

Behavioral Health Administration's Investing in the Peer Support Workforce: Lived Experience and Whole-Person Care for Colorado



COLORADO

**Behavioral Health
Administration**

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Introduction

Purpose

The Behavioral Health Administration (BHA) is committed to ensuring that all people in Colorado experience whole-person health. As part of this commitment, the BHA recognizes that peer support is a meaningful, evidence-based and a proven effective approach to assist all individuals, youth and families within and outside of traditional behavioral health services.

The peer support profession is comprised of people with lived experience in navigating personal prevention, treatment, and recovery processes, who help others experiencing similar situations. **Through shared understanding, respect, and mutual empowerment, peer support specialists help people become, stay engaged in and transition across behavioral health treatment levels and increase the likelihood of positive outcomes.**

Specific to Substance Use Disorder, peer support services can effectively extend the reach of treatment beyond the clinical setting into the everyday environment of those seeking a successful, sustained recovery process (SAMHSA, [Peer Support Workers for those in Recovery](#)).

These peer support services may include a variety of non-clinical, behavioral health-focused services and supports. These services engage individuals, children, youth and families in peer-to-peer relationships. Such relationships support healing, personal growth, life-skill development, self-care, and crisis strategy development to help achieve personal wellness and life goals. These services may include, but are not limited to:

- Peer-run drop-in centers
- Recovery and wellness centers
- Employment services
- Prevention & early intervention activities
- Peer mentoring for children & young people
- Warm handoffs
- Advocacy services
- Recovery coaching
- Peer-led support groups
- Wellness Recovery Action Plan (WRAP) Services
- Culturally and linguistically specific restoration activities

One of the top priorities in the BHA's September 2022 Workforce Strategic Plan, [Strengthening the Behavioral Health Workforce in Colorado: An Approach to Community Partnership](#), is to expand and strengthen the peer support workforce throughout the state. The peer support model allows for tiered entry into the workforce, elevates lived experiences, and reduces traditional barriers to entering the workforce.

The peer support specialist role provides opportunities for entry into the workforce for participants from historically excluded populations, and addresses the inequities in service access that oppressed communities have experienced. The peer support specialist role exists and fulfills an integral part of an interdisciplinary team or stand alone services to relate and

support individuals, children, youth and families from their own unique lived experience and perspective.

[Senate Bill 22-181](#) appropriated \$5.9 million in federal stimulus funds to expand and strengthen the peer support profession. This document outlines the importance of peer support professionals and the services they provide, and describes how this funding will be utilized to accomplish the aims of legislation. By strengthening this vital role in the behavioral health workforce, the BHA will improve access to comprehensive, equitable, and meaningful behavioral health care services for all people in Colorado.

Overview

The BHA recognizes that the core of Colorado’s behavioral health system is made up of people – namely, a skilled, diverse, compassionate workforce. Peer support has existed in behavioral health for decades, with the field experiencing rapid growth in recent years. This model integrates members of the community into behavioral health care teams or stand-alone services.

“A study of 76 individuals who had been admitted to Yale-New Haven Psychiatric Hospital (all who had at least two psychiatric hospitalizations in the previous 18 months) compared the outcomes of those who had been assigned a peer mentor with the outcomes of those who received standard post-discharge services. The individuals in the peer mentor group had **double the average time to psychiatric rehospitalization** than those receiving standard care - 270 days compared to 135 days.”
 -Mental Health America. *Evidence for Peer Support*. May 2019.

Peer support specialists and services may be referred to by different names - some common terms can be found below.

Terms for peer support workers	Terms for peer support services
<ul style="list-style-type: none"> ● Peer coaches ● Peer advocates ● Peer specialists ● Peer recovery specialists ● Forensic support specialists ● Certified peer support specialist ● Certified peer recovery support specialists ● Peer counselor ● Cultural expert ● Cultural peer ● Counselors with lived experience 	<ul style="list-style-type: none"> ● Consumer-run services ● Peer supporter services ● Peer-based services ● Peer-led services ● Peer-run support ● Peer-to-peer support ● Peer-centered care ● Peer participatory processes ● Family navigators

<ul style="list-style-type: none"> ● Youth treatment counselors ● Youth peer support specialist ● Recovery friends or coaches ● Peer bridger ● Experts by experience ● Peer support specialist ● Peer support partner ● Peer support professional ● Peer responder ● Promotoro/a 	
<p>Source: Modified from The OMNI Institute (2020). <i>Measuring Outcomes of Peer Recovery Support Services</i>. Submitted to Virginia Department of Behavioral Health and Developmental Services, Richmond, VA.</p>	

Peer Community Engagement

To inform the \$5.9 million in funding allocations, the BHA engaged peer support specialists in multiple conferences and stakeholder meetings. The BHA held behavioral health workforce listening sessions, presented at the Colorado Consortium for Prescription Drug Abuse Prevention Annual Meeting breakout on *Recommendations for Advancing Colorado's Peer Support Professional Workforce*, and facilitated two peer-focused listening sessions in 2022 to hear from the peer support community about its priorities to strengthen its current and future workforce.

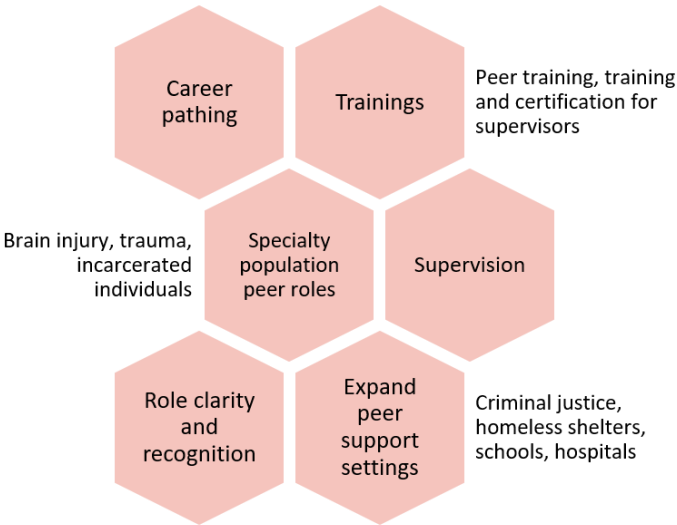
Listening Session Themes

Peer support specialists identified multiple priority areas that would support their workforce in the 2022 listening sessions.

The peer community highlighted the need for career pathing into both non-clinical and clinical roles to make the profession sustainable. As one example, some employers have developed tiered opportunities for peers with roles that have increasing levels of responsibility (i.e. offering one-on-one services at the base level to facilitating group sessions at higher levels).

As peer support specialists function in non-clinical roles, this tiered approach also extends to peer supervision, acknowledging that generally peers are best suited to manage other peers and ensure they

Peer Support Listening Session Themes



are working within the integrity of their role in an integrated behavioral health team setting. Some organizations employ Peer Supervisor I and Peer Supervisor II roles to oversee peer teams. When supervision by fellow peers is not feasible, peer workers in attendance at BHA listening sessions and surveyed afterward identified that it would be beneficial to offer additional training for clinical supervisors to help them understand the peer support specialist role well enough to supervise peer support specialists, increase role clarity, and ensure fidelity to peer support practices and scope of work.

As the peer support specialist workforce grows, so do opportunities to offer more specialized recovery services to engage people in their recovery journey with aligned lived experience. It is important to engage individuals with similar life experiences, especially in meeting the unique needs of individuals, children, youth and families with brain injury, experiences with trauma, incarceration, intergenerational trauma, or people who are marginalized. Additionally, offering culturally and linguistically responsive and age-appropriate services meets another key facet of recovery. Increasing the number of [youth peer positions](#) will be necessary to meet the needs of young people, as well as providing adequate training and supervision.

Peer support specialists operate in a range of settings and environments, including:

- temporary shelters for unhoused individuals
- supportive and transitional housing programs
- schools
- hospital emergency departments
- recovery residences
- child welfare agencies
- primary care settings
- drug courts and other justice settings

Employers looking to integrate peer support specialists into their behavioral health teams should take appropriate measures to ensure the job description aligns with established peer competencies, knowledge, and skills.

“We are professionals that paid for our education (lived experience) with our blood, sweat and tears.”

- Peer Support Listening Session participant

Across listening session participants, one of the top priorities for the peer support specialist workforce was making a “living wage.” (Colorado Consortium for Prescription Drug Abuse Prevention. 2022, December. [PSP Workforce Development Feedback](#).) As the behavioral health workforce looks increasingly to paraprofessional roles in order to meet workforce needs, it will be critical for employers to ensure that peer support positions are competitive, which includes such aspects as full-time scheduling for those desiring it, benefits-eligible, compensated appropriately for cost of living, and include opportunities for ongoing professional development and career growth.

While the topic of Medicaid and private payer reimbursement was mentioned during the listening sessions, it was noted that this is most appropriately addressed by the Colorado

Department of Health Care Policy & Financing (HCPF), who also participated in the peer listening sessions. More information about Health First Colorado Peer Support Professional resources can be found on the [Peer Services webpage](#) and specific questions regarding reimbursable services that can be delivered by peers can be sent to [Peer Services email](#).

Through Health First Colorado (Colorado's Medicaid program) HCPF has included Peer Support Professionals as staff recognized as able to deliver billable services in many Behavioral Health settings as practitioners under several provider types - including but not limited to Recovery Support Service Organizations (RSSOs) - to members with a variety of mental health and substance use disorders. HCPF supports the integration of Peer Support Professionals in outpatient, residential, and inpatient settings, as well as in and programs such as supportive housing and Special Connections. For information about funding opportunities for Peer Support Professionals in these programs visit the following pages:

- [HCPF Peer Support Grants for Housing Stability](#)
- [Tough as a Mother | Billing for Peer Support Services](#)

Initiatives

Centering in a co-creation approach and grounding this work in the BHA's values of truth, equity, collaboration, community informed practice, and generational impact, the BHA has identified an optimal allocation of \$5.9 million in federal stimulus funding in S.B. 22-181 by providing the majority - \$5 million - in grant opportunities for the peer community to strengthen and expand the peer support specialist workforce. The BHA will focus these one-time funds on creating sustainable growth and quality improvements in the peer support field. Implementation of these initiatives acknowledges the power of this vital section of the behavioral health workforce. These initiatives build on work done throughout the state for many years to create a foundation of training, support, career growth, and professional standing for peer support specialists.

Certification

The peer support workforce is made up of both certified and non-certified individuals. For some, the financial barrier to completing a certification exam and training prevents them from obtaining this industry credential. Providing scholarships through existing organizations for these types of certifications will enhance the workforce and potentially recruit others into joining through quick completion of a recognized credential.

- **Goal: To get 300 certifications completed and funded through grants given to certifying & training organizations. Completion by December 31, 2024**

Through the Peer Support Grants, the BHA encourages employers and community organizations to apply for grant funding that incentivizes completion of a peer support certification (see funding allocation below). Relevant use of funds could include:

- training costs;
- exam fees;
- paid time to complete training and certification requirements;
- completion bonuses; and
- other incentives as proposed by grant awardees to increase the number of certified peer support specialists.

Increasing Peers in Colorado

Recognizing the tremendous work already taking place in Colorado by peer support professionals, the bulk of the funding allocated in S.B. 22-181 will be available via Peer Support Grants, a broad designation that allows organizations, employers, and community groups to apply for funds that support any and all aims of the legislation.

Special attention will be given to grant applications that aim to expand the use of peer support in Colorado, especially for:

- the growth or development of peer support programs that serve members of the community who have traditionally been underserved and / or underrepresented;
- programs designed for people who experience co-occurring disabilities, or;
- program expansion in geographic areas with high behavioral health workforce shortages, including rural and frontier locations.

A natural result of program growth and expansion will be an increase in the number of peer support specialists being utilized in the state of Colorado, and a corresponding increase in the number of individuals served by these specialists – a critical component of the BHA’s vision to provide whole-person, culturally and linguistically responsive care for every person in Colorado.

Standardization of the Role

A key provision of S.B. 22-181 is statewide standardization of the peer support professional role, including professional standards, job titles and descriptions, and grievance processes.

Given the range of stakeholders invested in this standardization process, including peer support specialists working with various populations and in a variety of settings, employers, trainers, public health officials, relevant state agencies, and the people of Colorado served by peer support specialists, the BHA will convene an advisory Peer Support Steering Committee made up of individuals representing stakeholder interests throughout the state.

This Committee will meet six times per year until December 31, 2024, and work with the BHA administration to make recommendations for appropriate levels of statewide standardization, with sensitivity to the role that the Colorado Department of Regulatory Affairs (DORA), the

Colorado Community College System (CCCS), and other state agencies play in regulation, professional standards, and training/workforce competencies.

Committee members will be selected through an open application process to be completed by April 30, 2023, with a final committee that includes representatives of the peer support workforce across the state of Colorado, including geographic representation, diversity of populations served, lived experience, and participation in personal recovery.

Career Pathways

The peer support specialist role is unique in the behavioral health field in that the primary qualification for the role is lived experience, versus academic credentials or formal education. Because so many people come into the field because of personal life experiences, there is often a lack of awareness regarding the range of jobs and roles available in the profession or what opportunities exist for career movement.

S.B. 22-181 calls for outreach regarding career pathways, including advisement within the profession. The Peer Support Grants provide funding opportunities for organizations and community groups to create career advising and outreach efforts directed at peer support professionals.

The BHA continues to collaborate with the CWDC (Colorado Workforce Development Council), CDLE (Colorado Department of Labor and Employment), CCCS, CDHE (Colorado Department of Higher Education) and other partners to advance awareness and facilitate development of behavioral health professions, job opportunities, credentialing pathways, and educational opportunities. While not directly funded through S.B. 22-181, this ongoing workforce alignment effort between state agencies includes the peer support field.

Training

There are currently multiple options available for peer support specialist training throughout the state. Grant funding available through this legislation allows employers, professional organizations, and community organizations to apply for funding to increase the outreach of training programs, develop new training or enhance existing training, and address the need for further “training for trainers.”

A portion of funds allocated through S.B. 22-181 will be directed toward the BHA’s online learning management system for the creation of supervisory training for peer support professionals. The intent is to provide online training in core supervision skills tailored to the peer support profession, with the understanding that this online training will be supplemented by in-person training provided by the employer or peer support organization.

Taking a hybrid approach to peer supervisory training strengthens and builds the peer support workforce by:

- acknowledging the need for skilled supervisors in order to expand the use of peer support specialists;
- recognizing the need for career progression and growth opportunities in order to retain qualified peer support specialists;
- helping fill a need for ongoing professional development; and
- maximizing efficiency and wise use of taxpayer funds by appropriately correlating supervisory and leadership training content across multiple behavioral health fields through a central learning hub.

Content can be leveraged within the BHA learning management platform for supervisory training, with some additional funds available by application to the peer support community to provide subject matter expertise unique to the peer support profession (see Appendix: Funding Allocations).

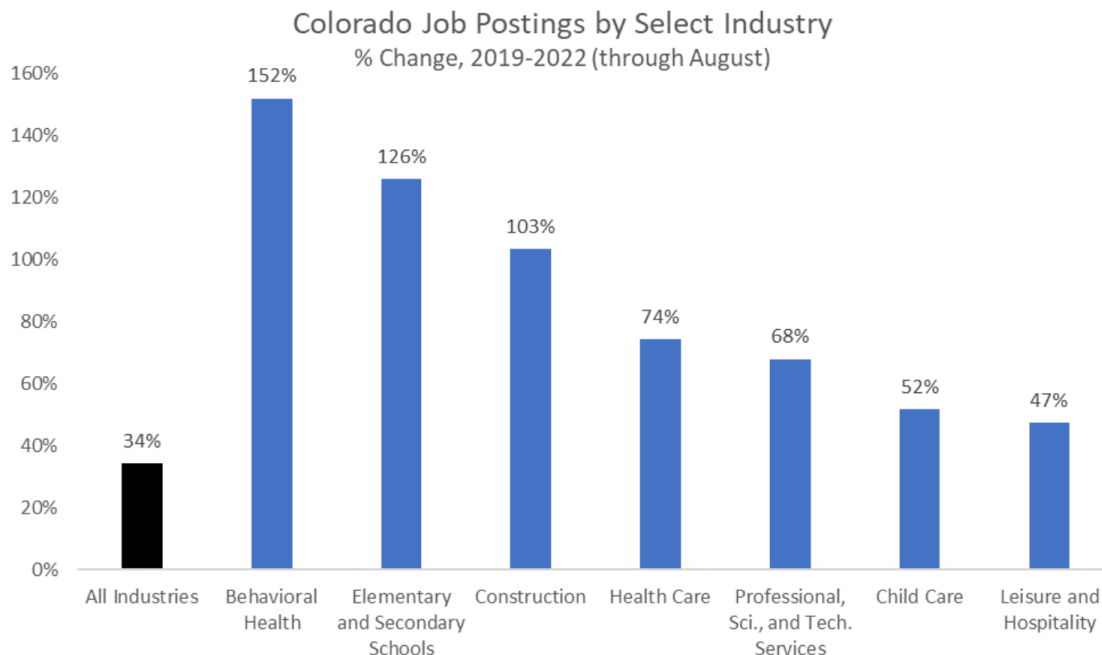
Statewide Tracking

S.B. 22-181 charges the BHA with establishing a system for tracking the number of peer support professionals in the state of Colorado.

There are currently two primary obstacles to determining the number of working peer professionals at any given time:

1. The peer support profession is unregulated by DORA, per October 2020 findings by the Colorado Office of Policy, Research, and Regulatory Reform. DORA carefully considered whether mechanisms are already in place that provide public protection before establishing a new regulatory program. Given that many entities that hire peers are regulated, and a strong desire not to place an additional administrative and financial burden on this non-clinical role, it was determined to not regulate this sector of the profession.
2. There are multiple paths to certification and credentialing, with each organization tracking its own awardees. Additionally, because DORA does not require licensing or credentialing, there are peer support specialists who work without certification or formal training, including in various volunteer roles.

While S.B. 22-181 calls on the BHA to increase the number of certified peer support professionals in the state, the primary aim with these funds is to incentivize certification as described above rather than mandating it. Over the coming years, the BHA will continue to work with DORA and the peer support community to strategically professionalize the role of peer support specialists, recognizing that DORA is the ultimate arbiter of professional credential regulation for the state of Colorado. It should be noted that Colorado is currently experiencing significant demand in all areas of healthcare, especially behavioral health.



Source: Colorado Department of Labor and Employment, Labor Market Information (based on online job ads)

When the labor market is extremely tight—as it is now—the emphasis and focus need to be on bringing people into the profession instead of creating additional barriers to entry. The BHA recognizes the value and contributions of volunteer and non-certified peer specialists, as well as the value and merit that training and certification can provide. The work of “professionalizing the profession” (development of standards, establishment of grievance processes, facilitation of certification) will move forward with a healthy respect for multiple perspectives within the community and avoidance of artificial binaries that suggest there is only one right way to be a peer support specialist.

The work of establishing a current count of working peer support specialists and supervisors as well as recommendations for a permanent tracking system will be contracted out via an open and competitive procurement process to be completed by December 31, 2024.

Peer Supervision

A recurring theme in surveys, listening sessions, and meetings with employers and peer support organizations was the need for trained peer supervisors. Peer support specialists occupy a unique place in the behavioral health workforce, where their value lies not in the clinical services provided, but in the lived experience and person-focused care they bring to individuals. Having supervisors and employers who understand the peer role and have a vision for the value peer support specialists bring in the workforce is critical to the success of the peer support personnel and ultimately to those they serve.

In many instances supervision is undertaken by clinicians who do not have a working knowledge of peer support best practices or an understanding of the peer support role. Part of elevating the profession must include leadership and supervisory training for peer support specialists to assume these roles in managing other peer support teams, as well as training for clinicians and other administrators who find themselves managing peer support specialists without firsthand experience working as one.

In collaboration with stakeholders across the state, the BHA will create and house a core competency supervisory training as outlined above.

Policy Considerations

Community engagement indicated that there is a need for centralized coordination and communication regarding the peer support workforce.

Careful consideration was given to the appropriate role of the BHA in facilitating and promoting these efforts, with an examination of the role played by state agencies in other paraprofessional fields, the mission of the BHA, and the work already being done by professional organizations in the state.

In alignment with the BHA's charge to lead behavioral health initiatives throughout the state and in conjunction with other provider support efforts housed within the BHA, it is proposed that the BHA shall, in collaboration with other state agencies:

- Convene and facilitate a Peer Support Steering Committee to advise on appropriate involvement of the BHA in standardization of the profession through December 31, 2024;
- Include peer support specialists in regular provider convenings and town halls sponsored by the BHA for all behavioral health professionals and employers;
- Host quarterly Peer Support Workforce Collaborative meetings, open to any member or affiliate of the peer support workforce and held virtually in order to be accessible to everyone. These meetings will be modeled after HCPF's Direct Care Workforce Collaborative meetings, providing an opportunity to discuss workforce needs, trends, and state-led workforce initiatives in the spirit of collaboration, listening, and learning together.

Additionally, the BHA will continue to collaborate with HCPF and other partners to improve reimbursement opportunities for peer support services, define the scope of work, and with CCCS, CDHE, CWDC, and other state agencies to develop and refine policies that strengthen career pathways and credentialing for behavioral health professions, including peer support.

If it is determined that the BHA shall manage a certification process or program for peer support specialists, funding will need to be appropriated legislatively to carry out that work.

Likewise, if peer support specialists become regulated through DORA, adequate funding will need to be earmarked for that responsibility.

Conclusion

Given the great variability across the environments and types of peer supporter roles, collaboration will be key to co-create the future of the peer support profession. Continuing this work through stakeholder involvement, community engagement, and transparent, truthful coordination with all partners will be key in carrying out the initiatives within S.B. 22-181 and charting a course forward to ensure a vibrant, sustainable peer support workforce for many years to come.

The BHA calls upon peer support specialists; advocacy groups; employers; commercial, private, and public payors; and other stakeholders to come together and work towards a shared vision of supporting individuals who are receiving behavioral health services.

Appendix: Funding Allocations

\$5.9 million total is approximately allocated in one-time federal stimulus funding to the initiatives below. As each of these initiatives begins to be implemented, spending will be closely monitored and may be reallocated based upon usage and re-prioritization that may occur through on-going stakeholder feedback and outcomes monitoring.

<i>Funding</i>	<i>Initiative</i>	<i>Timeline / Mechanism</i>
\$5 million	Peer Support Workforce Grants May be used to incentivize certification, expand/develop peer support programs, conduct outreach and recruitment, develop career pathways & advising, employer engagement, and other efforts as defined in S.B. 22-181 that expand and strengthen the peer support workforce	Open call for proposals (procurement by June 30, 2023)
\$57,000	Grant Writing Technical Assistance	
\$500,000	“State of the State” Peer Support Tracking Establish a base number and develop recommendations for a permanent system	Open call for contract
\$250,000 (LMS Contractor) \$75,000 (peer organizations)	Online Learning: Supervisory Training Development funding allocation between the learning management system (LMS) contractors & open call for peer organization to assist--\$25k each to 3 peer organizations to provide content, consultation, and review	Contract with LMS contractor & open call for contract with peer organizations

\$18,000	Job Standardization/Statewide Peer Support Steering Committee \$600 (\$100 per meeting) annual stipend x 15 committee members x 1.5 years <i>June 2023 - December 2024: monthly meeting cadence in 2023, bimonthly in 2024</i>	Individual applications
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