Washington State Health Care Authority

REPORT TO THE LEGISLATURE

Survey of peer mental health programs

Second Substitute House Bill 1394; Section 12(4); Chapter 324; Laws of 2019

December 1, 2020

Survey of peer mental health programs

Acknowledgments

We thank the survey respondents and the Office of Recovery Partnerships for contributing their information, time, and passion to this report.

We also want to acknowledge the work of the late Jennifer Bliss, former Office of Recovery Partnership Senior Manager. Jennifer's tireless advocacy of peer-run, peer-operated service delivery led to the development of the survey included in this report.

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The Washington State Health Care Authority (HCA) is submitting this report to the Legislature as required by Second Substitute House Bill 1394; Section 12(4); Chapter 324, Laws of 2019:

> *"By December 1, 2020, the health care authority shall submit a preliminary report to the governor and the appropriate committees of the legislature. The preliminary report shall include a survey of peer mental health programs that are operating in the state, including the location, type of services offered, and number of clients served…."*

Consumer-operated/peer-run service delivery

The concept of peer support in both mental health and substance use treatment services has been well established for at least 40 years (Bluebird, 2001; Chamberlin, 1979; Copeland & Mead, 2004; Kaufmann, 1995; Copeland, 1997). Over the past decade, peer support services have become an integral component of the behavioral health care system. This system is evolving toward a recovery-oriented system which aims to integrate mental health and substance use services into an individualized, person-centered framework (Kaplan, 2008; Sheedy & Whitter, 2009). Peer providers are defined by the Substance Abuse Mental Health Services Administration (SAMHSA) as "a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resilience" (U.S. Department of Health & Human Services, 2015).

Much of this evolution has been in employing people with lived experience in specifically designated peer provider roles. Another stage that is gaining emphasis is the actual design and development of consumer run, managed, and operated services. In fact, SAMHSA has had an evidence-based Toolkit for Consumer Operated Services available since 2011 (U.S. Department of Health & Human Services, 2011). This appears to be a natural outgrowth of several strands of behavioral health efforts over the years.

Consumer-operated services, which will be referred to as peer-run/peer-operated throughout this report, are fully independent from other mental health agencies, with the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues (Zinman, Harp, & Budd, 1987; Solomon, 2004; Van Tosh & del Vecchio, 2001; Holter & Mowbray, 2005). To a large degree, peer-run/peer-operated programs are staffed by individuals who have received services (Mowbray & Moxley, 1997; Goldstrom et al., 2004, 2006). Peer-run/peer-operated programs may include the following:

- Providing mutual support
- Building the community
- Offering services
- Conducting advocacy activities

Peer-run/peer-operated services share some common elements with a variety of program types that incorporate varying functions. These models include mutual support groups, multiservice agencies; independent living centers; peer-run drop-in programs; and specialized supportive services such as housing, employment, supported education, crisis response, and respite (Campbell & Leaver, 2003; U.S. Department of Health & Human Services, 2011). Work to combat stigma has increasingly embodied the importance of consumers themselves educating the community about mental illness (Cook, 2012).

Washington State was in the forefront of expanding peer-run/peer-operated within the Clubhouse movement by creating in 1989 the Capital Clubhouse (now Capital Recovery Center) in Olympia. Its initial consumer-run structure served as a model for other consumer-run programs around the country. An example is Consumer Voices Are Born (CVAB). Based in Clark County, CVAB began as a consumer support and advisory group that has evolved into a consumer-driven, multi-service agency (with sites in Vancouver and the Skagit Valley). CVAB operates the Val Ogden Center Clubhouse in Vancouver and a statewide peer-run/peer-operated service SAMHSA development grant.

Background

Strong evidence for peer-run/peer-operated services is emerging. Mowbray et al. (2005) developed the Fidelity Rating Criteria for peer-run/peer-operated drop-in centers to study and evaluate these services. SAMHSA conducted a study between 1998 and 2002. The Consumer-Operated Services and Programs (COSP) Multisite Study identified common ingredients across the seven consumer-operated multiservice agencies participating in the study:

- Program structure;
- Program environment;
- Belief systems;
- Peer support; and
- Education/advocacy.

SAMHSA's Community Mental Health Services' Community Support Program funded 14 projects designed to implement and evaluate peer-run/peer-operated services from 1988 to 1991. The projects included drop-in centers, outreach programs, businesses, employment and housing programs, and crisis services. Investigators began to conduct more rigorous studies of peer-run/peer-operated services that included measures of empowerment, hope, self-esteem, well-being, and healing/recovery, among others. It concluded that participating in mutual support groups and drop-in centers improved individuals' perceptions of self, social functioning, and decision making. Access to a crisis hostel program produced greater recovery and a greater sense of empowerment than traditional hospital-based services (Dumont & Jones, 2002; Yanos et al., 2001).

In 2008, a report to the Legislature, as directed by Substitute House Bill 2654 (2008), was submitted on strategies for developing consumer and family-run services. The report included information on:

- A plan for implementation of consumer and family-run services in Washington;
- Amendment of the mental health waiver and state plan related to utilization of Medicaid for financing services provided by community service agencies;
- Identification of funding and resources needed for implementation of these services;
- Recommendations related to licensing or certification requirements that should be applied to community service agencies;
- Recommendations related to assuring the services provided by community services agencies are integrated with other treatment services; and
- Technical assistance needed to assist community service agencies to organize and become licensed or certified and eligible for receipt of Medicaid funding.

A workgroup was established that included individuals with lived experience, youth in transition, family members, and stakeholders. The principles of recovery (SAMHSA, n.d.) guided the workgroup recommendations. The workgroup concluded: ***Washington State needs a broader and diverse array of consumer- and family-run organizations to develop and provide an ever-expanding array of services and supports grounded in the priorities of the consumers and family members that live in the communities where those programs operate*** (TriWest, 2008)***.***

The report to the Legislature made the following recommendations:

- Fund technical assistance to develop consumer- and family-run organizations across the state at multiple levels of development, including dedicated funding for both the start-up of new organizations and the enhancement of existing organizations.
- Develop certification requirements to ensure accountability for consumer- and family-run organizations.
- Implement a pilot of at least two consumer-run and two family-run organizations
- Refine the certification requirements through an evaluation
- The Medicaid State Plan is sufficient to support services by consumer- and family-run organizations.

Office of Recovery Partnerships (ORP)

HCA's Division of Behavioral Health and Recovery established the Office of Recovery Partnership (ORP) to ensure recovery-oriented services and initiatives are integrated into all aspects of health care planning, policy, and practice. One of the priorities of the ORP is to support the development and growth of peer-run services and organizations and other peer services and supports. The ORP manager, along with ORP members, designed the survey to capture information about peer-run/peer-operated services.

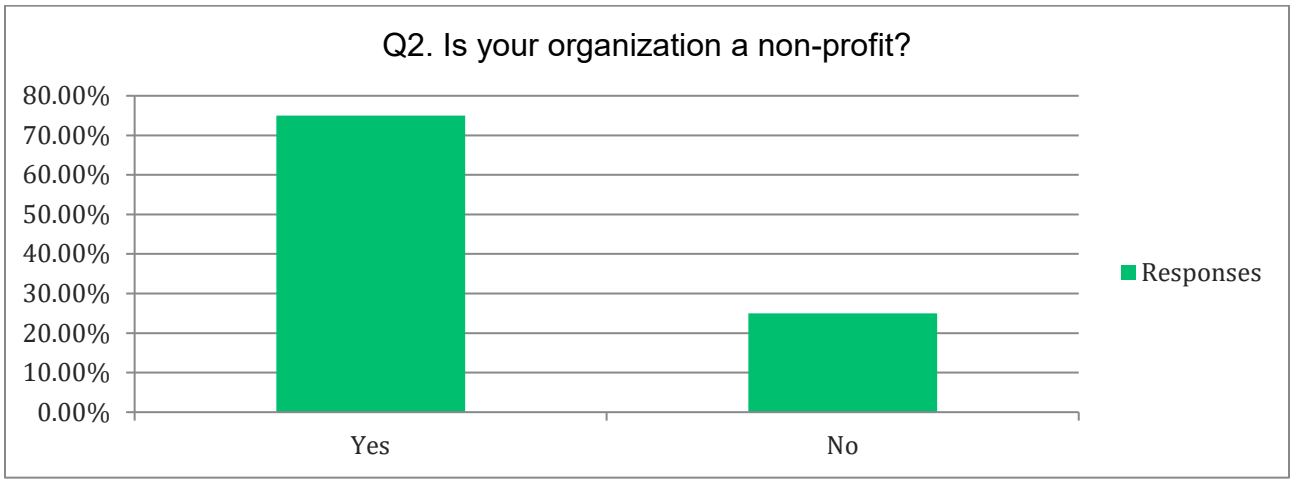
Survey results

Utilizing an online platform called SurveyMonkey, ORP created an expansive list of questions for peer programs to showcase the richness and variety of peer programs statewide. Forty-four responses to the survey are included in the results below. The survey was distributed broadly over the course of six-months through a variety of methods.

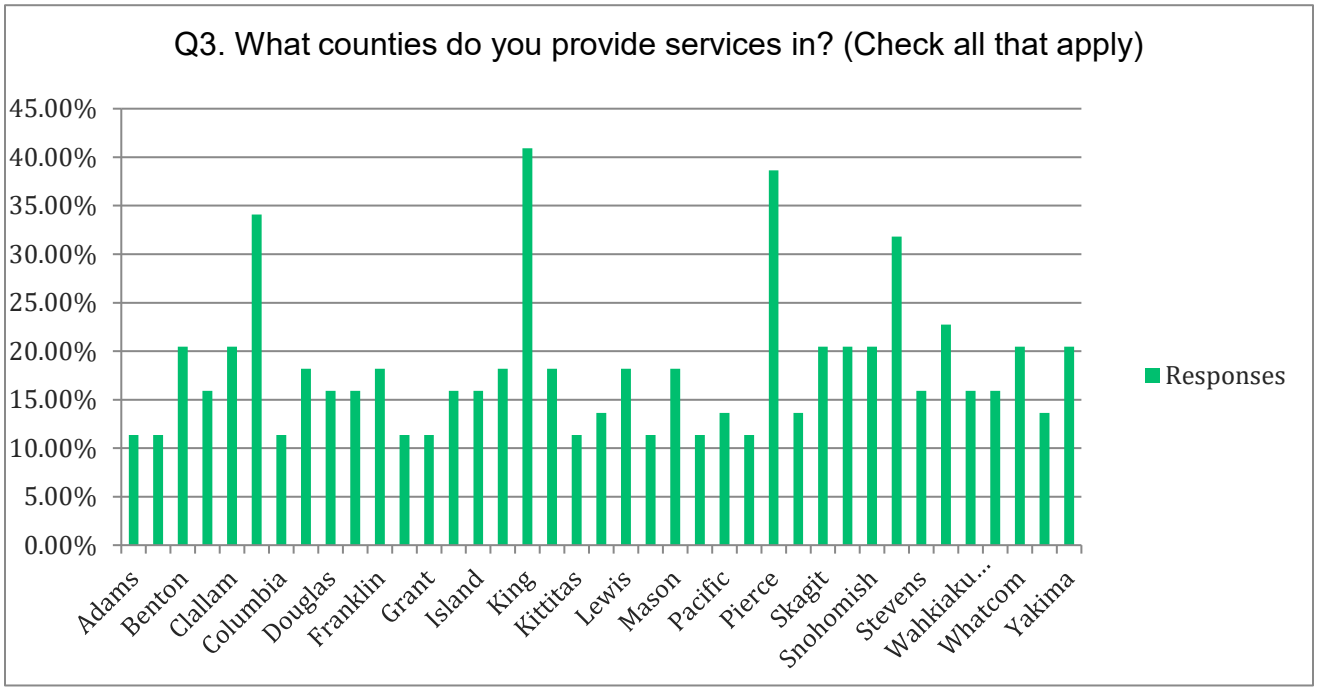
Q1. Name of the peer-run/peer-operated organization:

Answered **44**

Q2. Is your organization a non-profit?



Q3. What counties do you provide services in? (Multiple choices)



Q4. What is your organization's primary street address?

Answered **44**

Q5. What is your preferred mailing address?

Answered **44**

Q6. Director's Name

Answered **44**

Q7. Email address

Answered **44**

Q8. Phone number

Answered **44**

Q9. What type of organization best describes you? (Definitions were included, and only one option could be chosen.)

Answer Choices	Responses	
Peer-run organization that provides direct services to peers or family Definition: A peer-run, non-profit organization has a board of at least 51% peers; and all workers, including the director, identify as peers. A peer-owned organization is owned and operated by peers and provides direct services to peers.	34.09%	15
Non-peer-run, non-profit organization providing peer support or assistance Definition: A non-peer-run organization offers predominately peer support services but is not completely owned or operated by peers.	9.09%	4
Community volunteer peer organization Definition: A community peer organization is typically one or more peers organized to provide peer services voluntarily in their community.	0.00%	0
Oxford House Definition: An Oxford House is a contracted clean-and-sober collaborative living residence with recovery supports.	0.00%	0
Other peer-supported recovery housing	2.27%	1
Primarily peer network Definition: A peer network is an organization whose purpose is to bring information to their community, form supportive relationships, and advocate collectively.	2.27%	1
Primarily family network Definition: A family network is an organization whose purpose is to bring information to their community, form supportive relationships, and advocate collectively.	2.27%	1
Primarily youth network Definition: A youth network is an organization whose purpose is to bring information to their community, form supportive relationships, and advocate collectively.	0.00%	0
Peer- or family-run organization focused primarily on advocacy Definition: A group that focuses on particular advocacy efforts, such as legislative, community projects, or community efforts.	0.00%	0
Peer-respite Definition: A peer-respite is a voluntary, 24-hour organization staffed by peers offering peer support and recovery supports.	0.00%	0
A peer-run business providing education or assistance for peers Definition: Peer-owned and operated business offering service or education for peers.	11.36%	5
A certified clubhouse (WAC or Clubhouse International certified) Definition: A clubhouse is an organization, not necessarily peer run, that provides services such as drop-in activities or a work-ordered day.	2.27%	1
A non-certified clubhouse Definition: A clubhouse not certified by WAC or Clubhouse International.	0.00%	0
An advocacy organization Definition: An organization whose purpose is to provide advocacy in behavioral health. (See next question for specifics)	6.82%	3
Other: • Behavioral Health • SUD and MH agency including peer support services • Outpatient Substance Use Disorder Treatment Agency • Community Behavioral Health Agency • University providing high level educational opportunities for peer, supervisors, HR and the community	29.55%	13

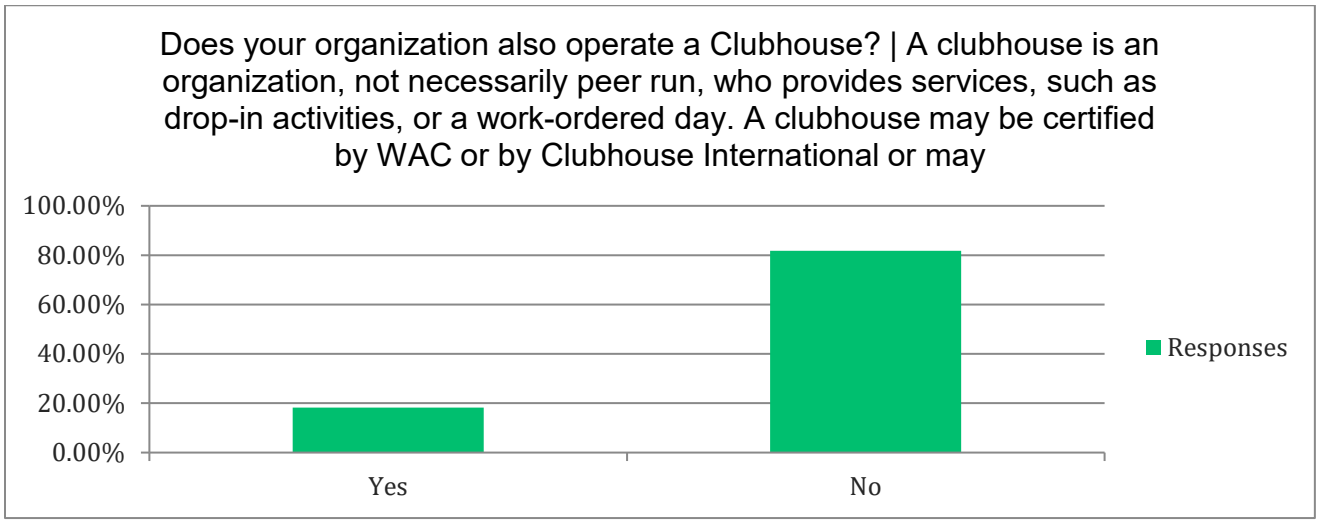
• Nonprofit grassroots patient education & advocacy organization serving people living with mental illness and their families and caregivers • Nonprofit serving peers and family members, run by mostly peers and family members, but not all. Providing education, support, and legislative advocacy. • Non peer-run organization • Mental health facility • Tribal Mental Health agency • It's difficult to pick one, so we are mainly a peer-run org providing direct services, we have transitional housing run by peers and we do advocacy work • University Based Peer-Run educational and training hub • We are a peer-run organization that does direct service, advocacy , provide resources and education to the community		
	Answered	**44**

Q10. Describe your current area of focus for your advocacy organization.

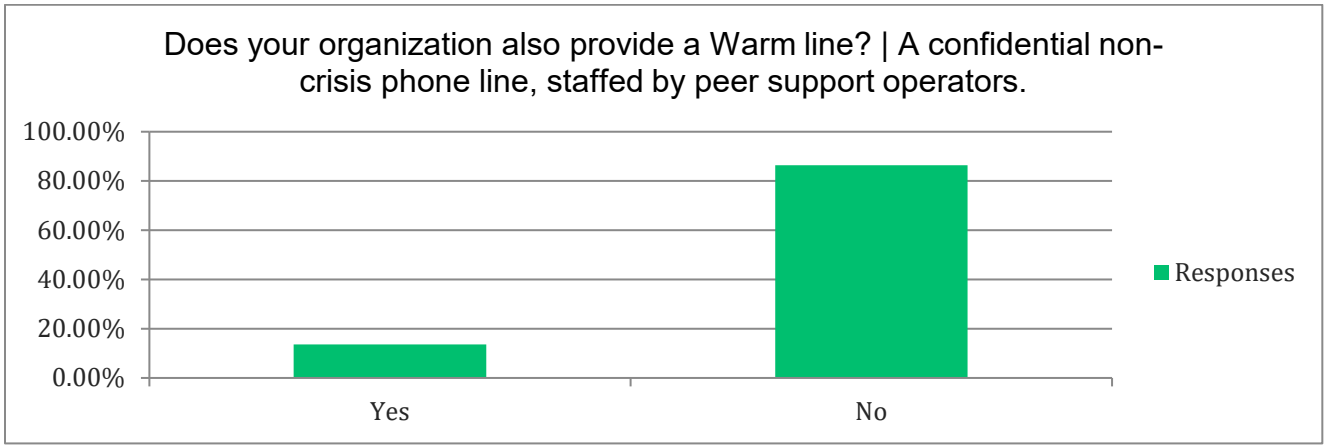
Answered 8

- Public policy and public understanding supporting prevention, treatment, and recovery support services.
- Criminal Justice Reform/Ending Mass Incarceration
- Initiatives that remove the barriers for peers in the workforce and funding for non-Medicaid billed recovery support services.
- Employment, Education, Community

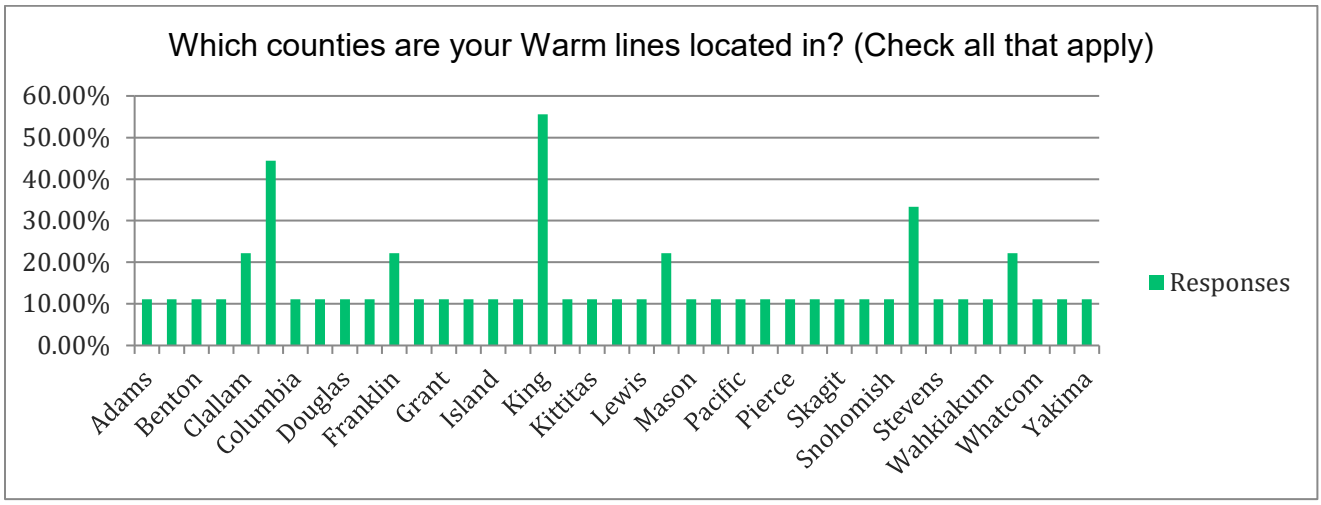
Q11. Does your organization also operate a Clubhouse?



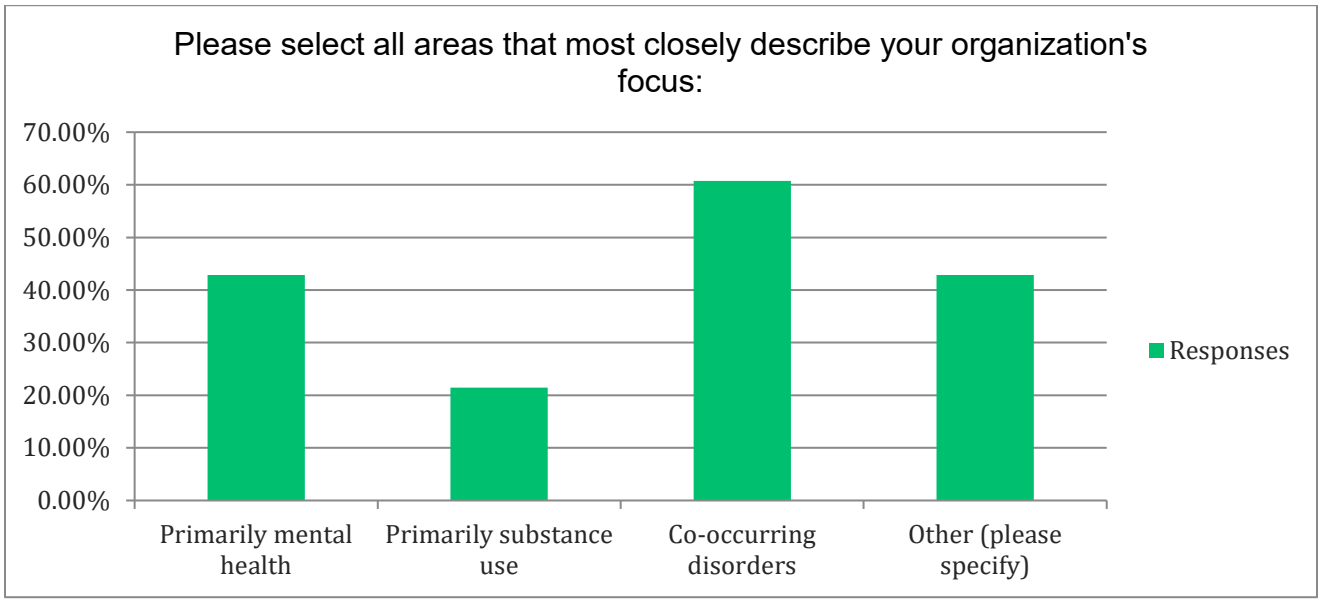
Q12. Does your organization also provide a Warm Line? (A confidential non-crisis phone line, staffed by peer support operators)



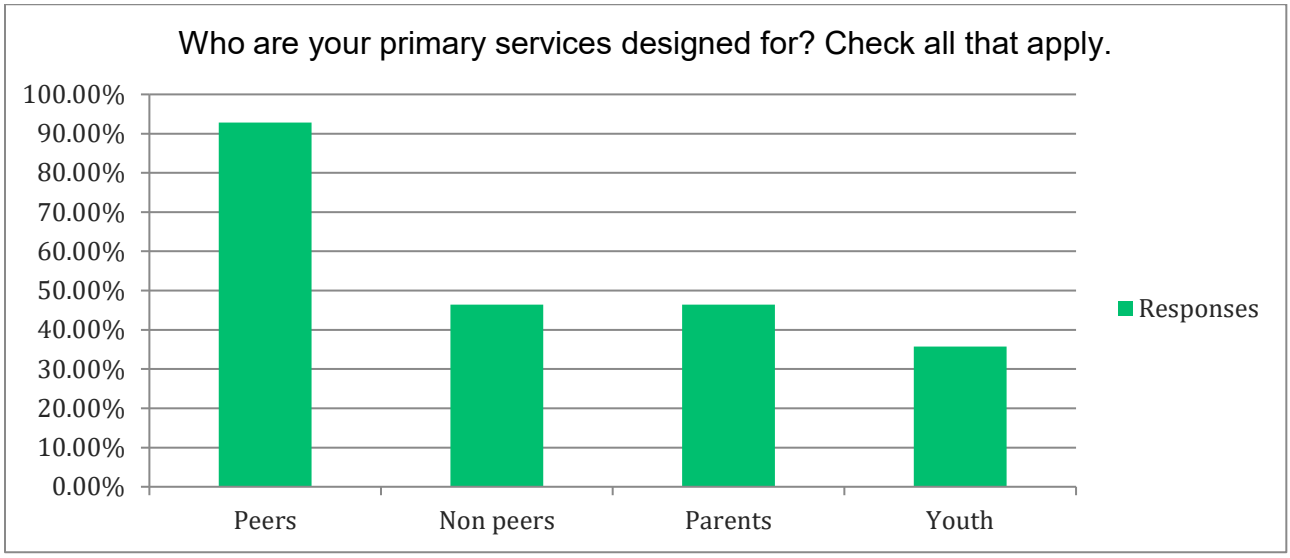
Q13. Which counties are your Warm lines located in?



Q14. Please select all areas that closely describe your organizations focus:[1]



Q15. Who are your primary services designed for?



[1] Respondents were able to select multiple options to question 14.

Conclusion

Peers have a unique role in the state's behavioral health system. They are not only people who are receiving or have received services from the system; many still experience the same challenges that led to them needing those services. They can communicate hope to people in the same depths of despair they were once in and can reinforce that recovery should be the expectation, not merely a talking point.

The growth or peer-run/peer-operated programs in the state have increased choice for people in need of services by giving them alternatives to traditional care. Now, many peer-run/peer-operated agencies are providing more traditional services. These services are delivered or overseen by people who have actually received them. This transition from service recipient to provider among these professionals has transformed the system and brought about more services focused on recovery. Promoting more peer-run/peer-operated organizations in the state will allow people with lived experiences' voices to be heard as professionals. Giving more options to peers to grow their businesses and offer more services will be transformative to the behavioral health system.