Washington State Health Care Authority

Peer supports discussion talking points

Main talking points

- There is confusion over different names and categories of peers, what is a navigator, peers are often placed outside their shared peer experience.
    - This will hopefully clear up some with the implementations of SB Bill 5555 (creating the profession of certified peer specialist)
- Is it possible to change the name or acronym of certified peer specialist (CPS)? It could be a barrier for families and individuals with trauma around child protective services.
- There needs to be more awareness preparing peers entering peer training. They need to know that their training will cover a large area of behavioral health and not just their area of focus and that this may be personally challenging as they cover topics that may be triggering.
- Peers are often pulled from marginalized communities with different levels of educational attainment. It is important to provide tools and resources for prerequisites, training, and onboarding in a way that's inclusive such as video, E readers, note taking software.
- A lot more work should be done at the management/ institutional level educating organizations around what peer work is and managing from a trauma informed approach.
- Senior management of organizations need to approach their peer workforce holistically and that peers are a vulnerable population serving a vulnerable population in a high stress environment. Needs to be an organizational understanding that if a peer needs to take a day off due to an overdose or something they've seen in the field, that it's granted.
- Peers are seeing two approaches to peer work:
    - One that is person centered.
    - One that is funding centered, focusing on quantity over quality and where there are a lot more restrictions and guidelines and it turns into more of a counseling role and not a peer role.
- There is work being done on operationalizing Peer Support and working on a required supervisor of peers training.
- We highly encourage folks to read up on the new 5555 bill and the guidance coming out from the Department of Health around peer work.
    - They're holding open sessions for peers and individuals with lived experience around license requirements around peer work, counseling, etc.
- We wanted to let guests know about the statewide peer network and that they are welcome to reach out if they to get connected.

Behavioral Health work force discussion: Talking points

- Is there a way to quantify the need/ workforce shortage of certified behavioral health professionals to determine how big the workforce shortage is and if there are greater areas of need such as geography or area of specialty?
- Starting in 2024/2025 the Washington Department of Health will begin collecting more data on license holders on where they are at, if they are still practicing, and in what setting.

- Of the workforce data being collected, it is often limited to clinicians such as psychologists, social workers, and psychiatrists and not the entire behavioral health workforce. There needs to be more agreement on which providers s should be included, for example Washington is investing a lot of money into the peer workforce but generally it isn't the kind of workforce the people in the data discussion are thinking about.
- The concept of a "leaky bucket" with holes representing the workforce, so we can keep pouring in professionals but if we keep leaking them due to turnover due to burnout, higher paying health systems, etc. we will never get to where we need to be.
- See a drop in morale in the mental health field with numerous professionals leaving due to systemic issues where they are unable to detain and transfer mental health patients in need, so workers are leaving because they don't see a resolution to what's happening.
- Other guests are seeing peers leave due to more lucrative careers as a counselor or case manager.
- Surveys are showing turnover is high in behavioral health fields, ranging from mid to high 30%.
- Retention is really about workplace culture and focusing on a person-centered workplace culture instead of a productivity workplace culture.
- Lots of money and research is going into workplace recruitment but are there funds going into innovative ideas that are person centered and based on fostering cultures of belonging and selfcare?
- Behavioral Health is a high stress job, employers need to be treated with respect to their own needs regardless of where they're at in the workforce, this includes flexible schedules, flex time without having to take PTO, work/life balance, manageable workloads.
- Guest shared his work with gang intervention and substance abuse in middle school.
    - A lot of the issues with joining gangs and substance use are the kids coming from good families, but parents couldn't/can't take the day off because they are stuck in the office.
    - You'd see this in Hispanic communities where it was coming from families that couldn't take the day off because they were working the fields but now, you're seeing it from every walk of life because nobody is home.
    - Kids get out of school at 2:00pm and parents aren't off till 5:00pm.
- Another guest shared having to quit a previous job due to the impact it was having on his mental and physical health.
- Focus should be on passion, not productivity, meaning mangers should ask "why are you doing this work?" what lights you up?" and empowering the employees in those areas, and productivity will go up naturally.
- There should be some type of mandate that requires that clinical supervision could not be done by the person who can fire you. Clinical supervision should be separate from administrative supervision.
- Those with specialties such as EMDR or even an area of focus such and problem gambling, those need to be respected with higher pay for the things that they can do that no one else can.
- For bilingual providers if they are asked to do sessions in one language and then do their notes in English, they need to be compensated for their translation services and should never be asked to provide translation services for their office, a professional service should be brought in.

- Peers can't work from an empty cup. If you're working from an empty cup, you're risking yourself and the person you're working with, I think it's true for all people.
- Supervisors are often also pouring from an empty cup. Supervisors often aren't trained in how to be good supervisors or given the resources to seek it out. Continuing education should be provided at all levels.
- The Healthcare Authority is sponsoring a training called Coach Approach for adaptive leadership. It is a free training through the system of care grant.
- There should be incentives for people to actually do continuing education and additional training to motivate people to authentically engage.
- A guest shared that she is seeing this type of person-centered approach modeled at HCA where top leadership is modeling this from the top down.
    - Where they say I am going to take the day off because of what happened in yesterday's meeting, and you don't have the same level of burnout or moral injury.
- Institutions and employers need more training around DEI and trauma informed care and management, not just their employees.