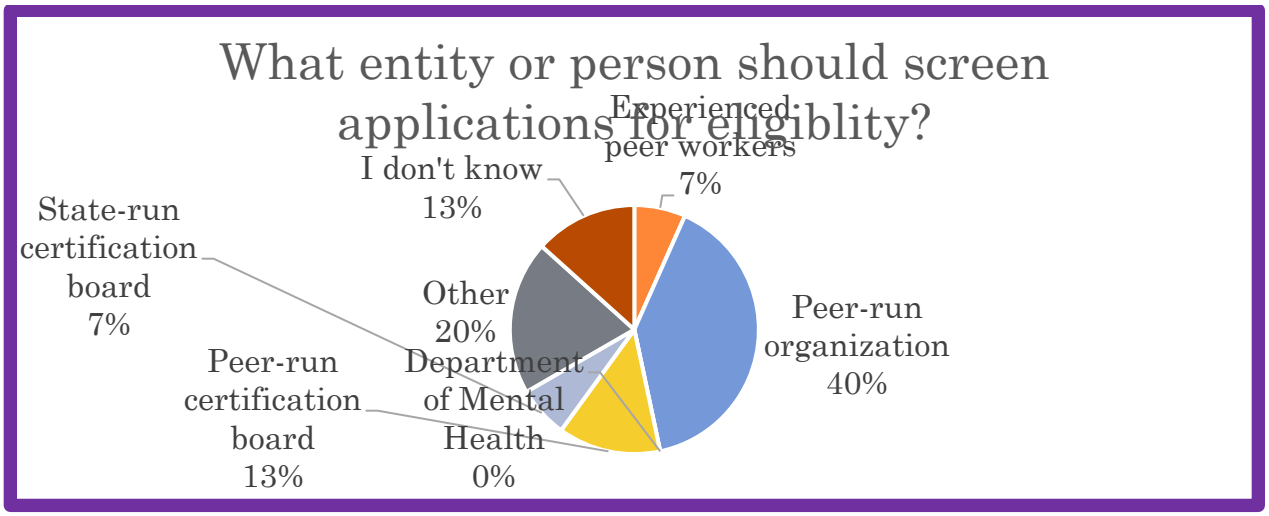
- I think each applicant should be interviewed in much the same way that people are interviewed for other jobs and roles. There are definitely qualities that make some good at the job and others not.
- Interviewing every applicant sounds labor intensive.
- I do think folks should be interviewed by peers, or a peer run agency.
- This supports job development and professional growth. I think it also gives people practice in talking with leadership and a chance to grow valuable skills needed to do this type of work.

- Responses from DMH were mixed, with a majority holding the viewpoint that Vermont No, because I assume they will be hired by an agency, peer organization, police force, hospital, or other entity that will be interviewing them as part of hiring.
- should be potential employer responsibility
-



Comments:

- I think it's got merits and I don't feel strongly about it
- Sounds like a meaningful was to express interest in a career
- I do believe folks should be able to communicate why they want to become a certified peer. I also think accommodations should be made for those needing an alternative to a written statement, as a verbal statement could work as well.
- the answer doesn't have to be elaborate and it's a way of exhibiting minimum capability



Comments:

- From past experience, although I know a lot of people would philosophically prefer a peer organization to do this, they are often dependent upon the skills of the ED and staff, and they can experience mission drift. I think it could be an elected or selected peer council as long as peers are leading/driving the selection process. Since it is a statewide certification paid for by the state it makes sense for it to have a relationship with the state.
- Using an existing entity with peer experience seems efficient and preferable.
- I think it has to be a fully peer operated and run organization. Peers should be fully immersed in the process from start to finish. I could go with a certification board controlled and operated by peers as well.
- I'm open to multiple scenarios so long as peers with lived experience, who are being Paid a livable wage, are in control of the process.

November 4, 2022, via Zoom

Meeting Five Report

Mental Health Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Certification

The purpose of the meeting is to solicit input on the process for certifying whether the applicant has met the requirements for certification. Sub-topics include the type of certifying body; re-certification; continuing education; reciprocity; grandfathering of current peer support specialists; fees; and investigation and revocation.

Meeting Summary

The facilitator presented the results of the post-meeting survey, whose topic was devoted to core competencies. The facilitator noted that there were only seven responses to the survey but what the survey lacked in volume of responses was made up for by the depth of the responses. Many respondents suggested re-writes of the core competencies to reflect more truly peer support values.

The competencies which were the subject of the survey and meeting discussions are listed below.

Potential Core Competencies	
1.	**Peer support values and orientation**: Peer support workers are trained in and have an understanding of: the human rights issues and history of peer support and the peer movement; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of relational support that is free of judgment and hierarchy
2.	**Lived Experience**: Peer support workers are thoughtful in telling their personal stories and sharing their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience, to inspire and support the individuals with whom they work. Through mutual sharing of lived experience, peer support workers create connection with those they support.
3.	**Self-Awareness**: Peer support workers build a capacity for introspection and self-reflection, can voice their own discomfort and needs and have the ability to recognize themselves as individuals.
4.	**Boundaries**: Peer support workers create clear and respectful personal limits and boundaries which are essential to effective peer support relationships. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. Boundary setting can change internal and relational dynamics.
5.	**Worldview and cultural awareness**: Peer support workers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. This worldview is the lens through which reality is experienced and influences individual attitudes, biases and judgments. Sharing this worldview can create connection, relationship and growth. Peer support workers develop the ability to work in a non-judgmental and compassionate manner, meeting individuals where they are at, regardless of differences in worldview.
6.	**Communication, dialogues and active listening**: To create connection, peer support workers understand the components of dialogue, non-verbal dialogue, collaborative problem solving and remaining curious. They are able to clearly communicate their needs and the needs of the job or organization according to their particular role. They are able to be reflective and transparent in what they share and how they respond. They also enable effective engagement, networking, teamwork and conflict management.

7.	**Authentic and mutual relationships**: Peer support workers are encouraged to be honest with themselves and genuine when providing peer support and to approach relationships with a sense of curiosity. They consider the individuals with whom they work as equals while acknowledging relative power, privilege and status
8.	**Wellness, resilience and self-care**: Peer support workers understand, demonstrate and actively practice self-care strategies. They are aware of their own personal limits and recognize signs of becoming overwhelmed (e.g., burn out, compassion fatigue, vicarious or secondary trauma, over- engagement, over-identifying). They actively aspire to approach challenges with equanimity, to remain composed when under strain or tension and to acknowledge when this is difficult. Peer support workers often rely on their relationships as a source of support.
9.	**Self-determination**: Peer support workers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals in determining what they want their lives to be like by encouraging them to reflect on their needs and pursue their aspirations.
10.	**Trauma-informed**: Peer support workers are aware of the short- and long-term impact of personal history and trauma on all aspects of an individual's life. They recognize that certain actions (e.g., violence, substance use, anger) are coping mechanisms and that most challenges and forms of adversity experienced by individuals may result from personal history and trauma. Peer support workers' orientation is not "what is wrong with you" but "what has happened to you;" they see crisis as an opportunity to grow and change.
11.	**Safety**: Peer support workers identify potential risks and seek to work collaboratively with individuals to reduce risk to themselves and others. They may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and others and learn when to step out of harm's way. In peer support, mutual safety is enhanced through relationship and connection.
12.	**Collaboration and teamwork**: Peer support workers develop and maintain effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. All peer support workers seek to balance the needs of the program or organization with peer support values, but particularly when working in more traditional mental health settings (designated agencies, hospitals, etc.). Peer support workers may see themselves as representatives of a collaborative movement striving to improve the quality of life for individuals experiencing various forms of adversity.
13.	**Professional development, leadership and privacy**: Peer support workers seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner. At all levels, peer support workers honor the privacy and confidentiality of individuals and embrace peer support values regarding the sharing and disclosure of information.
14.	**Links to resources, services, and supports**: Peer support workers help individuals acquire the resources, services and supports they need by connecting them to resources or services within mental health and community settings. Peer support workers have knowledge of resources within their communities as well as on-line and learn when and to whom to reach out for assistance.

15.	**Human Rights-based Approach and Advocacy:** Peer support workers understand a Human Rights-Based Approach and how various forms of systemic oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) intersect with mental health and the mental health system. They work to examine and reduce the impact of stigma and discrimination on mental health through advocacy and a social justice lens. They believe that individuals have a right to receive the services and supports of their choosing and will advocate for individuals to receive these services and supports within communities of their choosing.
16.	**Medicaid/Insurance- related Requirements:** Peer support workers and supervisors in programs receiving federal (Medicaid, Medicare) or insurance reimbursement will abide by certain requirements pertaining to assessment, treatment planning, progress notes and program supervision in accordance with peer support values to the extent possible.
17.	**The recovery process and how to use their own recovery story to support others**: Understand the five stages in the recovery process and what is helpful and not helpful at each stage; Understand the role of peer support at each stage of the recovery process; Understand the power of beliefs/values and how they support or work against recovery; Understand the basic philosophy and principles of psychosocial rehabilitation; Understand the basic definition and dynamics of recovery; Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.
18.	**Understand the Code of Ethics** within the state mental health system.
19.	**Provide information about skills related to health, wellness, and recovery**: These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. Educates peers about health, wellness, recovery and recovery supports; Participates with peers in discovery or co-learning to enhance recovery experiences; Coaches peers about how to access treatment and services and navigate systems of care; Coaches peers in desired skills and strategies; Educates family members and other supportive individuals about recovery and recovery supports; Uses approaches that match the preferences and needs of peers

Half of the survey respondents believe that some of the listed core competencies were inconsistent with peer support values or principles. Twenty percent of respondents believed that the list of core competencies was incomplete.

Core competencies identified as especially problematic were 16, 17, 18, and 19.

Examples from the survey results of how core competencies might be rewritten to better reflect peer support values and principles are illustrated below:

No.	Original	Proposed revision
11.	**Safety**: Peer support workers identify potential risks and seek to work collaboratively with individuals to reduce risk to themselves and others. They may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and others and learn when to step out of harm's way. In peer support, mutual safety is enhanced through relationship and connection	**Relational Safety**: Peer support workers view safety as something that results from relational connection and mutual trust. Peer support workers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address co-occurring distress and reactivity and the concerns these may be generating for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.
13.	**Professional development, leadership and privacy**: Peer support workers seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner. At all levels, peer support workers honor the privacy and confidentiality of individuals and embrace peer support values regarding the sharing and disclosure of information.	**Professional development, leadership and privacy**: Peer support workers are continually learning and growing, both professionally and as human beings. They take initiative to help create the relational world they want to live in, both on and off the job, seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves and others, first and foremost, as human beings and seek to uplift the voices and access of all. Peer support workers initiate frank discussions about privacy and confidentiality with those with whom they work, and seek to negotiate any conflicts between individual and organizational needs, including legal, regulatory and policy considerations. Peer support workers honor their existing agreements, and transparently endeavor to renegotiate agreements as human or organizational needs change.

Meeting participants expressed widespread support for the rewrites.

The facilitator also shared with participants what subject areas of the core competencies are covered by Intentional Peer Support training, based on information received from Intentional Peer Support.

No.	List of Core Competencies	Taught in IPS?
1.	Peer support values and orientation	Yes
2.	Lived Experience	Yes
3.	Self-awareness	Yes
4.	Boundaries	Yes
5.	Worldview and Cultural Awareness	Yes, but While IPS covers worldview and cultural competence, IPS also believes that Cultural Competency around specific cultural and demographic awareness warrants some supplemental attention/training in a peer certification program.
6.	Communication, dialogues, and active listening	Yes
7.	Authentic and mutual relationships	Yes
8.	Wellness, resilience and self-care	Does not specifically cover self-care IPS encourages awareness of mutuality – 'if it's not working for all of us it's not working'. It doesn't specifically cover self- care. Some of this is intentionally a push-back against the culture and expectation of fragility many of us experience. The focus of IPS is more about awareness of and caring for the relationship
9.	Self-determination	Yes
10.	Trauma-informed	Yes, but IPS is a 40-hour training. It covers trauma. Trauma in more depth could also be provided as supplemental or CEU-accredited training
11.	Safety	Yes, but Agree with Amey Dettmer's critique of the wording of this core competency.
12.	Collaboration and Teamwork	Doesn't specifically cover working in system settings. IPS training covers collaborative relationships- it doesn't specifically cover

No.	List of Core Competencies	Taught in IPS?
		aspects of working in multiple systemic settings.
13.	Professional development, leadership and privacy	Yes, but: IPS without a doubt provides the second sentence 'They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner'. It doesn't talk about workforce development although that is implicit, and it also doesn't explicitly cover privacy, HIPAA and disclosure of information
14.	Links to resources, services, and supports	No
15.	Human Rights-based approach and advocacy	Yes/No IPS definitely has a rights and social-justice-based lens, including' They believe that individuals have a right to receive the services and supports of their choosing and will advocate for individuals to receive these services and supports within communities of their choosing' It is not an advocacy-skills training, so this may be an added component
16.	Medicaid/Insurance-related Requirements	No
17.	The recovery process and how to use their own recovery story to support others.	Yes/No IPS does not explicitly use the language of recovery or psychosocial rehab. I do believe it covers *'Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.*
18.	Understand the Code of Ethics within the state mental health system.	No
19.	Provide information about skills related to health, wellness, and recovery.	No

To assist in focusing the meeting discussion, participants were asked to complete a Zoom poll about the certification process, which was the day's meeting topic.

The poll and a summary of the results are below.

1. What should be the certifying body for mental health peer support certification
   - Department of Mental Health
   - Office of Professional Regulation (Secretary of State Office) **(17%)**
   - Non-peer run, third-party vendor
   - Peer-run entity **(52%)**
   - Other
   - I don't know

2. What should be the duration of a mental health peer support worker certification in the State of Vermont?
   - One year
   - **Two years (Majority of respondents)**
   - **Three years (Second choice among respondents)**
   - Lifetime
   - Other

3. What should be the requirements for re-certification for mental health peer support workers in the State of Vermont?
   - Re-certification should not be required
   - Pay fee, no re-testing
   - Pass re-certification exam **(Majority of respondents)**
   - Other
   - I don't know **(Second choice among respondents)**

4. Should Vermont recognize peer support worker certifications issued by other states without re-testing?
   - Yes **(33%)**
   - No **(39%)**
   - I don't know
   - Other

5. Should current, peer support workers be certified without screening, training or testing requirements?
   - Yes
   - No, they should be screened, trained, and tested **(Second choice among respondents)**
   - No, they should be screened and tested
   - No, they should be required to pass a test designed specifically for current peer support workers **(Majority of respondents)**
   - Other
   - I don't know

Questions Asked:

1. I am slightly confused about the word co-occurring and to address co-occurring distress. I'm not sure exactly what that means.

2. I am more curious if we have any time to share anything in regards to the missing core competencies.

3. Understanding the code of ethics of the state mental health system, and I was wondering where that fits in?

4. I wanted to ask whether we thought that there was any value at all, in having a a two tiered certificate one would be basically is this person competent to do peer support in the state of Vermont and the second tier would be for training that relates specifically to being Medicaid-compliant because I don't know how much of the training would end up being made necessary because of the need to comply with Medicaid or Medicare, and there might be agencies that aren't interested in that, and people that aren't interested in in billing that way?

5. What if you had certain amount of people from each designated agency which would be Bachelor or master level clinician, upper management, along with peers, as a board, so that everybody within the state was involved, and they would be the certifying body?

6. What about the state funding the wellness workforce coalition that Pathways is running to handle certification?

7. Lauren, would your agency be open to hiring someone who's familiar with the peer support work? Otherwise, my concern is that mainstream mental health values are so well known that an agency person that's just hired off the streets to do this kind of thing is not going to understand them and approach these issues from a more mainstream mental health perspective?

   Lauren Hibbert Response to Question: I obviously participated in the legislative process last session. But participating in these calls has been really helpful and understanding the context and history of peer support. It's been illuminating. If I were to build this in OPR, perhaps I would hire a staff person who was a peer support specialist, although I think the better model would be to set this up with a robust adviser model, or maybe even a board model, where all the applications go before that group for determination. And we provide more just the merely administrative tasks, which is something that we do in some of our boards. For instance, if you're a dentist, all of your application is reviewed by the Dental Board, my staff does not make a determination on technical applications, … so there's a lot of humility and integrating with any other profession or group. And I would think that we'd have to build that in if OPR were to be responsible for peer certification, I would want there to be a robust advisor, group or board that I could rely on to make these determinations, and I wouldn't want it to be a staff function.

Comments Made:

1. Really like the re-write that uses relational safety.

2. I feel much better about this revision.

3. The role of peer support providers is really about facilitating change. And I think that that is kind of missing.

4. Peer support providers facilitate change. This means that we facilitate self-directed autonomous, at our own pace, change within ourselves, and in walking with others, but just as importantly, we facilitate changes within our systems to move away from harmful, oppressive discriminatory approaches and towards trauma informed healing and centered care that recognizes those of us with addiction or mental health challenges as worthy human beings and a system that treats us with dignity and respect. And I think what is really coming up in a lot of these national conversations is the co-optation of peer support, and that so many peer support providers are getting into peer roles within a system. And we're being asked to assimilate with systems, that really our history is us being here to help change and transform into a better way of treating each other, and being with each other.

5. Specifically, around the IPS training, that regardless whether it's used, I'm in favor of it. However, I think the trainers need to be more consistent. And it would need to be less of their own ideas of how peers should be working, if it's going to be part of a curriculum that we're tested on to certify, it needs to be presented a little bit differently.

6. Just the way that the proposed competencies were written, my feeling was that pretty much IPS and WRAP would cover the proposed competencies. WRAP does a quite a bit of teaching people to find wellness tools and wellness resources. And, if you focus on the relationship, and people co-journeying with each other, rather than requiring specific knowledge of a bunch of external resources or a bunch of external requirements, then you're keeping the focus on the peer support relationship, and just having people journey with others through these things. And then the agencies that hire people could do their separate trainings. So that was one of the thoughts of the proposed competencies was that it also defines peer support in a way that existing peer support modalities could pretty much fill the gaps.

7. I don't think that a certifying body needs to do all of these things. I think that the functions that you've listed here Wilda are very accurate. And obviously, well thought out. But I, I think they could be bifurcated into two different systems as well.

8. The idea of handling it either through something like the wellness workforce coalition, or one of the peer organizations is that you could actually hire staff to fill a position like this and staff in the peer community who have these credentials to fill a position like this. And then you would strengthen the overall peer community by keeping this position and this these responsibilities within the peer community rather than shipping them out to some outside organization.

9. One idea of how the certification tasks might be bifurcated between a peer-run entity and the Office of Professional Regulation is to assign to the peer-run entity, the tasks of approving of a certification test, training vendors, approving the continuing education courses, the building the requirements for the code of ethics and what constitutes unprofessional conduct. All of those could be done by one body sort of setting up the standards. And then the maintaining a public facing roster, investigating and resolving complaints, determining the due process hearing, and then the subsequent determination of revocation, suspension or conditions, and then processing applications for reciprocity could be a separate function for an entity like the Office of Professional Regulation.

10. So many places require sustained recovery for peer support specialists. So it makes sense to have a recertification process of some kind to ensure that the peer is still on track in their sobriety.

11. Some professions [regulated by OPR] have assessment of skills; almost never the whole test, after five years of absence from the field.

12. As a person that has come to Vermont from Pennsylvania having really been certified and trained in Pennsylvania, I came in with this attitude almost of like I know about peer support. But when I started understanding what Sarah just said about the culture of Vermont, I think that that's what reciprocity is more about to me is that peers coming from other areas have an opportunity to go through training, not because we're questioning, their knowledge on what peer support is, but because we want to give an introduction to what is the Vermont culture of peer support.

13. I don't know, every state's program, or what it looks like around the country, but from what I've come to learn so far, that there are states in which there's a significant amount of what feels to me like a level of co-optation, around the medical model, just a way of engaging in peer support that feels really different to what I hear us trying to build here so I do have, concerns around bringing someone in and having this assumption that like, Oh, my anchor certification is going to be the same as what's happening here in Vermont.

Links

Video Recording	https://peercertification.wildalwhite.com/yc4zjkpk
PowerPoint Slide Deck	https://peercertification.wildalwhite.com/ycksbhah
Post-Meeting Survey	https://peercertification.wildalwhite.com/2p8fsrj8

Attendance/Participation

Registrants	121
Attendees	26
Survey Respondents	7

Meeting Transcript

SPEAKERS

Lauren Hibbert, Alexandra Karambelas, Amey Dettmer, Chris Nial, Wilda White, Sarah Knutson, Kelly Blakeney, Dawn Little

Wilda White 07:28

Hi, everybody. Thanks for joining us. We are getting so close to the end. I'm not going to know what to do with myself every other Friday. I I'm Will the White for those who may be joining us for the first time and I am facilitating a series of meetings on creating and implementing a mental health peer support worker certification program in the state of Vermont. I am going to share my screen. Which if you've been here before, you know this is really harrowing for me. So bear with me.

Wilda White 08:19

Looks like it works. I'm still intact here. So, this is I said as meeting five of six this is our penultimate meeting. These are same zoom promo protocols that we usually have you have a question, there's a variety of ways that you can raise it, you can use your actual hand your virtual hand, you can write questions in the chat, or you can just shout it out. And Alex is helping me monitor both the chat and making sure that I recognize people's hands if I can't see them. You can also feel free to use the zoom chat to write anything in there that you want. I keep careful track of those, they will go into my final report. They're just as important as anything that people say out loud or answer the survey later. Also, you'll find in the chat a link to the PowerPoint slides I'll be using during this presentation. And this is just a reminder that all meetings are being recorded. And the reason for that is that some people simply can't make the meeting and we want to make the material available to them. So, they'll have information available to respond to the post meeting survey that we just distribute to also solicit and this is the same protocol meeting process where we've met every other week. There's a presentation on a different topic each week. We have a discussion or question and answer. After the meeting. I just did a distributed stakeholder survey for people to elaborate on their responses or for people who weren't there. To answer For the first time, sorry, in fact, I was getting some feedback. At the end of the process, I'll collate all of the responses I've received both during the meetings and surveys and emails to me and phone calls to me, I'll write a report and submit that report to the conveners of this, this meeting, both Department of Mental Health in the peer Workforce Development Initiative. So, like I said, there are six meetings, and we're on meeting five. And this is just a summary of a description of all the meetings, we'll be getting into the issue of certification today. If you've missed previous meetings, or want to go back for anything, this slide gives you the links to both the slide decks that were used during the meetings, the recording of the meeting, it's a video recording, and also a link to the survey, which you can fill out at any time before I write my final report, which is going to be some probably sometime in December. And if you only want to remember one thing, all of this information is available at this link will white that comm slash certification that you'll find registration, links to surveys, links, this slide decks, and links to recordings.

Wilda White 11:24

So today, we're going to do two things, we're going to go over some of the preliminary results from the meeting that previous meeting survey. And we're also going to get into some issues regarding certification. And I'll explain more about what sort of what I mean by certification, after we get through the preliminary results. And so we had fewer results, fewer actual people responding to this, this last survey, which was focused primarily on what the core competencies should be. So we had seven responses. But what they lacked in volume, or they certainly made up and depth of the response. And I'll explain to you what I mean by that a little later. I also want to recall, remember, I asked you to remember that we're not so much interested in the number of people who respond to the surveys, because we're not relying on the survey, to make decisions necessarily, or to be definitive in our decision making. It's really an opportunity to provide other ways for people to respond. But I'm sharing these results with you. Because I want people to know, all that people are saying whether because they don't say it in a meeting, they say to the survey, you should know that because that's going into the final report. And that may be something that you want to weigh in on later, which you can do through responding to the survey or just sending me an email or even just telephony me. So, let's just launch into the preliminary results from that survey. So the first question is, do you believe that any of the listed core competencies are inconsistent with peer support values or principles. And there were a list of 19 core competencies, which we went over at the last meeting, in which you can find that if you want to look at them again, you can find them by clicking on the link to the survey. The survey number three, and so half the people thought that they were so they were inconsistent a half that they were consistent. But mostly the thrust of the comments were that kind of these core competencies all touched on things that might be valuable, relevant knowledge and skills. But they were not written in a way that was consistent with peer-to-peer values. They were written in a way where they were trying to translate peer values into a medical model, which is not something that is consistent with peer support values. And so, the next question is, were there core competencies that were missing? And 20%? Thought Yes. And 40% thought no, and 40% didn't know. But the people who thought that the response, the core competencies were inconsistent, or missing, called out specific ones that were most problematic. There was a sense that all of them need to be rewritten to be consistent with peer support values, but the ones that were called out as most problematic I want to share with you now. So, these numbers refer to the numbers that were assigned in the survey, and that were used in the last meeting. And so it was I'm not going to read them all unless we have people on the phone now it's Can you tell me if we have people on the phone?

Alexandra Karambelas 14:57

Sure. Let me take a little peek at actually It doesn't appear that we do have anyone on the phone today.

Wilda White 15:04

Okay? Let me know if that changes because I do, I don't want to exclude people on the phone. But in the interest of time, I'm just going to read the kind of label the title of the core competency that those who responded to the survey and found them problematic found and considered these, the most problematic. So there was wellness, resilience and self-care, this issue of safety, which actually came up in the meeting last time as well. Medicaid insurance related requirements, the recovery process, and how to use their own recovery story to support others. Understanding the code of ethics and providing information about skills related to health, wellness and recovery. What I talked about, like

almost the depth of the responses, one respondent spent the time in dedication to rewrite all the competencies that they thought were problematic into a way that they thought was more consistent with peer support values. And I want to share with you an example of, of that sample revised core competency. So on the there's a column that says original, and that's how the original core competency was written, as proposed by the former wellness workforce coalition. And if you were here last time, you may recall that one of the participants, Amy actually called out this this core competency that was labeled safety and said that they thought it should probably be titled something like transparency, like how can they be more transparent? How can we be more transparent about our own safety concerns? She said that, or they said, when they read this, they weren't sure that in line with peer support values, because peer support workers don't identify, they don't do risk assessments. They just notice things.

Wilda White 17:27

In it, you know, they're engaged in these kinds of mutually this news mutual relationships. And so anyway, the revision is on the column that says, provoked proposed revision. And I'm going to leave that for you to read. But I think it's really important to note the difference between those and how it can be revised. Right? And so, you know, before it's, we're not, no one is saying kind of all or nothing kind of throw it out. But hey, there is a definite, there are definitely peer values and pure principles that need to be incorporated into each of these. And this is an example of how they do. And I would be interested if anybody if there's any comments in the chat in relation to that chip to this, but how people see this revision. In other ones to another example to the next one was this number 13, professional development, leadership and privacy. The original is in the column, the original and the proposed revision is on the, in the other column, the right-hand column. Alex, I'm going to go to you. Are there any comments in the chat that that speak to these proposed revisions?

Alexandra Karambelas 18:46

Yeah, absolutely. So, in relation to the rewrite that use relational safety, Chris now says really like this rewrite, especially the risk sharing, and Amy says, Yes, I also feel much better about this revision.

Wilda White 19:00

Okay. Does anybody have any comments that they don't like the revision to light and prefer the original? Hi, I have one eye on the previous about relational safety. I was slightly confused about the word co-occurring there and to address co-occurring distress. I'm not sure exactly what that means. The way I read it, and I didn't offer this and so this is how I read it. I think it was distressed by both people in the relationship, not like distress coupled with something else. So, the same person, I think it means kind of mutual distress maybe.

Wilda White 19:41

Okay, yeah, that makes that makes sense. And maybe replacing it with mutual would be more immediately clear, but I echo what people have said in liking it in general.

Wilda White 19:51

Thank you. I appreciate that clarification, that request for clarification.

Sarah Knutson 19:55

And just to say Wilda the Co-occurring distress was The mutuality that like distress and whatever, who whoever's having this like, or whatever parties are having the distress was that was the intention of that the word co-occurring.

Wilda White 20:13

Thank you for confirming that though. And

Sarah Knutson 20:15

I think I just use co-occurring because I think mutual was like in the previous sentence, so it just sounded strange to use mutual like twice in two sentences or something. But that makes sense. Okay.

Wilda White 20:28

Thank you. I'm glad that's definitive, that's the author of the revision. So

Alexandra Karambelas 20:37

I just didn't see Amy's hand is up, just want to make sure and make up to speak to that as well.

Wilda White 20:45

Go ahead, any.

Amey Dettmer 20:46

Um, so I actually didn't have to speak to the revision, I am more curious if we have any time to share anything in regards to the missing core competencies. And if anybody had suggestions for what was missing there, there's one that I'm feeling pretty strongly about. And I just, I'm not sure if you want us to be able to kind of bring that into this space right now, too. But I was wondering if we could go back there at all, if there was time for that.

Wilda White 21:14

We're going to make time for that. I think the core competencies are really important. Are you able to speak to it right now?

Amey Dettmer 21:24

Sure. So I did that report. I'm not sure if actually, what are the survey, I'm not sure if what I responded is in this because I wasn't able to get to it this morning. But I've been in attendance at the Alternatives Conference this week, which if nobody's familiar, is a conference that has been going on for about 30 to 36 years. This is the 36th annual alternatives conference. And it's really one that has been developed as a result of our psychiatric survivor peer support movement. And one of the things that has been coming up repeatedly at this conference and other national peer support conferences, is that part of the role of peer support providers is really about facilitating change. And I think that that is kind of missing in what I've read in the competencies that had been going and I just want to

read kind of what I wrote in my in my results, and also like, get feedback on like, do others agree with this or not. But I said, peer support providers facilitate change. This means that we facilitate self-directed autonomous, at our own pace, change within ourselves, and in walking with others, but just as importantly, we facilitate changes within our systems to move away from harmful, oppressive discriminatory approaches and towards trauma informed healing and centered care that recognizes those of us with addiction or mental health challenges as worthy human beings and a system that treats us with dignity and respect. And I think that, like, what is really coming up in a lot of these national conversations is like the co-optation of peer support, and that so many peer support providers are getting into peer roles within a system. And we're being asked to assimilate with systems, that really our history is us being here to help change and transform into a better way of treating each other, and being with each other. So that's my comments on that. And I felt that it was really important, because it just seems to be the national energy and the things that are getting missed as peer support is rolling out around the country.

Wilda White 23:31

Thank you, Amy. I appreciate that. I appreciate the rewrite. And I will say that the you are not alone in raising that issue. The rewrite of these core competencies included and emphasize the very thing that you just emphasize, and the notion that peer support workers are about change. So thank you, I think what I'm going to do, just because this is so important, I am going to read, probably collate it that put together a document that has all of the original all the proposed and all the additional, it gives people an opportunity to see that and comment on that. So look for that document, in addition to the survey, that will be another document I send out. Because it's really it's really, really, it's, it's the core of what we're doing here. So I appreciate that. I'm going to move on. Dawn, did you have your --

Dawn Little 24:33

I'm sorry. Please, I'm having some technical difficulties. So, I figured I would do it while I could. I don't, um, there was one about, um, hold on understanding the code of ethics of the state mental health system, and I was wondering where that fits in. And whether there's any, you know, whether there are any differences between the state mental health system and our values as peers.

Wilda White 25:03

Thank you for the question. One of the respondents to the survey noted that the code of ethics would have to be written to reflect peer values. And I've asked people to I've asked that person who said that to weigh in, on ethics should be and I gave as an example, what Georgia's code of ethics, and said, Hey, have added, what do you think? How do you think this should be written to be consistent with peers? values? And I will, I will be putting out that same offer, you know, that same request anybody else? Like, here's a sample code of ethics? You know, what, what's your reaction to that we weren't going to talk about code of ethics until the next meeting. But I'll probably given the weight the direction of this conversation, include a sample code of ethics when I put out the core competency, so you can see them together. And you can respond at the same time.

Dawn Little 26:03

Yeah, I think that would be helpful.

Wilda White 26:04

Does that answer your questions, Dawn?

Dawn Little 26:06

Um, yes, it does. Thank you.

Wilda White 26:09

You're welcome. So I'd like to just move on to the next question in the in that preliminary results and stop me if you think it's premature. But here is the response to the question, what training options should put them on that? And what I've done here is I've put on the right the what, when we were in the room, how people voted in the Zoom poll, and then how people voted in the post meeting survey. And you can see that there was a shift, right? There were some people who thought that IPS and WRAP were going to be enough. Or that, but that's shifted. And so the kind of direction that the survey headed was really choosing between IPS and a supplemental curriculum unique to Vermont and offering a single approved core training developed specifically for Vermont. It this is this, this is response to actually a previous question about what core competencies were missing. And there was a suggestion that on hearing voices training, also be included and an Alternatives to Suicide, also be included in a in a Vermont training, curriculum. So we don't I don't want to dwell too much on that. But the last thing I want to share with you is, because so many people were leaning in the direction of leaning heavily on IPS as a training curriculum in the state of Vermont, I asked the co-director of IPS to look at the core competencies, and tell me which of those would be covered by a IPS training. And they were very generous with their time and expertise and did so in a very short turnaround. And I'm going to share with you that it doesn't have all the detail because these are just charts. But it's to give you an idea that we will necessarily need more than IPS training, if we are committed to some version of those core competencies that we've been discussing. So, for example, these are again, that numbered list. And these this is the response of IPS. And so yes. And IPS also thought that all the competencies needed to be rewritten to be consistent with pure values. But assuming that they were like this is this will be covered in IPS training. So, I'm going to point out the areas where they thought it either doesn't, or there's a caveat. And so, like so number five worldview and cultural awareness, IPS suggested that there'll be more specific cultural and demographic awareness. There'll be more there'll be more there'll be supplemental training on this issue. In terms of number eight, well, wellness, resilience and self-care IPS does not specifically cover self-care, trauma informed. IPS says yes, but you know, IPS is a 40-hour training. It does cover trauma, but trauma in more depth could also be provided as a supplement or in continuing education, training. And then, safety also there was another Yes, but consistent with what Amy said at the last meeting and what the revision, the proposed revision that I introduced at this meeting, IPS was very much in agreement with both of those. Those comments, collaboration and teamwork. IPS doesn't specifically cover working in system settings, professional development, leadership and privacy. Your here's another Yes, but IPs. So, they cover part of what was in that, but they don't talk about workforce development explicitly. And it doesn't explicitly cover privacy, HIPAA, and those other kind of restrictions on disclosure of information. They don't cover links to resources, services and support the human rights approach, and advocacy. They say IPS is definitely has a rights and social justice based lens. But it's not an advocacy skills training. So, this may need to be an added component.

Wilda White 31:04

And then the recovery process and how to use your own recovery story to support others. IPS does not explicitly use the language of recovery or Psychosocial Rehabilitation. But you know, they do cover things such as being able to articulate what has been useful and not useful in a person's own recovery. And then they don't talk about a code of ethics, and they don't provide, they don't do training on information about skills related to health, wellness and recovery. And I've asked the folks at Wellness Recovery Action Planning the Copeland center to respond as well. And they've agreed to as well. And soon as they get that information, I'll share it. Well, before I launch into the next section,

Alexandra Karambelas 31:49

Yeah, Kelly, I know, Kelly had their hand up on I saw that they put it down, did you still have a question or comment?

Kelly Blakeney 32:00

You know, specifically around the IPS training, that regardless where it's used, I'm in favor of it. However, I think the trainers need to be more consistent. And it would need to be less of their own ideas of how peers should be working, if it's going to be part of a curriculum that then were tested on to certify, it needs to be presented a little bit differently.

Wilda White 32:40

Kelly, thank you for that comment. And what you're talking about is, you know, always a concern when it comes to training, and that's fidelity to the to the to the training program. And I appreciate you raising that as a concern. I

Alexandra Karambelas 32:56

I think Dawn had their hand up next. And then Sarah,

Dawn Little 33:01

thank you this, this comment may be misplaced here. But at some point, I wanted to ask whether we thought that there was any value at all, in having a two tiered certificate one would be basically is this person competent to do peer support in the state of Vermont and the second tier would be for training that relates specifically to achieving Medicaid or Medicare, you know, being compliant with that, um, you know, because I don't know how much of the training would end up being made necessary because of the need to comply with Medicaid or Medicare, and there might be agencies that aren't interested in that, and people that aren't interested in in billing that way? Or, you know, anyway, just saying,

Wilda White 33:52

Well, I mean, obviously, I can't answer that question today. But I'm taking that more as a comment. And that certainly will be included in our report that the point you're making about different credentials based on whether you want to do Medicaid work or not. I mean, you know, there's I can imagine the arguments against that we're such a small state, it, you know, the, it would be hard to

manage two different kinds of certification programs. And oftentimes two-tier often becomes one is better than the other. And I don't know if you want to go into a system creating that, but those are just off the top of my head. What do you counter arguments? I'm not taking a position on that at all, but I'm noting, really, the substance of your comment, which is some of this may not be relevant for some people. And what should we do about that?

Wilda White 34:51

Thank you. Sara. Sara, Sara, do you still have a question or comment? Yeah.

Sarah Knutson 35:00

Just the way that the proposed competencies were written, my feeling was that pretty much IPS and WRAP would cover the proposed competencies. Because they wrapped it up, it does have quite a bit of WRAP does a quite a quite a bit of, of teaching people to find wellness tools and wellness resources. And, and, and if you focus on the relationship, and people co journeying with each other, rather than requiring specific knowledge of a bunch of external resources or a bunch of external requirements, then you then then you then then you're not requiring you're, you're keeping the focus on the peer support relationship, and just having people journey with others through these things. And then the agencies that hire people could do their separate trainings. So that was one of the thoughts of the proposed competencies was that it also defines peer support in a way that existing peer support modalities could pretty much fill the gaps.

Wilda White 36:06

Thank you, Sara. That's an interesting observation. I appreciate it. Um, so I'm going to get us and move us into today's topic of certification. And just as level set where we are and where certification fits into where we've been so, at the outset, I said, basically, you could put, if you're starting a peer certification program, what you needed to do, basically could fall into three different buckets. There's a screening, there's training, and then the certification. And we've aren't, you know, at the meeting, too, we talked about screening, like what the requirements are to even be able to apply. And then the last two meetings, previous two meetings, we talked about training, like, who should do the training, what should they be trained to do? And so this was the kind of the final bucket. This is, it's that step in the process where some entity determines whether the applicant has met the requirements for certification. And it's the step in the process that has the most variability across the United States. But even though there's variability, the it raises kind of similar questions, things like, who should be the what certifying bodies should be issues about recertification issues about continuing education, issues about reciprocity, that is, should Vermont recognize the certification from out of staters, and just give them a credential based on their out of state certification also raises issues about grandfathering, like what to do with people who currently work as peer support workers. So you're going to make them start over from the beginning and go through track screening, training, and taking a test or you're going to have some other special procedure for them. In the interest of time, you know, what I'm going to try to do is, I'm going to stop sharing my screen. And I'm going to, if this works, I'm going to ask people to just take a quick poll, and ask them questions on these areas. And I recognize I haven't told you anything. And the purpose of this, I haven't given you any kind of in-depth knowledge. But the purpose of this is really, to see where you are, where this group is on these issues. And then I'm going to give you a little bit more background information will engage in some conversation. And I'm going to ask you to take the poll again, to see if anything you've heard changed

your mind or educated you and we now have a different position. And I think this will help us manage the time better. So, some of these things we just may not need even talk about. So this is my second most harrowing thing is launching polls, because in the past I tried to do and it didn't work. So I don't think we have anyone on the phone. So I don't have to be concerned about accessibility just yet. So there are five questions. I'm going to give you about a probably minute, minute and a half to answer them. Feel free to say you don't know, you know, don't stress over it. Just whatever just comes to you at the top of your head. So, I'm going to launch it

Wilda White 41:54

Folks need more time? Where are those who've answered feel like they've answered. Okay, so I'm going to end the poll and I'm going to share the results so first question about who should be the certifying body? More than half thought it should be appear on entity 52% followed by 17%, the Office of Professional Regulation what should be the duration of mental health peer support workers outpatient Vermont? The majority thought it should be two years, followed by three years.

Alexandra Karambelas 43:03

We'll do for the next for the next um, for prompt number three, Sara had a clarifying question and was asking is recertification taking the whole course over? Or just continuing education which I favor?

Wilda White 43:19

So I'm going to answer that question when we get into the into it because this was just off the top of your head. And so but typically recertification means your certification has expired and what you have to do to renew it. And there's no state that requires you to go through training again, but some require you to go through testing again. And some just require you to pay a fee. Yeah, it's like renewing a driver's license. So that was number three, what should be the requirements for recertification? And most people said past recertification exam followed by I don't know. So, we'll talk about that. And then should Vermont recognize peer support worker certifications issued by other states without retesting? 39% say no. But then a third, a little over a third say yes. And the final question was, should current peer support workers be certified without screening, training or testing requirements? This is what we refer to as grandfathering. The majority want them to pass a test designed specifically for existing peer support workers, followed by know they should do the whole thing.

Wilda White 45:04

So, this is going to help us focus our conversation. You'll notice that I didn't have a question on here about continuing education, even though that that's an issue and certification because it's a requirement for Medicaid. And I think any robust certification program would want to have continuing education requirements. And so you'll be having an opportunity to weigh in on that in the survey, but we're not going to talk about that today. Fees are also an issue in certification. But we're also not going to talk about that today. Because that's, you know, I don't think that people can weigh that on the survey. And also fees really depends on how much money the program has some fee. And if and if depending on who the certifying body is, fees are set by that certifying body. And so, it doesn't I don't think it's worth our time to talk about that today. But I do think that it'd be worth our time to talk about the grandfathering issue. The recertification. And the end the certifying body,

even though 50% 52% thought on this first pass, that the certifying body should be a peer run, and 70% thought OPR, I think that's really worth discussing, because I want to give you more information about what the certifying body their role is. So you can determine if you know the entity that you think should run and has the capacity to do so. So I'm going to share my screen again. And we'll just going to we're going to continue with our self-education here.

Wilda White 46:57

Let's see what happened to my – okay, so we already did this slide alright said this. So, role of a certifying body. So, these are all the things that the certifying body has to do. But you need to keep in mind, when you're deciding who's going to be that certifying body, they have to approve the tests, or the training vendors, they have to certify that all the requirements have been met. So, they have to make sure the person that's passed, the test has meets the eligibility requirements become certified. Once the people become certified, they have to manage the continuing education requirements and make sure that every year people are submitting evidence that they've met the continuing education requirements, they have to approve the continuing education courses, they need to maintain a public facing roster of certified peer support workers so that the public can maybe go to a website and say, This person is holding themselves out as a certified peer support worker, I'd like to confirm whether or not that's the case. They need to investigate and resolve complaints. And in doing so, they need to be able to hold a hearing that meets the requirements of the constitutional requirements of due process. Which shorthand way of saying is due processes really noticed that there's a charge against you, and then an opportunity to respond to those charges against you. You determine whether or not a credential should be, you know, suspended or revoked based on the complaint. And then you asked the process applications for reciprocity and processing applications for reciprocity depending on the state's reciprocity rules could involve background checks. Or it could well simply just confirming that somebody has a certification and then issuing a new one. Any questions about the role of the certifying body? Okay, there is a hand up Kelly.

Kelly Blakeney 49:08

It was more about recommendation of what if, like, you had certain amount of people from each designated agency which would be you know, maybe, you know, Matt, Bachelor master level clinician, men upper management along with peers, as a board, so that everybody within the state was involved, and they would be the certifying body.

Wilda White 49:39

Oh, so you're suggesting an alternative model for the certifying body? Am I understanding correctly? Correct. Okay. Yeah, that's, that's a, that's not a that's not a novel idea. Actually. Some that's how these can how these work in some places. Lauran Hibberd Your hand is Uh,

Lauren Hibbert 50:01

I think I'm suggesting something building on what Kelly just said, I don't think that a certifying body needs to do all of these things. I think that the functions that you've listed here Wilda are very accurate. And obviously, well thought out. But I, I think they could be bifurcated into two different systems as well.

Wilda White 50:21

Thank you. That's a, that's a that's not only a point I would make, but something I've already said. So. But I wanted to say maybe the title of this should be these are all the things that need to happen for certification. But it doesn't have to doesn't have to be just one entity that does it. But these are all the things that have to happen. Yes. Thank you. So thank you, Laura. Appreciate that.

Alexandra Karambelas 50:45

comment in the chat. I'm Sarah says, What about the state funding the wellness workforce coalition that pathways is running to handle certification. And Amy had agreed with

Wilda White 50:58

Lauren, that's another those are all interesting ideas that will go into the final report. All of this has been an interesting conversation. Any other comments about this? Before we move on to the next topic that we're going to talk about?

Sarah Knutson 51:18

I will have one more comment on it. Just the idea that if you if we did, the idea of handling it, like either through something like the wellness workforce coalition, or one of the peer organizations is that you could actually hires hire, hire staff, to fill a position like this and staff in the peer community who have these credentials to fill a position like this. And then you would strengthen the overall peer community by keeping this run, that keeping this position and this these responsibilities within the peer community rather than building rather than shipping them out to some outside organization.

Wilda White 51:57

Thank you. I'm Lauren. I'm going to cold call you. Are you still there? Can you come back on the screen? So you mentioned that all of these things don't need to be done by the same entity. What do you what which ones do you think could be bifurcated? Do you have an opinion on that? Yes,

Lauren Hibbert 52:21

I do.

Wilda White

Share that, please.

Lauren Hibbert

Sure. This is my non binding opinion. That's very lawyerly thing for me to say,

Wilda White 52:27

But are you an attorney?

Lauren Hibbert 52:31

I am.

Wilda White 52:31

Okay. Good, cold calling. I thought you would attorney I cold called you and so I'm not special for you as an attorney.

Lauren Hibbert 52:38

Yeah, I have no problem. You can cold call me anytime. Okay. So the particularly the approving of a certification test, or training vendors, and the approving of continuing education courses, the building of it, although it's not here, it's implied the building of the the requirements for the code of ethics and what constitutes unprofessional conduct. I think all of those could be done by one body sort of setting up the standards. And what you have to do is one could be one body's function. And then the maintaining a public facing roster, investigating and resolving complaints, determining the due process hearing, and then the subsequent determination of revocation, suspension or conditions. And then processing applications for reciprocity could be a separate function. And just for those of you who don't know me on the call, I am the Director of the Office of Professional Regulation. So we oversee 51 professions soon to be home contractors. We have various levels of integrations with certifying bodies, for instance, la DCS, and almost all mental health providers have to go to an approved court approved program right so that in some way that that program is setting the standards for education and training the person then we have standards that are written by and are for our wastewater and well drillers and we make sure that the person meets those standards and approve applications and the only reason and believe me having called the Gnosis I'm not actually looking to have OPR have a strong role in peer certification. But I I'm here because I do have a lot of experience of overseeing credentials and and I do think that particularly well, I don't think I know Know that the roster, the investigating resolving complaints due process, and to an extent even processing applications is a burdensome task, I employ 40 people to do that work. And so I'm just here to help and to help people realize that's a significant body of work from an IT standpoint, from a staffing standpoint, and to provide resources where appropriate. So we'll do that was more than the cold call that you asked me to. Go perfect.

Wilda White 55:37

That was perfect. I wanted to I want to bring all this information in the room so that when people make decisions, they actually have more knowledge upon which to base those decisions. So I appreciate the depth of your response.

Sarah Knutson 55:48

Oh, can I ask one question? Could I ask a question that will is does is was with Lauren's agency, Lauren, would your agency be open to hiring someone who's familiar with like, the, like the peer support work? That I mean, the I mean, because otherwise, I'm my concern is that mainstream mental health values are so well known that that that an agency person that's just hired off the streets to do this kind of thing is, is going to not understand them and overwrite sort of approach these issues with from a from a more mainstream mental health perspective?

Lauren Hibbert 56:29

Yes, sir. I think I understand the concern. And I think, you know, I obviously participate in the legislative process last session. But participating in these calls has been really helpful. And understanding the context and history of peer support. It's been illuminating. If I were to build this in OPR, perhaps I would hire a staff person who was a peer support specialist, although I think the better model would be to set this up with a robust adviser model, or maybe even a board model, where all the applications go before that group for determination. And we provide more just the merely administrative tasks, which is something that we do in some of our boards. For instance, if you're a dentist, all of your application is reviewed by the Dental Board, my staff does not make a determination on technical applications, okay, I like that go in front of a dentist because and the same with an osteopathic physician, they're just some professions, architects, their substantial plans that architects need to submit to prove competency, and I have no idea whether the building will stand or not. So we take that in front of the architecture board, so there's a lot of humility and integrating with any other profession or group. And I would think that we'd have to build that in if if OPR. There's a lot of ifs there, right. But if OPR were to be responsible for peer certification, I would want there to be a robust advisor, group or board that I could rely on to make these determinations, and I wouldn't want it to be a staff function. Thank you.

Wilda White 58:19

Thank you. I'm so happy for both of your participation. And Lauren, for your willingness to engage in this process and the way the way you are. Thank you. And thank you, Sarah, for the question. Okay, I'm going to be managing time. And so I want to move off of this and see if we can go to see, you know, I mean, I explained to you what recertification was it's like, how long should the certification lasts, and some places it's lifetime, some places, it's a year, some people who's really strict, two years, you have to retake the test. And so that's basically all that's required there. You know, and I don't know that many professions that require you to retest. Periodically, you know, I hold I like, I'm a worrier. We don't take the bar exam more than once, unless you want to go to another state. And I don't think doctors do either or psychologists and so I think it's an outlier. Those states that require peer support workers to read tests every year, I think is unusual. And it's also unusual for credential to last lifetime without any type of recertification, just even paying a fee. But I think where these things I think, where the middle is the middle ground is is you renew it periodically and the continuing education requirements is what keeps you up to date. You don't need to retest if you're taking community continuing education requirements. So the grandfathering issues are like, what do we do with people who are currently employed as peer support workers, some states just just slip them in, they just hand them a credential. Some states require them to go through the training, but they don't necessarily have to pass a test. And then it's always a question of, well, how long do you have to be a peer support worker, because if you know, like, for example, if you know that, hey, certifications coming along, and you don't want to have to take a test, you might run out and get a job today, and have been a peer support worker for a week should that person who's done this work for a week, with no training be allowed to just waltz right in to get a certification simply because they a week earlier, they decided to become a peer support worker. So those are the issues involving grandfathering. And also, you know, when we cut, maybe a year or two years ago by now, we asked a group of members of the pure Workforce Development coalition developed a coalition what PW di, what do you think should happen with with grandfathering and and the majority of people felt like there should be a test specifically designed for current peer support workers. Because the whole

point of becoming certified is to make sure that we have a consistent standard of, of peer support workers. And there's no way to assess that without assessing this, this. The skills, the knowledge, competencies of existing peer support workers, Sarah, you had your hand up.

Sarah Knutson 1:01:44

So if we if we were to base our our certification on intentional peer support and WRAP plus some something state specific or some other kind of the if what one of the things that could happen is since rap and IPs are both known nationally, is what we could require for both grandfathering and sort of outside of state stuff is that people show that they've had intentional peer support and WRAP, and then they have to take our state specific thing. And then if and if they if they haven't had those things, either for grandfathering or for or for out of state, then they need to take those trainings, because that's part of the culture in Vermont.

Wilda White 1:02:26

Thank you. I appreciate that. Let me see if I have another slide here. Yeah, reciprocity. In some ways, is getting ahead of ourselves. We don't even have a certification program. And we're talking about reciprocity, but it's something that we want to consider. And that is shouldn't Vermont recognize the credentials and another from another state. And some of the issues that are involved in that it's like well, should the state that they're coming from matter, should matter whether that state reciprocates for Vermont credentials. She does depend on how long that person has worked in that job in that other state. Or I know for like, for example, in BARC for the bar exam, if you want to go to another state, even for states that have reciprocity. There's some states that have no reciprocity. There's some states that require you to take a special exam. That's, that's shorter. Like for example, in California, it's a three day exam, if you're taking if you're not admitted to the bar, but if you want to take the attorneys exam, it's one day. And so these are just examples of the way that reciprocity can be handled. Any questions, comments about this, or anything I've said so far?

Alexandra Karambelas 1:03:44

Well, there's a couple of comments in the chat that I just want to read before we get to the folks that their hands up just because they came from the previous slide. Um, David says, so many places require sustained recovery for peer support specialists. So it makes sense to have a recertification process of some kind to ensure that the peer is still on track in their sobriety. Lauren says, Hi, well, the some of our professions have assessment of skills almost never the whole test. After five years of absence from the field, I would get you a list if you desire.

Wilda White 1:04:18

Yes, I desire Thank you. I appreciate that comment. So let's go to some hands. And we may not be able to retake the poll, because I think it's important to get the voices in the room. And I'm going to ask the same questions in the written survey. I don't know Alex, if you kept track of the hands.

Alexandra Karambelas 1:04:40

Yeah, it was Amey and then Chris.

Wilda White 1:04:44

Thank you. Um,

Amey Dettmer 1:04:46

So you know, as a person that has come to Vermont from Pennsylvania having really been certified and trained in Pennsylvania, you know, I came in kind of with this like attitude almost of like I know about peer support like But when I started understanding what you know, Sarah just said about the culture of Vermont, I think that that's what reciprocity is more about to me is that peers coming from other areas have an opportunity to go through training, not because we're questioning, like their knowledge on what peer support is, but because we want to give an introduction to what is the Vermont culture of peer support. And not just that, but we're giving people an opportunity to know who are the other peer support providers out here doing this work so that we're not feeling siloed and alone, and whatever systems or organizations we're going into, that we know, there's a community of peer support providers. And I think that that's what reciprocity training for me is about.

Wilda White 1:05:43

I appreciate that perspective is great. I mean, it's great that you're you, you, you have that experience, already holding credential, and coming here and you see value. And having people go through a training, learn about the Vermont, the Vermont way, as we like to say, Chris,

Chris Nial 1:06:03

yeah, I really appreciate that, as well. I mean, I, for me, I think of my understanding of some of the I don't know, every state's program, or what it looks like around the country, but but from what I've come to learn so far, that that there are states in which there's a significant amount of, of what feels to me like a level of co-optation, around the medical model, just a way of engaging in peer support that feels really different to what I hear us trying, like attempting to build here and what I hear it's like, working towards and so I do have, like concerns around bringing someone in and having this assumption that like, Oh, my anchor certification is gonna be the same as what's happening here in Vermont. And that's like, I'm just gonna be able to jump right into this work. You know, I just had experiences with other peer workers, staff, where things will be said, like, oh, yeah, I like experienced a bunch of of AECT. And it made a huge difference for me. And so if your doctor is telling you to do that, you should definitely listen to them kind of kind of deal on that, after me, like a big alarm bell and just like, oh, gosh, like that's not how I'd necessarily want to be engaging in peer support. And so having a level of like, this is kind of what our expectations around peer support are for Vermont would feel important to me and not just oh, yeah, whatever it's happening outside of here, it's totally fine with us, too.

Wilda White 1:07:21

It sounds like we're converging on a at least from the people who have spoken and looking at the survey results, it sounds like we're converging around that reciprocity shouldn't be automatic. This has been just for me a great meeting. I've appreciated all of the responses and the thoughtfulness and the depth and breadth of the comments. And because we want to begin in time and end on time, that's going to be it for today, I will be distributing a survey link. And I would really urge you just

there'll be the same questions that you saw on the poll. It'd be great if you could retake that survey for me. So we get a little kind of before and after picture, to see where people stand and after the conversation. So everybody, have a great weekend. And thank you again. We have one final meeting coming up on November 18.

Zoom Chat

10:59:37 From Wilda White to Everyone:

Slide deck link: https://peercertification.wildalwhite.com/ycksbhah

11:02:16 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who just joined https://wildalwhite.com/wp-content/uploads/sites/2/2022/11/meetingFive_PeerCertificationStakeholderMeetings.pdf

11:05:21 From Amey Dettmer to Everyone:

I just submitted my survey this morning. I am not sure if my responses were also able to be included in todays presentation

11:08:12 From Alexandra Karambelas to Everyone:

Link to the slide deck for those who just joined https://wildalwhite.com/wp-content/uploads/sites/2/2022/11/meetingFive_PeerCertificationStakeholderMeetings.pdf

11:10:27 From Chris Nial to Everyone:

Really like this re-write. Especially "risk-sharing"

11:10:42 From Amey Dettmer to Everyone:

yes i also feel much better about this revision

11:13:38 From Malaika (she/her) to Everyone:

Thank you Sarah!

11:16:34 From Sarah Knutson to Everyone:

I love that Amey!

11:35:28 From Sarah Knutson to Everyone:

Is recertification taking the whole course over or just continuing education, which I favor

11:41:13 From Sarah Knutson to Everyone:

What about the state funding the Wellness workforce coalition tha Pathways is running to handle certification

11:43:31 From Amey Dettmer to Everyone:

Agreed

11:52:45 From Kelly Blakeney to Everyone:

I have another meeting to join. Thank you.

11:52:56 From Alexandra Karambelas to Everyone:

Thank you for joining, Kelly!

11:53:02 From David Martins to Everyone:

So many places require sustained recovery for peer support specialists, so it makes sense to have a recertification process of some kind to ensure that the peer is still on track in their sobriety.

11:53:08 From Lauren Hibbert to Everyone:

Hi Wilda some of our professions have assessment of skills (almost never the whole test) after 5 years of absence from the field. I would get you a list if you desire.

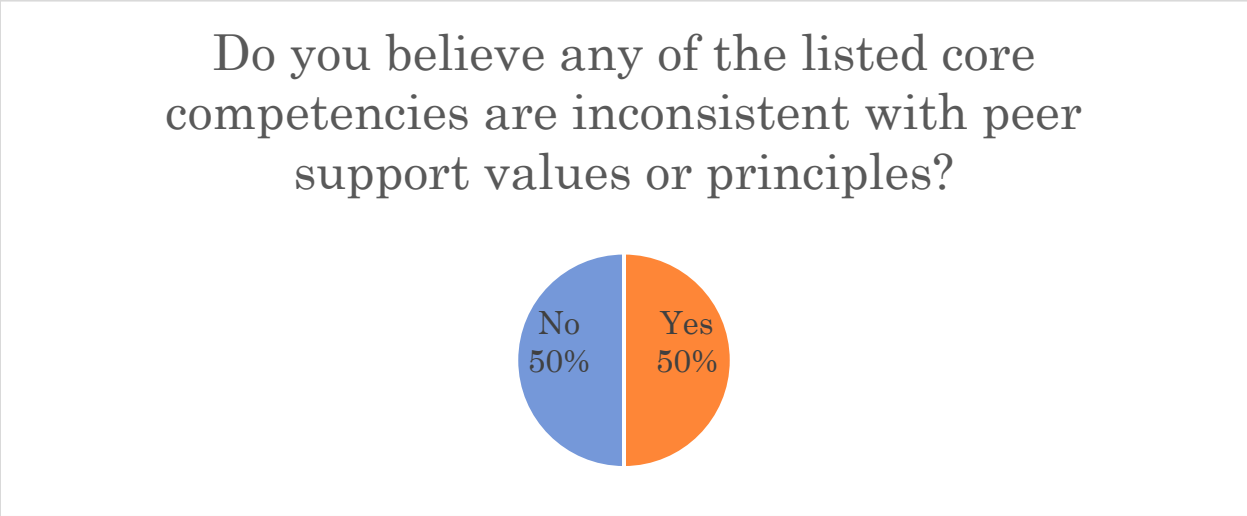
11:59:01 From Lauren Hibbert to Everyone:

In the OPR shop we call what Amey is talking about as the Jurisdictional exam. Vermont is special in many areas.

12:01:17 From Amey Dettmer to Everyone:

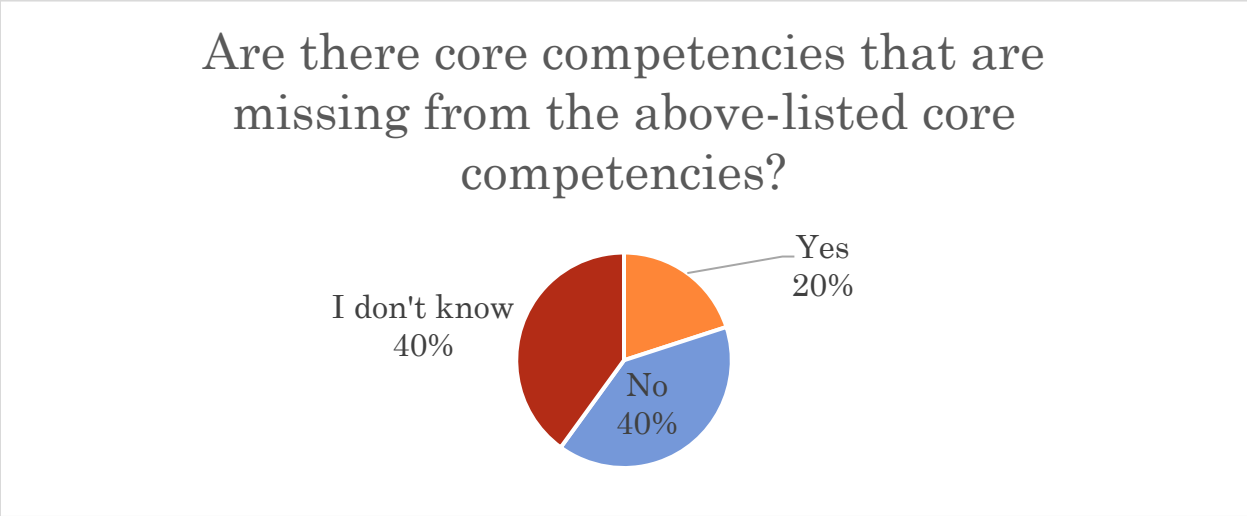
Thanks Wilda

Survey Results



Comments:

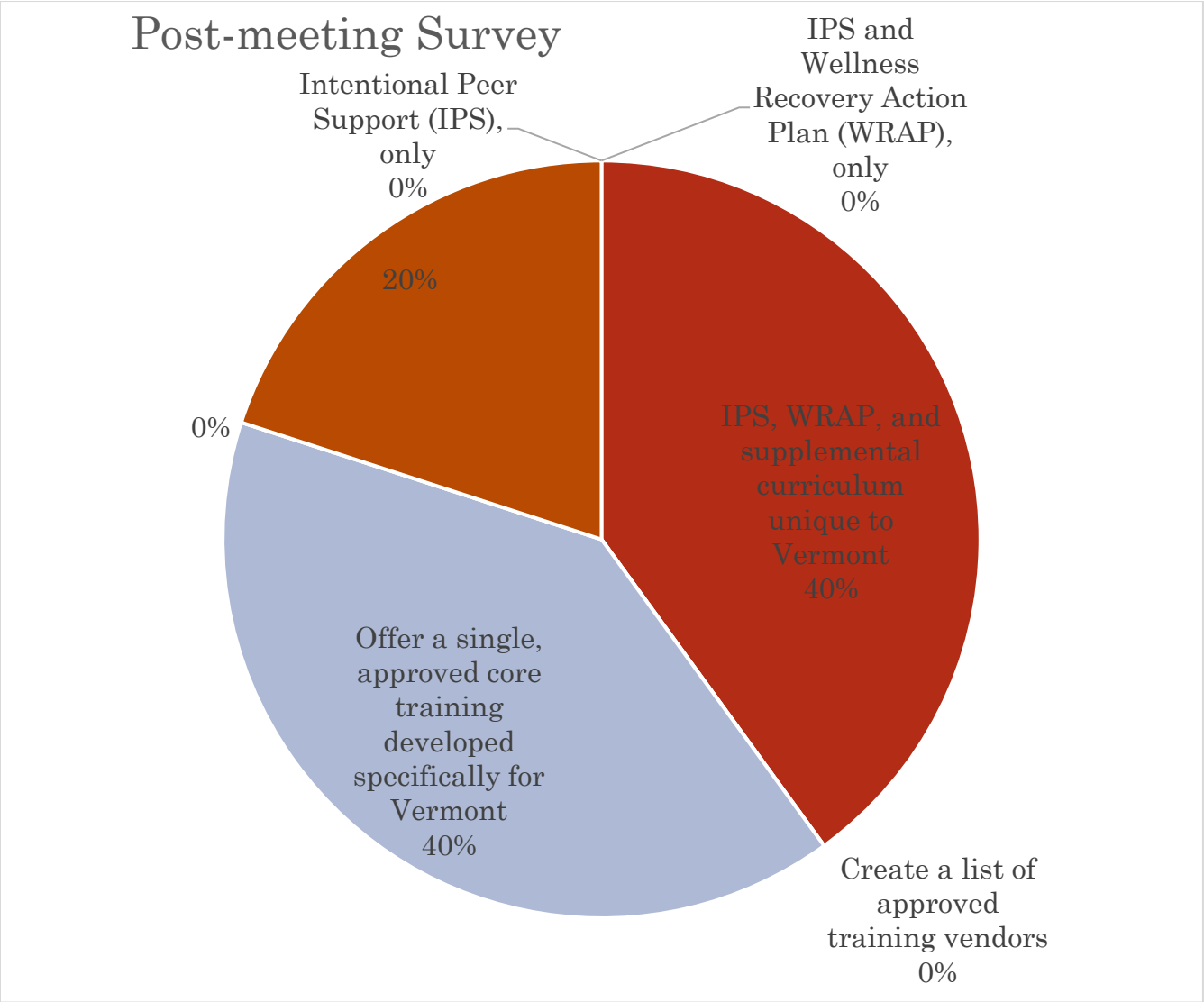
- The ones I find most aversive are 8, 11, 16-19. However, I don't believe vermont should adopt any of the competencies exactly as written.
- I'd rewrite all of them - some significantly, in order to reflect the mental health peer support that evolved as a social justice movement rather than mental health peer support as it has been redefined in order to meet the needs of mainstream mental healthcare.


Are there core competencies that are missing from the above-listed core competencies?
Yes
20%
No
40%
I don't know
40%

	Core Competencies Considered Most Inconsistent with Peer Support Values and Principles
16.	**Medicaid/Insurance- related Requirements:** Peer support workers and supervisors in programs receiving federal (Medicaid, Medicare) or insurance reimbursement will abide by certain requirements pertaining to assessment, treatment planning, progress notes and program supervision in accordance with peer support values to the extent possible.
17.	**The recovery process and how to use their own recovery story to support others**: Understand the five stages in the recovery process and what is helpful and not helpful at each stage; Understand the role of peer support at each stage of the recovery process; Understand the power of beliefs/values and how they support or work against recovery; Understand the basic philosophy and principles of psychosocial rehabilitation; Understand the basic definition and dynamics of recovery; Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.
18.	**Understand the Code of Ethics** within the state mental health system.
19.	**Provide information about skills related to health, wellness, and recovery**: These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. Educates peers about health, wellness, recovery and recovery supports; Participates with peers in discovery or co-learning to enhance recovery experiences; Coaches peers about how to access treatment and services and navigate systems of care; Coaches peers in desired skills and strategies; Educates family members and other supportive individuals about recovery and recovery supports; Uses approaches that match the preferences and needs of peers.

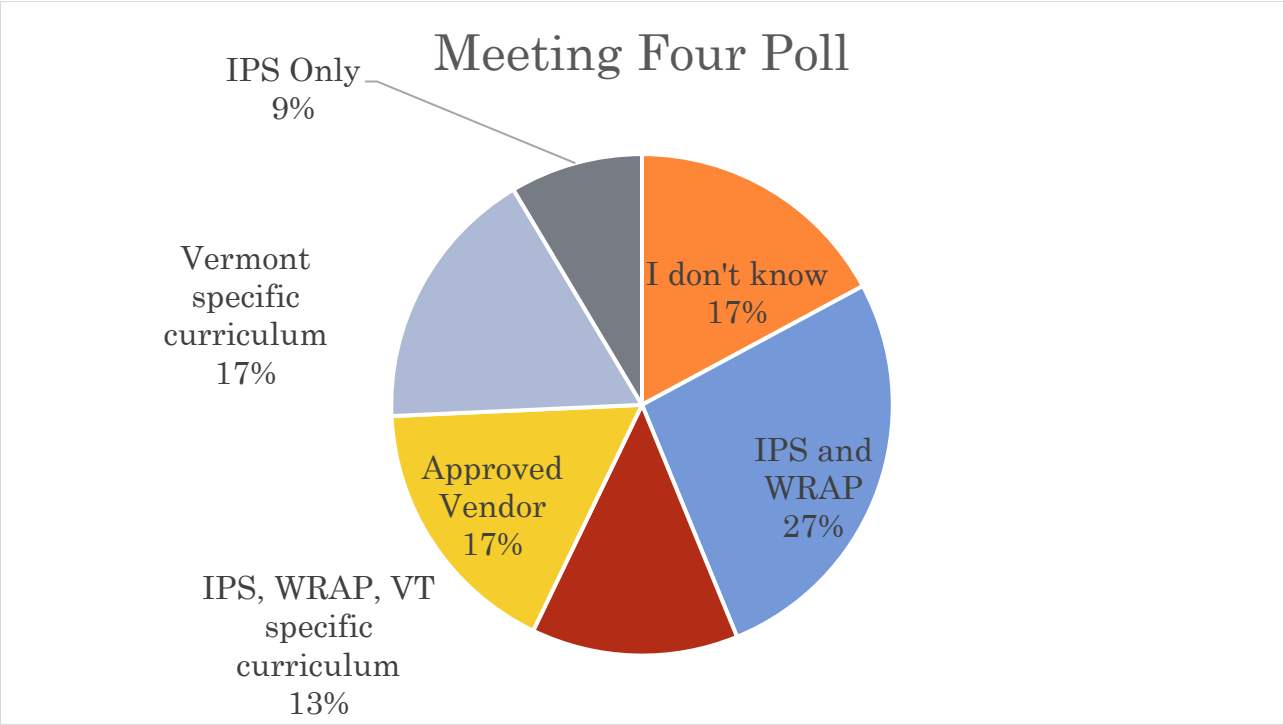
What training option should Vermont adopt?

Post-Meeting Four Survey Results



What training option should Vermont adopt?

Meeting Four Zoom Poll Results



Comments Received Via Email and/or Telephone

Comment #1

In-shape programs in the context of peer support.

Would be much better than community mental health based programs, because it would not require being a client of the community mental health organization. More inclusive and less of a sort of a bait to lure people into other aspects of the community mental health organization. Cleaner. And, peers would be better able to run a good program, without being encumbered by the power differentials in mental health organizations.

In-shape program started at Monadnock Family Services in I think the early 2000s. It's a program where people give and get mentoring about exercise and nutrition and get access to things like gyms and yoga classes and dance classes. Walking clubs, circuit training sessions, cooking classes, etc are included. MFS (in Keene NH) started it and is probably still doing it. It got brought all over the world, like peer support did. In hospitals, in community mental health (I think HCRS does it) and in peer support settings. Monadnock Area Peer Support was doing it when I was a board member in 2010. There are all sorts of versions of it. Peers can get paid jobs in it, being personal trainers and fitness class instructors.
I think peer support is the ideal venue for it. As an HCRS program, it excludes a lot of people if they aren't HCRS clients. I see a psychotherapist in Chester. I wouldn't be able to go to it at HCRS. Peer support is a better venue for it- includes everyone, and doesn't have the same power dynamics, is more mutual.

In-shape programs often negotiate cheap group prices with fitness centers, swimming pools, yoga studios etc. I think the Keene YMCA is free to Keene In-Shape members.

Maybe it would be something much more informal than an "In shape program" which is probably a registered trademark or something.

Maybe it would just be that there are some physical activity regular-basis gatherings within peer support, like a group hike each week, or whatever. Could be something very informal, not "In Shape"

One thing about it being offered through a mental health center is people feel like it's being pushed on them. There was a sort of an "I don't want your fucking wellness program" sentiment for awhile. If it's something happening among peers, it can be safe and neutral. There are some people who really want something like that. I tried to start something like that with VPS but they as an organization weren't interested, even though a few members really wanted to do it. If it were somewhat supported/subsidized by the state within peer support, it might make it more feasible and at the same time non-threatening.

November 18, 2022, via Zoom

Meeting Six Report

Mental Health Peer Certification Stakeholder Meetings

Contents

Overview

Meeting Topic

Integration into the continuum of care

The purpose of the meeting is to solicit input on what steps will be necessary to incorporate peer support specialists into the continuum of care.

Meeting Summary

The facilitator gave participants an overview of what would be her recommendations for developing and implementing a peer support certification program in the State of Vermont based on the results of the previous five meetings. The facilitator also noted those areas that would require more work and/or policy decisions.

After discussing what would be the facilitator's recommendations, the facilitator invited a discussion about integrating certified peer support workers into the continuum of care.

A. Recommendations Presented by Meeting Facilitator

1. Type of Certification Program

The consensus of stakeholders is that Vermont should adopt a professional certification program.

Mental health peer support certification programs are generally assessment-based or professional. These are terms of art used to distinguish how programs determine whether candidates have met program standards. The terms are not value judgments about the quality of the credential received.

An assessment-based certification program provides training and then determines whether applicants successfully met the learning objectives of that training through various mechanisms, which may include a written test but not always. For example, some assessment-based programs assess whether applicants have successfully completed a course by requiring applicants to complete a capstone project.

A professional certification program does not provide training. Such programs are independent of the training. They evaluate applicants' knowledge, skills or competencies against a pre-determined standard usually through a written test.

Initially, many meeting participants voiced support for an assessment-based program even while acknowledging the potential for conflict of interest. Discussions revealed that the preference for an assessment-based program was based an assumption that those with lived experience would be precluded from leading a professional certification program or that a professional certification would not accommodate people with learning disabilities. After assurances that those with lived experience have led professional certification programs in other states and that accommodation and accessibility would be required, a consensus formed around a professional certification program.

2. Screening

Screening involves setting the minimum standards that an applicant must meet before applying for certification and creating a process to determine whether those minimum standards have been met.

Screening Criteria	Recommendation
Minimum education	None
Personal statement	Yes
Lived experience of trauma, mental health and/or substance use challenge	Yes
Attest to recovery	No
Minimum period of recovery	No
Residency requirement	No
Criminal history *per se* disqualifying	No

Screening criteria	Unresolved Issue
Criminal History	Process to determine on an individual basis whether a criminal conviction is disqualifying
Whether relevant work experience should be required	Most felt that a minimum number of relevant work hours would be beneficial but also felt it would limit the pool of applicants because of the lack of opportunities to meet the minimum requirement for relevant work experience
Whether references should be required	Responses were mixed; come cited the lack of opportunity for some prospective applicants to obtain references; some thought it should be optional

Screening criteria	Unresolved Issue
Should applicants be interviewed	Responses were mixed; issues raised included the amount of work required to interview applicants and what procedure would be used to make decisions

3. Competencies and Training

(i) Recommended Core Competencies

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
2. **Peer support values and orientation**: Peer support workers are trained in and have an understanding of: the human rights issues and history of peer support and the peer movement; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of relational support that is free of judgment and hierarchy.	18. **Peer support values and orientation**: Peer support workers understand the history of peer support and the peer support movement; relevant human rights and social justice issues; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of peer support relationships that support self-determination, can hold multiple truths and are free of judgment and hierarchy.
3. **Lived Experience**: Peer support workers are thoughtful in telling their personal stories and sharing their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience, to inspire and support the individuals with whom they work. Through mutual sharing of lived experience, peer support workers create connection with those they support.	19. **Lived Experience**: Peer support workers are thoughtful in telling their personal stories. They share their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience. They invite mutual sharing and endeavor to create meaningful connections with those they support. Over time, the relationship becomes mutually inspiring and supportive, as well as a template for creating similar relationships with others.

[15] This list of core competencies was compiled from the core competencies developed by the Vermont Wellness Workforce Coalition, the State of Georgia's peer certification program, and the core competencies developed by the Substance Abuse and Mental Health Services Administration (SAMHSA).

[16] The proposed core competency revisions were suggested by stakeholders during the meeting series, respondents to the post-meeting surveys, and individuals who reached out to the facilitator by telephone or email.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
4. **Self-Awareness**: Peer support workers build a capacity for introspection and self-reflection, can voice their own discomfort and needs and have the ability to recognize themselves as individuals.	20. **Awareness of Self and Others**: Peer support workers build a capacity for introspection and self-reflection. They can voice their own discomfort and needs, while staying open to the discomfort and needs of others. Peer support workers endeavor to maintain a multi-dimensional awareness that includes themselves and their own needs; others and the needs of others; and the relationship and the needs of the relationship as it develops between the peer support worker and others.
5. **Boundaries**: Peer support workers create clear and respectful personal limits and boundaries which are essential to effective peer support relationships. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. Boundary setting can change internal and relational dynamics.	21. **Boundaries**: Peer support workers invite frank discussions about personal needs and boundaries. They are clear about their personal limits, and they invite others to explore their own. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. They negotiate boundaries, consistent with the needs and values of everyone involved. They understand that the way boundaries are negotiated and/or applied affects both internal and relational dynamics. Peer support workers are alert to signs of overwhelm, burn out, pushed buttons and trauma re-enactment. They address this openly and frankly when it occurs and seek support as needed. They encourage others to do the same when the peer support relationship is under stress.
6. **Worldview and cultural awareness**: Peer support workers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. This worldview is the lens through which reality is experienced and influences individual attitudes, biases and judgments. Sharing this worldview can create connection, relationship and growth. Peer support workers develop the ability to work in a non-judgmental and compassionate manner, meeting individuals where they are at, regardless of differences in worldview.	22. **Worldview and cultural awareness**: Peer support workers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. They are aware of their own worldview and how it influences their individual attitudes, biases and judgments. They openly acknowledge that their personal worldview is the lens through which they currently experience reality. Peer support workers use their personal understanding of worldview to create connection, relationship and growth. They are open to the ideas, experiences and viewpoints of others, including to being changed by them. They endeavor to hold multiple truths and embrace the span of human diversity in a non-judgmental and compassionate manner. They negotiate worldview differences that affect the relationship openly and transparently, consulting others for assistance when necessary.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
7. **Communication, dialogues and active listening**: To create connection, peer support workers understand the components of dialogue, non-verbal dialogue, collaborative problem solving and remaining curious. They are able to clearly communicate their needs and the needs of the job or organization according to their particular role. They are able to be reflective and transparent in what they share and how they respond. They also enable effective engagement, networking, teamwork and conflict management.	23. **Communication**. Peer support workers understand that much of what is "said" between human beings is expressed indirectly (e.g., facial expressions, gestures, body language, tone of voice) or is impacted by the speaker's assumptions about what it is culturally appropriate to say. Peer support workers actively listen for what isn't being said (untold story). Peer support workers listen for commonalities and shared interests that can be built upon. Peer support workers allow for free-flowing, mutual conversations. When conflict arises, peer support workers explain their own needs, the needs of the job or organization and the limitations of their peer support role. Peer support workers are reflective and transparent in what they share and how they respond. They engage, network, collaborate and seek outside assistance as needed to care for the relationship.
8. **Authentic and mutual relationships**: Peer support workers are encouraged to be honest with themselves and genuine when providing peer support and to approach relationships with a sense of curiosity. They consider the individuals with whom they work as equals while acknowledging relative power, privilege and status.	24. **Authentic and mutual relationships**: Peer support workers are honest with themselves and genuine in their relationships with others. They acknowledge the relative power, privilege and status between service providers and service recipients, as well as between employees and participants at an organization.
9. **Wellness, resilience and self-care**: Peer support workers understand, demonstrate and actively practice self-care strategies. They are aware of their own personal limits and recognize signs of becoming overwhelmed (e.g., burn out, compassion fatigue, vicarious or secondary trauma, over-engagement, over-identifying). They actively aspire to approach challenges with equanimity, to remain composed when under strain or tension and to acknowledge when this is difficult. Peer support workers often rely on their relationships as a source of support.	**Consolidated with No. 4, Boundaries**

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
10. **Self-determination**: Peer support workers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals in determining what they want their lives to be like by encouraging them to reflect on their needs and pursue their aspirations.	25. **Self-determination**: Peer support workers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals to determine what they wish their lives to be.
11. **Trauma-informed**: Peer support workers are aware of the short- and long-term impact of personal history and trauma on all aspects of an individual's life. They recognize that certain actions (e.g., violence, substance use, anger) are coping mechanisms and that most challenges and forms of adversity experienced by individuals may result from personal history and trauma. Peer support workers' orientation is not "what is wrong with you" but "what has happened to you;" they see crisis as an opportunity to grow and change.	26. **Trauma-informed**: Peer support workers understand the impact of personal history and trauma on human experience and functioning. Peer support workers understand that challenging behaviors (e.g., violence, substance use, anger) may result from trauma or learned patterns that have aided coping or survival. Peer support workers refrain from judging or resorting to labels, asking "What happened to you?" rather than "What is wrong with you?" Peer support workers appreciate crisis as an opportunity to grow and change.
12. **Safety**: Peer support workers identify potential risks and seek to work collaboratively with individuals to reduce risk to themselves and others. They may have to manage situations in which there is intense distress and work to ensure the safety and well-being of themselves and others and learn when to step out of harm's way. In peer support, mutual safety is enhanced through relationship and connection.	27. **Safety**: Peer support workers view safety as something that results from relational connection and mutual trust. Peer support workers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address mutual distress and reactivity and any concerns that may arise for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
13. **Collaboration and teamwork**: Peer support workers develop and maintain effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. All peer support workers seek to balance the needs of the program or organization with peer support values, but particularly when working in more traditional mental health settings (designated agencies, hospitals, etc.). Peer support workers may see themselves as representatives of a collaborative movement striving to improve the quality of life for individuals experiencing various forms of adversity.	28. **Collaboration and teamwork**: Peer support workers use the same relational skills and practices to develop effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. They look for and establish connection based on shared interests and concerns. They explore worldview and acknowledge multiple truths. They seek to negotiate mutual, win-win solutions that address the needs, values and core concerns of everyone involved. When conflicts arise between the needs of the program or organization and those it serves, peer support workers openly acknowledge the conflict and seek to negotiate such conflict through thoughtful, mutually respectful dialogue. Peer support workers clarify the limits of their authority and seek assistance from others when needed.
14. **Professional development, leadership and privacy**: Peer support workers seek and pursue opportunities for personal and professional growth and development, including opportunities to provide leadership. They see themselves as ambassadors of the peer support movement and commit to acting in a respectful and responsible manner. At all levels, peer support workers honor the privacy and confidentiality of individuals and embrace peer support values regarding the sharing and disclosure of information.	**Delete**
15. **Links to resources, services, and supports**: Peer support workers help individuals acquire the resources, services and supports they need by connecting them to resources or services within mental health and community settings. Peer support workers have knowledge of resources within their communities as well as on-line and learn when and to whom to reach out for assistance.	29. **Links to resources, services, and supports**: Peer support workers journey with others in their efforts to obtain the resources, services and supports they need within mental health and community settings and beyond. Peer support workers share knowledge about available resources, continually develop their knowledge of available resources, and understand when and to whom to reach out for assistance.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
16. **Human Rights-based Approach and Advocacy:** Peer support workers understand a Human Rights-Based Approach and how various forms of systemic oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) intersect with mental health and the mental health system. They work to examine and reduce the impact of stigma and discrimination on mental health through advocacy and a social justice lens. They believe that individuals have a right to receive the services and supports of their choosing and will advocate for individuals to receive these services and supports within communities of their choosing.	30. **Human Rights, Social Justice, and Advocacy:** Peer support workers appreciate the importance of human rights and social justice to mental, physical and social well-being. Peer support workers understand that various forms of oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) are embedded in institutions, including the mental health system. They are alert to discrimination and oppression and listen carefully when others raise these issues. They endeavor to negotiate power imbalances and redress unfairness in a relational manner. They respect the right of individuals to receive services and supports of their choosing. They advocate with those who are advocating to receive such services and supports within communities of their choosing.
17. **Medicaid/Insurance- related Requirements:** Peer support workers and supervisors in programs receiving federal (Medicaid, Medicare) or insurance reimbursement will abide by certain requirements pertaining to assessment, treatment planning, progress notes and program supervision in accordance with peer support values to the extent possible.	31. **Medicaid/Insurance- related Requirements:** Peer support workers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support workers are able to document collaboratively.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
18. **The recovery process and how to use their own recovery story to support others**: Understand the five stages in the recovery process and what is helpful and not helpful at each stage; Understand the role of peer support at each stage of the recovery process; Understand the power of beliefs/values and how they support or work against recovery; Understand the basic philosophy and principles of psychosocial rehabilitation; Understand the basic definition and dynamics of recovery; Be able to articulate what has been useful and what not useful in his/her own recovery; Be able to identify beliefs and values a consumer holds that works against his/her recovery; Be able to discern when and how much of their recovery story to share with whom.	**Delete**
19. **Understand the Code of Ethics** within the state mental health system.	**32. Understand the Peer Support Code of Ethics:** Peer Support workers understand their responsibilities under the Peer Support Code of Ethics. They know, and can articulate, how the ethics that pertain to peer workers are different from those that apply to other providers within the state mental health system.

INITIAL CORE COMPETENCY[15]	RECOMMENDED REVISION[16]
20. **Provide information about skills related to health, wellness, and recovery**: These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth. Educates peers about health, wellness, recovery and recovery supports; Participates with peers in discovery or co-learning to enhance recovery experiences; Coaches peers about how to access treatment and services and navigate systems of care; Coaches peers in desired skills and strategies; Educates family members and other supportive individuals about recovery and recovery supports; Uses approaches that match the preferences and needs of peers.	**Delete**
21.	**33. Privacy: P**eer support workers honor the privacy and confidentiality of individuals, embrace peer support values and follow the law regarding the sharing and disclosure of confidential or protected information.
22.	**34. Facilitate Change:** Peer support workers facilitate self-directed, autonomous, at-one's-own-pace change within themselves and with others. Peer support workers facilitate institutional, and systems change to move institutions and systems towards trauma-informed, healing-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.

(ii) Training Recommendations

Issue	Recommendation
Who should provide training?	A single, approved vendor
What should training encompass?	▪ Intentional Peer Support

Issue	Recommendation
	▪ Wellness Recovery Action Planning ▪ Alternatives to Suicide ▪ Hearing Voices (Listening across Alternative Realities) ▪ State-specific curriculum

4. Certification

Issue	Recommendation
Should Vermont offer reciprocity to certified peer specialists from other jurisdictions?	No
Should Vermont grandfather current peer support workers?	No; screening and testing should be required
What should be the duration of a peer support worker credential	Renewed every two years
Certifying body	Bifurcated; peer-run entity and the Office of Professional Regulation split responsibilities

Issue	Unresolved Certification Issue
Re-certification	Whether re-testing should be required

5. Definition of Peer, Peer Support Worker, and Peer Support Services

Word	Views
Peer	Do not define; the majority view is that "peer" should not be used as a noun. It is not necessary to define the word "peer" for purposes of implementing a mental health peer support worker certification program
Peer Support	▪ Avoid references to "recovery" ▪ Avoid references to "mental Illness" (e.g., "lived experience of mental illness") ▪ Avoid references to "psychiatric disability"; use terms such as mental health challenge, mental health crisis, trauma experience ▪ Avoid references to "addiction"; rather use phrases such as substance use or substance use challenge
Peer Support Services	

B. Discussion of Integration of Peer Support Workers into the Continuum of Care

The discussion about integrating peer support workers into the continuum of care focused primarily on appropriate supervision of peer support workers and paying peer support workers a livable wage, which most agreed would need to begin at $25 per hour.

Many expressed concerns about how people who receive social security disability insurance or supplemental security income can work as peer support workers in jobs that pay livable wages because of income caps. At least one person said that at $25/hour, she could work about six hours a week and then would have to volunteer her time to get any work done, which she did not favor. A related concern was paying employees who receive SSI or SSDI to attend trainings results in their not being able to return to work immediately because they've exceeded the earnings cap by attending the training.

Questions Asked:

1. Can you clarify the two-year pathway to certification? As an example, can peer specialists work as peer specialists while they were working towards the credential? We also want to be sure there is a pathway for peers who have already been providing peer support.

2. How accessible are the tests?

3. What is a peer support supervisory credential? How is that developed?

Comments Made:

1. My person works for me in the field at the crisis bed. But then we need to send them to -- use IPS, for example -- we have to pay them to go to IPS. Then we lose them, because, well, maybe they just got a raise. So that creates a little bit of a barrier because people on SSI are limited in what they can earn. This has really been an issue lately.

2. I think [the issue of people who are working who are also receiving social security benefits] would be a worthy project to work on because it's not an uncommon issue. Our organization found creative ways to get around that. And I know some other places have, but I think that would be for this particular field, something that would be really worthwhile putting some time and energy into. Thanks for raising.

3. Basically, anything that's, that requires a certain number of hours puts people who are on disability at a disadvantage

4. First and foremost, I myself am a peer with a personal lived experience of mental health crises, homelessness, trauma, those things as well as a person in recovery. So speaking from direct lived experience with both of these things, I would just want to say that, I think it's totally fine to keep those worlds separate, if that's what we decided to do in this process. And, you know, we continue to have the expectation of recovery coaching and certification continuing how it is. We're hoping over time to have that be evolved and improved to be more trauma-informed and inclusive and more valuing the experience of people's lived experience, and all of those things to the greatest degree possible. But at the same time, it can largely stay how it is. And whatever we as a group do with peer support can be totally separate. And I would love to have an opportunity to have a superhighway back and forth between those things. So people that are interested in doing one, but are in the other field, have every

opportunity to understand the other one, get those trainings, there's work opportunities, things like that, and ultimately, to give the chance for people to maybe have both credentials to do co-occurring work. My dream would be that over time to come to some alignment, some co-occurring place where we could combine forces and do one cohesive body of training that everybody could do, but I know that's probably many years out.

5. I'm struggling with a couple of issues. I'll just articulate it this way. And just for context, I'm the director of a CRP CSP program. And we don't require community support staff, employment staff case management staff to go through a statewide certification process to start doing the work, that's just not required. I get that we do that with psychiatrists and with clinicians, and that there's OPR involved in that there's things you can't do, unless you get that certification. And simultaneously, yes, I endorse and support a way to have this be valued, fully acknowledging and understanding the benefits cliff and how that works. And yes, we can work through those things. But I'm just struggling with barriers, getting in the way of us being able to do the work. And I'm struggling with that a little bit on some level.

6. There tends to be an important distinction between substance use abuse, addiction and mental health diagnosis experience. The general public considers substance use slash abuse is something a person does. And people tend to see a mental health diagnosis as who I am, to my way of thinking, a very important cultural difference.

7. I just had like some general appreciation and feeling like, oh, it's really nice to see our community have some consensus around things that are important in a very coherent structured process is just really nice.

8. For IPS, IPS has worked pretty hard in other places to make sure that the IPS process is accessible. This has included on having conversations rather than reading slash writing.

9. When we talk about rate of pay, however, we need to talk about the income earning limitations that are set on upon people through Social Security. And this is a real problem, I have nowhere else in the world, which you think a raise is a bad thing, except for the individual that is working and competitive employment, making a decent rate of pay, and all of a sudden gets a raise and is now going to be threatened with their earning caps.

10. Our pay range for peer support advocates, the absolute bottom is $20.50 for absolute entry level, no previous experience and going up potentially as high as $25, 26. But I know some people have put in the chat like $25 an hour As a minimum would be ideal.

    One of the factors that was really significant that prevented that pay increase from being higher was the comparison to other peer support wages around the state. Our agency is basically Oh, we can't we're already so far above where everyone else is that we can't go further.

11. I think we have an opportunity to set a bar with what a livable wage should look like. And that really should be the goal. Rather than trying to look at a different structure to compare this to, some other existing profession or equivalent program or other states that also haven't been able to pay enough. We know the cost of living is crazy in Vermont, we know that this work is inherently vicariously traumatic, and people need to attend to their own wellness and their own well-being in this process. And there's an increasing desire to have peer support be embedded in things like emergency outreach. And those are stressful, critical positions. And a lot of this could really be called life -saving work. And so, I just feel like all of that points to this idea that we really want to set the bar in a high place. And maybe we

should start by doing that, rather than trying to kind of nest it in with what other places are doing. So personally, I like the idea of just a hard line around like 25 bucks an hour like to live in Vermont, in the economy, we've got that should be a minimum for anybody in this particular work.

12. I want to make a very basic statement, the less you pay peer support workers, the poorer the overall quality of work because people will look for higher paid jobs. You're valuing it really low, and so the quality of the work often is affected by the pay.

13. I just wanted to briefly mention one mode of setting pay rates. And that's a process of it's called. It's called banding. But basically, it's a process that takes a horizontal look at all occupations that have worked at a similar sort of scope with similar responsibilities. And it doesn't necessarily include educational qualification, but it uses a skill and experience, and it bands the pay rate at that level. And then, if you're working as a supervisor, that will be banded. And that's across everything -- health care, construction management, whatever. And that's actually been quite a useful equalizing way to set pay rates.

14. Possible model for workers with disabilities for consideration is independent contractor model, which allows people to earn more and deduct expenses like transportation to job site, cost of phone or internet cost of training, conference attendance.

15. But one thing I do run into is that if I'm paid a decent wage, it cuts my hours down to the point where I basically to get anything done, it's necessary for me to volunteer. So, I see that as being bad.

16. What's happening in other states to address this issue [co-optation of peer support by medical model] is peer- run organizations are supervising overseeing the peer support programs, and then the providers that want to employ peer support providers rather than training up their teams or hiring these organizations and lived experience to actually do the servicing and the programs, which is keeping from what I understand with the services that are being provided more aligned with the values.

Refer to the Zoom Chat for additional comments

Links

Video Recording	https://vimeo.com/780459465
PowerPoint Slide Deck	https://peercertification.wildalwhite.com/2p99m7tj

Attendance

Registrants	126
Attendees	34

Meeting Transcript

SPEAKERS

Keith Grier, Alexandra Karambelas, Christina Ensalata, Kate Blouin, Zack Hughes, Amey Dettmer, Chris Hansen, Wilda White, Malaika Puffer, Sarah Knutson, Ericka Reil, Will Eberle, Leslie Nelson, Dawn Little

Wilda White 02:41

We're at 11 o'clock and we're going to get started. I always have to begin with that dreaded sharing of my slide deck, which I will do right now. Okay, looks like that worked. So welcome, everybody to the final meeting. In the first phase of this mental health peer specialist certification stakeholder meetings. Thank you for hanging with us through all six meetings. I've it's been a great process for me. And I hope that you have found something useful about it as well. I'm just going to quickly go through our regular slides about the Zoom protocol to for questions or comments, feel free to use the zoom chat raise your hand actual or your virtual hand or shout it out if you can't get someone's attention. The links to the slide deck I'm using is in the Zoom chat and all these meetings are being recorded so that people who are unable to attend will be able to go back and look at the videotape if they are interested in doing so. So the meeting point Access for this meeting is the same as it has always been. We'll have a topic of discussion and question and answer. There'll be a survey that's distributed at the end. And I will take all of the comments that were made during the meeting the survey results, and put that into a final report that I submit to the Department of Mental Health and the peer Workforce Development Initiative. And that report will be made public, that I got an email about that today. And I think it would be made public under the Public Records Act. So and I'm willing to make it public. So that's my position on that. So this is a description of six meetings that we've had, I'm not going to go through that today's meeting is on the integration of pure support into the continuum of care, but we'll get to that. This is a slide that has all recordings and surveys, links to them, should you need them. And if you only want to remember one thing, all of this information is available at my website, will the URL white.com forward slash certification? So today's agenda is we're going to review where we are like, what if we were to base a peer certification program on the consensus that we've reached so far, what that would look like, and what the unresolved issues are, we'll talk about next steps. And then we'll have an open discussion where we'll be any issue that hasn't been addressed. Because that is a concern is this would be a time to voice that. And also, there are a couple of topics about integrating peers, specialists into the content area that I'd also like to offer up for discussion. So what I did was, you know, keep track of where we are after each meeting. And what I want to give people an opportunity to comment on either the survey that will come after the meeting or during this meeting, is where we are in terms of recommendations about greening, screening and training and certification. So the first, if you have attended all the meetings are kept back. Remember, the first issue we talked about was whether remark should have a professional certification program on assessment-based certification program. The professional certification program was similar to just like getting your driver's license, right? So you go and you take a driver's ed course. Course, and you pass that you still have to go to the state and take a driver's test. So that would be like a professional driver certification program. The alternative would be if you could just go take a driver's test, and then get your driver's license based

on passing that driver's license course test. That would be an assessment-based driver's license program. And so where we ended up on that the consensus is, is that Vermont should have a professional certification program. That is, you should separate the training from the testing and certification. So that's the current shape of things. It's not definitive, but that's where the people who have participated in this process feel that Vermont should go. So then we went through what should be this, how we should screen and what should be the eligibility requirements for a peer support worker certification and minimum age. The consensus was it shouldn't be 18 for an adult credential, but obviously no minimum age or at least not 18. For the credential, no minimum education requirement. Yes, there was a strong consensus for that a person should have a lit lived experience. There was a strong consensus against requiring people to attest that they are in recovery. There was a preference for no residency requirement, given how we are, you know, at the border of both New York and a Massachusetts and Hampshire and that people work across borders in our region all the time. Yes, people thought that should be a personal statement required in the application process. And the people felt like a criminal history should not be disqualifying. But there was a strong caveat to that and that is, it should be determined on a case-by-case basis whether a particular person's criminal conduct Section based on their where they are in their life and what the charge was whether that should be disqualifying for them personally, but not outright disqualifying. And then there was a strong preference that the people who screened for eligibility would be peers. But there were some unresolved eligibility requirements. I just alluded to one, and that was about criminal history. That is the process to determine on an individual basis whether a criminal conviction is disqualify, there was no strong direction about whether relevant work experience should be required. There were plenty of people thought that it should be well like a pour out less than 50%. But like close to 40% felt like there should be relevant our requirement minimum quorum, and that should be about 250. But I wouldn't call that a consensus. And so that I feel like that's still an unresolved eligibility requirement. It was also unresolved whether references should be required. Some people felt like they should, and some people felt like it would be great, but you don't want to disadvantage people who just don't have access to those types of references. And then also, responses were mixed about interviewing, whether everybody should be interviewed. So, competencies in training, there was a strong preference, ultimately expressed for a single approved vendor providing the state specific training. There was the direction of the core competencies was like, yeah, these competencies that you presented, are in the ballpark, all of them need to be rewritten to reflect peer values. And we have a suggestion for what that might look like. And then what training like if once we have decided on the competencies, what should be included in the training, and there was strong, strong overwhelming support for including intentional peer support, wellness, recovery, Action Plan, alternatives to suicide, hearing voices, and then whatever we want in our state specific curriculum. And I will also remind you that neither the intentional peer support nor Wellness Recovery Action Plan, even if we had those two, together, they don't cover all the core competencies that people have agreed that we need to include. So what are the unresolved issues and competencies and training? Well, the first one is finalizing that list of core competencies, then one is what should that state specific curriculum look like? And thirdly is adopting a code of ethics that's consistent with currency. So that's work that needs to be done following this phase of the stakeholder meetings. And then we get to certification. strong preference for no reciprocity. Because, you know, we all think of our states as unique and we have values and we want people who come here to understand what those Vermont values are and how we practice peer support. In the state of Vermont, there was also strong preference for no grandfathering, meaning people don't automatically. People don't automatically get to get a credential just because they've been doing the work. Everybody felt like it should be a combination, not everybody. 90% thought there should be screening and testing. But there was a

disagreement about what that test should look like, if there wasn't agree that they should take the same test that new people have, but probably a particular test. Just for people who've been working in the field, the period of certification, there was consensus about two years. In the certifying body, there was consensus that it should be bifurcated between the pure organization or pure body and the Office of Professional Regulation. And this was interesting, because when we first surveyed people through the Zoom poll, the there's a strong preference for just the pure body and no preference, really a limited preference for the Office of Professional response regulation. But I think based on the discussion that we had in the meeting, where we we got more of an explanation of what that might look like. There was a strong preference expressed later in discussion and also in the response to the surveys that a bifurcated system would work well for the state of Vermont. But the unresolved issues are or two for certification one is, I've only listed one here. But really two one is what would be the requirements for recertification. We couldn't get any agreement about whether it should include retesting, or whether we should just rely on some type of continuing education. And the other issue is what that test for existing peer support workers should look like. And then remembered one of the first things we talked about, as we talked about assessment versus the definition of peer and peer support. I'm not going to present you with a definition. But I want to present you with some of the main themes about the definitions. The main themes that emerged from the definitions that we did present kind of this was a consensus is like they people don't like this word recovery. For a variety of reasons. If you've been here, you've heard many of the explanations, but mostly, it's because people don't even know what it is. And for many people, it's not their goal. There was also a strong consensus for using the expression lived experience rather than personal experience. In overall, people don't like the language of mental illness in this in peer support, and, and peer certification. And so, they want those removed. There was a there was a preference to include substance use or substance use condition in the definition, because if you recall, in some of the definitions, it was it was all based on kind of mental, mental health challenges and mental distress and they want substance use. Use called out in the definition, and they want psychiatric disability removed. I think this is the same theme about this language of mental illness. And then if you use substance use or substance use condition, people don't like the reference to addiction, because not all people who have substance use challenges, see themselves as addicts or so there was a preference to remove that word. Any questions so far? We're going to open it up to discussion. But if there's a question about something I've said, or you need clarification, you can ask it now or later, I'll move on to explain to you what the next steps are after this meeting. So, I was part of part of my job here is to submit a report. And in that report, it should contain a recommended design of a statewide peer support worker certification program, include a summary of items that need resolution, and then create a work plan if like, what are the next steps? And how will we get that done. And then there's a phase two of this process, which is convening a smaller group, still with a broad stakeholder representation to finalize where we go from here. So, we can move into certification and move into the implement implementation of a certification program. So, I am going to stop sharing right now. And I will just want to have some eye contact and see where we are, what people's reactions are to what you've heard so far. Zack, you're on the air.

Zack Hughes 18:38

Yeah, I did want to throw another angle out there. We have situation appear where we have people who are on benefits, Social Security benefits. And so, if they have to do any extra work, we lose them in the field for any training that we send them to right now, because they would lose their benefits if

they work in the field. So in the field is basically in the crisis bed or wherever they are working, and then we send them off to training. So we're trying to figure all that out. Thank you.

Wilda White 19:17

Yeah, an email from someone this morning about that. But the way it was explained to me was a little different. I think maybe the point is the same is that some people only work part time. It would be difficult for them to do training. It's possible – and like the person who wrote the email -- I assured them that I was going to include this in my report, and I will thank you, Zack, for raising that just as I thank the person who wrote the email.

Zack Hughes 19:50

Yeah, I think was the first time I've kind of raised it along with this person. Just wanted to put it out there. Thanks. Thanks.

Wilda White 20:02

Any other reactions? Chris Hansen?

Chris Hansen 20:08

I was just going to respond to Zack and say that I'm not sure whether the issue is that putting people in a training means putting them in full time for 40 hours a week?

Zack Hughes 20:23

No, it isn't. I don't think that is sorry.

Chris Hansen 20:28

Okay, and what the issue then is, what?

Zack Hughes 20:33

Okay, the issue is, so my person works for me in the field at the crisis bed. But then we need to send them to use IPS, for example, we have to pay them to go to IPS. Then we lose them, because, well, maybe they just got a raise. You know. So that creates a little bit of a barrier because people on SSI are limited on what they can earn. So this is really been an issue lately.

Chris Hansen 21:05

I think that would be a worthy project to work on. Because it's not an uncommon issue. And I we get we've, in our, in our organization found creative ways to get around that. And I know some other places have, but I think that would be for this particular field, something that would be really worthwhile putting some time and energy into thanks for raising

Wilda White 21:34

the I agree, I think it's I think I'm glad it's raised. And I don't think it's, I think it's can be resolved. Alex, are you keeping track of the order hands were raised? Or should I just?

Alexandra Karambelas 21:47

Yeah, absolutely. We're actually just read in the order that you can see them displayed across the screen. And then there's one comment in the chat that came after those hand raises.

Wilda White 21:58

Okay. I'm going to call on Dawn, but I don't think that's the right order.

Alexandra Karambelas 22:03

It would be John, then we'll then Keith. And then like,

Wilda White 22:08

Okay, say that again, so people can hear the order?

Alexandra Karambelas 22:11

Absolutely. That is Dawn, Will, Keith and Malika and I'm happy to reiterate that if we lose track.

Dawn Little 22:19

Okay. I just wanted to basically echo what Zach said only as it relates to the hours that you need to, you might need to accumulate in order to qualify to apply. Basically, anything that's, that requires a certain number of hours puts people who are on disability at a disadvantage, because they may not have accumulated as many work hours being limited to, I don't know about SSI, I know even with SSD, you can work maybe 12 hours a week without losing your benefits. So basically, his My concern is the same, the same as his but just it, it applies to a slightly wider range of circumstances.

Wilda White 23:03

Okay, thank you, Dawn. Will,

Will Eberle 23:10

everybody, nice to nice to be part of the day, appreciate it. So I'm seeing loud and clear the differences sort of, of philosophy and approach and things like that between mental health peer support and recovery coaching. And just as an investor of the organization that provides the recovery coaching for the state wanted to hopefully alleviate some concerns, or at least just kind of talk about it for a minute. So first and foremost, I myself am a peer with a personal lived experience of mental health crises, homelessness, trauma, those things as well as a person in recovery. So speaking from direct lived experience with both of these things. So I would just want to say that, I think it's totally fine to keep those worlds separate, if that's what we decided to do in this process. And, you know, we continue to have the expectation of recovery, coaching and certification continuing how it is, we're hoping over time to have that be evolved and improved to be more trauma informed and inclusive and more valued, valuing the experience of people's lived experience, and all of those things to the greatest degree possible. But at the same time, it can largely stay how it is. And whatever we as a group do with peer support can be totally separate. And I would love to have an opportunity to have

sort of a superhighway back and forth between those things. So people that are interested in doing one, but are in the other field, have every opportunity to understand the other one, get those trainings, there's work opportunities, things like that, and ultimately, to give the chance for people to maybe have both credentials to do co-occurring work those things, you know, my dream would be that over time to come to some alignment, some co-occurring place where we could kind of combine forces and do sort of one cohesive body of training that everybody could do, but I know that's probably many years out, and we're just not there yet with our mutual understanding of each other's values and processes and all of that. So just want to kind of assuage some concerns that you know, recovery and recovery coaching and s Should you focus could just stay in his own lane, and it wouldn't have to be something that we'd have to take on in this process?

Wilda White 25:08

Thanks. Will, I mean, I don't think people have felt like that since I've gotten in. I want to say this out loud, because I'm going to be writing the report is that it's been the people in the recovery community who've asked that recovery be included in the definition of peer support. And that's, I think that's all that I've heard about it. Keith

Keith Grier 25:33

Hi, everybody. Will, I love to dream. I like to live in your dreams, too. If I'm struggling, I just want to say that I'm really sort of struggling with like, how to articulate what I'm experiencing right now in reaction to what you present it will the so I'll just start by saying like, yes, like moving forward and valuing peer support work? Yes, absolutely. And I'm struggling with a couple of issues. I and I'll just articulate it this way. It's one of its I think, more than like a social justice realm. And just for context, I'm the director of a CRP CSP program. And we don't require like, community support staff, employment staff case management staff to go through a statewide certification process to start doing the work. Right. So like, that's just not required, I get that we do that with psychiatrists and with clinicians, and that there's OPR involved in that there's things you can't do, unless you get that certification. And simultaneously, yes, I endorse and support a way to have this be valued, fully acknowledging and understanding the benefits cliff and how that works. And yes, we can work through those things. But I'm just struggling with things, barriers, getting in the way of us being able to do the work. And I'm struggling with that a little bit on on some level. So thank you for letting me share. I really appreciate this process. Really appreciate where we're going. And this conversation. Thank

Wilda White 27:17

you. Thank you, Keith. I appreciate your comment. Alex, do you read the comments in the chat? Slowly.

Alexandra Karambelas 27:28

so there's quite a few. So I might just go from the top and go through them if that works best. Um, so Julie had said, I think this has been an excellent process. We've learned a great deal along the way. And it's great to see the level of consensus on this complex issue. Leslie says, I deal with this all the time the employer needs to accommodate the situation. I think that was in reference to Zach's point earlier. Carolyn says as much as anyone can get connected with personalized benefits counseling that would be encouraged higher ability offers a service for people enrolled with their VR services, it

is important that people get on information specific to their own situation. Sara says training hours wouldn't prevent people from working and getting compensated, they would just get paid for their work hours as a credential candidate, not as a person with a full credential. Diane says, Can you clarify the two year pathway to certification? As an example, can peer specialists work as peer specialists while they were working towards the credential? We also want to be sure there is a pathway for peers who have already been providing peer support. I don't know if you wanted to respond to that with a question first.

Wilda White 28:45

I don't know if the first part of the question is a is a misunderstanding of something I said where it wasn't clear. Right now, I mean, there's no recommendation that there be a two year path to certification, there would there would be one path to certification where you would if you have never if you've never been a peer support worker in the state, before you would go through, you'd have to, you know, fill out an application that makes sure you've met the eligibility requirements, and then you would have to attend the training. And then you would have to pass a test according to the consensus recommendation right now, which is not, you know, it's not definitive. So that would be the that would be the one path for someone who had not been a peer support worker in the state of Vermont at the time that certification became into effect. The two-year thing that you might be referring to is that once you get once you obtain your certification every two years, you would have to renew it. You don't know what that renewal process will look like. But there would be but the consensus was that you shouldn't have to do something after every two years. Did I answer both parts of the question? You said you wanted to be concerned that current peer support workers had a path, their path would be to apply for the certification and take whatever test it was that was created for existing peer support workers. The consensus was that there should not be an automatic grant of a certification without any screening, and without any testing.

Alexandra Karambelas 30:32

Thanks. I'll just keep reading through these and then we'll go back to the raised hands. Leslie says there tends to be an important distinction between substance use abuse, addiction and mental health diagnosis experience. The general public considers substance use slash abuse is something a person does. And people tend to see a mental health diagnosis as who I am, to my way of thinking, a very important cultural difference. Sarah says Good point, Leslie. More on implications. Dances. Thanks, Wilda. And then to go back to the raised hands. I know Malaika, I think that you had had your hand up before. Did you still have a comment or question? I just don't want to lose track.

Malaika Puffer 31:17

I just had like some general appreciation and feeling like, oh, it's really nice to see our community have some consensus around things that are important in a very coherent structured process is just really nice. But I just took my hand down, because I know we have a lot to talk about and nothing substantive other than I'm feeling happy about this process.

Wilda White 31:37

I think that's substantive. Okay, great. Okay, agreed. Eric, I think you've had your hand up, and then Sarah.

Ericka Reil 31:50

So, so thanks. And I know, I'm late to the game. I kind of just popped on as to what was going on. And, you know, I have general just concerns for this, you know, I, I, you know, I always have concerns just because I come in from another area of peer support, which is, you know, people with with physical and visual and deaf peer support workers. And, you know, I'm always have this concern that, you know, we have other folks calling themselves peer support workers, will this get confused? Yada, yada? And, like, the the ways that, you know, we have folks that aren't, you know, folks all over the place that are good test takers, different education levels, the modality of which, you know, the test will be, how accessible are the tests, you know, I see people, you know, using the chat, which is not accessible, but I see people reading the chat, which I think is awesome. So, you know, I just have I have all these concerns. And when I think of, okay, there's gonna be a caste, you know, there's there's education levels, we have to accessibility levels, you know, and I keep being that squeaky wheel that says, We have to, we have to really be careful about how this gets implemented. And I apologize for being last week. We'll thanks.

Wilda White 33:14

So Erica, you're not actually a squeaky wheel. That's been a that's been a constant theme, accessibility and fairness and not having educational class bias built into the system. And so that will go into my report to ensure that the, the test is accessible, that there'll be different methods, perhaps, of taking the test. I think sometimes when you think about tests, you think it's all pen and paper, this doesn't necessarily have to be. But it's already been voiced. And it's already a part of my report, that whatever tests or whatever application, whatever certification process we will use, has to be accessible.

Ericka Reil 34:03

Thank you. And again, I apologize for being the squeaky wheel. We'll do.

Wilda White 34:07

Like I said, you're not as squeaky as you think you are. I hope that doesn't disappoint you. I appreciate the comment. All comments are welcome. There's no There's no such thing as a squeaky wheel. It's just people who are passionate about this issue, which is very welcome, Sarah.

Sarah Knutson 34:28

Two things just to clarify that there's a precedent for people with good training and getting paid for working in this for working in jobs as they're working toward a credential and that's in the substance use counseling, where they already do that, that you just started out as a trainee, and you get paid as a trainee and you work towards your credential. And when you get your credential, you get paid more. So that's a precedent model. The other was just responding to Amye's comment about we have to earn their trust -- the providers that I would also like, say that the providers need to earn our trust. It goes both ways. And we're not any less than the providers as far as you know, as far as saying that the trust needs to be earned both ways. That's why we exist.

Wilda White 35:15
Thank you. Sarah. Did I miss Amey's comment?

Alexandra Karambelas 35:18

Just came in the chat. Do you want me to read it and then go through the the ones that just came in? Great, yes. Part of the like certification is about building credibility for peer support, but the traditional mental health systems and clinical providers, we don't have their complete trust yet, as peer support providers is what I see, to Keith's comment. And Chris said, I concur. Leslie says, Thanks, Mike. And in substance use recovery, we get coins. Kate says, and I would like to add the aging population as well, mindful of that population needs to be part of this process slash system. Chris says, For IPS, we've worked pretty hard in other places to make sure that the IPS process is accessible. This has included on having conversations rather than reading slash writing. And Amey says, I agree with that, Sarah.

Wilda White 36:16

Zack, is that a new hand on old hand?

Zack Hughes 36:21

I think that was an old hand. I'll take it down. Sorry about that.

Wilda White 36:25

Thank you. All right. Well, it looks like there are no more comments, and we can just start talking about some of the issues that today's topic raises, and I am not going to use my slot, I'm not going to go back to sharing my screen, because I'm just going to tick off the issues. The first one is, I'd like to talk well, there's three that it would be good to try to talk about. One is in order for this to be successful, especially this one have to be paid the appropriate amount of money to do this work. And that means that if you're going to get Medicaid involved, the reimbursement rate needs to be appropriate for the to get people to be certified to do this work. So that's one issue I want to talk about. I'm going to I had a in the original report I did, I did a study of reimbursement rates and salaries, which is obviously outdated now. Because our economy is is something new. And I'm going to update that before I submit my final report. But I wouldn't, I wouldn't, I would love to get a sense here about what people think a starting salary for a peer support worker in today's economic environment look like. And then I'd like to hear from any employers hear about their reactions to that. And then the other issue I want to talk about is this issue of supervising peer support specialist, because best practices is that they're supervised by somebody who has a peer support, supervisor credential. And so I want to hear the reaction to that. And I want to hear what can help employers, if there any employers here, what their reaction to that is. And the final issue that I'd like to talk about, if we have time is for successful for programs to be successful. They the peer support specialist, the employer needs to know how to use that specialty and integrated into the continuum of care. And many jurisdictions have found that just, you know, certifying peer specialists, and then springing them on the in the workforce is unsuccessful. He's got to do lots of outreach and training of employers. And so I would love to hear, particularly from employers, how you feel about if you were How do you feel about attending a training, so to learn how to integrate peer specialists into your organization and the continuum of care. So those are the three issues and let's start with, we can just, you can make a comment on any of those just to manage our time. Well, Leslie Nelson, you've got so much movement going on, I can't help but call on you.

Leslie Nelson 39:40

And saying I just wrote it in the chat that I keep putting on it keeps going off. So thank you so much. I would just say the pay rate issue is intense because as a supervisor, I've wanted to have a team a diverse team and that can mean many different things. So some It works for some folks on the team to work very part time, meaning maybe 12 hours a week, maybe 16 hours a week, I also feel strongly that there should be full time opportunities with full benefits as well. So I'm trying to implement and create that. And I've made a great amount of success with that. When we talk about rate of pay, however, we need to talk about the income earning limitations that are set on upon people through Social Security. And this is a real problem, I have nowhere else in the world, which you think a raise is a bad thing, except for the individual that is working and competitive employment, making a decent rate of pay, and all of a sudden gets a raise and is now going to be threatened with their earning caps. So this is a real Rascal, I would suggest the answer is to get Social Security to change the income earning limits just to encourage people to work as much as possible. But that might be beyond the scope of this conversation.

Wilda White 41:01

Thank you, Leslie. You know, when you said I would suggest you froze, and I didn't hear the suggestion. So would you mind repeating that,

Leslie Nelson 41:09

I would suggest that Social Security take a deep dive into raising the earning limitations for those that want to work more than their current caps are allowing it's a ridiculous statement, that people are being discouraged from reaching their full potential in life because of these earning limitations.

Wilda White 41:32

Yes, I agree that is beyond the scope of this particular work, but it's, I would probably do that. Kate?

Kate Blouin 41:45

Yes, so I agree with Lesley definitely on the caps for earning. And also to add on to that the caveat of health insurance how that's also impacted individuals ability to have health insurance when they start making more money. career ladders, that's a big thing. I come from health care. And, and with LM A's, and seeing LNAs, leave certain settings and go to different settings for different reasons, but building in a career ladder within the profession, to enhance that training. And then my other thought was on Oh, goodness, it's going to come back. Career Ladder caps, and I guess I'll have to think of it later. Sorry, I've got a newborn at home. ranges only lasts for so.

Wilda White 42:39

Come back when you remember it? Yep. Malaika?

Kate Blouin 42:42

Oh, I got it, I got it. I got. it has to do with interpret. So there's a lot of work going on. In other areas within the state to look at Medicaid reimbursement rates, I come from long term care services, where we're losing providers because of this problem. So I just am mindful of not having to recreate or come up with data around support to increase rates for services, if that makes sense. So there's people out there that are already showing how this is impacting work force, then so tapping into people that have data around that is very relevant. And again, I'm using the example of like LNAs retention within home health agencies as an example. It's a different it's a different profession, but it's the same, like it could potentially be a problem with maintaining people in the workforce.

Wilda White 43:47

Thank you. That's very helpful. I appreciate I'm glad you remembered.

Malaika Puffer 43:56

So I'm a manager of peer support services in a designated agency, and I'm in a relatively constant state of negotiations around pay for the role at our organization is peer support advocates. And recently we did have modest adjustment in our pay ranges for those roles. And one of the factors that was really significant that prevented that pay increase from being higher was the comparison to other peer support wages around the state. Our agency is basically Oh, we can't we're already so far above where everyone else is that we can't go further. And so anyway, I'm just appreciating that this is a conversation. Our pay range for peer support advocates, the absolute bottom is $20.50 for absolute entry level, no previous experience and going up potentially as high as $25, 26. But I know some people have put in the chat like $25 an hour As a minimum would be ideal. I've definitely agree with that. That's not where we're at. But yeah, it's a discouraging situation.

Wilda White 45:09

I appreciate that those real numbers and the real tensions that you're having Thank you Malika. Let me check with Alex and see if there are comments in the chat that need to be read before I go back to Will.

Alexandra Karambelas 45:22

Sure, absolutely. And the first one that I was going to read came from Will, so I'm not sure how you'd like to. If you just want to want to jump in maybe first go back to the chat. So

Will Eberle 45:32

appreciate it, just taking them pause to say, Wilda, you're doing such a good job facilitating this process. It's such a pleasure to be part of it, and just amazing group of people around the table. So thank you all for being part of it. Yeah, people say great things already, I think the biggest point I want to make is, I think we have an opportunity to set a bar with what a livable wage should look like. And that really should be the goal. Rather than trying to look at a different structure to compare this to, you know, some other existing profession or equivalent program or other states that also haven't been able to pay enough. We know the cost of living is crazy in Vermont, we know that

this work is inherently vicariously traumatic, and people need to attend to their own wellness and their own well-being in this process. And there's an increasing desire to have peer support be embedded in things like emergency outreach. And those are stressful, critical positions. And a lot of this could really be called lifesaving work. And so I just feel like all of that points to this idea that we really want to set the bar in a high place. And maybe we should start by doing that, rather than trying to kind of nest it in with what other places are doing. So personally, I like the idea of just a hard line around like 25 bucks an hour like to live in Vermont, in the economy, we've got that should be a minimum for anybody this particular work, you have such hard work and hard-earned lived experience to get into these roles, that should be valued. And then there's all this professional development and ongoing support and work. And often you're in a place where you're just not going to have enough staff, you're not gonna have a lot of cohorts, not as many organizations doing this as we want. All of that creates really difficult environments to do well in this world. So again, just setting the bar high, I think would be awesome. That said, you know, I know that we're maybe there's some distance between what we're doing now, and, and doing that, but I'm just blathering on. But that should be the goal. Like let's not worry about aligning with other other states insufficient compensation, let's put it in nice place. So, I'll stop there.

Wilda White 47:30

Thank you. Well, it was also helpful just to hear your reasoning for you know how you value that place a value on the compensation. So that was really helpful. So, I'm torn between not saying anything and saying something about your use of the word crazy. And I've decided, I'm going to say something. I think we need to be careful how we use the word crazy. Every time you use the word crazy to disparage something, or people, you attach a really negative connotation to people who've been labeled with mental illnesses. And so, I want to keep this a safe environment for everybody on the call. And so, I want to ask people to try to refrain from using words like crazy or the language of mental illness to disparage or describe things. Chris,

Chris Hansen 48:30

Thanks, Wilda. Thanks for that language reminder. I wanted to just speak a little to what Will said. And, just say, you know, we do come with our own PhD, which is our personal history degree. And that comes at a considerable cost. And want to make a very basic statement, the less you pay peer support workers, the poorer the overall quality of what happens, will, will be and and that's because people will look for higher paid jobs. You're valuing it really low, lowly, and, and so that the the quality of the work often is affected by the by the pay, right? I know that's a really basic statement. So I'll move on from there. Because we provide training in a number of different countries as well as a number of different states. I just wanted to briefly mention one mode of setting pay rates. And that's a process of it's called. It's called bending. But basically, it's a process that takes a horizontal look at Have all occupations that have worked at a similar sort of scope with similar responsibilities. And it doesn't necessarily include educational qualification, but it uses a skill and experience, and it bends the pay rate at that level. And then, you know, if you're working as a supervisor, that will be banded. And that's, that's across the everything that's good health care, construction management, you know, whatever. And that's actually been quite a useful equalizing way to set pay rates. And it means that people who are in more traditional settings where you're working alongside managers and healthcare systems, for example, paid much more equitably with the people who are considered to be their occupational peers.

Wilda White 50:57

Thank you. Yeah, I appreciate that. In the report that I just did, there was a method for setting salaries. And I think your contribution, Chris will work really well in tandem with that. What do we have here? Do we have anything in chat? We need to read or do you have any?

Alexandra Karambelas 51:22

We have quite a quite a few. Quite a few things here in the chat.

Wilda White 51:26

Okay, I'm going to ask you to read a little bit more slowly.

Alexandra Karambelas 51:29

Okay. Sure. Absolutely. Yeah, happy to do so. So, the first one question comes from Dawn. And they're asking, what is a peer support supervisory credential? How is that developed?

Wilda White 51:43

So, some states offer a credential for people to look to certify that they know how to supervise peer support specialists. Because one of the one of the lessons from the early rollout of peer support specialists is that they would be they would get a certification, they would go into organizations that didn't have other peers, support specialist and supervisory positions, and they would they got burned down or they got discouraged or disillusioned, because they were asked to do things that were inconsistent with peer support values, they were asked to do things that would where they really couldn't do the work of a peer support worker, because the expectations were in conflict with their code of ethics. And so what some states have done is create a training program for supervision of peer support specialists. And it's something that I would recommend based on all my research, training and experience, I would recommend that Vermont develop that as well. And, you know, obviously, it would be grounded in the supervisors have to understand peer support values, understand the core competencies for a peer support worker. The states don't require the supervisors to have lived experience. Not all states do some may, but not all states do. So, that's the general response. I hope that answers your questions. If not ask me more specific questions. Go ahead, Alex. We'll hear from Dawn later.

Alexandra Karambelas 53:33

That's great. All right. Charlotte says peer specialists should be paid the same rate as case managers. Sara says salary should be the same as someone with a social work BA to give appropriate parity for the value that lived experience brings. Will says I worry about us about using what DA staff make as a template. They don't make enough. Here's a chance to set a bar for a livable wage for a critical profession in Vermont. Sarah says good point Well, Dwan says 25 An hour would probably allow me to work six hours a week. Sara says set a standard salary then allow people to seek reasonable accommodation for people to choose to get paid less so as to be able to work more hours as fits their need for social slash professional involvement. Question. Leslie says at Howard center the employee union sets pay scale for all union staff. Amy says there will never be equity and there will not be a well workforce if employees no matter the profession are paid an amount where they are worried how they will pay for their basic needs, housing, food, etc. To support the peer work

peers workforce workplace cultures need to consider how well organizations also prevent turnover to. Sara says, agree with Will only intended my comment as a minimum standard for comparison. Dawn also says agree with Will, Amy says yes, Will, set the bar. Sarah says the possible model for workers with disabilities for consideration is independent contractor model, which allows people to earn more and deduct expenses like transportation to job site, cost of phone or internet cost of training, conference attendance, etc. Leslie says at the Howard center, they're

Wilda White 55:44

Really interesting. Those are really interesting. Did you have more to read out?

Alexandra Karambelas 55:50

Yeah, they're definitely is more. Absolutely. Would you like me to continue

Wilda White 55:57

Yes, I'd like you to continue. We want to make sure that we give voice to what's in the chat.

Alexandra Karambelas 56:05

Absolutely. All right. Leslie says at Howard center, there is a band system created by the employee union. Will says also, we should talk about total compensation, not just salary. Ideally, these positions would have full that was by compensation would have full health insurance, vision, dental retirement contributions, ongoing professional development opportunities, etc. And a real career ladder to grow additional expertise, responsibility and compensation in their organizations and careers. No worries about language. Oh, I assume you mean about oh, he said very. Oh, I'm very sorry., Wilda about the language slip. Sorry. I thought you meant that typo. Amy says usually, supervisory training involves teaching supervisors, the values and competencies of the profession and some of the history of peer support. Sarah says, Great point, Amy. Amy says, I agree peer support supervision training should be here and that it should be facilitated and led by peer support providers with lived experience. Lovely says reliance, which we have access to at Howard center just released a training on supervising peer specialists and individuals with lived experience. In my opinion, it was quite good. Dawn says I agree with Sarah. And Chris says IPS has a training for managers slash supervisors. It's wonderful if they do the full training and many do. Realistically, it's hard to release some on some people this training is one to two days, which gives an overview of IPs and some training on employing and supervising peer support workers. Will says I got a split y'all rock. Thanks for all you're doing. So excited to see where this lands. Thanks for coming. Will.

Wilda White 58:04

Thank you. Thanks for reading, Alex. Well, very well done. A couple of comments, or clarification. So Dawn, when you're saying 25 dollars and hour will give you six hours of work a week, is that bad? Is that good? I didn't get the import of what you were saying. Is that too little too few hours to work a week? So it's not worth it? Or what are you saying?

Dawn Little 58:29

I actually don't even remember how I got that figure. But one thing I do run into is that if I'm paid a decent wage, it cuts my hours down to the point where I basically in order to get anything done, it's necessary for me to volunteer. So I see that as being bad. I don't I do feel that the wages should be up high enough to be meaningful in the context. And I agree with Will I think it really should. And I and I don't think they should be compared to other peer support wages because they are too low. I guess I'm just saying that some of us who are on disability are really badly affected. And again, that's not something that we have control over here. But I personally took a couple of trial work months last year to try to pay off some major bills, and I'm still suffering the consequences. I regret that I did it. I messed up my benefits. I don't have my Medicare D back yet. And this was over a year ago. So I would just love to see some sort of, and I think this a lot of people who are on disability are people who would like to have these jobs. So from whatever angle I would love to see someone to attempt to address that issue. Thank you.

Wilda White 59:41

Thank you, Dawn. Okay, also if people want to comment about this independent contractor idea.

Wilda White 59:52

What's your reaction to that? Would that be useful because I think the other idea about having people on disability be paid at a different rate might run into some legal problems, because when you look at it, it looks like you're just discriminating against people based on disability. However, the independent contractor could be viable if people on disability wanted to be considered independent contractors. So, I would love to hear thoughts about that if people have them. In the meantime, we'll go to the next hands, Amey, and then Christina.

Amey Dettmer 1:00:27

So, I'm glad that you're asking this specifically well, because this is kind of what I wanted to comment on. And I'll be transparent that like, I haven't actually seen this in action. But what I'm kind of hearing is beginning to occur in other states is rather than like, you know, clinical treatment centers, and all of that incorporating and hiring and training supervisors, and hiring peer specialists. And going through all of that, which there's many, many costs associated with, like really building new programs, right. And there's also some challenges where like peer support, often kind of getting co-opted from what it's meant to be into more of these clinical things. So what's happening in other states to kind of address this issue is peer- run organizations are supervising overseeing the peer support programs, and then the providers that want to like employ peer support providers rather than training up their teams or hiring these organizations and lived experience to actually do the servicing and the programs, which is keeping from what I understand with the services that are being provided more aligned with the values. Like I said, I haven't seen this in action. And I don't know how like the pay would differ, differentiate or not. But this was kind of a new idea that I feel like was relevant to this conversation. And I wanted to share too. Thank you.

Wilda White 1:01:50

Actually, that's something that we were starting to talk about in Vermont when I was at Vermont Psychiatric Survivors, like five years ago, we were thinking of that's actually been done in Vermont,

what you just suggested. So but thank you for putting that back on our radar, because that is a solution that that could be a solution. Christina, and we are a minute away from concluding because we try to start on time and end on time.

Christina Ensalata 1:02:21

Well, part of my comment was going to be just a thank you because I'm brand new to this conversation. And I have found so take your time. Incredibly, I found the conversation incredibly robust.

Wilda White 1:02:33

Start over please.

Christina Ensalata 1:02:38

Can you hear me?

Wilda White 1:02:39

I can hear you now.

Christina Ensalata 1:02:40

Okay, sorry. Yeah, no, I'm brand new to this conversation. And I'm just so happy to hear all the dialogue that's going on. It's super rich conversation that you're having. And all these ideas that are being brought up are just incredible. I'm so happy this is happening in Vermont. As far as the independent contractor idea, I just thought that that sounded like an incredibly empowering idea in that perhaps some of the training that the that folks would need to be an independent contractor could be provided as part of like the certification process.

Wilda White 1:03:15

Thank you. Um, we are out of time, I would encourage you to send me an email or telephone me if there are comments that you couldn't make. There will be a post meeting survey, just a wrap up for you to share anything you want to share. And remember, you don't have to fill out, you can just call me or send me an email, I get emails all the time, about anything. And I will let you know when the report is available. And also, when phase two starts, thank you so much for your participation. This has been phenomenal for me to see this level of engagement and passion for this issue. If you get an evaluation asking you how this could be improved, I would very much appreciate you filling that out, because that's the only way I can learn it. And I'm really invested in continuous improvement. Alright, thank you very much.

Sarah Knutson 1:04:11

All right, thank you. Well, this has been a fantastic process. Love it. Thank you, but where we've gotten to thank everybody.

Alexandra Karambelas 1:04:22

Again, thank you so much. Wilda, this has been incredible. Appreciate you so much.

Wilda White 1:04:26

Thank you. I appreciate your feedback

Chris Hansen 1:04:36

Wilda, I was just putting in the chat that the process itself could be could well be presented in other states as a, you know, as a good process.

Wilda White 1:04:49

Oh, thank you. Thank you. I think the people in Vermont just really took to this process. I mean, it was just the contribution at all levels and the beating sir Have is in the emails to me and the phone

Chris Hansen 1:05:06

that's great. And you just you made it really inclusive. And I think that's, I would love it would be great to find some way to get this sort of written up and sort of recorded for sort of ongoing processes. So, anyway,

Wilda White 1:05:27

I appreciate that. Thank you. And of course, I appreciate all your contributions to the process the work behind the scenes,

Chris Hansen 1:05:36

yeah, it's my pleasure. Happy to happy to continue.

Wilda White 1:05:40

Alright, take care. Bye bye.

Zoom Chat

11:00:22 From Alexandra Karambelas to Everyone:

Link to today's slide deck: https://wildalwhite.com/wp-content/uploads/sites/2/2022/11/meetingSix_PeerCertificationStakeholderMeetings.pdf

11:02:29 From Alexandra Karambelas to Everyone:

Link to today's slide deck: https://wildalwhite.com/wp-content/uploads/sites/2/2022/11/meetingSix_PeerCertificationStakeholderMeetings.pdf

11:03:13 From Laurie Emerson to Wilda White(Direct Message):

Hi Wilda. Occasionally, you voice fades in and out.

11:09:37 From Zachary Hughes to Everyone:

Not outright disqalifying However some State contracts prohibit hiring for some crimes

11:10:28 From Zachary Hughes to Everyone:

These are very serious crimes generally.

11:14:31 From Ken Russell to Everyone:

Sorry to be late.

11:14:41 From Alexandra Karambelas to Everyone:

No worries at all Ken, welcome!

11:19:09 From Julie Tessler to Everyone:

I think this has been an excellent process. We have learned a great deal along the way and the its great to see the level of consensus on this complex issue.

11:20:33 From Alexandra Karambelas to Everyone:

If folks could lower their hand when finished that will help us know if you have a new/different question. Thank you!

11:20:50 From Leslie Nelson to Everyone:

I deal with this all the time. The employer needs to accommodate the situation.

11:21:14 From Carolyn McBain to Everyone:

As much as anyone can get connected with personalized benefits counseling, that would be encouraged. HireAbility offers this service for people enrolled with their VR services. It is important that people get information specific to their own situation.

11:22:31 From Sarah Knutson to Everyone:

Training hours wouldn't prevent people from working and getting compensated , they just would get paid for their work hours as a credential candidate, not as a person with the full credential

11:22:46 From Diane Bugbee to Everyone:

Can you clarify the two-year pathway to certification? I.e., can peer specialists work as peer specialists while they are working toward the credential? We also want to be sure there is a pathway for peers who have already been providing peer support.

11:22:58 From Sarah Knutson to Everyone:

That's how substance use counseling currently works

11:24:36 From Leslie Nelson to Everyone:

There tends to be an important distinction between substance use/abuse/addition and mental health diagnosis experience. the general public considers substance use/abuse as something a person does and people tend to see a mental health diagnosis as who I am. to my way of thinking a ery important cultural difference.

11:25:17 From Sarah Knutson to Everyone:

Good point Leslie!

11:25:36 From Sarah Knutson to Everyone:

More on implications?

11:28:13 From Diane Bugbee to Everyone:

Thanks, Wilda

11:28:45 From Amey Dettmer to Everyone:

Part of statewide certification is about building credibility for peer support with the traditional mental health systems and clinical providers. We dont have their complete trust yet as peer support providers is what I see - to Keiths comment.

11:29:24 From Chris Nial to Everyone:

I concur

11:29:49 From Leslie Nelson to Everyone:

Thanks Malaika!

11:30:30 From Leslie Nelson to Everyone:

And in substance use recovery we get coins!

11:31:49 From Kate Blouin to Everyone:

and I would like to add the aging population as well, mindful of that population needs to be a part of this process/system

11:32:12 From Chris Hansen (she/her) to Everyone:

For IPS, we've worked pretty hard in other places to make sure that the IPS process is accessible. This has included having conversations rather than reading/writing

11:32:51 From Amey Dettmer to Everyone:

I agree with that Sarah

11:36:23 From Leslie Nelson to Everyone:

My hand seems defective..it's not staying on.

11:36:31 From Amey Dettmer to Everyone:

Can the links to todays slides be shared again?

11:36:40 From Alexandra Karambelas to Everyone:

I will add you to the comment list, Leslie!

11:36:41 From Alexandra Karambelas to Everyone:

Link to today's slide deck: https://wildalwhite.com/wp-content/uploads/sites/2/2022/11/meetingSix_PeerCertificationStakeholderMeetings.pdf

11:36:52 From Will Eberle to Everyone:

If we're hoping to pay for this with medicaid, what do we know about the billable rates for this in other states that have done this? With a magic wand in hand I'd say $25/hr minimum - to have a livable wage in Vermont, and honor the lived and professional experience and value inherently involved in this work

11:36:53 From Dawn Little to Everyone:

what is a peer support supervisor credential, how is that developed?

11:36:55 From Charlotte McCorkel to Everyone:

Peer specialists should be paid the same rate as case managers

11:36:59 From Sarah Knutson to Everyone:

Salary should The same as someone with a Social work BA, to give appropriate parity for the value that lived experience brings

11:38:03 From Will Eberle to Everyone:

I worry about using what DA staff make as a template - they don't make enough! Here's a chance to set a bar for a livable wage for a critical profession in Vermont

11:38:29 From Sarah Knutson to Everyone:

Good point Will

11:38:31 From Dawn Little to Everyone:

$25/hr would probably allow me to work 6 hrs/wk

11:41:04 From Sarah Knutson to Everyone:

Set a standard salary, then allow people to seek reasonable accommodation for people to choose to get paid less so as to be able to work more hours as fits their need for social/ professional involvement..?

11:43:17 From Leslie Nelson to Everyone:

At Howard Center the employee union sets pay scale for all union staff.

11:43:32 From Amey Dettmer to Everyone:

There will never be equity and there will not be a well workforce if employees, no matter the profession are paid an amount where they are worried how they will pay for their basic needs (housing, food, etc.). To support the peer suppport workforce, workplace cultures need to consider how well organizations also prevent turnover too

11:44:25 From Sarah Knutson to Everyone:

Agree with Will. Only intended my comment as a minimum standard for comparison

11:45:11 From Dawn Little to Everyone:

agree w Will

11:45:14 From Amey Dettmer to Everyone:

Yes Will- set the bar!

11:47:47 From Sarah Knutson to Everyone:

Possible model for workers with disabilities for consideration is independent contractor model which allows people to earn more and deduct expenses like transportation to job site; cost of phone or internet, cost of training, conference Attendance, etc

11:48:38 From Leslie Nelson to Everyone:

At Howard Center there is a band system created by the employee union.

11:48:43 From Will Eberle to Everyone:

Also, we should talk about total conversation, not just salary. Ideally these positions would have full health insurance, vision dental, retirement contributions, ongoing professional development opportunities etc et. And a real career ladder to grow additional expertise, responsibility, and compensation in their organizations and careers.

11:49:14 From Will Eberle to Everyone:

And very sorry Wilda and all for the language slip.

11:50:15 From Amey Dettmer to Everyone:

Usually supervisor training involves teaching supervisors the values and competencies of the profession and some of the history of peer support

11:50:41 From Sarah Knutson to Everyone:

Great point Amey!

11:51:22 From Amey Dettmer to Everyone:

I agree peer support supervision training should be here, and that it should be facilitated and led by peer support providers with lived experience

11:52:02 From Leslie Nelson to Everyone:

Relias, which we have access to at HC just released a training on supervising peer specialists and individuals with lived experience. in my opinion it was quite good.

11:52:23 From Dawn Little to Everyone:

agree w sarah

11:53:40 From Chris Hansen (she/her) to Everyone:

IPS has a training for managers/supervisors. It's wonderful if they do the full training, and many do. Realistically its hard to release some people. The training is 1-2 days which gives an overview of IPS and some training on employing and supervising peer support workers

11:54:54 From Will Eberle to Everyone:

gotta split, ya'll rock - thanks for all you're all doing so excited to see where this lands.

11:56:20 From Amey Dettmer to Everyone:

How do we get involved in the work group that will be part of phase 2?

11:57:54 From Leslie Nelson to Everyone:

As independent contractors who would pay us?

11:57:58 From Charles Gurney to Everyone:

I think policies around compensation for peer support workers should be flexible enough to enable the individual worker to make decisions about their compensation so they are not financially punished and can work as much as they want while maximizing their earnings.

11:58:37 From Zachary Hughes to Everyone:

So Benfits consoluers can be useful in maximizing loops in ssa issues. However there are limits this is gonna have to be addresssed on in congress or whoever can change these rules

11:59:28 From Susan Loynd to Everyone:

There are legal implications for employers when classifying folks as independent contractors. They need to meet a series of tests, behavioral control, financial control and how they are paid..

11:59:34 From Chris Hansen (she/her) to Everyone:

Thanks Amey- I've seen what you describe in action and it works very well

12:00:04 From Chris Hansen (she/her) to Everyone:

It works well as long as the peer-run organization is running well!

12:00:43 From Chris Hansen (she/her) to Everyone:

It also enables people to work in smaller organizations and still get the solidarity

12:00:51 From Laurie Emerson to Wilda White(Direct Message):

There are Vermont Dept. of Labor laws around employee vs independent contractor: https://labor.vermont.gov/sites/labor/files/doc_library/Who%20is%20an%20Employee%20vs.%20Independent%20Contractor.pdf

12:01:00 From Amey Dettmer to Everyone:

And get the support we need to do peer support work

12:01:05 From Alexandra Karambelas to Everyone:

I just want to sincerely thank everyone here for being part of this process. The feedback and involvement has been incredible. Appreciate you all

12:01:26 From Chris Nial to Everyone:

For those new to this conversation, I believe there are also videos you can watch to get caught up on what has been discussed, I've found those helpful.

12:01:45 From Kristin Chandler to Everyone:

thank YOU for your facilitation skills!

12:01:55 From Amey Dettmer to Everyone:

Thank you Wilda!

12:01:57 From Kate Blouin to Everyone:

Thank you!

12:02:01 From Chris Hansen (she/her) to Everyone:

Appreciating the process- which could be presented to other states

Comment Received Via Email and/or Telephone

Comment #1

If the Peer certification gets approved will all Peer's need to be certified? What about the part-time staff that only works 15 hours a week?

The Peer staff that I supervisor can only work so many hours a week if they go over they will lose their benefits. If they need to take the classes then I will not have staff for our Crises Bed.

These are some of the thoughts that I have.

Comment #2

The guy who started it, Ken Jue, of Keene, NH, was hesitant to make claims that exercise and nutrition are directly helpful for mental health, so he mostly marketed it as a weight loss and obesity mitigation program.
This is very problematic for people who have eating disorders.
Actually there's abundant evidence that exercise and nutrition are directly beneficial for mental health.
Exercise and nutrition support is very important for some people. If it's only offered by mental health agencies, some of those people are excluded because they don't otherwise want to engage with those agencies.
It would be very helpful to some people, for exercise and nutrition support to happen in the context of peer support. It might be better to create something new, to avoid eating disorder triggers.
I would talk about it in terms of exercise and nutrition being important parts of physical and mental health, and the desire to make those things accessible to people who struggle with them and need support.

APPENDIX B: COMPETENCIES AND TRAINING

Recommended Core Competencies and Training Curriculum

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
1	**Peer support values and orientation**: Peer support providers understand the history of peer support and the peer support movement; relevant human rights and social justice issues; individuals' stories; peer support values and why they are important; differences between traditional mental health care and peer support; and the importance of peer support relationships that support self-determination, can hold multiple truths and are free of judgment and hierarchy	**X**		**X**			

[17] The proposed core competency revisions were suggested by stakeholders during the meeting series, respondents to the post-meeting surveys, and individuals who reached out to the facilitator by telephone or email.

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
2	**Lived Experience**: Peer support providers are thoughtful in telling their personal stories. They share their lived experience when it is useful to the relationship, along with the skills and tools they have developed based on their own experience. They invite mutual sharing and endeavor to create meaningful connections with those they support. Over time, the relationship becomes mutually inspiring and supportive, as well as a template for creating similar relationships with others.	X		X			
3	**Awareness of Self and Others**: Peer support providers build a capacity for introspection and self-reflection. They can voice their own discomfort and needs, while staying open to the discomfort and needs of others. Peer support providers endeavor to maintain a multi-dimensional awareness that includes themselves and their own needs; others and the needs of others; and the relationship and the needs of the relationship as it develops between the peer support worker and others.	X	X	X	X	X	

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
4	**Boundaries**: Peer support providers invite frank discussions about personal needs and boundaries. They are clear about their personal limits, and they invite others to explore their own. They recognize that personal limits and boundaries are complex and can be physical, emotional, sexual, verbal and/or energetic. They negotiate boundaries, consistent with the needs and values of everyone involved. They understand that the way boundaries are negotiated and/or applied affects both internal and relational dynamics. Peer support providers are alert to signs of overwhelm, burn out, pushed buttons and trauma re-enactment. They address this openly and frankly when it occurs and seek support as needed. They encourage others to do the same when the peer support relationship is under stress.	X		X			

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
5	**Worldview and cultural awareness**: Peer support providers are aware that everyone has their own values, beliefs, cultural experiences, familial influences and relationships which create a personal worldview. They are aware of their own worldview and how it influences their individual attitudes, biases and judgments. They openly acknowledge that their personal_worldview is the lens through which they currently experience reality. Peer support providers use their personal understanding of worldview to create connection, relationship and growth. They are open to the ideas, experiences and viewpoints of others, including to being changed by them. They endeavor to hold multiple truths and embrace the span of human diversity in a non-judgmental and compassionate manner. They negotiate worldview differences that affect the relationship openly and transparently, consulting others for assistance when necessary.	X		X	X	X	X

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
6	**Communication**. Peer support providers understand that much of what is "said" between human beings is expressed indirectly (e.g., facial expressions, gestures, body language, tone of voice) or is impacted by the speaker's assumptions about what it is culturally appropriate to say. Peer support providers actively listen for what isn't being said (untold story). Peer support providers listen for commonalities and shared interests that can be built upon. Peer support providers allow for free-flowing, mutual conversations. When conflict arises, peer support providers explain their own needs, the needs of the job or organization and the limitations of their peer support role. Peer support providers are reflective and transparent in what they share and how they respond. They engage, network, collaborate and seek outside assistance as needed to care for the relationship.	**X**		**X**	**X**	**X**	
7	**Authentic and mutual relationships**: Peer support providers are honest with themselves and genuine in their relationships with others. They acknowledge the relative power, privilege and status between service providers and service recipients, as well as between employees and participants at an organization.	**X**		**X**			

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
8	**Self-determination**: Peer support providers focus on learning, exploring and growing together rather than on helping. They validate, encourage and support individuals to determine what they wish their lives to be.	X	X	X	X	X	
9	**Trauma-informed**: Peer support providers understand the impact of personal history and trauma on human experience and functioning. Peer support providers understand that challenging behaviors (e.g., violence, substance use, anger) may result from trauma or learned patterns that have aided coping or survival. Peer support providers refrain from judging or resorting to labels, asking "What happened to you?" rather than "What is wrong with you?" Peer support providers appreciate crisis as an opportunity to grow and change.	X		X	X	X	X
10	**Safety**: Peer support providers view safety as something that results from relational connection and mutual trust. Peer support providers approach challenging situations that present a risk of harm to self or others from a perspective of relational care. They work collaboratively with those involved to address mutual distress and reactivity and any concerns that may arise for one or more parties. They negotiate around "risk-sharing" and endeavor to create solutions that are mutually acceptable to all concerned.	X			X	X	

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
11	**Collaboration and teamwork**: Peer support providers use the same relational skills and practices to develop effective working relationships with team members, professional colleagues and other organizations, including policy makers and funders. They look for and establish connection based on shared interests and concerns. They explore worldview and acknowledge multiple truths. They seek to negotiate mutual, win-win solutions that address the needs, values and core concerns of everyone involved. When conflicts arise between the needs of the program or organization and those it serves, peer support providers openly acknowledge the conflict and seek to negotiate such conflict through thoughtful, mutually respectful dialogue. Peer support providers clarify the limits of their authority and seek assistance from others when needed.	X		X			
12	**Links to resources, services, and supports**: Peer support providers journey with others in their efforts to obtain the resources, services and supports they need within mental health and community settings and beyond. Peer support providers share knowledge about available resources, continually develop their knowledge of available resources, and understand when and to whom to reach out for assistance.				X	X	X

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
13	**Human Rights, Social Justice, and Advocacy:** Peer support providers appreciate the importance of human rights and social justice to mental, physical and social well-being. Peer support providers understand that various forms of oppression (racism, sexism, ableism, classism, homophobia, transphobia, etc.) are embedded in institutions, including the mental health system. They are alert to discrimination and oppression and listen carefully when others raise these issues. They endeavor to negotiate power imbalances and redress unfairness in a relational manner. They respect the right of individuals to receive services and supports of their choosing. They advocate with those who are advocating to receive such services and supports within communities of their choosing	X					X
14	**Medicaid/Insurance- related Requirements:** Peer support providers in programs receiving insurance reimbursement, including Medicare and Medicaid, understand requirements of those programs and are transparent and open with those they serve about such requirements. Where documentation is required, peer support providers are able to document collaboratively.						X

	RECOMMENDED COMPETENCIES[17]	IPS	WRAP	WRAP Facilitator Training	Hearing Voices	Alternatives to Suicide/When Conversations Turn to Suicide	State Specific Curriculum
15	**Understand the Peer Support Code of Ethics:** Peer Support providers understand their responsibilities under the Peer Support Code of Ethics. They know, and can articulate, how the ethics that pertain to peer workers are different from those that apply to other providers within the state mental health system.						X
16	**Privacy:** Peer support providers honor the privacy and confidentiality of individuals, embrace peer support values and follow the law regarding the sharing and disclosure of confidential or protected information.						X
17	**Facilitate Change:** Peer support providers facilitate self-directed, autonomous, at-one's-own-pace change within themselves and with others. Peer support providers facilitate institutional, and systems change to move institutions and systems towards trauma-informed, healing-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.						X

Description of Trainings

Intentional Peer Support

The core Intentional Peer Support (IPS) training is a 40-hour introduction to the IPS framework that is designed to have participants practicing right away. In a highly interactive environment, participants learn the tasks and principles of IPS, examine assumptions about who they are, and explore ways to create relationships in which power is negotiated, co-learning is possible, and support goes beyond traditional notions of "service." IPS is about opening new ways of seeing, thinking, and doing. The training examines how to make this possible.

The core IPS is for anyone interested in mutual support and has been widely used as a foundation training for people working in both traditional and alternative mental health settings.

During the training, participants learn to:

- *Seek ways to connect, become aware of disconnects, and work to reconnect*
- *Explore how we have "come to know what we know"*
- *Strive for mutuality in relationships*
- *Stay curious, question assumptions, and own judgements and opinions*
- *Open up new ways of listening*
- *Use experience to relate and build trust*
- *Name and negotiate power in relationships*
- *Approach crisis as an opportunity to grow*
- *Share risk and responsibility*
- *Focus on the quality of relationships instead of fixing one another*
- *Pay attention to the impact of clinical and labeling language*
- *Understand how trauma affects lives*
- *Keep the energy in relationships moving towards what we want*
- *Understand peer support in the context of social change and social justice*

Wellness Recovery Action Plan (WRAP)

The Wellness Recovery Action Plan (WRAP®) is a personalized wellness and recovery system born out of and rooted in the principle of self-determination. WRAP® helps people to 1) decrease and prevent intrusive or troubling feelings and behaviors; 2) increase personal empowerment; 3) improve quality of life; and 4) achieve their own life goals and dreams. Working with a WRAP® can help

individuals to monitor uncomfortable and distressing feelings and behaviors and, through planned responses, reduce, modify, or eliminate those feelings. A WRAP® also includes plans for responses from others when an individual cannot make decisions, take care of themselves, and/or keep themselves safe.

WRAP® is recognized by the United States Substance Abuse and Mental Health Services Administration (SAMHSA) as an evidence-based practice and is listed in the National Registry of Evidence-Based Programs and Practices.

WRAP is offered in a variety of formats and agendas, including eight-to-12-week WRAP groups, two-to-three-day workshops, retreats, online seminars, and a correspondence course. Participants in these workshops will learn how to develop their WRAP® as a personalized system to achieve their own wellness goals.

WRAP Facilitator Training

WRAP Facilitator Training is a certificate course co-facilitated by Certified Advanced Level WRAP® Facilitators using the Copeland Center's standard five-day agenda. Participants in the course are provided with a Facilitator manual and learn how to use the manual to facilitate WRAP workshops using techniques that support a core set of values and ethics. The workshop is for anyone who has completed a Seminar I WRAP® workshop and who can illustrate WRAP® through personal examples of using WRAP® in their life.

Alternatives to Suicide/When Conversation Turns to Suicide

A training for providers, peer support providers, family, friends and others in the community who want to build understanding and develop skills to aid them in more effectively supporting others who might be struggling with suicidal thoughts. This training is rooted in the 'Alternatives to Suicide' approach and offers an alternative to more medicalized suicide prevention and related programs such as QPR, ASIST, and Mental Health First Aid (MHFA) that tend to emphasize largely ineffective and potentially harmful assessment and referral strategies. Participants in this training explore:

- Myths and misunderstandings related to suicide and how to help
- The relationship of trauma, and losses of power and control to suicide
- A framework for support
- Ways to share power in your supporter role
- Ways to take care of yourself both before and after offering support
- How to influence change in suicide prevention policies and beyond

Hearing Voices Training

Hearing Voices Network-USA offers two different trainings to help participants understand the day-to-day challenges people who hear voices experience face; learn about the diverse experience of hearing voices; become more empathetic to those who hear distressing voices; and change clinical practice to better address voice hearers' needs.

An Overview to the Hearing Voices Approach: This option is typically a two-hour training during which participants are introduced to the basic history and core concepts of the Hearing Voices Network's approach.

Hearing Voices Awareness Training: This one-day training addresses the same material covered in the overview but goes into more depth to support participants' exploration in understanding hearing voices and other extreme or unusual experiences and some of the ways that the Healing Voices Network groups and overall approach can support individuals to move forward toward integrating these experiences into their lives.

Duration of Trainings

Name of Training	Duration
Intentional Peer Support	40 hours
Wellness Recovery Action Plan	16 to 24 hours
Wellness Recovery Action Plan Facilitator Training	40 hours
Hearing Voices Training	2 to 8 hours
When Conversations Turn to Suicide Training	8 to 16 hours