

OPEN MEETING MINUTES

Name of Governmental Body: Certified Peer Specialist Advisory Committee			Attending: Members: Tanya Kraege, Randall Brown, Amy Yonker, April Luderus, Charline Hart Sheehan, David Stanley, Deanna Cobun, Ellie Jarvie, Hugh Davis, Kimberlee Coronado, Morgan Potter, Oleka Parker, Rachel Belanger, Sara Eckland, Sharalane Skinaway Staples, Shelley DeSmith, Tiffany Koch, Todd Campbell, State and Contract Staff: Kenya Bright, Margueirt Galindo, Gaochi Vang, Acienda Yang, Kaeden Watsford, Stacy Teegardin, Amy Cottingham,
Date: 6/14/2024	Time Started: 12:33 pm	Time Ended: 3:21pm	
Location: https://dhs.wisconsin.gov/j/1602312127			Presiding Officer: Tanya Kraege
Minutes			

Call to Order: Tanya Kraege calls the meeting to order at 12:33pm.

Zoom Logistics: Tanya goes over the Zoom logistics, when members are voting they use the green check mark as a yay and the red check mark as a nay vote. Please remain muted while in the meeting and raise your electronic hand when you want to contribute to the meeting and when speaking, please state your name so everyone knows who is speaking. Closed captions are available for those who are interested in utilizing them.

Welcome and Introductions: Members and DHS Staff introduced themselves and public guests were asked to introduce themselves in the chat.

Announcements: No announcements

Peer Values: Randall Brown shared on the peer value of cultural humility.

Public comment (limited to three minutes per person): Andrea Turtenwald shares an invite to the Wisconsin Wayfinder, a newer program out of DHS being held in July 9, 2024 at noon and 6pm – she invites anyone interested in learning what the Wayfinder program is to join a 30 minute informational session by registering at July 9, 2024, at 12 pm: https://dhs.wisconsin.gov/meeting/register/vJIsd-CpqjMvHHIA4vhT9wUyXKTuT98_mhI
July 9, 2024 at 6 pm: https://dhs.wisconsin.gov/meeting/register/vJIsdOqorD8pHnRWLlv0PDo_JrQQbARYA. Please visit the website at: <https://www.dhs.wisconsin.gov/wiscway/index.htm> for more information.

David Stanley asks about the Peer Recovery Conference due to some confusion with the Department of Justice Wisconsin Peer Recovery Conference – clarification is provided that ILR holds the contract for the Peer Recovery Conference in WI and with the expansion of peer work, the naming conventions of events are getting crossed over and can cause confusion. However, ILR has hosted 7-8 conferences in the last 10 years funded by DHS and the next Peer Recovery Conference should be held in April 2025.

Review and approval of March 8, 2024 minutes: Randall Brown made a motion to approve the amended minutes and Sharalane Skinaway seconded the motion – motion passed unanimously.

UpliftWI Presentation with Q&A: Victor Kilpatrick, Statewide Peer Program Manager and Jensen Bosio, Program Supervisor for UpliftWI present on UpliftWI. Jensen shares the vision statement: “UpliftWI upholds choice, offers connection and elevates community.” Mission Statement: Peer

supporters will offer emotional sanctuary through a warmline to share thoughts, feelings, and experiences without risk of non-consensual intervention. Core Values: dignity, we believe that every person is worthy of care, honesty and respect, we recognize a person's inherent personal power and resilience while holding space for vulnerability. Humility: we welcome others with openness and awareness and not judgement. We understand that a person's culture shapes their experience, their personal values and sense of meaning. Lastly, transparency, we know that clarity is the foundation of trust. So we practice informed consent by outlining and sharing policies and procedures and being accountable to feedback.

A warmline is a fully anonymous, non-crisis line where most conversations are about people experiencing loneliness, depression or relationship issues. Callers would not be turned away if they were in crisis either. Well over 95-99% of the time, callers are not in crisis. UpliftWI is designed for WI residents, which is the only pre-requisite to call in, they do ask if the caller is a resident. The warmline is a fully anonymous and confidential service that is not directly linked to crisis services so they will not call emergency services on callers unless the caller specifically requests this from the operator and that process will be led by the caller. The warmline is for anyone of any age although very few 18 years and under have used the warmline.

Staff: UpliftWI launched on July 31, 2023 with 8 operators and now they are currently at 16 operators, so they have doubled within the year. All operators live within Wisconsin, throughout the state – this is a remote position that enables them to offer diversity in operators. The warmline is staffed by certified peer specialists within 6 months of hire. Recruitment and retention have been at a 20% turnover rate since they have launched but overall it has been really great and they address sustainability by employing operators part-time working only 3-4 shifts per week for 4-5 hour shifts to prevent burnout. They offer one on one supervision once a week and group supervision held twice a week at separate times to accommodate the operators schedule.

Statistics:

Call Volume: They are open from 12pm to 12am, 7 days a week and since July 31, 2023 they have completed over 10K calls as of the beginning of April. When a caller calls, they are put into a queue and they may get someone right away or they may wait a minute before an operator answers. As of June 13, 2024 they have taken 13,012 calls but they are averaging about 1500 calls monthly and have had a steady increase in calls from month to month since their launch. The average wait is under a minute, 52 seconds on average and the average call is about 20 mins and 53 secs – another unique aspect is they do not cap the length of their calls. They have high volume calls on Mondays and Thursdays from 4pm to 7pm and they are averaging 40-60 calls a day. Tuesdays and Sundays are the slowest days.

The counties with the highest call volume are: Dane county, Brown County, Milwaukee County, Outagamie County, Marathon County and Kenosha County which is based on and identified by a voluntary prompt that requests for the caller to enter their zip code in when calling – which means this is only from those callers who opt in to provide that information.

Most popular call subjects: isolation and loneliness, family and relationships, financial distress, suicidal ideation, current events, mental illness, substance use and housing insecurity. These topics come up naturally in the conversation and they are logged for reporting purposes.

Question: How do skills differ when making a connection while providing in-person peer support vs. on the phone? It is really different. First, the operators don't have body language to go by. There is no way to indicate whether they are laughing or crying or they are enjoying the conversation or even paying attention. Another difference is the transient experience – the caller may call everyday for months or they may call once and never hear from them again. These aspects have caused discomfort for some in keeping professional boundaries because a caller may ask them to make a call for them but the operator is not there for that type of resource rather to listen and provide resources when asked for them.

Question: A lot of the call topics named are addressed by County Human Service departments. How often are operators referring individuals to their County Human Service department and is the process streamlined? Operators refer based on their own experience and provide resources they can vouch for.

However, if someone is asking for county services specifically the operator will refer them to county services, which has happened quite frequently in the past. Usually, when a person is asking for county services, it is a grievance or misunderstanding of how to access services. So, operators support them in understanding that process. Which leads to follow up on information gathered and identifying how things can be improved – there would be interest on the County Human Service’s part.

Question: Is it appropriate for a peer specialist to call the warmline? Absolutely and if they recognize the voice of the operator on the other line, they can hang up if they are uncomfortable and prefer to keep their anonymity.

Subcommittee Report Out:

Governance: Charlie Heart Sheehan (co-chair) shares the subcommittee has identified a workgroup schedule to complete the by-laws with a projected completion date by the end of the year. Ellie Jarvie (co-chair) shares the group has made progress simplifying some of the language in these workgroup meetings so they are progressing well.

Membership: Oleka Parker (co-chair), shares the subcommittee has been reaching out to those who have not been making meetings and filling those seats. We have a really good group now, but encourages those who will not be making either the CPSAC committee meeting or their subcommittee meeting, to email somebody to let them know so the absence can be excused. They are keeping a closer track on attendance to ensure an active membership. Also, Kimberlee Coronado (co-chair), shares they are reaching out to those who have not selected a subcommittee yet as well – reminding members it is part of the responsibility of a CPSAC member to serve on one subcommittee in addition to attending the CPSAC meetings.

Professional Development: Sara Eckland (co-chair) reports there are no new updates as the subcommittee was unable to meet but they are still seeking a new co-chair to take her place on July 3, 2024 at 10am.

Employment: Randall Brown (co-chair) reports they have been providing input on the Employer’s Toolkit. He shares they are working on the Table of Contents and looking at other existing toolkits to ensure the toolkit is timely and relevant. Additionally, there has been an emphasis on supporting peer-run organizations by learning more about them in the meetings.

DCTS Update: Kenya Bright, DHS Staff, shares there is a gov delivery list that publishes our 22 crisis services program survey report. 2022 Survey Report can be found at:

<https://www.dhs.wisconsin.gov/crisis/2022-crisis-services-programs-survey-report.pdf>

The bureau has been working crisis redesign with the counties in the state for a while. The next information will likely be regarding peers who can provide crisis services and reimbursed by Medicaid. Also, there was a huge survey done recently that will be published once the bureau has completed analyzing it and this information will be brought to the committee as well.

Act 122: is the legislation that was passed to make the process to have peer recovery coaches be able to receive Medicaid reimbursement because as of now, they were very limited in what they could do. She goes through the process of a statute becoming an administrative rule and lets the group know the listening session to let DHS know what we think of DHS 72 has not been announced yet and it will likely come in the fall of 2024 or early 2025, either way, we will provide the information when the the time comes.

CPS Curriculum translation: We have had the CPS curriculum translated into Spanish and Hmong. Once the CPPS pilot is done, we will have that curriculum translated too.

Youth Peer Specialist: we have moved forward with creating a Youth Peer Specialist certification and will be working on this through 2024 and 2024. This process will come to the CPSAC to keep the committee involved in advising DCTS on the process of the curriculum and certification.

Access to Independence Contractor Report: Gaochi Vang, Program Manager of WIPSEI provides an update beginning with staff updates: Kaeden Watford has joined the team as the Peer Specialist Workforce Development Coordinator. Acienda Yang, has received an update to her title, to Peer Specialist Trainer and Community Engagement Coordinator to capture all she is responsible for.

Quarter 3 Update:

- 1624 CPS
- 18 privately funded CPS trainings with 6 more scheduled for the end of the year
- 1 contracted CPS Training with 5 more scheduled through the end of the year.
 - With the possibility of one more they are working on with EOTO for CPPS – updates can be found on the website.
- 96 CPPS
- 1 privately funded CPPS training completed
- 3 CPPS DHS funded CPPS trainings completed and 6 more scheduled throughout the fiscal year.
 - They are playing around with the schedules for CPPS trainings to accommodate parents schedules but finding that perfect window has been difficult, she requests patience with this process.
- CPS Exams:
 - March 20, 2024 – 80 exam participants total; 65 passed; 81% passing rate
 - May 15, 2024 – 87 exam participants total; 77 passed; 88% passing rate
 - Next CPS exam on September 25th – Registration due August 28th
- CPPS Exams:
 - April 17, 2024 – 15 exam participants total; 13 passed; 87% passing rate
 - Next CPPS exam on September 11th – Registration due August 14th
- Recertification
 - January 2024 CPPS recertification
 - Estimated that there are 7 CPPS are due for recertification on January 31st, 2024
 - 6 CPPS recertified
 - August 2024 CPS Recertification
 - 545 CPS are due to recertify on August 31st, 2024
 - Recertification missed deadline process: <https://www.wicps.org/faq/>
 - Below is the recertification process, including when a deadline is missed:
 - Materials and payment due by (or if sending payment in via check/money order, postmarked by) the recertification deadline date of August 31st or January 31st in the year due to recertify.
 - CPS: deadline is August 31st
 - CPPS: deadline date is January 31st
 - If deadline is missed:
 - There is a 30-day grace period after the recertification deadline (in this grace period, a person may apply for recertification in the same fashion and be recertified with no penalty - their certificate may be slightly delayed as they missed the original deadline).
 - After the 30-day grace period, CPS/ CPPS has 6 months from their original recertification deadline date (August 31st/January 31st) to still send in recertification materials and payment PLUS a \$25 additional late

- CPPS Curriculum Revision Process
 - CPPS curriculum has been approved to stay in DRAFT form. WIPSEI can move forward with scheduling CPPS trainings
- Expanding Employer Assistance and Resources alongside DHS
 - Technical assistance (TA) supports are expanding, and WIPSEI staff at Access will be working with DHS to provide TA to agencies
- EOTO collaborations
 - WIPSEI staff at Access are partnering with Tara Wilhelmi of EOTO to make trainings more available to systemically marginalized communities, collaboratively plan direct outreach strategies, expand TA supports related to parent and youth peer support program development, peer mentoring, and BIPOC specific trainings and general study sessions
- Resources:
 - Continuing Education page (along with links to various orgs offering continuing education opportunities) <https://www.wicps.org/continuing-education/>
 - Resources page: <https://www.wicps.org/resources/>
 - Join the Initiative's email contact list (over 3,000 people receiving regular emails regarding WI CPS/CPSS-related updates and information) <https://www.wicps.org/join-our-email-contact-list/>
 - CPS directory list: <https://www.wicps.org/cps-by-counties/>
 - CPPS directory list: <https://www.wicps.org/cpps-count-per-county/>

Peer Voice – Educating systems on peer advocacy: Tanya Kraege opens the discussion with an explorative question regarding what are some innovative ways for peers to push back when maybe agencies, organizations, businesses and/or partners we are working alongside of push back against us because families or peers have found their voice and have learned to advocate for themselves? Kimberlee Coronado expresses, she has faced a lot of retaliation for educating other parents and/or exercising her own rights. It is a disservice for those who have been retaliated against and she wishes there was a line or a place of support one could call to share these things are happening so maybe systems could change in the future – so they were not so oppressive to work with. Deanna Cobun responded with when she advocated for parents in child protective services, she found when a parent would ask questions, it was not answered properly most of the time. So, she would talk to the parent, ask if they were ok with a team meeting and if they were ok with her bringing up a certain subject. This would bring the whole team to the table and enabled Deanna to ask more clarifying questions rather than the peer asking and making it look like her parent was being hostile. Basically, she was a buffer between the parents and the team members to soften the experience of retaliatory responses toward the parents she was walking alongside of. Hugh Davis shares, the broader context for him is the significant lack of understanding of the peer role by our behavioral health system partners resulting in peers being hired into those traditional service settings resulting in direction to do things that are not peer support. Recently, Family Ties contracted with county services where two families found their voices and spoke up regarding the services being provided and the county was retaliatory in stating they would not reimburse for peer support anymore. Rather than thanking the families for being brave enough for mentioning the challenges and looking at it as an opportunity to improve services, they became defensive and wanted to dismiss peer services. In a survey the state did about 18 months ago, related to the children's system of care initiative work that they are doing, one of the lowest rated was found that peer support is often not considered by teams

within CCS in particular or offered to families, these were two of the lowest scoring items. So, the question becomes, are they just not aware of peer support or do they have a negative view of peer support? He adds, he is really interested in the perspectives of others on this committee as to what they all think that systems they interact with need to understand about peer support. Lastly, as Kimberly was sharing about the necessity of having some place to go for peer workers themselves to get support, to be listened to and heard, that is why he believes the only viable employment model is through peer-run organizations and family-run organizations because the support is built in. Tanya reflects, she agrees and has observed a lot of what Hugh has shared in, as even in our own work in the role definition for peer providers is often a challenge. So how does one remain true to the Code of Ethics, Scope of Practice, and Core Competencies when those who are doing the work around a peer provider does not know what is being asked of them? This is not for all providers, there are many that champion the peer provider and support the advocacy role but its is not the entire system. We are sending peers into systems that are still seemingly oppressive and racist sometimes in nature. Often times as biased about folks who are either living in recovery or not practicing the way the providers think it should look due to the fact we are a harm reduction coalition, and they have a lot of thoughts about how it works or what it should show up as. Basically, there is a lot of broad education that needs to be done and could be done across the state. Also, how do we know if they even care enough to understand? For example, where racism and homophobia are concerned, if someone is not affected by these issues then they do not have the willingness to learn. How do we bridge the gap between lack of education and ignorance to want to learn?

Ellie Jarvie agrees with Hugh, that she hears far too often from CCS providers that they do not contract with peer specialists, especially in northern counties – even if the services are available they are still often seen as an adjunct. Getting some independent support for peer workers of all types is something DRW would be interested in, just in their role of making sure they are supporting self-determination. Lastly, when it comes to clients directly, if they are experiencing retaliation and services are being pulled away after they were more empowered, they are encouraged to give Disability Rights, Wisconsin a call as this is part of their advocacy role.

Amy Cottingham shares as part of her role with Community Support Programs and Community Recovery Services program is they have network meetings for all the providers which are held for CSP bi-monthly and CRS quarterly. They have different topics at those meetings that are relevant to the staff of those programs. She has had DHS staff (Marguerit and Lynn) to talk about peer services and provide updates. She invites the committee members to get in contact with her if anyone wants to provide information related to peer support in these meetings. In CSP, there is not a role for peer support specifically but a lot of CSP do hire peer support specialists and bill through other roles identified in the code. In CRS programs, there is one of three services that is provided is peer support and in order to get your support services through CRS, the peer does need to be certified. Tanya reflects, the education and information for some of those are beneficial. So, just having someone come in and explain the role has been helpful to the peer role and the feel a lot more supported.

Randall Brown adds, he wonders if we are addressing systems change, should we invite an appropriate body of representatives or members of a group to be included in a conversation to gain an understanding of their understanding. If we are addressing systems change there needs to be a piece about bias and in order to do so, we may not want to forget including the systems we want to advocate alongside of into the conversation. As when we are trying to improve or integrate something, we need to have buy-in from the top and sometimes it has to be pushed up the ranks – so he is wondering if inviting them to adapt to this dialogue in some sort of format at some time would be helpful?

Amy Yonker advocates for Chrysalis, who hosts a CPS Learning Community to cohorts of agencies to talk about education and implementation of peer support into those agencies. The set up consists of presenting different topics monthly with the peer specialist cohort of that agency, the supervisors of those peer specialists in their own cohort and then each agency leadership in their own cohort, which gives all layers of the agency doing support a space of their own to talk about some of the challenges

and receive some technical assistance and education around peer specialists. Also, while hosting within that program, they host a training called the role of a certified peer specialist for non-peer specialists specifically directed towards clinicians and leadership who needs to know more about the peer specialist role. The question is, is there interest in learning more about the cohorts? If so, Amy provided a link for the programs that are interested in ways they can continue to provide this technical assistance throughout the state and to different agencies. For more information [click here](#).

Question: Is this for CPS only or do they do this for CPPS too? There is different funding available that makes it possible to fund different work. Chrysalis does not have CPPS but EOTO does and they could be funded to provide TA to an agency if needed.

Tanya shares a comment made by David Stanley in the chat, that a place for peer support specialists to receive support. Most peer specialists are in environments where they are one of 2 in their environment and where do they go to get support from other people that are doing similar work? Also, she doesn't want to negate from the fact that even when we are providing a whole peer space that sometimes people in a robust environment could feel others and do not feel safe or comfortable within those spaces. So how do we provide a space for them to go outside of that to still receive the support they need to continue to do the work and not take themselves out of valuable work?

Randall shares, that a couple of resources some of us have come to utilize is this CPSAC meeting, and Communities of Practice serve as an alternative supportive space for CPS's.

David affirms Randall's suggestions and shares he would like to see a more established, informal cohort eventually, so that around the state a peer specialist can join it and be able to share their real barriers with what they are working with and the same thing from the people providing support. A place where peer specialists can be their authentic selves and really express themselves.

Gaochi Vang shares the observation from a WIPSEI point of view, that they have created spaces for people to join in and because it is an optional space, the first meeting will be very robust but then, following that meeting it becomes obsolete. Since they don't want to make peers do anything involuntary, they are trying to create more time in standing meetings. For example, with Communities of Practices, they are going to be more intentional with having one that is Ethics and Boundaries, where people can just come in and talk about things like, "this is my situation and how I navigated it, and how did others navigate a similar situation?" So rather than creating new spaces, they are maximizing the space we are already in by adding more time to it to dedicate to debriefing or talking through the hard things; then, allow people to either stay or go for the extended time. So, a major idea is to use the existing spaces to just support folks versus creating new spaces that one may have to choose other work/life responsibilities over since they are voluntary spaces.

Sara Eckland shares, she is in complete agreement with Randall, there are so many amazing organizations that folks who come to these meetings represent. It would be a disservice to not give at least 15 minutes for those organizations to talk about the great work they are doing, the innovative stuff and the challenges they are facing and the whole group can learn from that process.

Tanya shares, in-person connection is a deeper connection than always the zoom spaces and sometimes these peer support groups can be grassroots. Peers could develop them within their own communities like as a community peer support network and have their meeting at an informal place. She shares as supervisors of peer providers in Dane county, people get together. They will do a lunch and just talk about their work and the challenges they are seeing in the workplace while being in this role and trying to always keep peer values in the forefront of all they know from a leadership standpoint. The positives of a Zoom meeting is it creates inclusivity for rural communities that would gain a wealth of information from those who may be in larger cities and they have different resources to share too.

Agenda items for next meeting: Peer voices, educating systems on peer advocacy continued, creating peer to peer support groups, reporting ethical concerns, and relationship building with Behavior Health programs for better collaboration in the consumers best interest. Could the bureau compile the different

naming conventions that were mentioned around peer business and the source of those names. Create a space for a CPSAC member to share about their organization.

Adjourn: Randall Brown motioned to adjourn and David Stanley seconded that motion. Motion passed unanimously. Meeting was adjourned at 3:21pm

Prepared by: Marguerit Galindo on 8/14/2024.

They have been presented and approved by the governmental body on: 9/13/2024