

## **WWT Summary of Stakeholder Meetings: Recommendations**

The recommendations that follow are based upon the input from participants in the Stakeholder process. This should not be considered an exhaustive list as new information and input from other interested parties and experts will necessitate on-going revision of plans and recommendations.

1. Develop a statewide certification for Peer Support Specialists that will legitimize peer support as an effective and necessary service to clients and family members.
  - a. Training should consist of a minimum of 55 hours.
  - b. Develop a standardized set of core content areas for curricula for all PSS's with specialty modules to meet the specific needs of the consumer/survivor, TAY, family and parent specialists, as well as specialized content areas.
  - c. An exam should be required with adequate educational supports including alternative evaluation techniques including a verbal exam.
  - d. Establish a work/volunteer experience requirement of three months to one year.
  - e. Establish a CEU requirement of 10-15 hours per year to maintain certification.
  - f. Re-certification should be done every two years.
  - g. Allow for a grandfathering process to include at least one year of full-time equivalent work and three letters of recommendation.
2. Include Peer Support Specialists, (PSS) as a provider type within the State Plan for Specialty Mental Health. Allow for maximum flexibility in what PSS's can bill for including, but not limited to, peer support, rehabilitation services including group and individual, collaterals, recovery planning, strengths based assessments and targeted case management.
3. Include in the State Plan an option for peer-operated agencies to provide an array of mental health services, including peer support, which can be billed under Medi-Caid. An option to allow stand-alone peer operated agencies to specialize in and provide only peer support services should be included as well.
4. Request that the county mental health directors adopt whatever statewide requirements are developed for certification and billing practices in order to avoid individual counties adding requirements beyond those specified by the Centers for Medicaid and Medicare and the Department of Health Care Services.
5. Develop a statewide definition and code of ethics for Peer Support Specialists.
6. Evaluate the possibility of broadening the definition of "service recipient" to include parents and family members of individuals receiving services so that peer support services can be documented and billed more directly and clearly.

7. Develop a plan for funding a certification process utilizing Workforce, Education and Training monies from the MHSA.
8. Address the concern that current practice of documentation for billing may not be aligned with the values and principles of peer support and a wellness, recovery and resiliency orientation.
9. Provide extensive and expansive training on the values, philosophy and efficacy of peer support to mental health administration and clinic staff.
10. Develop a policy statement regarding the importance of maintaining the integrity of peer support as a mechanism for avoiding the potential incentive to drift from peer support to providing services in a more traditional manner as well as utilizing PSS's as less expensive labor for other clinical duties.
11. Develop a state-wide solution to deal with civil service barriers to the employment of PSS into specified coded positions.
12. Address the problem of lack of employment opportunities for PSS's by establishing a statewide workforce minimum to comply with the intent of the MHSA.
13. Develop career ladders for PSS's that begin with non-certified PSS's and create lateral as well as upward mobility including leadership positions. Develop state-wide models that can inform county leadership.
14. Create welcoming environments that embrace the use of multidisciplinary teams that can incorporate PSS's fully onto mental health teams.
15. Select a single certifying body to implement and manage the certification of PSS's. The certifying body would preferably be an existing state body or a statewide agency that represents Peer Support Specialists.
16. Develop standards and oversight for training providers. Trainers must either be individuals with lived experience or a team of individuals that includes people with lived experience. Ensure that a number of training organizations and/or collaborations of training entities would be eligible. Ensure that these organizations have existing infrastructure to support the considerations expressed by stakeholders in the "Qualifications of Training Organizations".
17. Develop a policy to establish qualifications for who may supervise Peer Support Specialists. Stakeholders clearly prefer that people with lived experienced provide supervision. However, due to capacity issues the remaining qualifications may have to suffice. These include specific training for supervisors as well as the presence of personal characteristics that align with peer support values and philosophy.
18. Develop a policy that supports the importance of PSS's maintaining their "peer" role. This will involve creating networking opportunities, both formal and informal to allow for the

profession itself to grow as well as to allow PSS's to maintain and hone their professional values and principles.