[DRAFT] VERMONT STATE-SPECIFIC CURRICULUM

Code of Ethics, Including Privacy; Medicaid/Insurance and Collaborative Documentation; Links to Resources, Services, and Supports, Including Vermont Mental Health System; and Change Facilitation

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How to Read Proposed, Draft Curriculum

The curriculum is presented in PowerPoint slides that include hyperlinks to resources outside the document. For that reason, it's best to read the document online rather than from a printout.

Although the Vermont-specific curriculum is presented here in PowerPoint slides, trainers need not use the slides during the training. They would be free to create their own PowerPoint slides or other teaching tools.

About the Proposed, Draft Curriculum

The proposed, draft curriculum is written for trainers. It is intended to provide a clear roadmap for what to teach and when to teach it. It provides guidance on the sequence of topics, the materials to be used, and the expected learning outcomes. The curriculum is intended to be flexible enough to allow trainers to adapt and modify to meet the needs of trainees.

Overview of Proposed, Draft Curriculum

The Vermont-Specific Curriculum is designed to teach core competencies not covered by Intentional Peer Support (IPS); Wellness Recovery Action Plan (WRAP); Alternatives to Suicide/When Conversations Turn to Suicide; and Hearing Voices.

The Vermont-Specific curriculum is divided into the following, four modules:

Module Name
Code of Ethics, Including Privacy
Medicaid/Insurance-Related Requirements and Collaborative Documentation
Links to Resources, Services, and Supports, including Vermont Mental Health System
Change Facilitation

We are also striving to keep the overall training to approximately 90 hours, which would leave about 10 hours for the Vermont-specific curriculum.

Curriculum Structure

The curriculum is structured around the following topics.

Topic	Description
Learning Objectives	The knowledge, skills, and attitudes that prospective peer support providers are expected to acquire upon completion.
Learning Outcomes	Expected competencies and skills that prospective peer support providers should achieve
Scope and Sequence	The organization and sequencing of the content. Outlines the order which topics are presented and the depth of coverage
Assessments	Forms of assessments to evaluate learning, including quizzes, tests, projects, etc. that measure achievement of learning objectives.
Instructional Strategies	Guidance on teaching methods and strategies to be used by trainers (e.g., lectures, discussions, group work, hands-on activities)
Differentiation and Adaptation	Strategies for differentiation or adaptation to accommodate prospective peer support providers with varying abilities, learning styles or backgrounds.
Timeframe and Schedule	Estimation of the time required to cover each topic, as well as suggested schedule or timeline for pacing the instruction over a specific period
Resources and Materials	Recommended list of resources and materials that support teaching and learning, such as supplementary readings, multimedia resources or online tools
Content	Subject matter or topics to be covered in the curriculum, including essential concepts, theories, facts, and information that prospective peer support providers need to learn

CODE OF ETHICS, INCLUDING PRIVACY

VERMONT STATE-SPECIFIC CURRICULUM

OVERVIEW OF VERMONT-SPECIFIC CURRICULUM

Code of Ethics, including privacy

Links to Resources, services and supports, including Vermont mental health system of care

Medicaid/Insurance-Related Requirements, including Collaborative Documentation

Change Facilitation

APPLICABLE CORE COMPETENCIES

Number	Core Competency
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 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.

LEARNING OBJECTIVES

Understand the principles, guidelines, and expectations outlined in the Code of Ethics for certified peer support providers.

Demonstrate competence in ethical decision-making and adherence to laws and regulations governing privacy and confidentiality.

LEARNING OUTCOMES

Participants will demonstrate understanding of the Code of Ethics for Vermont certified peer support providers.

Participants will demonstrate competence in ethical decision-making and adherence to laws and regulations governing privacy and confidentiality.

SEQUENCE

Intentional Peer Support, Wellness Recovery Action Planning, When Conversations Turn to Suicide, Hearing Voices

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Code of Ethics

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Medicaid/Insurance Related Requirements and Collaborative Documentation

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Links to Resources, Services and Supports, including Vermont Mental Health System

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Change Facilitation

SCOPE

Most of the time in the Code of Ethics module should be spent working through scenarios and practicing ethical decision-making.

HIPAA requires "covered entities" to offer mandatory HIPAA training to employees. Peer support provider training is not meant to replace the mandatory employer HIPAA training.

- For this training, Participants should understand that health information is not 100 percent confidential, and they cannot guarantee peer support recipients 100 percent confidentiality.
- It's also important for peer support providers to understand that written documentation that they create is also not 100 percent confidential. More information about this will be provided in the module on Medicaid/Insurance Requirements and Collaborative Documentation.

ASSESSMENTS

Role-plays to evaluate decision-making skills in ethical dilemmas

Quiz to evaluate grasp of legal and ethical requirements

Class discussions and group activities to assess understanding and application of ethical principles

Written reflections and self-assessments on personal growth in ethical practice

INSTRUCTIONAL STRATEGIES

Lectures and presentations to introduce concepts and provide background information

Small group discussions and peer-to-peer learning exercises to promote reflection and collaboration
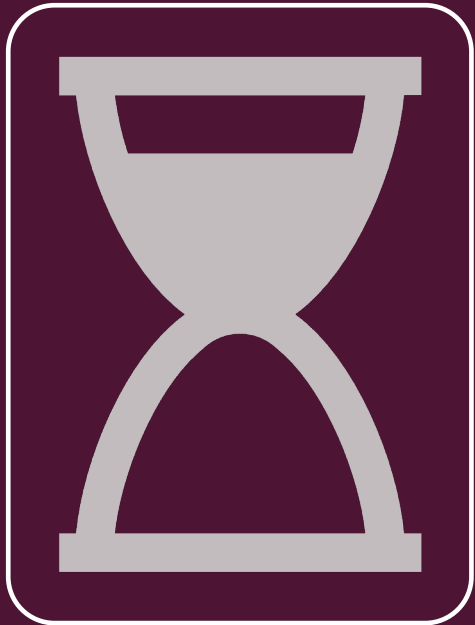
Role-plays and simulations to practice applying ethical principles

DIFFERENTIATION AND ADAPTATION

Guest speakers and/or panel discussion to provide real-world perspectives and experiences

Q and A for addressing participant questions and concerns

TIMEFRAME AND SCHEDULE

Four hours should be devoted to the module.

MODULE CONTENTS

CODE OF ETHICS, INCLUDING PRIVACY

INTRODUCTION TO VERMONT CODE OF ETHICS FOR CERTIFIED PEER SUPPORT PROVIDERS

CODE OF ETHICS, INCLUDING PRIVACY

WHAT ARE ETHICS?

Ethics are rules of conduct that guide our decisions and actions.

Ethics tell us what we should or should not do to ensure respect, fairness and honesty in our interactions with others.

WHAT IS A CODE OF ETHICS?

A set of rules and guidelines that outlines expectations for honesty, integrity, respect and fairness to help individuals choose between right and wrong in their practices.

WHAT IS THE PURPOSE OF A CODE OF ETHICS?

Codes of Ethics are for the protection of individuals who rely on or use the services of an organization or practice

Codes of Ethics establish a standard of behavior that enhances trust, promotes responsible actions, and upholds the welfare, rights, and dignity of individuals or stakeholders affected by the actions of those in the organization or practice

ETHICAL VIOLATIONS VERSUS ETHICAL ISSUES

Ethical Violations

- Never OK
- Breach of specific rule or standard
- Damage the person being served, the peer support provider, the integrity of the peer support relationship, and/or the organization

Ethical Issues

- Not clear-cut
- Require a choice between alternatives that must be evaluated as right (ethical) or wrong (unethical)
- Involve subjectivity and interpretation

QUESTIONS TO ASK TO RESOLVE ETHICAL ISSUES

What does the law say about the issue or situation

What does the Code of Ethics say about the issue or situation

What do your employer's policies, practices, and customs say about the issue or situation

What do your own values or personal boundaries say about the issue or situation

How will the peer support recipient be impacted (harmed or helped) by the issue or situation

What peer support values or principles are advanced or impeded by the issue or situation

CODE OF ETHICS FOR CERTIFIED PEER SUPPORT PROVIDERS IN VERMOMNT -- BACKGROUND

Vermont Code of Ethics is aligned with certified peer support provider core competencies

Vermont Code of Ethics was developed with input of peer support providers and other stakeholders

To become a certified peer support provider in Vermont, you must sign the Code of Ethics, signifying that you agree to abide by the Code of Ethics

CODE OF ETHICS FOR CERTIFIED PEER SUPPORT PROVIDERS IN VERMONT - OVERVIEW

Code of Ethics for Certified Peer Support Providers in Vermont

Introduction

The purpose of this Code of Ethics is to promote ethical practice, protect the rights of individuals, and uphold certified peer support provider standards. It serves as a compass, guiding Certified Peer Support Providers in Vermont in our pursuit of ethical practice, integrity, and accountability. In agreeing to abide by the Code of Ethics, we are committing to uphold the values and standards that promote the welfare, dignity, and rights of all to foster a culture of trust, respect, and accountability.

10 ETHICAL PRINCIPLES

1. **Respect and Uphold Peer Support Values**: Certified peer support providers understand and embrace the values of the peer support movement, including respect for individuals' autonomy, non-judgment, and the importance of self-determination. We acknowledge the history of peer support and the relevance of human rights and social justice issues in our practice.

2. **Lived Experience and Mutuality**: Certified peer support providers share personal stories thoughtfully and selectively, ensuring that it is useful and relevant to the relationship. We bring our lived experience into the conversation, along with the skills and tools we have acquired, fostering meaningful connections. We aspire to inspire and support others through mutual understanding.

3. **Self and Other Awareness**: Certified peer support providers continually cultivate self-awareness through introspection and self-reflection. We communicate our own discomfort and needs openly while remaining attuned to the discomfort and needs of others. We maintain a multi-dimensional awareness that includes ourselves, others, and the evolving relationship dynamics.

4. **Establish and Respect Boundaries**: Certified peer support providers encourage open discussions about personal needs and boundaries. We recognize and clarify our own limits and encourage others to explore their boundaries. We understand that boundaries can be physical, emotional, sexual, verbal, or energetic. We negotiate boundaries respectfully and in alignment with the values and needs of all involved parties.

5. **Conflicts of Interest**: Certified peer support providers are aware that our position can influence the individuals with whom we provide peer support. We do not exploit the trust and/or dependency of such individuals. We make every effort to avoid dual relationships or

commitments that could impair judgment, increase the risk of exploitation or create conflict with the interests of individuals we support. We disclose and discuss dual relationships that cannot be avoided. We do not engage in sexual/intimate/romantic activities within a formal peer support role.

6. **Confidentiality and Consent**: Certified peer support providers treat all information shared by individuals with the utmost confidentiality, unless legally required to disclose. We explicitly seek consent before sharing any personal information or experiences of the individual we support, ensuring privacy and autonomy.

7. **Scope of Practice**: Certified peer support providers perform peer support only within our scope of practice, which includes our lived experience, training, expertise, and competence. We meet and comply with all the terms, conditions or limitations of our certification.

8. **Non-Discrimination and Inclusivity**: Certified peer support providers embrace diversity and inclusivity, valuing individuals from all backgrounds and with varying identities. We are committed to promoting anti-oppressive practices, combating discrimination, and creating a safe and inclusive space for all individuals seeking support.

9. **Continuous Learning**: Certified peer support providers commit to ongoing learning, staying updated with best practices, and enhancing our knowledge and skills in the field of peer support. We actively engage in self-education and co-learning, attend relevant training, and stay informed about emerging research and developments.

10. **Ethical Responsibility**: Certified peer support providers recognize and uphold our ethical responsibilities towards the individuals we support, the practice of peer support, and the wider community. We are truthful and principled in our dealings with others. We engage in regular supervision or consultation and seek guidance when facing ethical dilemmas.
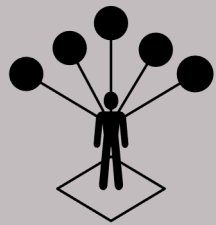
OATH TO ABIDE

ATTESTATION:

I affirm that I have read, understand, and will abide by the Code of Ethics for Certified Peer Support Providers in the State of Vermont.

Signature _____   Print Name _____

Date: _____
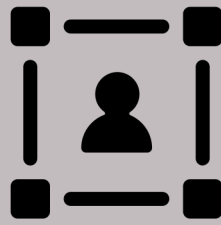
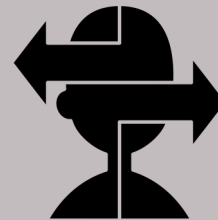# STRUCTURE OF VERMONT CODE OF ETHICS FOR CERTIFIED PEER SUPPORT PROVIDERS

Role, Scope and Responsibilities
- Respect and uphold peer support values (1)
- Lived Experience and Mutuality (2)
- Self and Other Awareness (3)
- Scope of Practice (7)
- Non-Discrimination and Inclusivity (8)
- Continuous Learning (9)
- Ethical Responsibility (10)

Boundaries
- Establish and Respect Boundaries (4)
- Ethical Responsibility (10)

Conflict of Interest
- Conflicts of Interest (5)
- Ethical Responsibility (10)

Confidentiality
- Confidentiality and Consent (6)
- Ethical Responsibility (10)

CODE OF ETHICS FOR CERTIFIED PEER SUPPORT PROVIDERS IN VERMONT: INTRODUCTION

The purpose of this Code of Ethics is to promote ethical practice, protect the rights of individuals, and uphold certified peer support provider standards. It serves as a compass, guiding Certified Peer Support Providers in Vermont in our pursuit of ethical practice, integrity, and accountability. In agreeing to abide by the Code of Ethics, we are committing to uphold the values and standards that promote the welfare, dignity and rights of all, to foster a culture of trust, respect, and accountability.

- Promote ethical practice
- Protect the rights of individuals
- Uphold certified peer support provider standards
- Guide ethical decision making
- Promote welfare, dignity and rights
- Foster a culture of trust

ROLE, SCOPE AND RESPONSIBILITIES

CODE OF ETHICS, INCLUDING PRIVACY

1. RESPECT AND UPHOLD PEER SUPPORT VALUES

Certified peer support providers understand and embrace the [values of the peer support movement](), including respect for individuals' autonomy, non-judgment, and the importance of self-determination. We acknowledge the history of peer support and the relevance of human rights and social justice issues in our practice.

- 'Respect for individuals' autonomy,' means acknowledging and validating each individual's rights to make decisions about their own care and life without any coercion or interference.
- 'Non-judgment' means accepting individuals as they are, without forming negative opinions or judging them based on their behaviors, thoughts, or past experiences.
- 'Self-determination' is supporting individuals to control their own lives, to set their own goals, and to make decisions that best suit them. Certified peer support providers provide support and still respect an individual's own freedom to decide.
- Acknowledging the history of peer support means recognizing and appreciating the evolution and impact of the practice of peer support, understanding the experiences of those that have paved the way for the current model of peer support.
- Respecting 'human rights and social justice issues' means ensuring fairness, equality, and dignity when providing peer support, understanding the larger societal and systemic issues that can impact the individuals we serve. This involves being mindful of discrimination, oppression, and other social challenges people may face, and aiming to address these issues in a way that supports a more equitable and just society.

2. LIVED EXPERIENCE AND MUTUALITY

Certified peer support providers share personal stories thoughtfully and selectively, ensuring that it is useful and relevant to the relationship. We bring our lived experience into the conversation, along with the skills and tools we have acquired, fostering meaningful connections. We aspire to inspire and support others through mutual understanding.

- 'Share personal stories thoughtfully and selectively,' means share personal experiences consciously and only when it is truly beneficial for the person you're supporting

- 'Bringing your lived experience into the conversation along with skills and tools' highlights the importance of combining personal experience with knowledge about the practice of peer support. While personal experience builds empathy, the skills and tools acquired through training and learning increase your effectiveness.

- 'Aspiring to inspire and support others through mutual understanding' emphasizes a certified peer support provider's ultimate goal to inspire and provide support by creating an atmosphere of shared experiences and mutual respect. This mutual understanding can inspire optimism and hope, forming a powerful foundation for living a life of one's own choosing.

3. SELF AND OTHER AWARENESS

Certified peer support providers continually cultivate self-awareness through introspection and self-reflection. We communicate our own discomfort and needs openly while remaining attuned to the discomfort and needs of others. We maintain a multi-dimensional awareness that includes ourselves, others, and the evolving relationship dynamics.

- 'Cultivate self-awareness through introspection and self-reflection,' means that we should be wholly aware of our emotions, traits, values, and behaviors. This ongoing process involves deeply thinking (introspection) about our own feelings and behaviors and reviewing or considering them (self-reflection). It's about understanding our strengths, weaknesses, and how we respond to different situations.
- 'Communicating our own discomfort and needs openly' speaks to the importance of honesty and transparency in the peer support relationship. If we're uncomfortable or need something, it's crucial to express that clearly. This openness sets a good example for those we're supporting and creates a healthier environment for growth and self-discovery.
- 'Remaining attuned to the discomfort and needs of others,' refers to our ability to empathize and understand the feelings and needs of the person we're supporting to make them feel heard and valued, which strengthens the peer support relationship.
- 'Maintaining a multi-dimensional awareness that includes ourselves, others, and the evolving relationship dynamics' means being attuned to various aspects of interaction. This includes understanding our own feelings, acknowledging the emotions of others, and being alert to the progression and changes in the relationship. This holistic awareness will allow us to adapt and respond appropriately, thereby fostering a healthy and effective peer support relationship.

7. SCOPE OF PRACTICE

Certified peer support providers perform peer support only within our scope of practice, which includes our lived experience, training, expertise, and competence. We meet and comply with all the terms, conditions, or limitations of our certification.

- "Scope of Practice" refers to the range of roles, functions, responsibilities, and activities which certified peer support providers are educated, competent, and authorized to carry out.
- "Lived experience" means that certified peer support providers may rely on their own experiences; it does not mean that you may only provide peer support services to recipients who have your identical lived experience
- Expertise is proficiency gained through training and experience; competence is about the ability to do something successfully or efficiently; certified peer support providers should only offer support in areas they are skilled in and proficient at, which requires ongoing learning and continual practice development.
- "Terms, conditions or limitations" means that certified peer support providers understand and adhere to all the rules, regulations, and constraints that come with your specific certification. For example, certified peer support providers may not practice psychotherapy, create plans of care or engage in any service that requires a license.

8. NON-DISCRIMINATION AND INCLUSIVITY

Certified peer support providers embrace diversity and inclusivity, valuing individuals from all backgrounds and with varying identities. We are committed to promoting anti-oppressive practices, combating discrimination, and creating a safe and inclusive space for all individuals seeking support.

- 'Embrace diversity and inclusivity, valuing individuals from all backgrounds and with varying identities,' means peer support providers must understand, respect, and value the differences that exist among individuals. These differences can include but are not limited to race, ethnicity, gender, age, religion, ableness, and sexual orientation.

- 'Commitment to promoting anti-oppressive practices' involves actively working against the systems or behaviors that disadvantage or discriminate against certain people or groups.

- 'Combating discrimination' requires action. It's not merely about being non-discriminatory but being anti-discriminatory, which means confronting and challenging discrimination whenever we encounter it. Our role is to ensure we're providing a safe space and equal service to everyone, regardless of their identity or history.

- Creating a 'safe and inclusive space for all individuals seeking support' means fostering an environment where all individuals, no matter their identities or backgrounds, feel respected, accepted, and comfortable.

9. CONTINUOUS LEARNING

Certified peer support providers commit to ongoing learning, staying updated with best practices, and enhancing our knowledge and skills in the field of peer support. We actively engage in self-education and co-learning, attend relevant training, and stay informed about emerging research and developments.

- 'Commit to ongoing learning', means that as a certified peer support provider, it's crucial for us to continuously update our knowledge and skills about peer support practices
- 'Staying updated with best practices' involves keeping in touch with the most updated and recommended ways to provide peer support. Best practices can mean communication techniques, coping strategies, or resources to recommend for additional support.
- 'Actively engage in self-education and co-learning,' refers to the practice of teaching ourselves and learning from others within the community.
- 'Self-education' means productive activities like reading books, attending seminars/webinars, or taking part in online courses.
- 'Co-learning' refers to a collaborative approach where we learn from our peers and contribute to their learning as well.
- 'Attending relevant training and staying informed about emerging research and developments' means going to training sessions or workshops that provide knowledge related to peer support, or staying updated with the latest research that could reshape our understanding of various aspects of peer support.

10. ETHICAL RESPONSIBILITY

Certified peer support providers recognize and uphold our ethical responsibilities towards the individuals we support, the practice of peer support, and the wider community. We are truthful and principled in our dealings with others. We engage in regular supervision or consultation and seek guidance when facing ethical dilemmas.

- 'Recognize and uphold our ethical responsibilities towards the individuals we support', means that as a certified peer support provider, we have a duty to the individuals we serve, who should always be treated with respect, dignity, and non-judgment. Our role is to support them in their journey, not to impose our own will or beliefs onto them.
- Having an 'ethical responsibility towards the practice of peer support' means that we're expected to engage in this work in a manner that adheres to the established norms, guidelines, and practices. It's not just about supporting people; it's about doing it correctly and ethically, respecting confidentiality and demonstrating integrity at all times.
- 'Ethical responsibilities towards the wider community' means that our work isn't done in isolation. What we do affects the wider community and so, we must uphold our responsibilities to ensure our practices contribute positively to the community, and don't harm the community.
- Being 'truthful and principled in our dealings with others' means acting with integrity and honesty. It's critical to be sincere, straightforward, and consistent in our actions. Misleading information or deceptive behavior can be highly damaging to a peer support relationship.
- 'Engaging in regular supervision or consultation and seeking guidance when facing ethical dilemmas' refers to the importance of acknowledging the limitations of our knowledge and experience as a peer support provider. There will be moments when we'll face complex, ethical issues. In those times, it's important not to act alone. Instead, seek advice or supervision from experienced peer support providers or peer support supervisors.

BOUNDARIES

CODE OF ETHICS, INCLUDING PRIVACY

WHAT ARE BOUNDARIES?

Boundaries define what is OK and not OK in any relationship

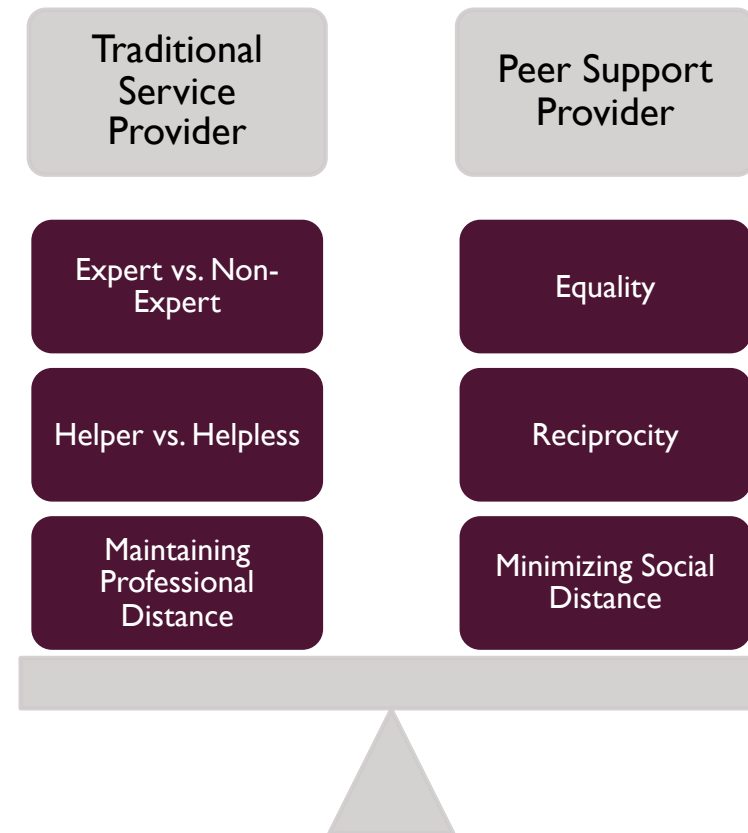There are personal boundaries and work boundaries

- Personal boundaries are dividing lines you create between you and anyone else to define how others may and may not treat you.
- Work boundaries are rules and guidelines established for the workplace specifically for peer support providers

Boundaries help protect both the service provider and the service recipient.

Boundaries for peer support providers differ from the "professional distance" many licensed service providers put between themselves and the people who receive their services.

BOUNDARIES: TRADITIONAL SERVICE PROVIDER VS PEER SUPPORT PROVIDER

Traditional service providers and peer support providers both have boundaries in their respective practices. However, they differ in where the lines should be drawn.

Traditional Service Provider	Peer Support Provider
Expert vs. Non-Expert	Equality
Helper vs. Helpless	Reciprocity
Maintaining Professional Distance	Minimizing Social Distance

BOUNDARIES FOR PEER SUPPORT PROVIDERS

Personal Boundaries

- Dividing line individuals create between themselves and others to define how others can and cannot treat them

- Can be physical, emotional, spiritual, mental

- Boundaries set expectations so people know how to behave around you

- Boundaries make people feel safe and healthy

- Boundaries make others feel safe around you

- Boundaries help build trust

Work Boundaries

- Rules and guidelines that have been established in your work environment for the protection of you and those receiving peer support services

- Some work boundaries are non-negotiable and should never be crossed

- Many work boundaries depend on the situation and context and require ethical decision making to navigate them

EXAMPLES OF PERSONAL BOUNDARIES

Physical
- It's not okay to touch me.

Emotional
- It's not okay to yell at me.

Mental
- It's not okay to belittle me.

Spiritual
- It's not okay to pressure me to accept God.

EXAMPLES OF NON-NEGOTIABLE WORK BOUNDARIES

Abuse
- Intimidating, threatening, harassing, using undue influence, physical force, and/or verbal abuse, or coercing recipient of peer support services

Sexual Relationships
- Intimate, sexual or romantic activities with a recipient of peer support services

Illegal Activities
- Using drugs with a recipient of peer support services

Policy Violations
- Venting personal or workplace problems with peer support recipients

4. ESTABLISH AND RESPECT BOUNDARIES

Certified peer support providers encourage open discussions about personal needs and boundaries. We recognize and clarify our own limits and encourage others to explore their boundaries. We understand that boundaries can be physical, emotional, sexual, verbal, or energetic. We negotiate boundaries respectfully and in alignment with the values and needs of all involved parties.

- Encouraging open discussions about needs and boundaries allows individuals to voice their needs, preferences, and limits and helps create an environment of trust and mutual respect
- 'Recognize and clarify our own limits' means acknowledging that we too have personal boundaries that need to be honored; it's a reminder that peer support isn't about self-sacrifice or neglecting personal health and wellbeing; it's essential to be self-aware and honest about what we can and cannot offer in our role.
- Boundaries are not just about physical space; they relate to how people engage with each others' feelings, words, body language, sexual safety, and personal energy.
- Different people will have different boundaries, based on their experiences, comfort zones, values, and needs. It's crucial to navigate these differences carefully and respectfully. The goal is always the wellbeing and comfort of all parties involved.

QUESTIONS TO ASK TO RESOLVE ETHICAL ISSUES

What does the law say about the issue or situation

What does the Code of Ethics say about the issue or situation

What do your employer's policies, practices, and customs say about the issue or situation

What do your own values or personal boundaries say about the issue or situation

How will the peer support recipient be impacted (harmed or helped) by the issue or situation

What peer support values or principles are advanced or hindered by the issue or situation

NEGOTIATING BOUNDARIES: EXERCISE

Participants complete the reflection exercise on their own

Using the framework for making ethical decisions, trainers review reflection exercise with the group of participants

Reflection Exercise

CONFIDENTIALITY AND PRIVACY

CODE OF ETHICS, INCLUDING PRIVACY

PRIVACY AND CONFIDENTIALITY

Privacy

- Privacy refers to a person's right to control access to their personal information

- Privacy is about a person's right to have their personal information known or monitored only to the extent they agree

Confidentiality

- Confidentiality refers to the duties of the person or the entity that possesses others' personal, private information

- Confidentiality is an agreement or duty (legal or ethical) not to disclose or use private information for any purpose other than what was agreed on

6. CONFIDENTIALITY AND CONSENT

Certified peer support providers treat all information shared by individuals with the utmost confidentiality, unless legally required to disclose. We explicitly seek consent before sharing any personal information or experiences of the individual we support, ensuring privacy and autonomy.

- The ethical principle of treating all information shared by individuals with the 'utmost confidentiality, unless legally required to disclose', signifies the importance of trust and privacy in a peer support relationship. As a peer support provider, you will likely have access to sensitive personal information told to you in confidence. It is your responsibility to ensure these details are held in the strictest confidence and not shared with others, unless there's a legal obligation.

- 'Explicitly seeking consent before sharing any personal information or experiences of the individual they support', means that even in cases where sharing might seem to provide benefit, you must first get the individual's direct and explicit permission. This is crucial for maintaining their privacy and showing respect for their autonomy - their right to control information about themselves.

CONFIDENTIALITY REQUIRED BY LAW: HIPPA

Health Insurance Portability and Accountability Act (HIPAA) applies to any information that can be considered Protected Health Information (PHI)

HIPAA prohibits "covered entities" from using or disclosing an individual's Protected Health Information (PHI) unless otherwise permitted or required by HIPAA regulations

- "Covered entities" are health care providers that conduct certain transactions in electronic form, a health plan or a health care clearinghouse; most HIPAA-covered transactions relate to eligibility checks for treatment, authorizations for treatment, billing, and remittances
- A peer-run organization that bills Medicaid for peer support services is a "covered entity"; a community mental health agency is also a "covered entity"

Protected Health Information (PHI) is any individually identifiable health information relating to the past, present or future health condition of an individual regardless of the form in which it is maintained

- PHI includes demographic information if it is associated with an individual's past, present or future physical or mental health condition

HIPAA PERMITTED USES AND DISCLOSURES OF PHI

Under HIPAA, healthcare providers are allowed to use and disclose patients' PHI for treatment, payment, and healthcare operations without authorization. Examples of use and disclosures for which an authorization is NOT required are:

- Medical treatment
- Determination of eligibility or coverage
- Billing
- Claims management
- Healthcare data processing
- Conducting quality assessments (including case management)
- Evaluation of healthcare provider performance
- Business planning and certain administrative activities
- Medical referrals

For any other use or disclosure of PHI, healthcare providers must obtain an explicit authorization from the individual whose information will be used or disclosed unless a disclosure exception applies

HIPAA DISCLOSURE EXCEPTIONS

Emergencies involving imminent threat to health or safety (to the individual or the public)

Where required by law

Law enforcement without a subpoena for "identifying or locating a suspect, fugitive, material witness, or missing person"

Judicial proceedings

Healthcare oversight activities (federal or state agencies that oversee the covered entity's activities)

Public health activities

Research purposes, under limited circumstances

Specialized government functions

Organ transplants/procurement

Workers' compensation

To coroners, medical examiners, and funeral directors

Incidental disclosures

DISCLOSURE EXCEPTION SCENARIO

Scenario: Police ask a peer-run respite that bills Medicaid for a guest's discharge address. The guest refuses to sign an authorization for the police to obtain any information about the guest.

Question: Should the peer-run respite release the guest's discharge address? Do the police have the right to this information without the guest's consent?

Answer: HIPAA allows, but does not require a covered entity to turn over to law enforcement officials limited information without a subpoena "for purposes of identifying or locating a suspect, fugitive, material witness, or missing person …"

If Vermont state law says you must turn over the information in such cases, you are allowed under HIPAA. If there is no such state law, and there is no imminent danger to anyone's life, the police will have to get a court order or subpoena to obtain the information. Otherwise, no information may be released.

OPTIONS TO DISCLOSE HIPAA "PROTECTED HEALTH INFORMATION"

Covered entities have two options in using or disclosing PHI outside of Treatment, Payment and/or Healthcare Operations

- Get explicit permission by having individual sign an Authorization
- "De-identify" the information by ensuring that all the individually identifiable information is deleted. De-identified information may be used freely so long as there is no means or re-identification

DISCLOSURES REQUIRED BY LAW: MANDATORY REPORTERS

Under Vermont law, mandatory reporters are required to make a report to Adult Protective Services (APS) when they suspect or receive information that a vulnerable adult has been or is being abused, neglected, or exploited.

- Mandatory reporters are required to report, even if they do not believe the information they have received alleging abuse, neglect or exploitation of a vulnerable adult is true.

Mandatory reporters are required to make a report within 48 hours of knowing or reasonably suspecting or receiving information about or alleging abuse, neglect or exploitation of a vulnerable adult.

- Mandatory reporters are required to submit reports in writing

DISCLOSURES REQUIRED BY LAW: MANDATORY REPORTERS

Who is a Mandatory Reporter?

- In Vermont, Mandatory Reporters are all employees, contractors, volunteers, or grantees who directly provide health care, law enforcement, caregiving, counseling, education, or social services to adults.

Who are Vulnerable Adults?

- 18 or older and
- a resident of a licensed facility such as a nursing or community care home; or
- a patient in a psychiatric unit or hospital; or
- has received personal care services for longer than one month; or
- regardless of residence or whether any type of service is received, is impaired as a result of brain damage, infirmities of aging, mental condition, or physical, psychiatric, or developmental disability

DISCLOSURES REQUIRED BY LAW: DANGER TO SELF OR OTHERS

In Vermont, "a mental health professional who knows or, based upon the standards of the mental health profession, should know that his or her patient poses a serious risk of danger to an identifiable victim has a duty to exercise reasonable care to protect him or her from that danger."

- Certified peer support providers are not "mental health professionals" and have no legal duty to act if a person is a danger to self or others
- Employers may have policies that require certified peer support providers to break confidentiality if a peer support recipient confides information that they are a danger to self or others

CONFLICTS OF INTEREST

CODE OF ETHICS, INCLUDING PRIVACY

CONFLICT OF INTEREST AND DUAL RELATIONSHIPS

A conflict of interest is when a person is in a situation where they have two or more interests, and choosing one could harm the other.

- These "interests" could be jobs, relationships, or responsibilities

Dual relationships can create conflicts of interest. A dual relationship is when the certified peer support provider has a second, different relationship with a peer support recipient in addition to the peer support relationship. Types of dual relationships include:

- Social dual relationship: peer support recipient is a friend
- Business dual relationship: peer support recipient is the peer support provider's tenant
- Communal dual relationship: peer support recipient and peer support provider are members of a small community
- Digital, online or Internet dual relationship: peer support provider is connected with peer support recipient on social media sites such as Facebook, Twitter, LinkedIn, Instagram
- Sexual dual relationship: peer support recipient and peer support provider are engaged in a sexual and/or romantic relationship

Some dual relationships are unavoidable. Nonsexual dual relationships can be ethical or unethical depending on the circumstances.

5. CONFLICTS OF INTEREST

Certified peer support providers are aware that our position can influence the individuals with whom we provide peer support. We do not exploit the trust and/or dependency of such individuals. We make every effort to avoid dual relationships or commitments that could impair judgment, increase the risk of exploitation or create conflict with the interests of individuals we support. We disclose and discuss dual relationships that cannot be avoided. We do not engage in sexual/intimate/romantic activities within a formal peer support role.

- Awareness that 'your position can influence the individuals you support', means you must recognize the authority and influence you have in your role as a peer support provider. Those you support might look up to you, respect you, and may be greatly influenced due to their trust in you. Ensuring that this trust isn't exploited is a critical part of ethical peer support.

- 'Not exploiting the trust and/or dependency of such individuals' means you should not take advantage of your position, for personal gain or to influence the decisions and actions of those you are supporting, based on your own interests.

- 'Avoiding dual relationships or commitments that could impair judgment, increase the risk of exploitation or create conflict' reminds you to not engage in relationships with those you are supporting outside of the peer support provider role. An example of this would be having a financial relationship with them. By mixing roles, it might compromise your ability to provide unbiased support to the individual.

- In 'dual relationships that cannot be avoided', you need to disclose and discuss these situations with the individual you are supporting and document that you have disclosed and discussed the dual relationship.

- The prohibition against engaging in 'sexual/intimate/romantic activities within a formal peer support role' explicitly bans sexual or romantic involvement with those you support. These types of relationships are inappropriate and exploitative given the power imbalance between a provider and recipient of support.

RESOURCES AND MATERIALS

CODE OF ETHICS, INCLUDING PRIVACY

RESOURCES

- [Code of Ethics](#) for Certified Peer Support Providers in Vermont

- [HIPAA Privacy Rule and Sharing Information Related to Mental Health](#)

- [Message to Our Nation's Health Care Providers](#), Department of Health & Human Services, Office of the Secretary, January 15, 2013

- Flanders, Colin, "[A Clinical Social Worker Surrendered His License After Clients Reported Inappropriate Behavior](#)," Seven Days, August 16, 2023

- [Vulnerable Adults and Mandatory Reporters](#), Vermont Adult Protective Services, March 10, 2017

- [Quiz](#)

- [Boundary](#) Reflection Exercise

- [Scenarios](#) for roleplaying and discussion

ACRONYMS

Acronym/Abbreviation	Full Form
EHR	Electronic Health Records
ePHI	Electronic Protected Health Information
HIPAA	Health Insurance Portability and Accountability Act of 1996
PHI	Protected Health Information

GLOSSARY

Term	Definition
Confidentiality	Confidentiality is a professional or ethical duty for the peer support provider to refrain from disclosing information from or about a recipient of peer support services, with certain exceptions. Confidentiality is the principle of keeping the information that you share or receive from per support recipients private and secure, unless they give you permission to disclose it or there is a legal or ethical obligation to do so.

PEER SUPPORT VALUES AND PRINCIPLES

Peer support is voluntary

- Peer support cannot be mandated or required

Peer support is non-judgmental

- Peer support is a non-assessing, non-professional relationship

PEER SUPPORT VALUES AND PRINCIPLES (CONT'D)

Peer support is respectful

- Peer support values differences and unique abilities
- Peer support respects people's right to make their own decisions, even "wrong" decisions
- Peer support keeps confidences

Peer support is reciprocal

- Peer support is a give and take
- No one is more "recovered" than another in a peer support relationship
- Peer support is not "help" but rather a natural process between two or more people

PEER SUPPORT VALUES AND PRINCIPLES (CONT'D)

Peer support is mutual

- Each person takes responsibility for their actions
- Shared power
- It's not the peer support provider's job to fix people

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

VERMONT STATE-SPECIFIC CURRICULUM

OVERVIEW OF VERMONT-SPECIFIC CURRICULUM

Code of Ethics, including privacy

Links to Resources, services and supports, including Vermont mental health system of care

Medicaid/Insurance-Related Requirements, including Collaborative Documentation

Change Facilitation

APPLICABLE CORE COMPETENCY

Number	Core Competency
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.

LEARNING OBJECTIVES

To familiarize prospective peer support providers with private insurance and Medicaid

To provide prospective peer support providers with essential knowledge and skills for effective collaborative documentation

To enhance prospective peer support providers' ability to introduce peer support recipients to the collaborative documentation process

To ensure participants understand the legal and ethical considerations involved in collaborative documentation

To equip trainees with the knowledge and skills to distinguish peer support collaborative documentation from clinical collaborative documentation

LEARNING OUTCOMES

Participants will memorialize in writing a progress note using collaborative documentation

Participants will introduce collaborative documentation to peer support recipients, and establish and maintain trust and rapport while engaging in the process of collaborative documentation

Participants will navigate legal and ethical considerations in collaborative documentation

Participants will be able to recognize and distinguish peer support collaborative documentation and clinical collaborative documentation

SCOPE AND SEQUENCE

Intentional Peer Support, Wellness Recovery Action Planning When Conversations Turn to Suicide, Hearing Voices

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Code of Ethics

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Medicaid/Insurance Related Requirements and Collaborative Documentation

↓

Links to Resources, Services and Supports, including Vermont Mental Health System

↓

Change Facilitation

INSTRUCTIONAL STRATEGIES

Lecture and presentation to introduce and explain private insurance and Medicaid

Lecture and presentation to introduce and explain concepts related to collaborative documentation

Role plays and interactive exercise to practice and develop skills in collaborative documentation

Group discussions and reflection activities to explore ethical considerations and dilemmas related to collaborative documentation

DIFFERENTIATION AND ADAPTATION

Allow participants to work in groups to critique a progress note and/or write a progress note

To help participants understand what information should be included in a note, ask participants to discuss what information they would want on a bill before they would want to pay it; draw connection to template for writing a progress note

To help participants understand the benefit of collaborative documentation, ask participants to share their experience reading their medical records

Ask if anyone has experience working with a provider who used collaborative documentation; ask participant to share experience

ASSESSMENTS

Role-play where trainees engage in collaborative documentation

- Trainees explain collaborative documentation to peer support recipient
- Trainees write progress note using collaborative documentation

Group discussion of ethical dilemmas

- Trainees identify ethical issues and demonstrate ethical decision-making process

TIMEFRAME AND SCHEDULE

Insurance Overview
15 minutes

Collaborative Documentation
1.5 hours

Ethical Issues
30 minutes
Participants will have already been introduced to ethical issues during the Code of Ethics module

MODULE CONTENTS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

MEDICAID AND PRIVATE INSURANCE

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

WHAT IS HEALTH INSURANCE?

A contract that requires your health insurance company to pay some or all your health care costs in exchange for money, also called a premium

- Many people get health insurance through their employer
- In Vermont, people can buy health insurance through Vermont Health Connect
- Vermont Health Connect also offers financial help for people who qualify

WHAT IS MEDICAID AND MEDICARE?

Medicaid and Medicare are public health insurance programs

	Medicare	Medicaid
Who Pays	Federal government	Federal and State governments
Who's Eligible	• People aged 65 or older • Certain people under 65 with disabilities • People of any age with end-stage kidney disease	• Low-income adults • Pregnant women • Children

WHAT IS MEDICAID AND MEDICARE? (CONT'D)

	Medicare	Medicaid
What's Covered	• Beneficiaries may choose among certain programs	States must cover certain services through their Medicaid program, including • Doctor visits • Inpatient and outpatient hospital services • Mental health services • Needed medications • Prenatal care and maternity care • Preventative care, such as immunizations, mammograms, and colonoscopies

OTHER TYPES OF HEALTH INSURANCE

TRICARE

COBRA

Worker's Compensation

Liability insurance coverage

MEDICAID BILLING GENERAL REQUIREMENTS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

GENERAL MEDICAID BILLING REQUIREMENTS

Bill only for covered services

Ensure beneficiaries are eligible for services where they are furnished

Ensure medical records are accurate, legible, signed, and dated

EXAMPLES OF MEDICAID-COVERED PEER SUPPORT SERVICES

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

Providing advocacy, which includes helping individuals to advocate for themselves and helping to ensure that individual's rights are respected

BILLING REQUIREMENT FOR MEDICAID REIMBURSEMENT

To bill Medicaid for peer support services, peer support must be included in the recipient's person-centered, wellness plan, which serves as the plan of care

EMPLOYER TRAINING AND BILLING REQUIREMENTS

Your employer will train you about your employer's billing requirements, including

- Where covered services may be delivered
- What are covered services

Today's training is specific to your role as a certified peer support provider

OVERVIEW OF MEDICAID DOCUMENTATION

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

GENERAL MEDICAID DOCUMENTATION RULES

To the extent required by the State, medical necessity and medical rationale are documented and justified in the medical record (each State adopts its own medical necessity definition)

Accurate, clear, and concise medical records are maintained and available for review and audit

All medical record entries are legible, signed and dated

Medical records are never altered

Documentation supports and justifies billed services

PEER SUPPORT SERVICES AND MEDICAL NECESSITY

Peer support must be a component of the peer support recipient's individualized, person-centered, wellness plan, which serves as the plan of care

Peer support services delivered must be related to a goal or issue listed in the plan of care

COLLABORATIVE DOCUMENTATION

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

WHAT IS DOCUMENTATION?

For our purposes, documentation means putting in writing what peer support providers do during meetings with peer support recipients

Documentation is sometimes referred to as "progress notes" or "medical records"

Documentation should include what peer support service was provided, how the peer support service related to the recipient's goals, the recipient's progress towards their goals, and next steps.

PURPOSES OF DOCUMENTATION

To track progress against individual's goals

Quality assurance

Continuity of care

Protection from liability (for both peer support provider and employer)

Sometimes serves as evidence (audits, court subpoenas)

DOCUMENTATION AND PRIVACY

Documentation is not 100% confidential or private

- HIPAA allows disclosure of Protected Health Information (PHI) without authorization for "treatment, payment or health care operations."

DOCUMENTATION AND TENSION WITH PEER SUPPORT VALUES AND PRINCIPLES
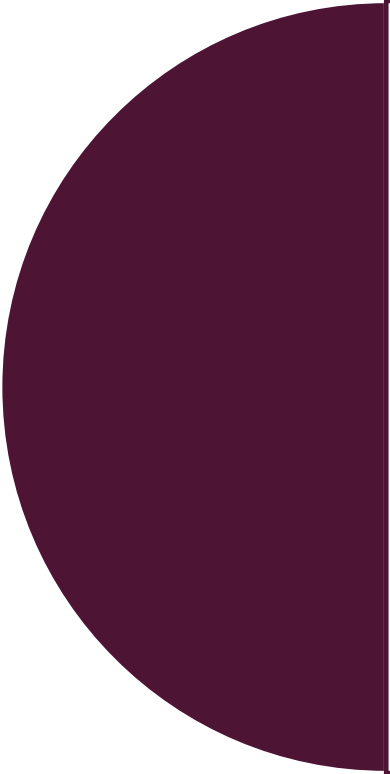
Inaccuracies in documentation can undermine trust in a peer support relationship

Documentation can be a form of surveillance

Documentation can invade privacy and lead to forced hospitalization, employment discrimination, child custody battles

Documentation may conflict with peer support values of confidentiality, self-determination, and mutuality

Collaborative documentation may minimize the conflict with peer support values and principles

WHAT IS COLLABORATIVE DOCUMENTATION?

Collaborative documentation is a person-centered approach in which the peer support provider works face-to-face with the peer support recipient to put into writing the support offered by the peer support provider, the purpose of the peer support service, the response of the individual to the peer support service, and the plan for next steps.

Both the peer support provider and the recipient of peer support services provide input and perspective on the services and progress towards goals.

In collaborative documentation, documentation is integrated into the peer support relationship.

DIFFERENCE BETWEEN CLINICAL DOCUMENTATION AND PEER SUPPORT DOCUMENTATION

Clinical Documentation

- Uses language of diagnoses, symptoms, medications, and compliance

- Focuses on symptom management

- Focuses on problems

- Includes provider's goals for patient

Peer Support Documentation

- Uses ordinary language of human experience

- Focuses on individual's aspirations and goals

- Focuses on individual's strengths

- Focuses on the individual (person-centered)

DIFFERENCE BETWEEN CLINICAL DOCUMENTATION AND PEER SUPPORT DOCUMENTATION: ADDITIONAL NOTES

Collaborative documentation is not unique to peer support providers. Some clinicians also use collaborative documentation. However, collaborative documentation by peer support providers differs from collaborative documentation used by clinicians.

- For example, peer support providers do not use the language of diagnoses, symptoms, medications and compliance. They do not focus on symptom management, problems or the provider's goals for the patient.

INFORMATION TO INCLUDE IN DOCUMENTATION

Information for Documentation

- Service start and end time
- Service date
- Peer support provider name, signature and credential
- Name of peer support recipient
- Setting or location where service was provided
- Title of the service or service billing code
- **Narrative summary** of the service provided
- Indication that documentation was collaboratively written

Narrative Summary Information

- Clear description of the peer support service provided
- Purpose of the peer support service provided
- Response of the peer support recipient to the service provided
- Plan for next steps

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

SETTING OR LOCATION

- It's important to note the location where the peer support provider services were delivered because not all locations are reimbursable. Your employer will let you know where services must be delivered for purposes of reimbursement. For example, under some circumstances, telephone meetings are not reimbursable.

TITLE OF THE SERVICE OR SERVICE BILLING CODE

- Your employer will also let you know how to complete the billing code or title of service information

NARRATIVE SUMMARY

- The narrative summary does not have to include everything that happened. It's a summary, not meeting notes. You want to include just enough information to justify the billing and to keep track of progress.

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

CLEAR DESCRIPTION OF THE PEER SUPPORT SERVICE PROVIDED

- Some examples of language that a peer support provider may use to describe peer support services provided include:
  - Demonstrated
  - Facilitated
  - Provided
  - Shared
  - Role played
  - Empathized

PURPOSE OF THE PEER SUPPORT SERVICE PROVIDED

- Explain how the peer support service provided relates to the individual's goals in their wellness plan (plan of care)

INFORMATION TO INCLUDE IN DOCUMENTATION (CONT'D)

RESPONSE OF THE PEER SUPPORT RECIPIENT TO THE SERVICE PROVIDED

- Language used to describe the recipient's response include:
  - Recipient said she felt more confident
  - Recipient said they were less nervous
  - Recipient said she no longer avoids going to the store
  - Recipient said she is getting along better with her treatment team

PLAN FOR NEXT STEPS

- Language used to describe the plan for next steps include:
  - Recipient plans to practice XXX
  - Recipient plans to talk to her psychiatrist about medication side-effects
  - Recipient plans to talk to two people at the next workshop and assess how the conversations went with her CPSP

WHERE TO BEGIN WITH COLLABORATIVE DOCUMENTATION

Explain to the peer support recipient what is collaborative documentation, why you are required to document, and the recipient's role

Review the peer support recipient's wellness plan (aka plan of care) to make sure you understand peer support recipient's goals for peer support

- Peer support services you document must relate to the recipient's goals listed in the wellness plan

Talk with the peer support recipient about what they want to write down

SAMPLE COLLABORATIVE DOCUMENTATION NOTE

Service Start and End Time	11 AM – 12 PM	Billing Code/Title of Service	H0038
Service Date	06/28/2022	Provider Name	Hokey Pokey
Recipient Name	Rosie Ring	Provider Credential	CPSP
Setting or Location	Office	Collaborative Documentation?	Yes
Narrative Summary			
Rosie wants her psychiatrist to take her medication side effects seriously. CPSP suggested preparing for next scheduled appointment. Rosie made a list of side effects, and Rosie and CPSP role played talking with psychiatrist at her next appointment. Afterwards, Rosie said she felt more confident and prepared for the appointment. Rosie will attend upcoming appointment with psychiatrist and will f/u with CPSP next week.			
Recipient Signature	/s/ Rosie Ring		
CPSP Signature	/s/ Hokey Pokey		

SAMPLE COLLABORATIVE DOCUMENTATION NOTE

The sample collaborative documentation note shows the minimal information required.

RECIPIENT'S GOAL

- Rosie wants her psychiatrist to take her medication side effects seriously.

PEER SUPPORT SERVICE PROVIDED

- CPSP suggested preparing for next scheduled meeting with psychiatrist. CPSP role played talking with psychiatrist at her next appointment.

RECIPIENT'S RESPONSE TO SERVICE PROVIDED

- Afterwards, Rosie said she felt more confident and prepared for the appointment.

NEXT STEPS

- Rosie will attend upcoming appointment with psychiatrist and will follow up with CPSP next week.

HOW TO EXPLAIN COLLABORATIVE DOCUMENTATION TO PEER SUPPORT RECIPIENT

It is important for peer support recipient to have sufficient information about collaborative documentation before agreeing to participate in collaborative documentation. The information should include the purpose, benefits, potential risks, and any available alternatives.

In some cases, the peer support recipient may be able to forgo documentation if they are paying out of pocket. This alternative is not available to a Medicaid beneficiary/recipient.

| Explain why documentation is required | → | Explain what is done with the documentation
 • Not 100% confidential | → | Explain what's needed in the documentation | → | Explain documentation cannot be altered after the fact | → | Explain documentation will be written jointly |
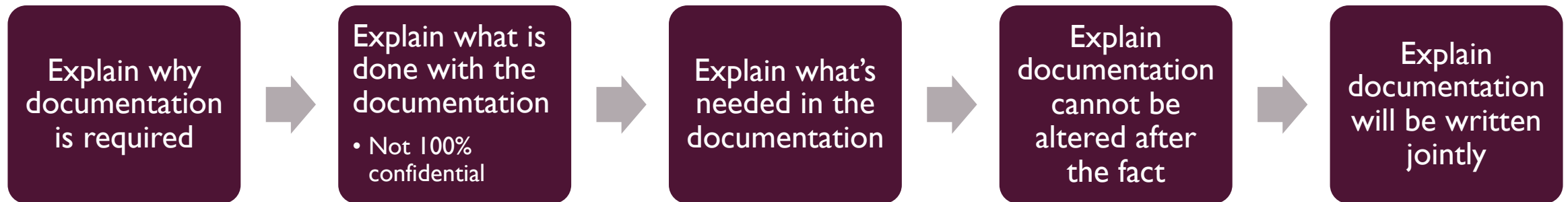
Consult Checklist

SUGGESTED PROMPTS FOR PEER SUPPORT RECIPIENTS

- What would you like to write down about the time we spent together today/over the last two weeks/this month?

- How would you sum up our time together today/over the last two weeks/this month?

- What do you think you've learned from our time together today/over the last two weeks/month?

- What would you like to work on in the coming week/two weeks/month?

EXERCISE: WRITE PROGRESS NOTE

- Find a partner to work with. Take turns being the certified peer support provider (CPSP) and the peer support recipient. When you are playing the role of the recipient, talk about a challenge you are facing or have faced. You may also make up a challenge. It doesn't have to be a major challenge, and you can choose what to talk about. When you are playing the role of the CPSP, your job is to offer peer support, explain collaborative documentation, and keep track of the of the conversation so you can document the session.

- You will have about 10 minutes in each role and 10 minutes to write the progress note using the template provided. The trainer will tell you when to change roles. Before you change roles, write the progress note using collaborative documentation.

ASSESSING EXERCISE: WRITE PROGRESS NOTE

- The trainer should ensure that the person playing the role of CPSP appropriately explains collaborative documentation before writing the note. The person playing the role of peer support recipient should be invited to offer feedback about the adequacy of the explanation.

- The trainer should ensure that the progress note includes the minimal required elements and provide feedback if the progress note includes extraneous information or otherwise inappropriate information.

COLLABORATIVE DOCUMENTATION TEMPLATE

Service Start and End Time		Billing Code/Title of Service	
Service Date		Provider Name	
Recipient Name		Provider Credential	
Setting or Location		Collaborative Documentation?	
Narrative Summary			
Recipient Signature			
CPSP Signature			

LEGAL ISSUES IN COLLABORATIVE DOCUMENTATION

Documentation may not be altered after-the-fact

Documentation may be edited; edits should be initialed by the peer support provider and recipient

Documentation must be truthful

Documentation should not be "cloned," meaning, you should not use identical or nearly identical documentation for different visits

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION

Issue	Scenario
Accuracy versus Comfort	Peer support recipient shares information during a meeting, which becomes the focus of the session, however, the recipient does not want to document the information because of its sensitive nature. Peer support provider is concerned that without the information, the services they provided will not be justified. What should peer support provider write down?
Autonomy versus Safety	Peer support recipient reveals self-harming intentions that would violate the recipient's Order of Non-Hospitalization (ONH). Peer support provider does not believe self-harm intentions are life-threatening. Nevertheless, documenting the intentions might cause the recipient to be forcibly hospitalized. The recipient shared the information in confidence. What should peer support provider write down?

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS

Issue	Key Takeaways
Accuracy versus Comfort	• Peer support provider should not worry about billing concerns or justifying the services • Peer support provider should try to collaborate on the note and write the required elements without the sensitive information • If questions about note arise, peer support provider can explain issue to supervisor and work later to resolve the issue
Autonomy versus Safety	• Peer support provider should never guarantee confidentiality in advance • Peer support provider has no legal duty to report self-harming intentions in the progress note • Peer support provider should focus on the the required elements (service provider, recipient's reaction, progress toward goal, next steps)

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION

Issue	Scenario
Dual Relationships	Peer support provider attended a party in the community that the peer support recipient also attended. Peer support provider witnessed peer support drinking alcohol and smoking marijuana. At their next meeting, peer support recipient suggests including in the documentation that she has been clean for six months with the help of the peer support provider. What should the peer support provider do?
Collaboration versus Time Constraints	Peer support recipient and peer support provider run out of time before documenting their meetings during the month. Peer support recipient tells peer support provider to write "whatever." What should the peer support provider do?

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS (CONT'D)

Issue	Key Takeaways
Dual Relationships	• It's not peer support provider's role to police recipient's behavior and ensure the truthfulness of recipient's disclosures • Peer support provider may choose to discuss what she witnessed at the party to the recipient but has no duty to do so and if the peer support provider discusses the information, peer support provider has no duty to include the information in the progress note • It's ethical to report peer support recipient's impressions of their progress even if in the peer support provider's opinion, they are not truthful • The peer support provider must be truthful in their own documentation

ETHICAL ISSUES IN COLLABORATIVE DOCUMENTATION: KEY TAKEAWAYS (CONT'D)

Issue	Key Takeaways
Collaboration versus Time Constraints	• Peer support provider cannot compel recipient to engage in collaborative documentation • Peer support provider may complete the progress note without the recipient's collaboration but should clearly indicate that the progress note is not the result of collaborative documentation • Peer support provider may need to work on managing time to better integrate collaborative documentation into the peer support relationship

RESOLVING ETHICAL ISSUES

What does the law say about the issue or situation

What does the Code of Ethics say about the issue or situation

What do your employer's policies, practices, and customs say about the issue or situation

What do your own values or personal boundaries say about the issue or situation

How will the peer support recipient be impacted (harmed or helped) by the issue or situation

What peer support values or principles are advanced or impeded by the issue or situation

RESOLVING ETHICAL ISSUES: OTHER ISSUES

Peer support providers should keep a personal, written record of their decisions and why they made them

- This can be useful if the decision is questioned

The written notes should be treated as private and confidential

RESOURCES AND MATERIALS

MEDICAID/INSURANCE-RELATED REQUIREMENTS AND COLLABORATIVE DOCUMENTATION

RESOURCES AND MATERIALS

- Medicaid-Medicare Basics

- Collaborative Documentation Template

- Collaborative Documentation Checklist

- Centre of Innovation in Peer Support (2018). Peer support worker documentation guidelines. Retrieved June 20, 2023 from https://supporthouse.ca/wp-content/uploads/2021/05/Peer-Support-Worker-Documentation-Guidelines-Version-1.0-1.pdf

- Scott, A., & Doughty, C. (2012). "Confronted with paperwork": Information and documentation in peer support. Journal of Mental Health, 21 (2), pp. 154-164. https://www.tandfonline.com/doi/full/10.3109/09638237.2011.638002

ACRONYMS

ACRONYM/ABBREVIATION	LONG VERSION
CPSP	Certified Peer Support Provider
F/U	Follow-up
HIPAA	Health Insurance Portability and Accountability Act of 1996
PHI	Protected Health Information

GLOSSARY

Term	Definition
COBRA	COBRA stands for the Consolidated Omnibus Budget Reconciliation Act of 1985, federal legislation that allows you – if you work for an employer group of 20 or more employees – to continue to purchase your group health insurance coverage for up to 18 months if you lose your job or your employer-sponsored coverage otherwise ends.
HIPPA	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.
Liability Insurance	Liability insurance coverage is an insurance product that provides protection against claims resulting from injuries and damage to other people or property. Typical liability coverage is auto insurance which provides medical payments for some injuries arising out of car accidents.

GLOSSARY

Term	Definition
Person-centered	Person-centered" means that services are specifically tailored to the unique needs, preferences, and values of the individual. Person-centered means individuals have a say in their treatment decisions and that their personal goals are central. It is about treating people with dignity, respect and ensuring they are actively involved in their own care and service planning.
Protected health information	Protected health information (PHI), also referred to as personal health information, is the demographic information, medical histories, test and laboratory results, mental health conditions, insurance information and other data that a healthcare professional collects to identify an individual and determine appropriate care. HIPAA defines PHI as data that relates to the past, present or future health of an individual; the provision of healthcare to an individual; or the payment for the provision of healthcare to an individual.

GLOSSARY

Term	Definition
TRICARE	TRICARE is the uniformed services health care program for active-duty service members (ADSMs), active-duty family members (ADFMs), National Guard and Reserve members and their family members, retirees and retiree family members, survivors, and certain former spouses worldwide.
Workers' compensation	Workers' compensation, commonly referred to as "workers' comp," is a government-mandated program that provides benefits to workers who become injured or ill on the job or as a result of the job. It is effectively a disability insurance program for workers, providing cash benefits, healthcare benefits, or both to workers who suffer injury or illness as a direct result of their jobs. In the United States, workers' compensation is handled primarily by the individual states. The required benefits vary greatly state by state. Texas is the only state that does not require employers to maintain workers' compensation insurance.

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

VERMONT STATE-SPECIFIC CURRICULUM

OVERVIEW OF VERMONT-SPECIFIC CURRICULUM

Code of Ethics, including privacy

Links to Resources, services and supports, including Vermont mental health system of care

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Change Facilitation

APPLICABLE CORE COMPETENCY

Number	Core Competency
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.

LEARNING OBJECTIVES

To develop prospective peer support provider's understanding of the Vermont mental health system and its structure, functions, and processes.

To increase prospective peer support provider's knowledge of resources, services, and supports available within and outside the mental health system.

To equip prospective peer support providers with the skills and strategies to navigate the mental health system and effectively link individuals to appropriate resources.

LEARNING OUTCOMES

Prospective peer support providers will demonstrate understanding of the structure, function and processes of the Vermont mental health system of care.

Prospective peer support providers will identify resources, services, and supports available within and outside the Vermont mental health system.

Prospective peer support providers will develop strategies and skills to navigate the Vermont mental health system and community and link individuals to appropriate resources.

SEQUENCE

IPS, WRAP, When Conversations Turn to Suicide, and Hearing Voices

↓

Code of Ethics

↓

Medicaid/Insurance Related Requirements and Collaborative Documentation

↓

Links to Resources, Services, and Supports, including Vermont Mental Health System

↓

Change Facilitation

SCOPE

Most of the time should be spent increasing participants' knowledge of the Vermont mental health system for both children and adults.

- The goal is not to make participants experts in the Vermont mental health system.
- The goal is to familiarize participants to the general structure of the system, what it offers, and how to access the system.

Participants should also be directed to explore 2-1-1.org to understand the programs and services available in Vermont.

Participants will also be provided an e-handbook that describes the Vermont mental health system and links to resources, services and supports.

INSTRUCTIONAL STRATEGIES

Lecture and presentation to introduce and explain the structure, function and processes of the Vermont mental health system for adults and children

Lecture and demonstration of Vermont211.org to introduce and explain how to locate and navigate resources, services and supports

Self-study and practice to develop skills in identifying resources, service, and supports

DIFFERENTIATION AND ADAPTATION

Because of time constraints, opportunities to differentiate and adapt the curriculum for different learning styles will be limited

After grading quiz, determine if individual students might benefit from more individual instruction and support

Allow students to complete self-study assignment in small groups

ASSESSMENTS

Passing grade on quiz

- Quiz

Demonstrated competence on self-study exercise

- Self-study exercise

TIMEFRAME AND SCHEDULE

Introduction to Vermont Mental Health System

Adult System of Care

Children's System of Care

Links to Other Resources, Services and Supports

MODULE CONTENTS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

VERMONT DEPARTMENT OF MENTAL HEALTH

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

AGENCY OF HUMAN SERVICES (AHS)

Agency of Human Services Central Office (CO)

- Department of Mental Health (DMH)
- Department of Disabilities, Aging & Independent Living (DAIL)
- Department of Corrections (DOC)
- Department of Health (VDH)
- Department of Vermont Health Access (DVHA)
- Department of Children and Families (DCF)
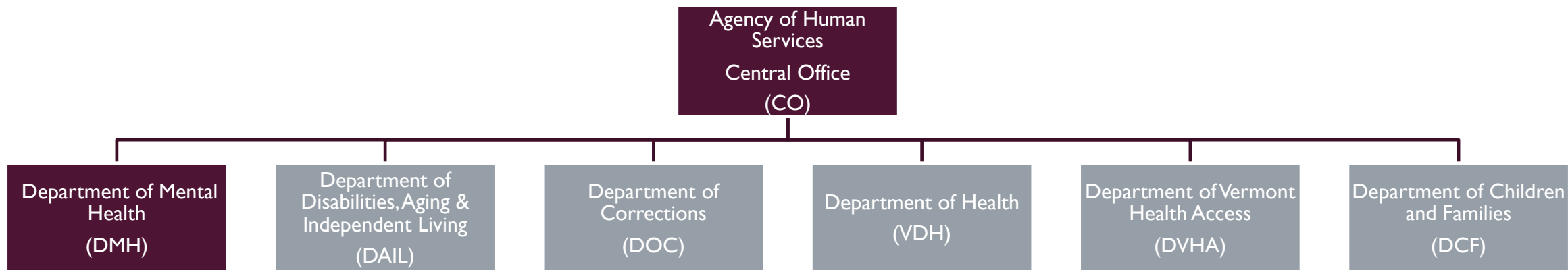
FY 2024 AHS BUDGET, AS PASSED
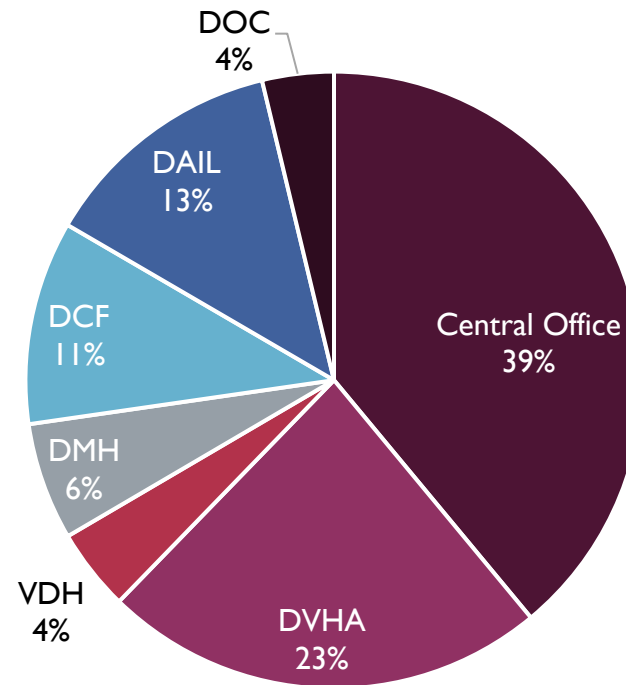
Total FY24 AHS Budget
$5,045,704,753

Pie chart:
- Central Office 39%
- DVHA 23%
- VDH 4%
- DMH 6%
- DCF 11%
- DAIL 13%
- DOC 4%

DEPARTMENT OF MENTAL HEALTH OVERVIEW
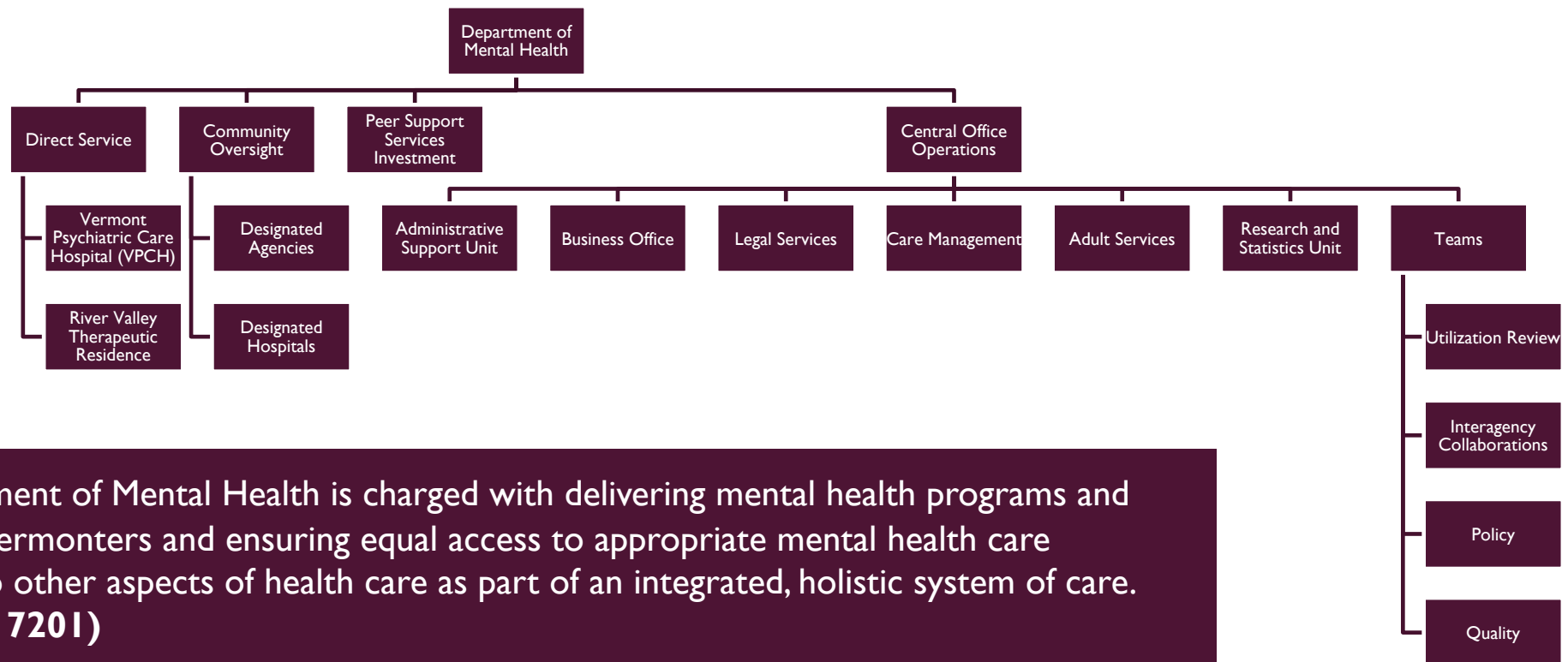
The Department of Mental Health is charged with delivering mental health programs and services to Vermonters and ensuring equal access to appropriate mental health care equivalent to other aspects of health care as part of an integrated, holistic system of care. **(18 V.S.A. § 7201)**

FY2024 DMH BUDGET SOURCES, AS PASSED

$310,613,893

General Fund, $24,978,296

Special Funds, $1,708,155

Interdepartmental Transfer, $14,140

Federal Funds, $10,944,099

Medicaid Investment - Global Commitment, $48,380,646

Medicaid Program - Global Commitment, $224,588,557
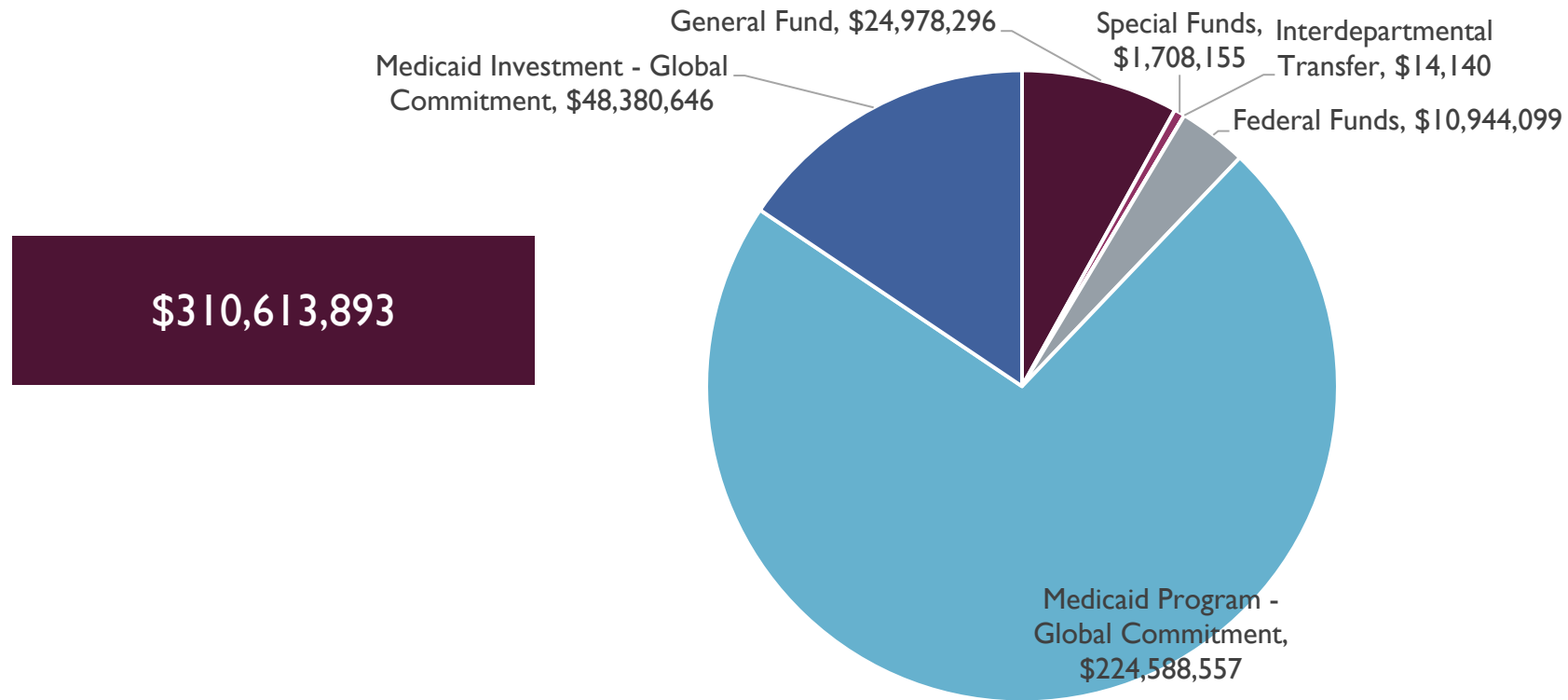
FY24 DMH BUDGET EXPENSES, AS PASSED
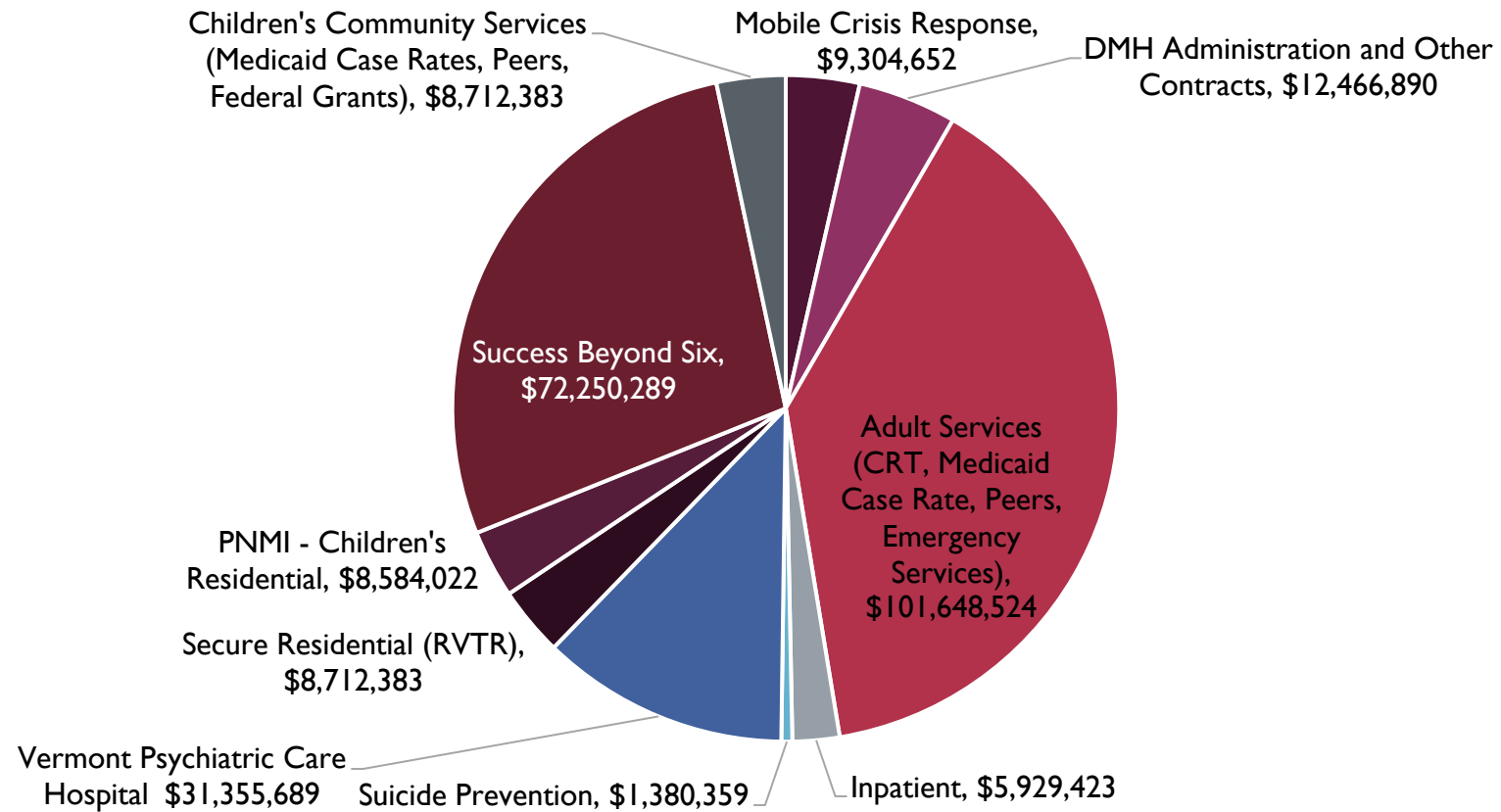
Children's Community Services (Medicaid Case Rates, Peers, Federal Grants), $8,712,383

Mobile Crisis Response, $9,304,652

DMH Administration and Other Contracts, $12,466,890

Success Beyond Six, $72,250,289

Adult Services (CRT, Medicaid Case Rate, Peers, Emergency Services), $101,648,524

PNMI - Children's Residential, $8,584,022

Secure Residential (RVTR), $8,712,383

Vermont Psychiatric Care Hospital $31,355,689

Suicide Prevention, $1,380,359

Inpatient, $5,929,423

VERMONT MENTAL HEALTH SYSTEM OF CARE

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

NOTE TO TRAINER

Participants should understand the structure of the Vermont mental health system.

- It is based on levels of care from least restrictive to most restrictive
- By law, individuals must be treated in the least restrictive environment based on their needs

Trainers should ensure that participants see the relationship between the next two slides: Levels of Care and Vermont Mental Health System

- The Vermont Mental Health System slide is organized by levels of care
- The Vermont Mental Health System slide also indicates who provides services: peer run, DMH, designated and specialized agencies, and private providers

LEVELS OF CARE
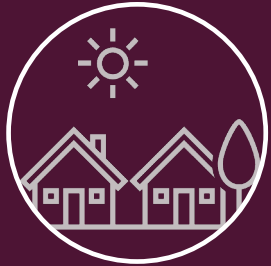
Community Resources

Crisis Supports

Intensive Residential Treatment

Secure Residential

Inpatient Psychiatric Hospitalization

LEAST RESTRICTIVE ← → MOST RESTRICTIVE

VERMONT MENTAL HEALTH SYSTEM

COMMUNITY MENTAL HEALTH

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

OVERVIEW OF COMMUNITY MENTAL HEALTH PROVIDERS

Public

- Designated Agencies (DAs)
- Specialized Service Agencies (SSAs)

Private

- Social workers
- Physicians/Psychiatrists
- Psychologists
- Mental health counselors
- Alcohol and drug counselors

Peer-Run

- Another Way Community Center
- Pathways Community Center
- Vermont Psychiatric Survivors
- Alyssum Peer Respite

DESCRIPTION OF PROVIDERS

Designated Agency (DA)

- Private, non-profit organization appointed by DMH in each geographic region of the state to provide mental health programs for adults and children
- Designated agencies also provide substance use, and intellectual and developmental disability services and support
- There are 10 designated agencies in the Vermont

Specialized Service Agency (SSA)

- Private, non-profit organizations appointed by DMH to provide unique programs that offer a distinctive approach to service delivery and coordination or provide services that meet distinctive, individual needs
- May operate in more than one geographic area of state
- There are two specialized service agencies in Vermont

Peer-run organization

- Organizations operated by people with lived experience of trauma, mental health condition, and/or substance use challenge that offer alternatives to the traditional mental health system

SPECIALIZED SERVICE AGENCIES (SSAs)

Northeastern Family Institute

Private, non-profit serving individuals, youth, and their families "coping with the challenges of severe trauma, emotional disturbances and/or intense dysregulation across setting"

- Operates five, trauma-informed community based/day treatment schools in Chittenden County and Northeast Kingdom
- Operates five residential programs throughout Vermont for individuals 10 to 22 years old with mental health and behavioral challenges

Referral is through the Department of Mental Health or the Department for Children and Families

Pathways Vermont

Private, non-profit whose mission is to end homelessness in Vermont and provide innovative mental health alternatives

Pathways Vermont operates Housing First

- Housing First is a homeless assistance approach that prioritizes providing permanent housing to people experiencing homelessness
- Housing First does not require people experiencing homelessness to address all their problems including substance use or mental health problems, or to graduate through a series of services programs before they can access housing.

Referral is through Vermont's system of Coordinated Entry

PEER-RUN COMMUNITY MENTAL HEALTH RESOURCES

County	Name	Description
Chittenden	Pathways Community Center	Pathways Community Center is a drop-in community center located in Burlington's Old North End.
Rutland	Vermont Psychiatric Survivors (VPS)	VPS offers mutual support, publishes a quarterly newspaper that is distributed throughout Vermont, offers patient representation in Vermont psychiatric hospitals and residential facilities, and sponsors peer-led support groups
Washington	Another Way Community Center	Another Way is a drop-in community center located in Montpelier, VT.
Windsor	Alyssum Peer Respite	Located in Rochester, Vermont, Alyssum is a two-bed peer respite in a home-like setting for adults 18 and up. Alyssum accepts self-referrals. Visit Alyssum for specific eligibility criteria.

DESIGNATED AGENCIES: NOTE TO TRAINER

Designated agencies offer similar services but not identical services. In addition, eligibility for certain services will vary by agency.

Participants should understand that each designated agency operates in a specific region. Most operate in one county. The exceptions are NCSS, NKHS, and HCRS.

COUNTY	DESIGNATED AGENCY (DA)
Addison	Counseling Services of Addison County (CSAC)
Bennington	United Counseling Services (USC)
Caledonia	Northeast Kingdom Human Services (NKHS)
Chittenden	Howard Center (HC)
Essex	Northeast Kingdom Human Services (NKHS)
Franklin	Northwestern Counseling and Support Services, Inc. (NCSS)
Grand Isle	Northwestern Counseling and Support Services, Inc. (NCSS)
Lamoille	Lamoille County Mental Health (LCMH)
Orange	Clara Martin Center (CMC)
Orleans	Northeast Kingdom Health Services (NKHS)
Rutland	Rutland Mental Health Services (RMHS)
Washington	Washington County Mental Health (WCMH)
Windham	Health Care Rehabilitation Services of Southeastern Vermont (HCRS)
Windsor	Health Care Rehabilitation Services of Southeastern Vermont (HCRS)
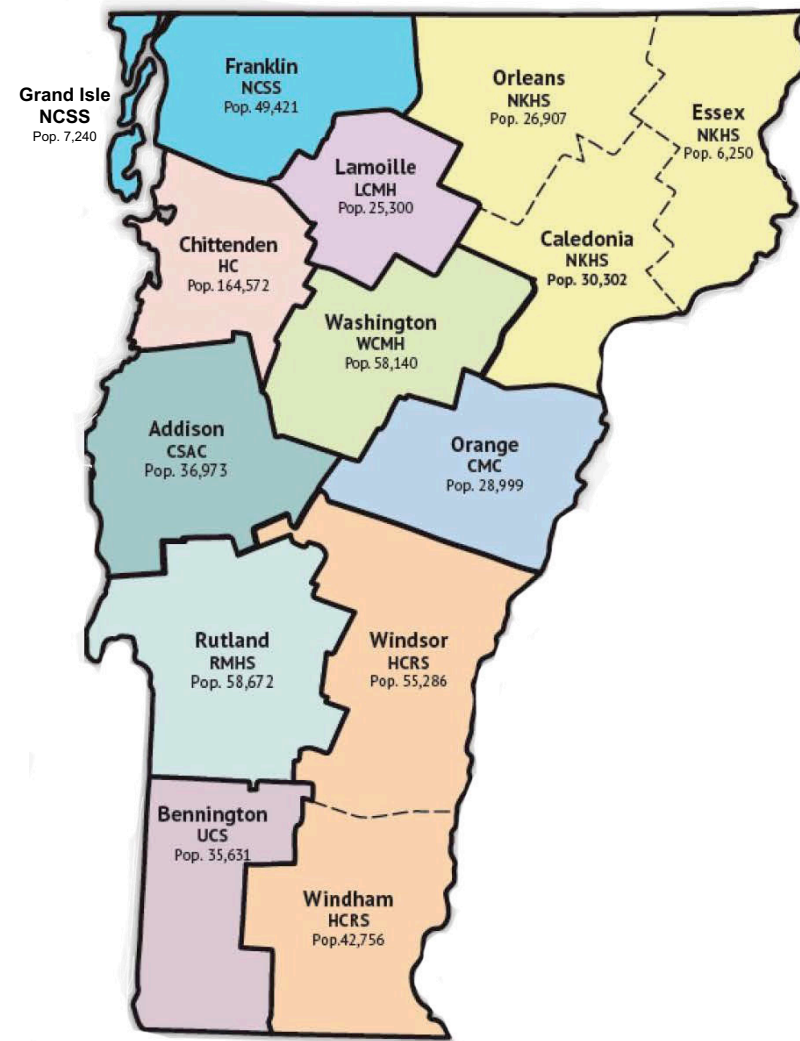
ADULT COMMUNITY MENTAL HEALTH PROGRAMS VS. SERVICES

Community Mental Health Programs

- Adult Outpatient
- Community Rehabilitation and Treatment (CRT)

Community Mental Health Services

- Clinical assessment
- Service planning and coordination
- Medication and medical consultation
- Individual, family and group therapy
- Community supports
- Employment Services
- Housing and home supports
- Group residential living
- Peer support

COMMUNITY REHABILITATION AND TREATMENT PROGRAM (CRT)

Each designated agency has a CRT program; may also be called "Community Support Program" or CSP

CRT programs serve eligible individuals with diagnoses such as schizophrenia, bipolar disorder, and major depression

CRT programs include an array of services, that may vary by designated agency

Eligibility criteria includes the existence of a qualifying diagnosis, a treatment history indicating a need for more intensive services, and "severe functional impairment"

SERVICES FOR ADULTS, BY PROGRAM

Adult Outpatient Services

- Clinical assessment

- Service planning and coordination

- Community supports

- Individual, family and group therapy

- Medication and medical consultation, and Consultation with Primary Care

- Emergency Care and Crisis Stabilization

- Psychoeducation/Recovery Education

Community Rehabilitation and Treatment Services

- Adult Outpatient Services

- Treatment team of providers, which may include a therapist, case manager, psychiatrist, nurse, and supported employment specialist

- Supported Employment

- Day Recovery/Psychoeducation/Recovery Education

- Housing and Home Supports

ADULT MENTAL HEALTH PROGRAM: NOTE TO TRAINER

The Adult Outpatient Program (AOP) serves adults experiencing mental health challenges. The array of services available for people in the AOP program vary by DA.

The next 10 slides provide more information about what each service entails. The slides are provided should participants have questions about what a particular service available at a designated agency entails.

CLINICAL ASSESSMENT

Evaluation of an individual's goals and mental health concerns

- Includes an evaluation of impact of mental health condition on day-to-day life and strengths and barriers that will impact success with meeting treatment goals

Clinical assessment informs the development of an individualized plan for treatment

SERVICE PLANNING AND COORDINATION

Assistance with accessing and organizing services identified in the individual plan for treatment

- Services may include discharge planning and transitions to other programs

Tracking progress towards meeting treatment goals and updating individual plan for treatment accordingly

MEDICAL CONSULTATION AND MEDICATION

Where appropriate, individual consultation with a physician or nurse practitioner about the use of medication

- Includes prescribing, ongoing monitoring of the effects of medication and coordination with primary care providers, as necessary

May also include support with Tobacco Cessation and other substance use treatment

COMMUNITY SUPPORTS AND EMPLOYMENT SERVICES

Services designed to develop or advance skills and social supports that promote mental and physical wellness

Services may include:

- Assistance with improving self-sufficiency in daily living skills
- Supportive counseling
- Support with participating in community activities and communicating with important supports in meeting treatment goals

Services may be provided individually and/or in a group setting

Supported employment is a service that helps people find and maintain meaningful jobs in the community

INDIVIDUAL, FAMILY AND GROUP THERAPY

Individual therapy uses the interaction between a therapist and the person to identify and alleviate distress, helping to develop strategies that promote mental wellness

Family therapy uses the interactions that involve the therapist, an individual and family members to identify and alleviate distress, helping to develop strategies that promote mental wellness

Group therapy uses interactions that involve the therapist, the individual and other individual served in the program to identify and alleviate distress, helping to develop strategies that promote mental wellness

EMERGENCY CARE AND STABILIZATION

Working with individuals to anticipate emergency and crisis situations and support them through such situations

DAY RECOVERY/PSYCHOEDUCATION/RECOVERY EDUCATION

Group recovery activities with other CRT participants to promote wellness, empowerment, sense of community, personal responsibility, self-esteem, and hope

Activities are intended to provide socialization, daily skills development, crisis support, and promotion of self-sufficiency and advocacy

HOUSING AND HOME SUPPORTS

Services designed to help people live successfully in the community

Services may include:

- Outreach services to individuals in their own homes
- Supervised/supported living
- Staffed living residences for one or two people
- Group treatment residences serving three or more people
- Unlicensed home providers (individualized shared-living arrangements offered within a person's home)

GROUP RESIDENTIAL HOMES

Living arrangements for three or more people, owned and/or staffed full-time by employees of a provider agency

- Intended to provide individualized, recovery-oriented treatment plan services in either transitional or longer-term residential rehabilitation settings

Group homes are licensed as residential treatment programs

- Residents are afforded resident rights and protections before transitioning to more independent living arrangements as outlined in their treatment plans

SHELTER & CARE VOUCHERS

DMH administers housing programs for Vermonters with mental health diagnoses who are at risk for or experiencing homelessness

- Housing voucher program (Housing Subsidy & Care)
- Rental assistance
- PATH, a federally funded program to provide outreach and engagement of homeless individuals with diagnoses of schizophrenia, bipolar disorder, and major depression

ACCESS TO COMMUNITY MENTAL HEALTH RESOURCES

Contact Designated Agency
- Contact the designated agency in your local area

Request Intake Assessment
- Intake assessments are performed by intake coordinators at each designated agency
- Eligibility criteria and available services vary by designated agency

Intake Coordinator Assigned
- Intake coordinators help determine what programs and services would be helpful and how to apply for those services

Intake Coordinator Schedules Meeting
- A meeting is scheduled to compete the assessment
- Meetings are usually scheduled within 15 days of your first call

CRISIS SUPPORTS & RESPONSE

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

OVERVIEW OF CRISIS SERVICES

Crisis services are time-limited, intensive supports provided for individuals and families who are currently experiencing or may be expected to experience a psychological, behavior, or emotional crisis.

Crisis services are available 24 hours a day, seven days a week.

TYPES OF CRISIS SUPPORTS & RESPONSE

Crisis Assessment, Support & Referral

Mobile response support services

Adult Crisis Beds

988 Crisis Lifeline Centers

Call |Chat| Text

Peer-Run
- Alyssum Peer Respite
- Pathways Support Line

CRISIS ASSESSMENT, SUPPORT & REFERRAL

Crisis assessment, support and referral includes initial information gathering, triage, training and early intervention, supportive counseling, consultation, referral, and crisis planning

Supports may include:

- Outreach and stabilization
- Clinical Diagnosis and Evaluation
- Treatment and Direct Support
- Integration/Discharge Planning to provide services in the person's home or an alternative setting.

Assessment may also include screening for inpatient psychiatric admission.

DESIGNATED AGENCY CRISIS CONTACTS

Crisis services can be accessed through the designated agency in the individual's region

- List of Contact Names and Numbers

MOBILE RESPONSE SUPPORT SERVICES

Service will be available statewide, serve individuals of all ages experiencing a mental health or substance use crisis

- Service will be 24/7/365

Services will be delivered by a multi-disciplinary team comprised of a mental health professional and a certified peer support provider

- Mobile services must respond to individuals in a community setting

ADULT CRISIS BEDS

Adult crisis beds offer emergency, short-term mental health supports around the clock in a setting other than the person's home

There are adult crisis beds in every county except Essex, Orleans, Grand Isle, and Windham

Referrals to adult crisis beds are typically through the designated agencies

988 CRISIS LIFELINE CENTERS

9-8-8 is the Suicide and Crisis Lifeline for anyone experiencing mental health related distress

- People can call or text 9-8-8 or chat 988lifeline.org

9-8-8 offers 24/7 access to trained crisis counselors

- System is designed to provide resources for individuals experiencing mental health challenges

Counselors may involve law enforcement if they perceive an individual is at risk of death

PEER-RUN CRISIS SUPPORT

Alyssum Peer Respite

Two-bed respite in a home-like setting in Rochester, Vermont, staffed by individuals with lived experience of trauma, mental health and/or substance use challenges

Serves adults (18 years old and up) on a voluntary basis, only

- No medical staff on the premises

Guests must meet intake criteria

- Guests come from nearly every Vermont county

Pathways Support Line

Available 24/7 for Vermonters at least 18 years old

- Staffed by folks with lived experience of trauma, mental health, substance use challenges

Call or text

- (833) VT-TALKS or 833-888-2557

INTENSIVE RESIDENTIAL & TREATMENT PROGRAMS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

OVERVIEW OF INTENSIVE RESIDENTIAL RECOVERY PROGRAMS

Intensive Residential Recovery (IRR) programs offer an array of therapeutic and recovery-oriented services within a residential setting

All IRR programs are "staff secure," meaning on-site staffing is available to provide oversight

IRR programs are short-term/transitional

- Assistance with establishing more permanent housing, or housing in a less intensive residential program, is included in all resident's program plans

INTENSIVE RECOVERY RESIDENTIAL PROGRAMS

COUNTY	PROGRAM	CONTACT
Chittenden	Second Spring North Westford	(802) 899-1328
Windham	Meadowview Recovery Residence Brattleboro	Meadowview Program Director (802) 275-4971
Windham	Hilltop Recovery Residence Westminster	Residential Services Program Director (802) 732-8343
Orange	Second Spring South Williamstown	(802) 231-4016

PEER-RUN INTENSIVE RECOVERY RESIDENTIAL PROGRAM

Soteria House is a 5-bed, Therapeutic Community Residence for the prevention of hospitalization for individuals experiencing a distressing extreme state, commonly referred to as psychosis.

- Operated by Pathways Vermont
- Located in Burlington (Chittenden County)

Soteria House offers an alternative approach to the experience of psychosis by providing person-centered adaptive care. Soteria has on-site psychiatry, but treats psychiatric medication as a personal choice and offers alternative modalities, including dream-work, breathwork, herbalism, and meditation.

Apply online or by telephone at (888) 492-8218 ext 140

SECURE RESIDENTIAL

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

RIVER VALLEY THERAPEUTIC RESIDENCE (RVTR)

River Valley Therapeutic Residence is a 16-bed, locked residential facility located in Essex

RVTR serves adults transitioning from a Level 1 psychiatric hospital setting or from the Department of Corrections

- RVTR supports individuals who are not deemed ready for discharge into the community but who are no longer considered in need of acute inpatient psychiatric care

INPATIENT HOSPITALIZATION

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

PURPOSE OF INPATIENT HOSPITALIZATION

Inpatient psychiatric hospitalization is to provide stabilization for individuals experiencing an acute psychiatric crisis

Inpatient hospitalization is only appropriate if no other lower level of care would be safe or appropriate to meet individual's needs

- Accreditation by CMS and The Joint Commission as well as the law all require that individuals be served in the least restrictive level of care at all times

Focus of inpatient psychiatric hospitalization is medication management, connecting individuals with services, and developing adequate discharge plans

ACCESS TO INPATIENT HOSPITALIZATION

Most voluntary patients are admitted from hospital emergency departments or through designated agencies

Involuntary patients are admitted based on a court order or legal process

VERMONT HOSPITALS

📍 Designated Psychiatric Hospital

⭕ Hospital Emergency Departments

North Country Hospital & Health Center, Inc. ⭕

Northwestern Medical Center, Inc. ⭕

Copley Hospital, Inc. ⭕

Northeastern Vermont Regional Hospital ⭕

University of Vermont Medical Center 📍

Vermont Psychiatric Care Hospital 📍

Central Vermont Medical Center 📍

Porter Medical Center, Inc. ⭕

Gifford Medical Center ⭕

VA Hospital 📍

Rutland Regional Medical Center 📍

Mt. Ascutney Hospital & Health Center ⭕

Windham Center 📍

Cottage Hospital ⭕

Brattleboro Memorial Hospital ⭕

Southwestern Vermont Medical Center ⭕

Brattleboro Retreat 📍

PSYCHIATRIC HOSPITALS

	Level 1	Adults	Children	Voluntary	Involuntary	Veterans Only
Brattleboro Retreat	X	X	X	X	X	
CVMC		X		X	X	
RRMC	X	X		X	X	
UVMMC		X		X	X	
VA Hospital				X	X	X
VPCH		X			X	
Windham Center		X		X	X	

PROGRAMS IN PROGRESS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

ADULT PROGRAMS/SERVICES IN THE PIPELINE

Community Mental Health	Crisis Supports & Response	Intensive Residential & Treatment Programs	Secure Residential	Inpatient Hospitalization
• None	• Mobile Crisis Response • Living Room Model programs • Northeast Kingdom Urgent Care Center	• None	• None	• None

CHILDREN'S MENTAL HEALTH SYSTEM OF CARE

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

ABOUT VERMONT CHILDREN'S MENTAL HEALTH SYSTEM

Serves children 0 to 22 years of age

All Designated Agencies and the Specialized Service Agency, NFI, provide mental health services to children

Services may span several agencies and departments, including DMH, DCF, AOE, DAIL, VDH, and DVHA

VERMONT MENTAL HEALTH SYSTEM
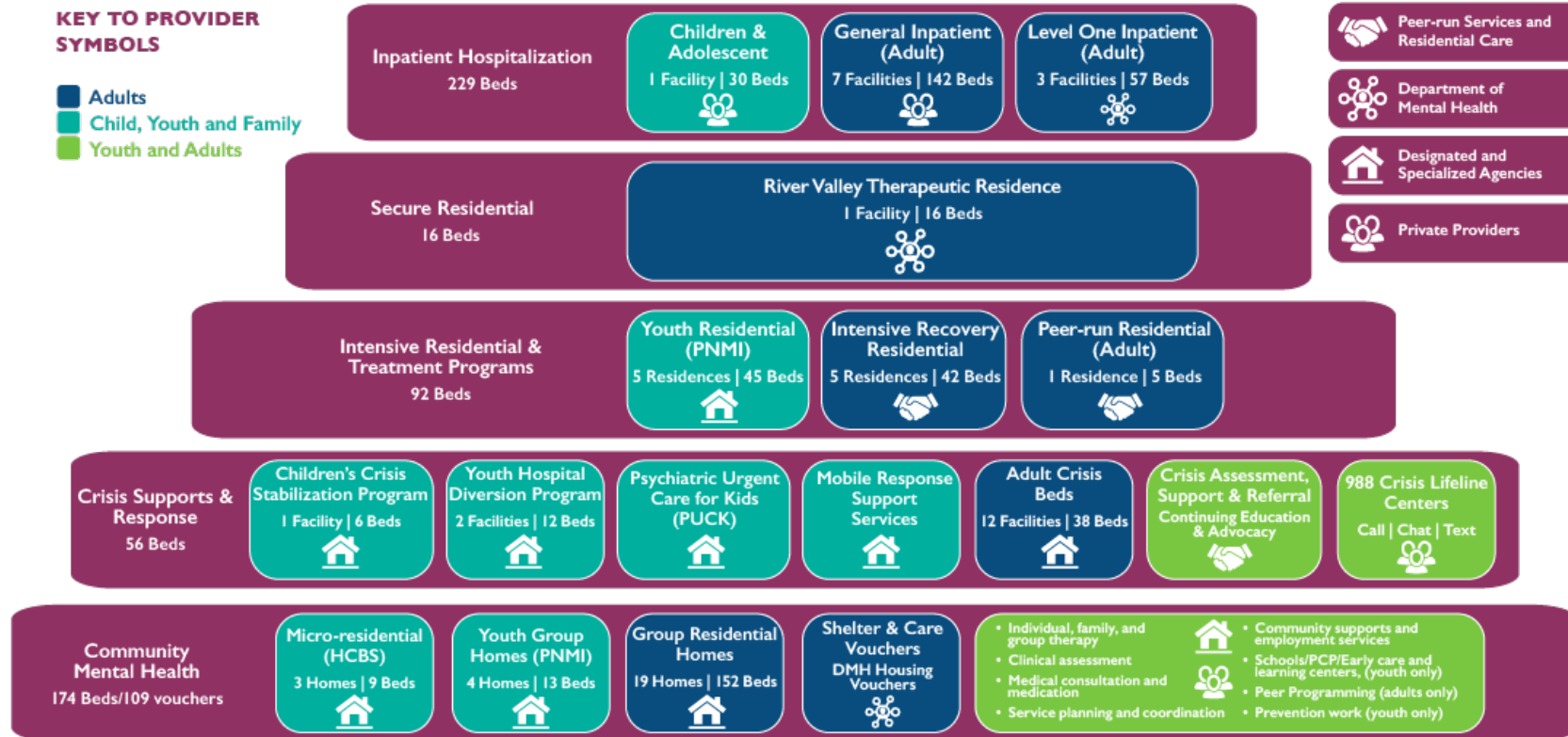
CHILDREN MENTAL HEALTH SYSTEM OF CARE

Community Mental Health	Crisis Supports & Response	Intensive Residential & Treatment Programs	Secure Residential	Inpatient Hospitalization
• Micro-residential (HCBS) • Youth Group Homes (PNMI) • Schools/PCP/Early care and learning centers • Prevention work	• Children's Crisis Stabilization Program • Youth Hospital Diversion Program • Psychiatric Urgent Care for Kids (PUCK) • Mobile Response Support Services	• Youth Residential (PNMI)	• None	• Brattleboro Retreat

VERMONT PUBLIC MENTAL HEALTH SERVICE ARRAY FOR CHILDREN, YOUTH & FAMILIES

Clinical assessment, therapies and psychiatric services

Specialized Rehabilitation
- Service planning and coordination
- Community supports
- Skill development

Crisis services and supports

Respite

Intensive Home & Community Based Services (HCBS) aka Wraparound

School-based mental health

Supported Employment (JOBS: Jump on Board for Success)

Crisis stabilization and inpatient programs

Out-of-home treatment (therapeutic foster care, residential assessment/treatment)

ACCESS TO CHILDREN'S RESIDENTIAL AND CRISIS BEDS

	Screeners	DA	DMH	DAIL	DCF	SSA
Crisis/Hospital Diversion • Crisis stabilization for 7 – 10 days • Jarrett House (HC) [ages 6 – 12] • NFI HDP [ages 11 – 17]	X					
Psychiatric Urgent Care for Kids (PUCK) • HCRS (Brattleboro) • UCS (Bennington) • LCMH (Morrisville)	X					
Residential Programs		X	X	X	X	
Micro-residential Programs		X	X		X	
Therapeutic Foster Care		X			X	X

COORDINATED SERVICES PLAN (CSP)

A Coordinated Services Plan is a written plan developed by a team for a child/youth who requires services from more than one agency.

- The CSP process entitles families to the coordination of services.
- CSP does not guarantee entitlement to specific services.
- Approval for specific services and/or placements is the responsibility of the involved agency or agencies.

Team includes representatives of education, the appropriate departments of the Agency of Human Services, the parents or guardians, and natural supports connected to the family.

The Coordinated Services plan includes the Individual Education Plans (IEP) as well as human services treatment plans or individual plans of support and is intended to be organized to ensure that all components are working towards compatible goals, progress is monitored, and resources are used effectively.

ELIGIBILITY FOR COORDINATION OF SERVICES

Children and adolescents aged 0 to 22 who:

- meet the definition of "serious emotional disturbance" in Act 264 and/or
- are eligible for special education and are eligible to receive disability-related services covered by at least one AHS department

"SERIOUS EMOTIONAL DISTURBANCE" MEANS A CHILD OR ADOLESCENT WHO:

Exhibits a behavioral, emotional, or social impairment that disrupts his or her academic or developmental progress or family or interpersonal relationships

Has impaired functioning that has continued for at least one year or has an impairment of short duration and high severity

Is under 18 years of age, or is under 22 years of age and eligible for special education under state or federal law; and

Falls into one or more of the following categories, whether or not he or she is diagnosed with other serious disorders such as mental retardation, severe neurological dysfunction or sensory impairments

- exhibits seriously impaired contact with reality and severely impaired social, academic and self-care functioning whose thinking is frequently confused, whose behavior may be grossly inappropriate and bizarre and whose emotional reactions are frequently inappropriate to the situation.
- classified as management or conduct disordered because they manifest long-term behavior problems including developmentally inappropriate inattention, hyperactivity, impulsiveness, aggressiveness, anti-social acts, refusal to accept limits, suicidal behavior or substance abuse.
- suffer serious discomfort from anxiety, depression, irrational fears and concerns whose symptoms may be exhibited as serious eating and sleeping disturbances, extreme sadness of suicidal proportion, maladaptive dependence on parents, persistent refusal to attend school or avoidance of non-familial social contact.

INITIATING COORDINATED SERVICES PLAN (CSP) MEETING

CSP helpful for unresolved complex issues or for additional support to address unmet needs.

Parent Requests CSP in Writing
- Request can be made to School, Community Support Provider or Local DA
- Parent signs consent forms and complete forms

Parent Connects with LIT Parent Rep
- Local Interagency Team Parent Representative can help prepare for meeting

Parent Chooses Meeting Facilitator
- Facilitators can be someone from school or mental health provider

Parent Attends Meeting
- Parent/Guardian must be present
- Parent can invite anyone to attend
- Children may attend
- Administrative representative from school and mental health required to attends

Parent Attends F/U Meeting
- During CSP meeting, team should agree to follow up approximately 30 days later to allow team to check in on progress

GRIEVANCES AND APPEALS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

GRIEVANCES AND APPEALS

Individuals receiving services at designated agencies and hospitals may file grievances if dissatisfied or appeals if they disagree with proposed changes to type or amount of services offered as part of their treatment plan

Possible subjects for grievances include, but are not limited to:

- quality of care or services provided
- aspects of interpersonal relationships such as rudeness of a provider or employee
- failure to respect the individual's rights

Grievances may be expressed orally or in writing at any time

- DA/SSA Grievance or Appeal Form

RIGHTS OF PERSONS IN CUSTODY OF DMH

Persons in the custody or temporary custody of the DMH Commissioner have certain rights

- Notice of Rights as a Person in the Custody or Temporary Custody of the Commissioner of Mental Health

Persons in custody of DMH Commissioner may file a grievance about a hospital if they are dissatisfied with their treatment or feel their rights have been violated

- Grievances about mental health care are filed with the hospital, DMH, or VDH, Board of Medical Practice
- Grievances about abuse, neglect or exploitation are filed with DAIL, Adult Protective Services

OTHER RESOURCES, SERVICES AND SUPPORTS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

VERMONT211.ORG - INFORMATION AND REFERRAL

2·1·1
Get Connected. Get Help.™

Dial
2-1-1

Email
info@vermont211.org

Text
Zip Code to 898211

July 2023 Flood	Aging and Disability	Community Resources	Consumer Resources	Covid-19	Crisis/Hotlines	Education, Employment, Training
Food	Fuel and Other Utilities	Health Care, Dental Care	Housing/Shelter	Legal/Judicial Services	LGBTQ2+	Mental Health
Parents	Public Assistance, Benefits	Substance Use	Tax Help	Transportation	Veterans, Military	Youth

VERMONT211.ORG - INFORMATION AND REFERRAL: NOTE TO TRAINER

Trainers should direct participants to become familiar with resources available in Vermont by perusing vermont211.org.

- Peer support providers can also refer peer support recipients to the site.

Trainers may click on the preceding slide's icons to demonstrate how Vermont211.org works.

- Vermont211.org also provides personalized services via telephone, text, email.

E-BOOKLET

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

OVERVIEW OF E-BOOK FOR CERTIFIED PEER SUPPORT PROVIDERS

Participants will be provided an e-Book that they can reference for additional information about the Vermont Mental Health System and Links to Resources

Click on the cover page to the right to see the draft e-Book's Table of Contents

informed by lived experience

[DRAFT] VERMONT MENTAL HEALTH SYSTEM AND LINKS TO RESOURCES

A GUIDE FOR CERTIFIED PEER SUPPORT PROVIDERS

Wilda L. White
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RESOURCES AND MATERIALS

LINKS TO RESOURCES, SERVICES, AND SUPPORTS, INCLUDING VERMONT MENTAL HEALTH SYSTEM

RESOURCES AND MATERIALS

- Act 264 Coordinated Services Plan (CSP) Agency of Human Services & Agency of Education, Revised January 2022

- Mental Health System Care, Online Training, Vermont Department of Mental Health, August 2, 2023

- Vermont's System of Care for Children, Youth & Families, Laurel Omland MS, NCC, Director, Child, Adolescent & Family Unit, Vermont Department of Mental Health, February 2023

- *Counterpoint* newspaper Resources Directory (back page)

ACRONYMS

Acronym/Abbreviation	Long Form
AOE	Agency of Education
AOP	Adult Outpatient Program
CMC	Clara Martin Center
CMS	Center for Medicare and Medicaid Services
CRT	Community Rehabilitation and Treatment
CSAC	Counseling Services of Addison County
CSP	Coordinated Services Plan or Community Support Program
CVMC	Central Vermont Medical Center
DA	Designated Agency
DAIL	Department of Disabilities, Aging & Independent Living

ACRONYMS (CONT'D)

Acronym/Abbreviation	Long Form
DCF	Department of Children and Families
DMH	Department of Mental Health
DOC	Department of Corrections
DVHA	Department of Vermont Health Access
HC	Howard Center
HCBS	Home- and Community-Based- Services
HCRS	Health Care Rehabilitation Services of Southeastern Vermont
IRR	Intensive Recovery Residence
LCMH	Lamoille County Mental Health

ACRONYMS (CONT'D)

Acronym/Abbreviation	Long Form
NCSS	Northwestern Counseling and Support Services, Inc.
NKHS	Northeast Kingdom Human Services
PATH	Projects for Assistance in Transition from Homelessness
PCP	Primary Care Provider
PNMI	Private Nonmedical Institutions (PNMI) for Residential Child Care
PUCK	Psychiatric Urgent Care for Kids
RMHS	Rutland Mental Health Services
RRMC	Rutland Regional Medical Center
RVTR	River Valley Therapeutic Residence

ACRONYMS (CONT'D)

Acronym/Abbreviation	Long Form
SSA	Specialized Service Agency
USC	United Counseling Services
UVMMC	University of Vermont Medical Center
VA	Veterans Administration
VDH	Vermont Department of Health
VPCH	Vermont Psychiatric Care Hospital
VPS	Vermont Psychiatric Survivors
V.S.A.	Vermont Statutes Annotated
WCMH	Washington County Mental Health

GLOSSARY

Term	Definition
Act 264	Act 264 is a law passed in 1988 by the Vermont General Assembly. Act 264 required that human services and public education work together, involve parents and coordinate services for better outcomes for children and families. The Act developed a coordinated system of care so that children and youth with a disability receive appropriate educational, mental health, child welfare, juvenile justice, residential, and other treatment services in accordance with an individual plan. In 2008, the Agency of Human Services, launched an initiative called Integrating Family Services, which consolidated more than 30 state and federal funding streams into one unified case rate with the goal of integrating services for children and their families around providing services, support and treatment earlier to prevent more intense needs, to achieve better outcomes and spend money more efficiently.

GLOSSARY (CONT'D)

Term	Definition
Coordinated Entry	Coordinated Entry (CE) is a process intended to ensure people experiencing a housing crisis have fair and equal access and are quickly identified, assessed for, referred and connected to housing assistance based on their strengths and needs. The goal is to quickly access the needs of individuals and families, and effectively match each individual or family with the most appropriate resources available to address that individual or family's particular needs.
Home- and Community-Based-Services	Home- and Community-Based- Services (HCBS) provide opportunities for Medicaid beneficiaries to receive services in their own home or community rather than institutions or other isolated settings. HCBS typically serves people with intellectual or developmental disabilities, physical disabilities, and/or mental illnesses.
Level 1	Level 1 is a term unique to Vermont that refers to intensive mental health services for which the State of Vermont reimburses participating hospitals at a higher rate.

GLOSSARY (CONT'D)

Term	Definition
PNMI	The State of Vermont funds a network of treatment facilities for children and adolescents with emotional, behavioral and other challenges through Private Nonmedical Institutions (PNMI) for Residential Child Care, part of the State's Medicaid program. The facilities provide treatment for children and adolescents and families which is designed to build on their strengths and return children to their homes and communities whenever possible and appropriate.

GLOSSARY (CONT'D)

Term	Definition
Success Beyond Six	Success Beyond Six is the name of the program that provides medically necessary community mental health services to eligible children and youth with assessed need in schools based on a contract between the school and the Designated Agency. Not all school mental health services are provided by Designated Agencies. However, Designated Agencies are the only entity qualified in Vermont under Medicaid to provide expanded mental health supports beyond traditional clinical therapies. Success Beyond Six has three main components: School-based Clinical Services; School-based Behavioral Services; and Concurrent Education Rehabilitation and Treatment. Success Beyond Six uses local education funds as the State of Vermont's matching dollars to draw down federal Medicaid eligible services to eligible children and youth.

[DRAFT] VERMONT MENTAL HEALTH SYSTEM AND LINKS TO RESOURCES

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Medicaid/Insurance-Related Requirements, including Collaborative Documentation

Change Facilitation

APPLICABLE CORE COMPETENCY

Number	Core Competency
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, health-centered care that treats those with trauma histories, substance use and/or mental health challenges as human beings worthy of dignity and respect.

LEARNING OBJECTIVES

To provide prospective peer support providers with the knowledge and skills required to initiate and facilitate change within the mental health system.

To empower prospective peer support providers to collaborate with stakeholders and advocate for a trauma-informed, healing-centered mental health system of care.

To develop prospective peer support provider's ability to communicate effectively and influence decision-makers in the mental health system.

LEARNING OUTCOMES

Prospective peer support providers will demonstrate knowledge of advocacy principles and methods as they relate to the mental health system.

Prospective peer support providers will demonstrate how to initiate and lead change within the mental health system

Prospective peer support providers will demonstrate effective communication skills and the ability to influence decision-makers in the mental health system.

SCOPE AND SEQUENCE

Intentional Peer Support, Wellness Recovery Action Planning, When Conversations Turn to Suicide, Hearing Voices

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Code of Ethics

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Medicaid/Insurance Related Requirements and Collaborative Documentation

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Link to Resources, Services and Supports, including Vermont Mental Health System

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Change Facilitation

ASSESSMENTS

Group discussions and case study analyses

Written reflections on personal change throughout the training

Creation of a personal action plan for ongoing growth as a certified peer support provider

INSTRUCTIONAL STRATEGIES

Lecture and presentation to introduce and explain key concepts

Moderated panel discussion with current peer support providers

- Panelists share challenges they've faced in the workplace and how they have navigated the challenges and facilitated change in the workplace

Case study analysis: Governor's 2021 proposal to replace and expand the Middlesex Therapeutic Community Residence

- The case study will illustrate how peer support providers can use communication, collaboration, organizing, and advocacy to facilitate change in the mental health system
- The case study is illustrative of grassroots organizing, legislative advocacy, letter-writing campaign, and strategic planning

DIFFERENTIATION AND ADAPTATION

To be determined

MODULE CONTENTS

CHANGE FACILITATION

TRAUMA INFORMED APPROACH

Trauma-informed care is an approach to providing services and support that recognizes and responds to the impact of trauma on individuals. It is a framework that acknowledges the prevalence of trauma and the potential for its lasting effects on physical, emotional, and psychological well-being. Trauma-informed care aims to create an environment that is sensitive, supportive, and safe for individuals who have experienced trauma, with the goal of promoting healing and empowerment.

KEY PRINCIPLES OF TRAUMA-INFORMED APPROACH

Safety

- Prioritizing physical and emotional safety for both individuals receiving care and the caregivers or providers delivering the care. This includes creating a secure and non-threatening environment.

Trustworthiness and Transparency

- Establishing trust through clear and honest communication, maintaining consistent boundaries, and ensuring that actions and decisions are understandable and predictable

KEY PRINCIPLES OF TRAUMA-INFORMED APPROACH (CONT'D)

Peer Support and Mutual Help

- Recognizing the value of peer support and the role it plays in recovery. Creating opportunities for individuals to connect with and support each other.

Collaboration and Empowerment

- Involving individuals in decisions about their care and treatment, fostering a sense of agency and control over their own healing process.

KEY PRINCIPLES OF TRAUMA-INFORMED APPROACH (CONT'D)

Cultural Sensitivity

- Recognizing and respecting the cultural, social, and individual differences that may impact an individual's experience of trauma and their healing process.

Choice and Control

- Offering choices whenever possible and involving individuals in decisions about their care, helping them regain a sense of control over their lives.

Strengths-Based

- Focusing on an individual's strengths, resilience, and resources rather than solely on their trauma history.

KEY PRINCIPLES OF TRAUMA-INFORMED APPROACH (CONT'D)

Understanding Trauma's Impact

- Training and educating staff and providers about the effects of trauma on physical and mental health, behavior, and coping mechanisms.

Avoiding Re-traumatization

- Creating an environment that minimizes the potential for re-traumatization, such as avoiding intrusive or triggering practices.

Holistic Care

- Recognizing that trauma affects multiple aspects of an individual's life and addressing their needs comprehensively, including physical, emotional, social, and psychological needs.

KEY PRINCIPLES OF TRAUMA-INFORMED APPROACH (CONT'D)

Resilience and Transformation

- Promoting an understanding that healing and transformation are possible, and supporting individuals in their journey toward sustainable well-being.

Ongoing Learning and Adaptation

- Trauma-informed approach is an evolving practice that requires continuous learning, self-reflection, and a commitment to improving approaches based on new knowledge.

FACILITATING CHANGE IN THE WORKPLACE

Self-Preparation and Understanding

- Assess the environment you want to change
- Understand your role
- Educate yourself

Building Relationships and Trust

- Build relationships with colleagues, supervisors and leadership
- Foster trust through open communication and active listening
- Connect with like-minded individuals
- Understand needs and concerns of stakeholders

Vision and Strategy Development

- Clarify the desired changes you aim to bring about
- Develop a plan that outlines specific strategies and initiatives to achieve the desired changes
- Involve leadership

FACILITATING CHANGE IN THE WORKPLACE (CONT'D)

Educating and Raising Awareness

- Organize informative sessions or workshops to educate colleagues
- Share relevant resources, articles, videos
- Share personal stories

Implementation and Collaboration

- Think about implementing pilot programs
- Engage colleagues in shaping and participating in change efforts
- Offer training sessions for colleagues/co-workers

Communication and Feedback

- Regularly update colleagues about progress, challenges, and upcoming initiatives
- Create feedback mechanisms where employees can share their thoughts, concerns, and suggestions for improvement.
- Use feedback to refine strategies and adjust approaches as needed. Show responsiveness to input.

FACILITATING CHANGE IN THE WORKPLACE (CONT'D)

Evaluation and Impact Measurement

- Regularly evaluate the impact of your initiatives on employee well-being, engagement, and overall workplace culture.
- Use metrics such as participation rates, and satisfaction surveys, to measure changes and improvements.

Advocacy and Sustainability

- Collaborate with leadership to secure resources and support needed to sustain and change initiatives.
- Encourage and empower colleagues to become advocates themselves, creating a broader culture of support.
- Develop a long-term strategy for maintaining and enhancing the changes you've implemented over time.

Celebration and Recognition

- Acknowledge achievements: celebrate milestones, recognize key contributors, and highlight positive changes
- Share success stories and outcomes with leadership, colleagues, and others to inspire further support

FACILITATING CHANGE IN THE WORKPLACE (CONT'D)

Continuous Learning and Growth

- Keep up with latest developments in change management
- Regularly reflect on your experiences and lessons learned, and adjust strategies to improve effectiveness

RESOURCES AND MATERIALS

CHANGE FACILITATION

RESOURCES

- Substance Abuse and Mental Health Services Administration: *Practical Guide for Implementing a Trauma-Informed Approach*. SAMHSA Publication No. PEP23—06-05-005. Rockville, MD: National Mental Health and Substance Use policy Laboratory. Substance Abuse and Mental Health Services Administration, 2003.

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 1, Cathy Cave and Darby Penney, National Center for Trauma-Informed Care, September 9, 2014.

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 2, Leah Harris and Darby Penney, National Center for Trauma-Informed Care, September 16, 2014

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 3, Darby Penney and Michael Skinner, National Center for Trauma-Informed Care, September 23, 2014

RESOURCES (CONT'D)

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 1, Cathy Cave and Darby Penney, National Center for Trauma-Informed Care, September 9, 2014, PowerPoint Slides.

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 2, Leah Harris and Darby Penney, National Center for Trauma-Informed Care, September 16, 2014, PowerPoint Slides.

- Substance Abuse and Mental Health Services Administration: Trauma-Informed Peer Support webinar series: Session 3, Darby Penney and Michael Skinner, National Center for Trauma-Informed Care, September 23, 2014, PowerPoint Slides.

GLOSSARY

Term	Definition
Health-centered care	Health-centered care, also known as person-centered care, is an approach to healthcare that prioritizes the individual's well-being, preferences, and needs as the central focus of care delivery. It recognizes that each person is unique, with their own values, beliefs, and goals, and aims to provide care that is respectful, responsive, and tailored to the individual's specific circumstances. Health-centered care goes beyond just treating medical conditions; it encompasses the broader physical, emotional, social, and psychological aspects of a person's health and well-being.

GLOSSARY

Term	Definition
Trauma	Extreme stress brought on by circumstances or events that overwhelm an individual's ability to cope. An individual's experience of the circumstance or event determines if the event is traumatic. The effects of trauma include adverse physical, social, emotional or spiritual consequences. Potential sources of trauma include childhood sexual, physical, emotional abuse, neglect, abandonment; sexual assault; domestic violence (experiencing or witnessing); catastrophic injury or illness, death, loss, grief; institutional abuse and neglect; war, terrorism; community and school violence; bullying; hate crimes; racism, poverty, natural disasters; misuse of power by one individual over another.