



Washington State
Health Care Authority

Operationalizing Peer Support

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Welcome

Introductions
Parking Lot
House Keeping



Objectives

1. To understand the history and goals of the Operationalizing Peer Support project
2. Peer Support 101 & Updates
3. To understand the scope of the project
4. To experience parts of the training
5. To understand the need for training for administrators, supervisors, staff, and peers
6. To know how to request and access the training

Myths and **FACTS**

What is unique about Behavioral Health Peers?

The Power is in Our Stories!
Self Disclosure = Hope & Inspiration



- ▶ Lived experiences create connections
- ▶ Actively promotes Principles of Recovery & Resiliency
- ▶ Work to reduce stigma in community and systems

HCA Certified Peer Counselor (CPC) Training Program

History

- Peer Support Certification classes started in 2005
- Washington was one of the first 11 states to begin Peer Services
- Initially only mental health peer services were in the CMS contract

Currently...

- The DBHR certification program trains over 400 Peers per year.
- Over 350 peers receive DBHR sponsored continuing education
- We have 445 peers to attend the Peer Pathways Conference
- Currently we have 242 agencies licensed to provide MH peer services
- Foundational Community Support (FCS) services rolled out in 2018, expanded the access to peers.

Peer services continue to grow and change...

Adding Peer Services for People in recovery from Substance Use (SUD Peer Services)

- Legislative Directive: 2018 Budget Proviso 213(5)(ss) (SSB 6032)
- SUD Peer Services Stake Holder Work Group
- Adding Peer Services to WAC
- Preparing Agencies & Developing Workforce
- Timeline for many moving parts
- Target date is July 2019- January 2020



**Many
moving
parts**

Current Process to Become a Certified Peer Counselors

Anyone can apply and go through the certification process

- Qualified Peer Counselor: a personal lived experience as MH/SUD consumer or parent of child in services
- Application/approval process
- Training: online & 40 hour
- Testing: oral & written
- Required DOH credential / AAC upon employment + DSHS background
- Part of a clinical team and responsible for documentation
- Peer services connected to treatment goals
- Mandatory reporters
- Oversight by DBHR, DOH, & agency
- Continuing education topics recommended: WRAP, Boundaries, Trauma Informed, etc.

Behavioral Health (Mental Health and SUD) Certified Peer Counselor

“CPC” These are peers working a Behavioral Health Medicaid agency

- Personal lived experience as MH/SUD consumer or parent of child in services
- Application/approval process
- Training: Online & 40 hour
- Testing: Oral & written
- Required DOH credential/ AAC upon employment + DSHS background
- Part of a clinical Team, responsible for documentation
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- Mandatory reporters
- Oversight by DBHR, DOH & agency
- Continuing education recommended: WRAP, boundaries, Trauma informed, etc.

Clarifying Peer Definitions & Roles

Community Peer

These would be peers working in non-Medicaid agencies or community organizations

- Personal lived experience as MH/SUD consumer or parent of child in services
- Services based on organizations mission
- Relationship based on availability of peers/agency funding
- Volunteer and/or employed
- Documentation minimal/determined by org and/or funding requirements.
- If required by organization:
- Training: online & 40 hour
- Testing: Oral & written
- Background checks depend on org. policy, funding, etc.
- Minimal required oversight

Recovery Coach

These are people who have been through the CCAR recovery coach training and work or volunteer in their community

- Personal experience, parent or community member affected by SUD
- CCAR training
- Volunteer and/or employed
- Recovery Community & network support
- Continuing education: boundaries, culture, etc.
- Autonomy, oversight by RC community.
- Flexibility to work with peer over time, regardless of treatment or services
- Confidential, not tied to treatment/services/documentation
- Minimal barrier: Level of background checks depend on org. policy, funding, etc.

Vision and Purpose

- The vision of the project is to educate supervisors and other stakeholders about the roles and responsibilities of peers in the ever increasing workforce.
- Through educating administrators and supervisors in how to hire and utilize peers, hiring peers will become easier and more effective.
- Through increased understanding of the peer role, administrators and supervisors will more highly value the service.
- Through agency training, staff will support and advocate for peer support workers.

- 2015- Beginnings

- **Challenges**
 - Communication about the project was unclear at first
 - RSNs/BHO's did not clearly understand what the funds were for, with some wanting to spend money on peer continuing education
 - RSNs had difficulty choosing projects
 - Accounting for discretionary funds was difficult
 - Funds were not fully expended
 - Creating a safe place for supervisors to ask honest questions was somewhat hindered if the BHO or higher level supervisors were in the trainings
 - Lack of understanding of the role of peer support and knowledge of what they can do according to the WAC

- The Beginnings of Operationalizing Peer Support
- In 2015, DBHR recognized the need for supervisors, clinicians and executive directors to have a training in how to best utilize peer supporters. Some of the subjects raised included:
 - How can non-peers supervise peers?
 - What are appropriate roles for peers?
 - What is the scope of peer support?
 - What peer services can be billed and how?
 - What are the best ways to recruit and hire peers?
 - How do you retain peers and ensure job development?

Raw Dialogue
What questions do you have about supervising
certified peer counselors?

First Year-2015 Beginnings

Accomplishments:

The Office of Consumer Partnerships funded this critical project in 2015.

All RSNs (now called BHO's) were offered training(s) with a choice of:

- administering a peer support program,
- supervising peer supporter and/or
- supporting an agency recovery culture that includes peer support.
- RSNs/BHO's who received the training, were very supportive and highly valued the trainings
- RSNs/BHO's were able to use WSU trainers or trainers of their choice

There was \$1,000 discretionary funds for additional trainings

2016

Accomplishments

- Stephanie Lane & Jennifer Bliss developed a uniform Operationalizing Peer Support training, with flexibility for regional needs.
- 8 RSNs/BHOs participated in the trainings, with 145 hours of training provided.
- Demand for training continued to increase- There were more requests for trainings than hours available at one point.
- Writing job descriptions and learning about Peer Support WACs were rated highly
- (2) agencies created a career ladder for CPC's

Challenges

- Not all RSNs/BHO's participated
- Understanding of the project was still not widespread
- Could not meet the demand for training in some areas
- Higher level administrators did not attend in high numbers
- Discretionary funds were again difficult to manage

2017-Full Implementation

Successes

- 8 BHOs participated and 28 agencies, with 144 hours of training
- BHOs had experience with the project and understood its goals
- High demand for training in many areas
- Was project will be fully expended
- Clinical Directors and Supervisors are asking for coaching
- Trained three new OPS trainers.

Challenges

- Not all BHOs took advantage of the training, although agencies in each BHO did.
- Letting the agencies know that this is not continuing education for peers themselves
- Further implementation of Supervision strategies after the training is over. Coaching was requested on an individual basis and an agency basis.
- Not enough people to do the training who have supervised peers, is a peer and is an MHP.



MENU

Amazing dishes from chef

- Agency culture
- Supervision strategies
- Career Ladder
- Ethics & Boundaries
- Peer Roles
 - Adult
 - Parent
 - Youth
 - SUD
- Job descriptions
- Job announcements
- Leadership vs. advocate

2018

- Currently we have held the training in Five BHO areas. We are planning on training in the SW Region (Clark County Area), Pierce County, King County. We have two trainings left to schedule that are open.
- We have agencies and BHO's calling and asking about the training now, where before we had to market the training. We tailor the training to each agency through a survey-needs assessment.

Questions?

If you or your agency is interested in scheduling a training please contact Stephanie.Lane@wsu.edu or call 206-434-2954

<https://www.peerworkforcealliance.org/operationalizing-peer-support>

For HCA/DBHR related questions contact Pattie Marshall

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<https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/peer-support>

