

Report to the Legislature

# Evaluating Need for an Advanced Peer Specialist Credential

December 2019

Chapter 446, Laws of 2019



Prepared by  
Health Systems Quality Assurance





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## Executive Summary

[Chapter 446, laws of 2019](#) (Section 52(2)) directs the Department of Health (department) with cooperation from the Health Care Authority (authority), to conduct a sunrise review under [chapter 18.120 RCW](#). The purpose of the review is to evaluate the need for creation of an advanced peer support specialist credential to provide a license to perform peer support services in the areas of mental health, substance use disorders, and forensic behavioral health.<sup>1</sup>

The department engaged stakeholders in this evaluation of need through a web-based survey, written comments, and a public meeting. The department found that there is interest in creating an advanced peer specialist credential from many of those who responded to the survey, including current peer counselors. Examples given as to why this credential would be needed include: creating opportunities for career advancement, increasing interest in the field, and helping with staff retention.

However, when considering whether an advanced peer specialist credential with enhanced regulatory oversight is needed based on the current responsibilities and services of a peer counselor, the need for this new credential is less clear. A peer counselor's practice is based on sharing their lived experience, rather than on levels of education, and so it may be difficult to define a higher level of peer. There was also uncertainty from stakeholders on the distinction that could be drawn between a currently certified peer counselor and an advanced peer support specialist.

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<sup>1</sup> Defined broadly as the intersection of law and psychology, Department of Social and Health Services, Office of Forensic Mental Health Services, <https://www.dshs.wa.gov/bha/office-forensic-mental-health-services>, accessed December 16, 2019.

# Background

## Legislative Request

[Chapter 446, laws of 2019](#) (Section 52(2)) directs the Department of Health (department), with cooperation from the Health Care Authority (authority), to conduct a sunrise review under [chapter 18.120 RCW](#) to evaluate the need for an advanced peer support specialist credential to provide a license to perform peer support services in the areas of mental health, substance use disorders, and forensic behavioral health. The requirements for this credential must be accessible to persons in recovery and:

- (a) Integrate with and complement the attributes of the peer counselor certification program administered by the authority.
- (b) Provide education, experience, and training requirements that are more stringent than the requirements for the peer counselor certification program but less extensive than the requirements for licensure or certification under other credentials related to behavioral health which are administered by the department.
- (c) Provide oversight, structure, discipline, and continuing education requirements typical for other professional licenses and certifications.
- (d) Allow advanced peer support specialists to maximize the scope of practice suitable to their skills, lived experience, education, and training.
- (e) Allow advanced peer support specialists to practice and receive reimbursement in behavioral health capitation rates in the full range of settings in which clients receive behavioral health services which are appropriate for their participation.<sup>2</sup>
- (f) Provide a path for career progression to more advanced credentials for those who are interested in pursuing them.
- (g) Incorporate consideration of common barriers to certification and licensure related to criminal history and recovery from behavioral health disorders experienced by peers, and accommodate applicants who have these lived experiences to the greatest extent consistent with prudence and client safety.

Chapter 446, laws of 2019 (Section 52(1)) also directs the department to conduct a sunrise review to evaluate transfer of the current peer counselor certification program from the authority to the department with modifications for the credential to be subject to the oversight, structure, discipline, and continuing education typical of other department behavioral health credentials. The department is submitting this report to the legislature separately.

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<sup>2</sup> Per the Office of the Insurance Commissioner, to be reimbursable under private insurance, the provider of the covered service must be licensed or certified under title 18 or chapter 70.127 RCW, or be supervised by or the agent of such a licensee. Per Health Care Authority, it would require amendment of the Medicaid State Plan for Medicaid reimbursement.



## Peer Counselor Certification Program

The authority defines certified peer counselors (CPCs) as “...work[ing] with their peers (adults and youth) and the parents of children receiving mental health or substance use disorder services. They draw upon their experiences to help peers find hope and make progress toward recovery. Because of their own life experience, they are uniquely equipped to provide support, encouragement and resources to those with mental health challenges.”<sup>3</sup>

Current peer counselor training, examination, and certification are administered by the authority’s Peer Support Program. The requirements for certification are included in the Medicaid State Plan. Prior to July 1, 2019, Medicaid only covered mental health, but now also includes substance use disorder peers ([2019 state plan amendment](#)). Requirements for certification include:

- Self-identification as a consumer of mental health or substance use disorder services, or the parent or legal guardian of a consumer of these services.
- Certification as an agency-affiliated counselor under chapter 18.19 RCW.<sup>4</sup>
- Completion of specialized training (online prerequisite and approximately 40-hour in person) on the Substance Abuse and Mental Health Services Administration (SAMHSA) core competencies.
- Successful passage of an examination administered by the authority.
- Written notification letter from the authority recognizing the individual as a peer counselor.

This certification is only required for peer counselors working in positions that are Medicaid reimbursable, which includes licensed behavioral health agencies (BHA). Peer counselors working in other settings not subject to Medicaid reimbursement can request to take the authority’s training, but are prioritized below those working in BHAs. We estimate there are nearly 2,400 certified peer counselors in Washington, with the majority working in Pierce and King counties.<sup>5</sup>

Currently, there is no certification for forensic behavioral health peers. The authority has initiated a process to explore what it would take to create an enhancement for forensic peer counseling.

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<sup>3</sup> Health Care Authority web site, <https://www.hca.wa.gov/billers-providers-partners/behavioral-health-recovery/peer-support>, accessed July 1, 2019.

<sup>4</sup> Required for Medicaid reimbursement.

<sup>5</sup> Nova Gattman et al., “Washington State Behavioral Health Workforce Assessment,” Washington State Workforce Training and Education Coordinating Board and University of Washington Center for Health Workforce Studies, December 2017, Attachment B.

## Regulation of Peer Counselors in Other States

Forty-one states and Washington D.C. have jurisdiction-approved programs to train and certify peer counselors or specialists. Two states, Colorado and Nevada, have programs under development.

Requirements for certification are typically similar to Washington's, including lived experience with a mental health condition or substance use disorder, being in recovery, completing a training program, and passing an examination. The training programs range from 40 hours to 100 hours. Some states require hours of paid or volunteer experience (up to 2,000 hours in some states) and continuing education for renewal of the certification.<sup>6</sup>

The department found three states with an advanced level peer specialist certification. It is unclear what constitutes advanced practice in these states:

- Iowa: Peer recovery specialist certification requires 46 hours of training, 500 hours of work/practicum experience, and 25 hours of supervision.
- Montana: Level III peer supporter is designed for advanced peer supporters and includes an additional 40 hours of training in addition to the 40 hours required for the basic level of peer.
- Oregon: Peer wellness specialist (PWS) certification requires an 80-hour training (includes 17 topic areas from the basic level peer support specialist [PSS] training).

Georgia doesn't have an advanced level peer certification, but has [multiple types of peer specialist certifications](#) through the Division of Behavioral Health & Developmental Disabilities<sup>7</sup> that are based on the type of lived experience. (In addition, Georgia was mentioned by one stakeholder as the national model for peer support.) The categories are Certified Peer Specialist-Mental Health; Certified Peer Specialist-Addictive Disease; Certified Peer Specialist-Youth; Certified Peer Specialist-Parent; and two ancillary certifications that may be added to the above base certification, Whole Health and Wellness Coach, and Forensic Mentor. Medicaid reimbursement for each type of services is based on the type of peer and whether the peer has a bachelor's degree.

The following states appear to have more stringent requirements than Washington for their entry-level peer:

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<sup>6</sup> Laura Kaufman, M.A. et al., "Peer Specialist Training & Certification Programs: A National Overview 2016," Texas Institute for Excellence in Mental Health, University of Texas at Austin. Many peer specialist certifications include substance use disorder or co-occurring conditions.

<sup>7</sup> <https://dbhdd.georgia.gov/be-supported>.

- Delaware: Peer recovery specialist requires 46 hours of training, 1,000 supervised peer support work/volunteer hours, and 25 hours of supervision.
- Illinois: Recovery support specialist requires 100 hours of training and 2,000 hours (one year full time) of supervised work experience. This certification includes mental health or co-occurring mental illness and substance abuse support.<sup>8</sup>
- Maryland, Rhode Island, and Virginia: Peer recovery specialist requires 46 hours of training and 500 hours of paid or volunteer peer recovery support experience. Maryland also requires 25 hours of supervision.
- Massachusetts: Peer specialist training is eight weeks long.
- Mississippi: Peer support specialist requires a four-day training and 250 hours of paid or volunteer work with clients with a serious mental illness, intellectual or developmental disability, and/or a substance abuse disorder.
- New Jersey: Recovery support practitioner requires 108 hours of training, an 18-hour wellness recovery action plan training, and 500 hours of board-approved paid, volunteer, or combination work experience.
- Tennessee: Peer recovery specialist requires 40 hours of training and 75 hours of supervised direct peer support services.
- Washington, D.C.: Peer specialist certification requires 70 hours of training and 80 hours of field practicum.<sup>9</sup>

Because standards for training and certification vary from state to state, portability may be challenging. There are national and international certifications that may help with this issue, which include:

- The International Certification & Reciprocity Consortium (IC&RC) offers a peer recovery certification for those in recovery from addiction, mental illness, or co-occurring disorders.
- Mental Health America offers a national certified peer specialist certification.<sup>10</sup>
- The Association for Addiction Professionals offers a national peer support recovery specialist certification for individuals in recovery from substance use or co-occurring disorders.<sup>11</sup>

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<sup>8</sup> [http://www.illinoismentalhealthcollaborative.com/consumers/consumer\\_crss.htm](http://www.illinoismentalhealthcollaborative.com/consumers/consumer_crss.htm), accessed September 13, 2019.

<sup>9</sup> Ibid.

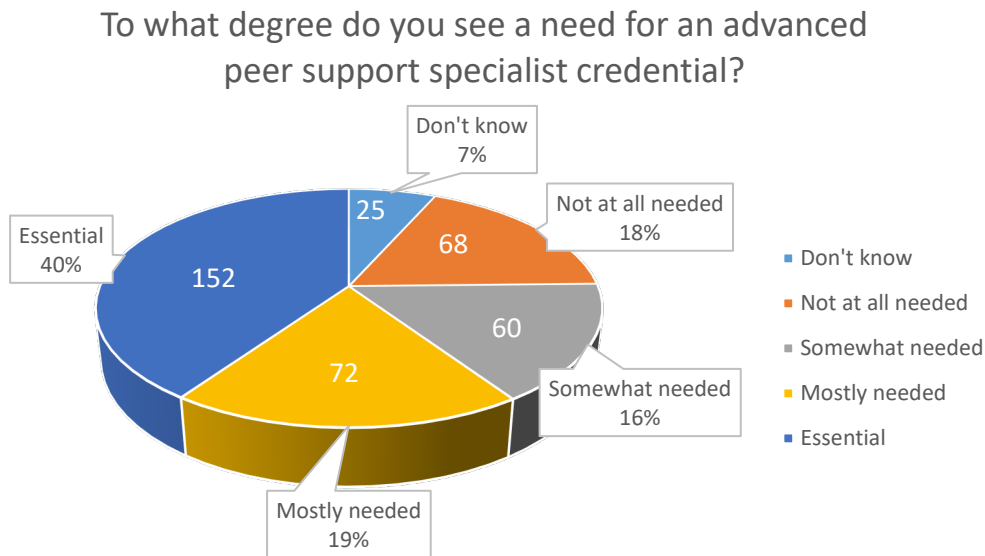
<sup>10</sup> Susan Chapman et al., "Emerging Roles for Peer Providers in Mental Health and Substance Use Disorders," *American Journal of Preventive Medicine*, Vol. 54, Issue 6, Supplement 3, June 2018, p. S272.

<sup>11</sup> NAADAC The Association for Addiction Professionals Web site, <https://www.naadac.org/NCPRSS>, accessed September 12, 2019.

# Stakeholder Engagement

To gather information on the need for an advanced peer support specialist credential, the department conducted a web survey with stakeholders in July. The survey questions are shown in Appendix A.

Of the 377 people who responded to the survey, 59 percent responded that this credential is “mostly needed” or “essential”; 16 percent responded that credential is “somewhat needed”; 18 percent responded that the credential is “not needed”; and 7 percent responded that they “don’t know” whether the credential is needed.



The following table shows the professional affiliation of survey respondents. Many respondents selected multiple categories:

Peer counselor	91
Mental health counselor	85
Chemical dependency/substance use disorder professional	72
Agency affiliated counselor	71
Mental health professional working in behavioral health agency	71
Behavioral health agency administrator	68
Social worker	50
Consumer of peer support services	26
Certified counselor	20
Marriage and family counselor	17
Other	89

Once we analyzed the results of the survey, the department shared draft recommendations with stakeholders and collected written comments in August and September 2019, followed by

a public meeting for oral comments in late September 2019. These comments are summarized in the section titled “Summary of Public Comments on Draft Report” beginning on page 8.

## Summary of Survey Responses

### **Fifty-nine percent of respondents stated this type of credential is mostly needed or essential.**

When asked why they believe this credential is “mostly needed” or “essential,” stakeholders responded that it could foster professional development and create a career path, which should increase interest in the profession and reduce turnover. It could provide leadership and oversight for certified peer counselors, and potentially create more opportunity for peers to supervise peers. Some felt that adding more highly trained peers could increase quality assurance for the profession. They further stated it would demonstrate a commitment to the professional development of people with lived experience, and that seeing peers advance in their careers would be encouraging to consumers.

### **Sixteen percent of respondents stated this type of credential is somewhat needed.**

Responses for why this credential is “somewhat needed” were split. Some felt formalization of the certification would increase accountability, bring a higher degree of professionalism, and possibly increase salaries. Some stated it would create opportunities for persons with criminal history or new in their recovery an opportunity for advancement. Others stated peers are effective just as they are, and if a higher level of service is needed, the client should see a counselor rather than an advanced peer.

### **Eighteen percent of respondents stated this type of credential is not needed.**

Stakeholders who indicated this credential is “not needed” believe it undermines professions with higher education standards, and that there are already sufficient advanced licensed professionals who can provide these services. Some stakeholders stated it could erode the sense of equity between peers and consumers and may add confusion about roles. Some stated it is unclear what services would be provided by advanced peers and there are not oversight or educational standards. Some were worried an advanced peer may take jobs from substance use disorder professionals (SUDPs) and peer counselors, or that agencies may eliminate the certified peer counselor and only work with advanced peers.

### **Seven percent of respondents answered they don’t know whether there is a need for this credential.**

Respondents who stated they “don’t know” whether an advanced peer credential is needed indicated confusion over its potential use, and questioned what problem it is trying to fix.

## Summary of Public Comments on Draft Report

The department shared a draft report with stakeholders in early September and invited written comments, followed by a public meeting September 24 for oral comments. Most of the comments echoed the results of the web survey the department conducted. Additional themes in the written comments were:

- Someone with lived experience in all three areas (substance use disorder, mental health, and forensics) would be a good candidate for an advanced peer credential and should receive higher compensation.
- Instead of an advanced peer specialist, it may be more appropriate to create specialist categories for mental health, substance use disorder, or forensic peers.
- An advanced credential is needed to supervise and support a peer counselor. Stakeholders expressed concern that oversight by clinical providers is not effective and clinical providers may not want to provide this supervision.<sup>12</sup>

## Additional Suggestions

If this type of credential is created, stakeholders suggest ensuring:

- Clear limits to the scope of practice to ensure proper training and a clear delineation between peers and clinical practitioners.
- Sufficient training programs exist across the state with a standardized curriculum that addresses topics such as ethics, professional boundaries, suicide prevention, and when to ask for help.;
- Peers continue to provide the training and that the focus remains on recovery principles, such as SAMHSA’s definition of recovery.
- Currently certified peer counselors participate in development of this credential.
- Proper supervision of the advanced peer by a licensed professional.

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<sup>12</sup> Certified peer counselors can already provide supervision of other peer counselors, depending on what services are being delivered. Medicaid requires clinical supervision of peer counselors by a “mental health professional” as defined in [WAC 246-341-0200](#) for certain types of services.

## Conclusion

The department found that there is interest in creating an advanced peer specialist credential from many of those who responded to the survey, including current peer counselors. They identified a need to create opportunities for career advancement, increase interest in the field, and help with staff retention.

However, when considering whether an advanced peer credential with enhanced regulatory oversight is needed based on the current responsibilities and services of a peer counselor, the need for this credential is less clear. A peer counselor's practice is based on sharing their lived experience, rather than on levels of education, and so it may be difficult to define a higher level of peer. There was also uncertainty from stakeholders on the distinction that could be drawn between what a currently certified peer counselor and an advanced peer support specialist do.

## Appendix A: Survey Questions

**Question 1:** I am responding as a: (Please check all that apply)

- Consumer of peer support services
- Peer counselor
- Behavioral health agency administrator
- Chemical dependency professional/substance use disorder professional
- Agency affiliated counselor
- Certified counselor
- Mental health professional working in a behavioral health agency
- Mental health counselor
- Social worker
- Marriage and family counselor
- Other. Please explain

**Question 2:** To what degree do you see a need for an advanced peer specialist credential?

**Question 3:** To what degree would this credential benefit consumers of peer support services?

**Question 4:** To what degree would this credential benefit currently certified peer counselor?

**Question 5:** To what degree would this credential benefit other behavioral health providers?

**Question 6:** To what degree would this credential disadvantage consumers of peer support services?

**Question 7:** To what degree would this credential disadvantage currently certified peer counselors?

**Question 8:** To what degree would this credential disadvantage other behavioral health providers?

**Question 9:** Do you see challenges with enacting any of the requirements in the bill?

**Question 10:** Do you have anything to add that is relevant to analyzing the need for an advanced peer specialist credential?



## Appendix B: Public Comments on Draft Report

I'm interested in removing the requirement for clinical supervisors to supervise peer support specialists and instead require peer support specialists to be supervised by other peer support specialists. If an advanced peer support specialist credential would help with that process, I would potentially be interested. But I'm not sure about why else it would be useful, and without an explicit connection to supervision, I think it could create more harm than good if it just made more employment barriers.

Julianne Gale

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I am writing in support of the advanced credential for peers to be able to supervise and for a career ladder. I currently supervise the service delivery of peer services and have done so for over 5 years with only my certification and some college experience. Our organization is the only one that I know of that has a peer in supervisory role and it has been very effective. I meet with agency peers and parent partners as well as bridgers to train, support and lead team meetings. I also work closely with clinic managers who do the admin supervision and ensure that the peer role is supported, clear and am highly appreciated for my role. I definitely qualify to be a advanced level peer if there were that credential. I am someone with lived experiences in the areas of SUD, forensics, parent partner, youth peer, and mental health so just like clinical staff are compensated for the experiences we should also be compensating peers for the vast amount of lived experiences. I like to share the example of if a peer has experiences such as mine, we are asked to provide various types of peer support in areas such as SUD or forensics. If the organization does not have a peer with both or all the experiences I mentioned then they would have to hire additional peers to fill that role who do. Why not allow those with varied experiences get compensated more and have advanced level certification?

Danielle Goodwin, Recovery Specialist - Peer Support Program

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In reference to the Sunrise review of the Advanced Peer counselor credential, I have the following feedback:

Question 1: I am responding as a: Behavioral health agency administrator and; an educator in behavioral health sciences.

Question 2: *To what degree do you see a need for an advanced peer specialist?*

I do not feel it is needed. It is unclear what the advanced peer would do. There is no clear education standard. We should be moving away from paraprofessional counseling toward even more advanced professional standards.

Question 3: *To what degree would this credential benefit consumers of behavioral health services?*  
None

Question 4: *To what degree would this credential benefit behavioral health providers?* none

Question 5: *To what degree would this credential disadvantage consumers of behavioral health services?* With the changes to the WRAMP program, over-reliance on peers could place clients in harm's way, working with persons who have no more than 1 year 'clean time" yet work as an advanced professional.

Question 6: *To what degree would this credential disadvantage behavioral health providers?* It creates silos on the care team. Also, we are prevented from asking about "recovery." How many levels of peers are needed? This sets up agencies to use peers at a lower wage than other more appropriately credentialed staff.

Question 7: *Do you see challenges with enacting any of the requirements in Chapter 444, Laws of 2019?*

Service Encounter Reporting Instructions (SERI) will be to be revised to allow persons with this new credential to "bill" Medicaid. Medicaid needs to be aligned with this change if it happens.

Question 8: *Do you have anything to add that is relevant to analyzing the need for advanced peer counselors?*

Consistent with healthcare transformation here in Washington, we need to be aligning with advanced professional standards and medical-not moving backwards into enhancing the field of "paraprofessionals." The current role of certified peer counselor seems adequate in addressing the needs of patient peer support, in my opinion.

Ron Tussey M.Ed, LMHC, SUDP, Adjunct Instructor in Addiction Studies

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1. I am responding as a: Lead Peer Support Specialist.
  2. To what degree do you see a need for an advanced peer specialist credential? I feel this is much needed. I have already been put into a Leader/Supervisor role and I am seeking trainings that will specify the role of a Peer Leader. My agency see's the need for the right person but are frustrated with the fact there currently are no trainings available to assist those peers who are working in a Leadership or Supervisory role.
  3. To what degree would this credential benefit consumers of peer support services? Consumers will see that their peers can advance and have a career in peer support services. Also, this is and will continue to bridge that gap between peers and the clinicians they work with.
  4. To what degree would this credential benefit certified peer counselor? This will benefit peers in that it gives us hope that we can continue and advance in the peer role as a career. This will also, improve the Peer Program by having peers supervising peers.
  5. To what degree would this credential benefit other behavioral health providers? The benefit I see is that peers counselors will stay (reducing turnover) if there are career advancements in play and further education available.
  6. To what degree would this credential disadvantage consumers of peer support services? This will not disadvantage consumers at all. Consumers will be inspired to see advancement in our careers and continuing to grow the Peer Support role and making it more accessible

and available in more places. Their voice will be heard in more clinical settings than ever before.

7. To what degree would this credential disadvantage currently certified peer counselors? I do not see a disadvantage for certified peer counselors as this opens up more opportunities for our field of expertise. We have been asking for this for a while and it will only help improve and define our roles in the behavioral health settings. Career advancement will help stop turn over.
8. To what degree would the credential disadvantage other behavioral health providers? I do not see how this would cause a disadvantage to other agencies. This will provide them with better opportunities for a completely peer ran program.
9. Do you see challenges with enacting any of the requirements in the bill? One challenge I can see is the clinicians understanding of what the role of an Advanced Peer Support Specialists is.
10. Do you have anything to add that is relevant to analyzing the need for an advanced peer specialist credential? As a working peer in a leadership position already, I find this very necessary for those of us that feel stuck due to there being no trainings or education to advance us in our field of expertise.

Jackie Morgan  
Lead Peer Support Specialist

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I recently received an email asking my opinion about possible changes to the peer counseling program. I have been a peer counselor for over a year now and I am also a SUDPT (formerly CDPT). I was trained by doing the online course and then the 1-week in class program. I believe there should be no change in how to obtain the peer counselor certification. I do believe that continuing education should be required annually but only in the form of online courses, that there are no charge for. I also believe that once the course is completed and that you have obtained your certificate, the department of health should be involved for annual renewal. Since there is a qualification of personal experience regarding peer counseling, it is important to ensure the peer counselors are continuing their program of recovery. Background checks should have the same allowances as SUDP/T's.

I do believe in advanced training for peer support specialists to perform services in the areas of mental health, SUD, and forensic behavioral health however, this should only be to assist in certain working environments. For example; working at inpatient settings for BH or SUD. Peer support specialists are vital in assisting counselors with the "extra's" but not doing their jobs that they have specifically been educated for. I work in a SUD inpatient facility and we do not have the time to go the extra mile when it comes to housing. This is a huge need. If we had peer specialists they could help with that but would need advanced training on working with our specific cliental. They would need to know how to handle certain situations and behaviors.

It is my understanding that the reason peer support specialists have become in so much demand is the ability to obtain the agency affiliated license and do some of the work a counselor cannot due

to the client load. More and more people are now seeking treatment than in the past and we just do not have enough licensed staff to accommodate case loads. This is not a reason though to make peer support specialists "just trained enough" to finish what the counselor cannot. What happens to pay for the licensed professional? Is there a state grant that employers can use to have peer support specialists in their facilities? If a licensed counselor wants to become a SUDP, they have 5-years of college education. What would the requirement be for someone who is a peer support specialist with no college education, to start working in the SUD field? What is your development plan of "advanced training mean?"

I would like to see support for those that are in the SUD field like myself, have the opportunity to take advanced classes in the behavioral health field. This way we have the ability to be co-occurring counselors. If a LMP can take the one year course for SUDP and then only have to collect 500-1500 hours (instead of the 2500 I was required to get) I would think they have another way of training for people who have an associate degree but so many hours as a counselor to count towards an LMP license. This sounds crazy right? Well that's how I hear when someone is thinking about advanced training for a peer support specialist. The advanced training is to go back to college and get a degree than get a state certificate.

Brenda Thorson CPC, SUDPT

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I am writing to express my views on the proposal to bring peer counselor credentialing under the auspices of the Dept. of Health, and adding an advanced peer counselor credential. I am in support of both these proposals. I am currently an Associate Licensed Mental Health Counselor with a Masters Degree in Clinical Mental Health Counselor and I work with a Certified Peer Counselor, and before I had this job I was a Certified Peer Counselor myself for 2.5 years. I believe bringing the peer counselor certification under the umbrella of the DOH like the certifications of all the other mental health professionals peer counselors work alongside would provide consistency and uniformity across the licensing and credentialing process for all mental health professionals who work together, which is a positive development. I also believe it is a good idea to offer an advanced credential for peer counselors with advanced training and competencies, a credential I certainly would have liked to pursue while I was a peer counselor. Peer counselors, too, deserve an opportunity for professional advancement and growth for those interested in pursuing advanced competency in their profession.

Adrienne Delaney, MA, LMHCA, MHP, Certified Peer Counselor, Clinician

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Comments Provided at Public Comment Meeting (orally and in writing)  
September 24, 2019

Marcia Roi from Clark College provided comments in support of an advanced peer credential. She stated this provider could supervise and support the peer counselor. Chemical dependency Professionals (CDP)<sup>13</sup> don't want to supervise peers and the clinician isn't wired to teach or

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<sup>13</sup> Now called substance use disorder professional (SUDP).

supervise peer work. She said peers provide resources, not counseling while the CDP is looking at acute symptoms. She recommends the peer counselor programs be done through the community colleges with competency-based education. There would be two levels with the upper level being trained to support the lower level.

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I write today on behalf of the Washington Council for Behavioral Health regarding the potential creation of an Advanced Peer Support Specialist credential. The Council is the professional association of licensed community behavioral health agencies (BHAs), representing more than 40 agencies across the state that employ a wide variety of differently credentialed clinicians.

We previously provided comments as part of the sunrise review survey distributed by the Department of Health. After reviewing the draft report to the Legislature, we continue to have many of the same concerns that this credential will cause confusion and not address the problem we think it might be trying to solve.

If one of the goals is to strengthen and solidify training/education requirements for mental health disorders, substance use disorders, co-occurring disorders, and forensic specialties, then we are not sure if “advanced” is the correct language to use here. It’s quite general, and it doesn’t really describe the role of the credential. We are having trouble conceptualizing the difference in roles between a peer support specialist and an advanced one. Based on current curriculum content, we think it would be very challenging to define advanced training for this kind of work and role. We think that perhaps “specialized peer support counselor” would be a better description, and it would be beneficial in the sense that there is a need in our system for peers who specialize and are trained in certain areas (e.g., MH, SUD, COD, or forensic).

While SUD peer support services have been added to the state plan, it is not clear whether the training and exam would be the same or different than the historic mental health peer counselor. Are these two different credentials with different knowledge, skills, and lived experience, or is it one combined-entry level peer role? If we are going to create an advanced peer specialist role, we need to be clear about the baseline role and expertise. It’s important to always remember that the central contribution and role of a peer is using their lived experience to help others on a path toward recovery, not their level of education or standards of professional licensure.

Finally, we’d like to make a few brief comments about specific content in the report. First, the second paragraph on page 4 suggests that the roles listed for peer counselors are new or “emerging.” That assertion is not correct as peers have been part of these settings for years. Also on page 4, the definition of peer-bridger is incomplete. The “short-term community support of recovery” provided by peer-bridger programs focuses explicitly on bridging inpatient and outpatient care and the related transitions involved with discharge planning. Last, we are curious why state of Georgia isn’t listed anywhere in the report. If DOH is still researching other state credentials, we strongly urge it to look at Georgia, as that state is considered a national model for peer support. Thank you for your time and consideration. We are happy to answer any questions and look forward to participating in next steps in this process.

Joan Miller, JD, Senior Policy Analyst

## Appendix C: Letter RE: Reimbursement



### Memorandum

**To:** Sherry Thomas, Washington State Department of Health

**From:** Lonnie Johns-Brown, Washington State Office of the Insurance Commissioner

**Date:** September 19, 2019

**Subject:** Provider Credentials – Behavioral Health: Legislative Implementation Questions – Insurance Reimbursement

Thank you for asking the Office of the Insurance Commissioner (OIC) for input to support Department of Health (DOH)'s implementation of ESHB 1768 and 2SHB 1907. In order to be 'reimbursable' under insurance/health benefit plan coverage, the provider of the covered service must be licensed under title 18 or chapter 70.127 RCW, or be supervised by or the agent of such a licensee. RCW 48.43.005 (24) [definition of "provider"].

For the Medicaid program, we believe that any new credential would need to be included by Health Care Authority in the WAC 182-502-0002, which lists eligible provider types, but recommend you confirm this with the Health Care Authority. However, there isn't a comparable list of eligible provider types under the insurance code, and instead the more general "scope of practice under the license" determines whether the provider is eligible to provide a covered service. See, RCW 48.43.045, WAC 284-170-270.

Finally, depending on the taxonomy system used by the carrier or Medicaid program, the medical billing and payment system would need to recognize the classification of the provider in order to adjudicate and pay the claim.