

1 TO THE HONORABLE SENATE:

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

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

8 Sec. 1. FINDINGS

9 The General Assembly finds:

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

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

19 (3) Certification can encourage an increase in the number, diversity, and
20 availability of peer support specialists.

1 (4) The U.S. Department of Veterans Affairs, more than 46 states, and
2 the District of Columbia have created statewide mental health peer certification
3 programs.

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

9 Sec. 2. PROGRAM DEVELOPMENT; MENTAL HEALTH PEER

10 SUPPORT SPECIALIST CERTIFICATION PROGRAM

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

18 (1) Define the range of responsibilities, practice guidelines, and
19 supervision standards for peer support specialists using leading practice
20 materials and the opinions of peer experts in the field.

1 (2) Determine the curriculum and core competencies required for
2 certification as a peer support specialist, including curriculum that may be
3 offered in areas of specialization, such as veterans affairs, gender identity,
4 sexual orientation, and any other area of specialization recognized by the
5 certifying body. The core competencies curriculum shall include, at a
6 minimum, training related to the following elements:

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

9 (B) lived experience;

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

11 (D) self-determination;

12 (E) trauma-informed practice;

13 (F) human rights-based approach and advocacy;

14 (G) cultural competence;

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

17 (I) self-awareness and self-care;

18 (J) conflict resolution;

19 (K) professional boundaries and ethics;

20 (L) collaborative documentation skills and standards; and

21 (M) confidentiality.

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

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

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

7 (6) Determine a process for an individual employed as a peer support
8 specialist on and after December 31, 2021 to obtain a certification pursuant to
9 18 V.S.A. chapter 199, which shall include, at a minimum, a passing
10 certification examination specifically created for this purpose.

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

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

17 (2) seek feedback and recommendations from mental health peer-run
18 and family organizations, hospitals, and mental health treatment providers and
19 organizations by convening not fewer than four stakeholder meetings.

1 (c) As used in this section:

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

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

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

12 CHAPTER 199. PEER SUPPORT SPECIALISTS

13 § 8501. PURPOSE

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

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

20 (2) support coaching, skill building, and fostering social connections
21 among individuals experiencing a mental health challenge or caregivers

1 parenting children, youth, or emerging adults who are experiencing a mental
2 health challenge;

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

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

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

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

12 (7) encourage employment of peer support specialists.

13 § 8502. DEFINITIONS

14 As used in this chapter:

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

19 (2) “Certified” means all federal and State requirements have been
20 satisfied by an individual who is seeking designation pursuant to this chapter,

1 including completion of curriculum and training requirements, testing, and
2 agreement to uphold and abide by the code of ethics.

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

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

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

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

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

16 (8) “Peer support” means an approach to relationships that recognizes
17 each individual as the expert of their own experience, fosters connection
18 through shared or similar experiences, centers mutuality and mutual support,
19 preserves autonomy, and creates opportunity for meaningful connections and
20 exploring possibilities.

1 (9) “Peer support specialist” means an individual who is at least
2 18 years of age and who self-identifies as having lived experience with the
3 process of recovery from a mental health challenge or an individual with lived
4 experience of parenting a child, youth, or emerging adult who is experiencing a
5 mental health challenge.

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

10 § 8503. PEER SUPPORT SPECIALIST CERTIFICATION

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

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

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

17 (b) Certification. The Department shall maintain an agreement with a peer-
18 run or peer-led entity to serve as the certifying entity for peer support
19 specialists. This peer-run or peer-led entity shall:

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

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

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

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

13 § 8504. APPLICANTS FOR CERTIFICATION

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

15 (1) be at least 18 years of age;

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

18 (3) be willing to share personal experiences;

19 (4) agree, in writing, to the code of ethics developed pursuant to section
20 8502 of this title;

1 (5) successfully complete the curriculum and training requirements for
2 peer support specialists; and

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

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

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

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

11 § 8505. CERTIFICATION FEE SCHEDULE

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

15 Sec. 4. MEDICAID; STATE PLAN AMENDMENT

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

19 (1) include a certified peer support specialist pursuant to 18 V.S.A.
20 chapter 199 as a provider type;

1 (2) include peer support specialist services as a Medicaid covered
2 service;

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

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

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

8 (b) As used in this section:

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

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

1 Sec. 5. 33 V.S.A. § 1901k is added to read:

2 § 1901k. MEDICAID REIMBURSEMENT FOR PEER SUPPORT

3 SPECIALIST SERVICES

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

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

11 Sec. 6. APPROPRIATION

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

17 * * * Peer-Operated Respite Centers * * *

18 Sec. 7. FINDINGS

19 The General Assembly finds:

20 (1) Peer-operated respite centers can serve as alternative care settings
21 for patients with psychiatric diagnoses who do not require inpatient admission.

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

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

15 (4) Vermont currently has one two-bed peer-operated respite center,
16 named Alyssum. Located in Rochester, Alyssum operated at 93 percent
17 capacity in fiscal year 2018, had five-day wait times for a bed, and drew guests
18 from every Vermont county save Essex, Lamoille, and Grand Isle. In contrast,
19 crisis respites run by designated agencies operated at 75 percent capacity in
20 fiscal year 2018, below the Department of Mental Health’s targeted 80 percent
21 occupancy rate.

1 (5) Peer-operated respite centers are also more cost-effective than
2 alternatives. A peer-operated respite center bed in 2018 cost \$634.00 per
3 night, whereas a designated crisis bed cost \$693.00 per night, a designated
4 hospital bed cost \$1,425.00 per night, and a bed at the Vermont Psychiatric
5 Care Hospital cost \$2,537.00 per night.

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

8 (7) There are currently two peer-run community centers in Vermont:
9 Another Way, located in Montpelier, and Pathways Community Center,
10 located in Burlington. In fiscal year 2018, Another Way had 8,481 visitors
11 (616 unique visitors) and Pathways Community Center had 3,616 visitors.

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

13 CHAPTER 200. PEER-OPERATED RESPITE CENTERS

14 § 8551. LEGISLATIVE INTENT

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

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

19 (2) an increase in community-based, recovery-oriented, and
20 geographically diverse mental health resources;

1 (3) an increase in employment opportunities for individuals who have
2 experienced one or more mental health conditions; and

3 (4) better outcomes for Vermonters experiencing mental health
4 conditions.

5 § 8552. DEFINITIONS

6 As used in this chapter:

7 (1) “Department” means the Department of Mental Health.

8 (2) “Peer” has the same meaning as in section 7101 of this title.

9 (3) “Peer-operated respite center” means a voluntary, short-term,
10 overnight program that is staffed and operated by a peer-led or peer-run entity
11 and that provides community-based, trauma-informed, and person-centered
12 crisis support and prevention 24 hours a day in a homelike environment to
13 individuals with mental conditions who are experiencing acute distress,
14 anxiety, or emotional pain that if left unaddressed may lead to the need for
15 inpatient hospital services.

16 (4) “Peer-led” has the same meaning as in section 8502 of this title.

17 (5) “Peer-run” has the same meaning as in section 8502 of this title.

18 § 8553. PEER-OPERATED RESPITE CENTERS

19 (a) Annually, the Department shall distribute funds to a total of six
20 geographically distinct peer-run or peer-led organizations to ensure that a peer-

1 operated respite center, operating singly or in collaboration with a peer-run or
2 peer-led community center, is established and maintained.

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

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

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

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

10 (4) annual reporting requirements for successful applicants.

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

16 Sec. 9. APPROPRIATION

17 In fiscal year 2023, up to \$2,000,000.00 is appropriated from the General
18 Fund to the Department of Mental Health for the purpose of distributing
19 \$500,000.00 to establish and operate each of the four new peer-operated respite
20 centers, whether operating singly or in collaboration with a peer-run or peer-
21 led community center, established pursuant to 18 V.S.A. chapter 200.

1

2

3 (Committee vote: _____)

4

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Senator _____

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FOR THE COMMITTEE