CERTIFIED PEER SPECIALIST

Creating a New Credential

Office of Health Professions

Washington State Department of HEALTH

Certified Peer Specialist Rulemaking Workshops

April 2024

Ted Dale

Program Manager

Ted.Dale@doh.wa.gov

(360) 236-2991

DOH Strategic Plan

What We Do

Ensure public safety

Create the healthiest next generation

Promote healthy living and healthy aging

How We Do Our Work

Serve our customers and continue to improve

Be efficient, innovative and transparent

Develop and support our workforce

Guiding Principles

Evidence-based public health practice

Partnership

Transparency

Health equity

Seven generations

Vision

People in Washington enjoy longer and healthier lives because they live in healthy families and communities.

Strategy

Through collaborations and partnerships, we will leverage the knowledge, relationships and resources necessary to influence the conditions that promote good health and safety for everyone.

Mission

The Department of Health works with others to protect and improve the health of all people in Washington.

Certified Peer Specialist Credential

Rules Workshop Objectives:

- Outline the process and timeline for creating the rules.
- Provide an overview of the department's disciplinary actions around the professions and address concerns about previous criminal convictions as they do not automatically disqualify applicants.
- Gather information to develop specific requirements for the profession within statutory authority of 2SSB 5555 and RCW 18.420.
- Work with stakeholders and partners to in the rulemaking process to draft the rules and solicit feedback from the peer community to address concerns.
- Use the information obtained from these workshops to develop the draft rule language to be presented at the next round of workshops, around June 2024.

Certified Peer Specialists

THE RULEMAKING PROCESS
AND TIMELINE

Certified Peer Specialist Credential

Action Items	Date to Complete
Workshops with peers, interested parties, and partners, soliciting information and recommendations to develop draft language.	Fall 2023 – Spring 2024
Workshops to share draft language with peers, interested parties, and partners to modify and round out the draft language.	Summer – Winter 2024
CR-102 Public Hearing to present official draft language	January 2025
Collect further comments and feedback, make final adjustments to draft rule language, present final draft.	Winter 2025 – Spring 2025
CR-103 filed to implement final rule language.	May 2025
Rules go into effect and Certified Peer Specialist credential is available.	July 1, 2025

Certified Peer Specialists

THE DISCIPLINARY PROCESS
AND APPLICANTS WITH A
CRIMINAL HISTORY

Am I disqualified due to a criminal conviction?

- There are no “disqualifying convictions” to obtain any DOH credential.
- Each applicant is reviewed independently on a case-by-case basis. Individuals often have a criminal history based on life experiences.
- There can be conditions or limitations put on a credential due to criminal convictions.
- Applications are reviewed by a Case Management Team (CMT) to look at the conviction history, applicant’s explanation, and subsequent life changes. CMT includes investigators, attorneys, and the program.
- Peer Specialists have a special exemption in rule for all applicants around monitoring programs.
- The WRAMP program is designed for providers who have substance abuse concerns and requires daily check-ins and random urinalysis tests.

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certifications

Discussion around the term ‘client’

Frequency of Supervision

How often should the peer specialist trainees need to meet with their supervisor to obtain supervision? Examples from other professions:

- **Set Schedule:** At least one hour per week? One hour twice a month? ***or***
- **Based on Client Contact**: One hour per number of experience hours earned, i.e. one hour after 20 hours of proving peer services.
- Other ideas?

- ❑ The first option is regular and consistent so easy to remember and track. Would require 2-4 hours a months, regardless of their workload, which may be excessive. Costs for supervision? Maybe only require supervision if they had client contact?
- ❑ The second option would be based on their workload, or not require supervision if they are not actually practicing. Harder to track, more prone to mistakes in tracking times or forgetting about it.

Frequency of Supervision

Individual Supervision and Group Supervision:

- Individual Supervision would be 1 on 1 with the Trainee and Supervisor
- Group supervision would be the Supervisor and a limited number of Trainees
  - How many trainees for group supervision (limit)?
- Other ideas?

Supervision would be a mix of individual and group supervision. Typically, we require a certain amount of individual supervision, and the rest can be group supervision. For example, if we require supervision twice a month, we could also require individual supervision at least once every two months (1 of 4 meetings). This provides some flexibility for the supervisor and the Trainee, or for unexpected re-scheduling.

- How often should we require supervision to be individual supervision?
- If determined by number of client hours, what hours would we want to require for individual supervision? Or would it still be set at something like every 2 months?

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certification

Discussion around the term ‘client’

Ethics of Peer Support

As discussed in previous workshops, Peer Support is different than traditional counseling. It is not typically done in an office setting for an hour a week; the Peer will often meet with the clients where they are, interact with the client and their family/friends, and engage in activities with the client where they may need additional supports.

In reviewing the ethics discussion from previous workshops and reviewing national peer ethics guidelines from national organizations and other states, they generally fall into two types of guidelines around the practice of peer support services:

- The things that peer specialists shall do while providing services to ensure the client receives the best treatment and peers can guide them to the best outcomes.
- The things that peer specialists should avoid as they can create conflicts of interest and boundary violations, lead to negative impacts for the client and/or peer, or put the peer specialist in danger of investigation and disciplinary action from the department, or potentially even lead to legal ramifications (civil or criminal).

Ethics of Peer Support

Examples of things that peers **SHALL** do:

1. Maintain high standards of professional competence and integrity while conducting themselves in a manner that fosters their own recovery.
2. Respect the individual's right to choose their own methods of recovery and advocate for their clients to make their own decisions in all matters, including when interacting with other health care providers.
3. Maintain the confidentiality of their clients when possible. Threats to harm themselves or others cannot be kept confidential.
4. Share personal recovery stories with clients or other providers when it may help the client or others in their own recovery.

Ethics of Peer Support

Examples of things that peers **SHALL** do:

5. Provide support for their clients through all stages of recovery.
6. Support the full integration of individuals into the community of their choice. Individuals have the right to live in the least restrictive and least intrusive environment.
7. Recognize any personal issues, behaviors, or conditions that may impact their own ability to provide care for their clients.
8. Anything else?

What are your thoughts on these ethical guidelines around what peers should do?

Ethics of Peer Support

Examples of things that peers should **AVOID** doing:

1. Do not discriminate on the basis of ethnicity, race, gender, sexual orientation, gender identity, gender expression, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state.
2. Do not force their own values or beliefs onto the client.
3. Never intimidate, threaten, harass, use undue influence, physical force or verbally abuse those they support.
4. Do not make unwarranted promises of benefits.
5. Do not accept gifts of value. Do not loan or borrow anything from each other, especially money.

Ethics of Peer Support

Examples of things that peers should **AVOID** doing:

6. Never engage in any sexual or intimate activities with their clients or the family members of the clients.
7. Do not provide services to individuals or families with whom the peer specialist has had a prior romantic or sexual relationship.
8. Do not enter into dual relationships or commitments with clients. Do not hire clients for other jobs or offer to provide living accommodations.
9. Do not perform services outside their area of training, expertise, competence, or scope of practice. Peers may not assess or diagnose the client for mental health or substance abuse disorders and may not make any medical diagnosis.

What are your thoughts on these ethical guidelines around what peers should avoid?

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certification

Discussion around the term ‘client’

Joint Supervision Requirements

The requirements to become a Peer Supervisor are found in the definition of an approved supervisor in RCW 18.420.010. The requirements for peers to become a supervisor are listed as:

> (b) A certified peer specialist who has completed:
>
> (i) At least 1,500 hours of work as a fully certified peer specialist engaged in the practice of peer support services, with at least 500 hours attained through the joint supervision of peers in conjunction with another approved supervisor; and
>
> (ii) The training developed by the health care authority under RCW **71.24.920**.

The term "joint supervision" is undefined by the legislation. There is an interest in defining the process of joint supervision and outlining what may be allowed and what may be prohibited to provide clarity for supervisor candidates working in this capacity and for preventing disciplinary action based on actions performed while providing joint supervision.

Joint Supervision Requirements

What should the 500 hours of joint supervision look like?

- Definition of a peer supervisor candidate
- Timeframe for becoming eligible to be a supervisor candidate
- Tasks that the supervisor candidate should be doing to learn how to provide supervision to peer specialists
- Tasks that cannot be done as a supervisor candidate

Joint Supervision Requirements

Draft definition of a peer supervisor candidate:

> "Peer supervisor candidate" means a certified peer specialist who is working under an approved supervisor and providing joint supervision to peer specialist trainees, to obtain the experience necessary to become an approved supervisor.

Thoughts?

What about the timeframe to start working as a peer supervisor candidate? The statute requires 1,500 hours as a fully certified peer specialist but doesn't say if you can start working towards supervision hours at the same time.

- Should they be able to start as soon as they are a full certified peer specialist, or should they have some time practicing independently without supervision first?
- If they should wait, how long do they need to wait?
  - Full 1,500 hours? 1 year? 6 months?
- Require the HCA Supervisor Training first, regardless of hours of experience?

Thoughts?

Joint Supervision Requirements

What tasks would be appropriate for a peer supervisor candidate to perform?

- Direct oversight of peer specialist trainees providing peer support services?
- Discussion of concerns about clients with the trainee?
- Leading group supervision sessions – either under observation or independently?
- Specify the supervisor can assign other tasks within their skills and abilities?

What tasks would not be appropriate for peer supervisor candidate to perform?

- May not be the primary supervisor for a trainee.
- May not approve or modify documentation for the client's treatment plans.
- Cannot sign off on any documentation as the trainee's supervisor.

Other Thoughts?

Joint Supervision Requirements

The next aspect of Joint Supervision is to look at the frequency at which the approved supervisor and peer supervisor candidate should meet. This would be time to discuss the practice of supervision and review any issues or concerns that could come up.

1. A reoccurring set schedule, such as every other week or once a month?
2. Based on the volume of supervision work of the candidate, for example 1 hour for every 30 hours of joint supervision provided?
3. Other ideas?

Other Thoughts?

Additionally, what about emergency or highly impactful situations that may arise? Should we look at requiring the approved supervisor to meet with the peer supervisor candidate and/or client within 24-48 hours of this type of situation?

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certification

Discussion around the term ‘client’

Continuing Education for Certified Peer Specialists

RCW 18.420.050 requires 30 hours of Continuing Education (CE) every 2 years.

- Every 6 years Peer Specialists are required to obtain:
  - 3 hours of Suicide Prevention
  - 6 hours of Law and Ethics
- Health Equity Continuing Education recently added, at least 2 hours every 4 years.
- Questions we need to answer:
  - Law and Ethics – Split into 2 hours every 2 years or able to do 6 hours all at once? More than 2 hours each renewal cycle?
  - How much needs to be peer-specific?
  - What other areas are allowed? SUD or MH courses, supervision, employer provided trainings?
  - Non-counseling activities such as teaching a CE course, speaking at a conference?

Continuing Education for Certified Peer Specialists

Organizations currently providing peer training courses:

- Health Care Authority
- Peer Washington
- Wellness Recovery Action Plan (WRAP)
- National Association of Peer Supporters (N.A.P.S.)
- The Copeland Center
- Holding the Hope
- SPARK Peer Learning Center
- Coach Approach Training (?)
- WA State Community Connectors (SUD Family Navigator Training)

Question:
Who else out there is providing peer-specific trainings in Washington State?

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certification

Discussion around the term ‘client’

National Certifications for Peer Specialists

National Certifications come from associations or training organizations who review education, experience, and examination requirements to determine eligibility.

If the requirements are substantially equivalent to the standards in Washington, then the department could accept that certification instead of requiring the state-specific training.

The requirements for the certified peer specialists are:

- The 80-hour training course and exams from HCA (or the previous 40-hour training with GAP training)
- 1,000 hours of supervised experience under an approved supervisor
- Lived experience with mental health or SUD treatment, or both. (Also includes parents of children who have gone through treatment)

National Certifications for Certified Peer Specialists

Organizations that may be included as an acceptable national certification:

- **National Association of Alcohol and Drug Addiction Counselors (NAADAC)**
  - High school diploma, 60-hours of contact/training, 200 hours of direct practice (supervisor attested), 2 References, NCPSS Examination
- **National Certified Peer Specialists (Mental Health America)**
  - High school Diploma, 40-hours of training, 3,000 hours of work experience (not 'supervised' experience), 3 Professional Recommendations, Examination
- **Connecticut Community for Addiction Recovery (CCAR)**
  - CCAR Recovery Coach Academy (30 hours), CCAR Ethical Considerations (16 hours), additional 14 hours of approved trainings, No Examination.
- **National Federation of Families (Family Peer Specialist Certification)**
  - Lived experience of parenting a child with qualifying conditions, 88 contact hours of training, 500 hours of work experience, CFPS Examination.

International Certifications for Certified Peer Specialists

International organizations that may be included as an acceptable certification:

- **International Certification & Reciprocity Consortium (IC&RC)**
  - Each state/region has a board that sets the training and experience standards, no national standard.
  - IC&RC Peer Recovery Examination.
- **RI International Peer Training**
  - At least 18 years old with high school diploma/GED, identify as an individual in recovery and willing to share experiences, must be from a state that accepts the RI Training for a credential. Approval needed to take training course.
  - Training course is 10 modules which are 8 hours per session. (80 hours total)

Certified Peer Specialists

Topics that still require clarification:

Frequency of Supervision

Ethics of Peer support

Joint supervision requirements

Continuing Education providers

National certification

Discussion around the term ‘client’

Use of the term “client” and potential alternatives

It was noted that peers did not necessarily like using the term “client” when referring to individuals receiving services. The term client is used in the statutory language within the definition of Peer Support Services, and keeping the terminology may be clearer to identify the individual who is receiving peer support services.

If we were to consider alternative language, what recommendations would you have? Some previously provided examples were:

- Members
- Participants
- Individuals served
- Partner
- Fellow
- Collaborator

What terms could we consider using other than Client?

Questions?

Regulations and Resources

- Second Substitute Senate Bill 5555
- DOH Peer Specialist Webpage: Peer Specialist | Washington State Department of Health
- Certified Peer Specialist Statute: RCW 18.420
- Uniform Disciplinary Act: RCW 18.130
- Standards of Professional Conduct (including Mandatory Reporting Requirements): WAC 246-16
- Health Care Authority Peer Website: Peer counselors | Washington State Health Care Authority

To request this document in another format, call 1-800-525-0127. Deaf or hard of hearing customers, please call 711 (Washington Relay) or email civil.rights@doh.wa.gov.