

# Status of contracting to assist with recruiting behavioral health peers for Black, Indigenous, and People of Color (BIPOC) communities

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Engrossed Substitute Senate Bill 5092; Section 215(53); Chapter 334; Laws of 2021

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## Executive summary

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The operating Senate Bill (SB) 5092 passed in April 2021 and was signed into law by Governor Jay Inslee on May 18, 2021. The intent of SB 5092 is to provide funding to Washington State Health Care Authority (HCA) for community behavioral health programs across the state.

Section 215(53) provides biennium funding on a one-time basis solely for maintaining and increasing resources for peer support programs and for the authority to contract with an organization to assist with the recruitment of individuals to work as behavioral health peers with a specific focus on black, indigenous, and people of color (BIPOC) communities.

The proviso was identified in FY23 in SB 5693 and altered to split the total biennial appropriation of \$1,762,000 into \$881,000 for both FY22 and FY23.

“The authority must submit a report to the office of financial management and the appropriate committees of the legislature on the status of these efforts by December 1, 2022.”

As of September 13, 2022, proviso funding has supported an increase of BIPOC behavioral health peer specialists:

- Contracts finalized with three minority-owned organizations to host listening sessions with Black, Tribal, and Hispanic communities across the state.
- Contracts finalized with two minority-owned, peer-run organizations who held five BIPOC-focused certified peer counselor (CPC) trainings.
- Contracts finalized with Credible Messenger to oversee the application process for seed funding opportunities to create a diverse stakeholder group to review the applications.
- Contracts finalized with a minority-owned organization to partner with Credible Messenger to advertise the funding opportunities.
- Ongoing conversations with the Department of Corrections (DOC) to bring CPC trainings into a men’s and women’s prison in early 2024.

# Increasing culturally representative behavioral health certified peer counselors

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## Background

Washington State began offering CPC training in 2005. As a national leader, Washington is one of the first 11 states to deliver peer services through Medicaid funding. Since 2005, the Division of Behavioral Health and Recovery (DBHR) trained and certified over 6,000 CPCs. Initially, Medicaid authorized peer support services for mental health treatment system of care only. In 2019, substance use disorder (SUD) peer support services were added to the Substance Use Disorder Medicaid state plan. The expansion of SUD peer support services allows for the training and certification of those with SUD lived experience to become CPCs.

Agencies use peer support in a wide range of behavioral health programs, such as:

- Mental health
- Substance use
- Youth and family
- Supported housing
- Supportive employment
- Emergency rooms
- Bridging programs.

Peer supports are powerful services proven to be successful in promoting wellness and recovery. CPCs work with their peers (adults and youth) and the parents of children receiving behavioral health services. CPCs draw upon their lived experiences to help peers find hope and support people's recovery journey. The lived experience of a CPC uniquely equips them to provide support, encouragement, and resources to those with behavioral health challenges.

The U.S. population is continuing to become more diverse. By 2044, more than half of all Americans are projected to belong to a minority group (any group other than non-Hispanic white alone). Compared with the Caucasian population, racially/ethnically diverse Americans are less likely to be offered evidence-based therapy or services. Compared with non-Hispanic white individuals with the same symptoms, racially/ethnically diverse individuals are more frequently diagnosed with schizophrenia and less frequently diagnosed with mood disorders.

Differences in how racially/ethnically diverse people express symptoms of emotional distress may contribute to misdiagnosis, which highlights the need for culturally competent and racially diverse service providers and systems.

Communication between racially/ethnically diverse people and their service provider varies as well. Providers were more verbally dominant and engaged in less patient-centered care with racially/ethnically diverse individuals with mental health challenges, particularly schizophrenia, bipolar disorders, and other psychoses. Racially/ethnically diverse individuals who have these challenges are more likely to be incarcerated than their non-Hispanic white counterparts.

HCA, in partnership with Kitara Johnson, a CPC and a diversity, equity, and inclusion (DEI) expert, created online continuing education modules for CPCs on DEI. This effort was possible through the Trueblood

Settlement Agreement by the Enhanced Peer Services Program. This training is a supplement to “The Intersection of Behavioral Health and the Law,” a training created for CPCs on how best to support people who are involved in the criminal court system.

## **Operationalizing the efforts**

To assist with the recruitment of behavioral health CPCs from BIPOC communities, HCA focused on contracting with small and minority-owned organizations. The various contracts are intended to increase the number of CPCs and CPC trainers to better reflect Washington’s communities, identify barriers in marginalized communities, provide seed funding, and ensure training and program fidelity (consistency of set standards) of new organizations.

## **CPC trainings and certification**

HCA contracted with three different organizations to provide 18 CPC trainings to marginalized communities. Two of these training events were held in fiscal year 2022 by Jones Community Solutions, a BIPOC-owned, consumer-run organization. HCA contracted with SPARK to provide trainings focused on reaching Hispanic communities and to provide two of the contracted trainings in Spanish. Both Jones Community Solutions and SPARK will provide CPC “Train the Trainer” trainings to increase the number of BIPOC CPC trainers and increase diversity in the workforce.

As of September 13, 2022, there have been five CPC trainings funded through this proviso. Eighty people have received CPC training who ethnically represent the communities they serve. Three of these trainings have been held in person and two have been held virtually. These trainings will continue throughout fiscal year 2023. HCA has planned a minimum of 13 additional CPC trainings focused on training marginalized communities.

This proviso funding gives HCA the opportunity to collaborate with DOC to train individuals to become CPCs. HCA is working with DOC to bring two CPC trainings into Mission Creek Corrections Center in Belfair and Washington State Penitentiary in Walla Walla. The purpose of these trainings is to provide training to people who are incarcerated and enrolled in an SUD recovery program. HCA contracted with Peer Washington to provide these trainings, utilizing HCA-approved CPC trainers who have lived experience with criminal court involvement. These trainings will be held in early 2023.

## **BIPOC lived experience community behavioral health survey/listening sessions**

This project began with contracting with three contractors who were each assigned one community within Washington State to focus on. Each contractor utilized community specific opportunities to garner information including, but not limited to, community demographics, accessibility, workforce development, advocacy, barriers, awareness, and stigma. These contractors—including the communities they focused on—include:

- Thunder Creek Consulting: Hispanic community
- Resilience IIX: American Indian/Indigenous
- Jones Community Solutions: African American/Black

These three contractors surveyed about 350 people who identified as BIPOC. The survey results are currently being disseminated through a contracted media consultant. The final report will be available on January 1, 2023. Survey questions were developed by a workgroup that represented each community

surveyed. These surveys gathered information on resources, accessibility to services and programs, cultural identity, workforce development, barriers encountered, and efficacy of services and programs.

## Seed funding marketing and management

To maintain and increase the resources and workforce of behavioral health peer specialists, HCA offered small seed funding awards that would promote and support the workforce of behavioral health peer specialists. HCA contracted with Northwest Credible Messenger (NWCM), a minority-owned small business that focuses on capacity building in underserved populations to lower barriers for peer specialists who identify as BIPOC.

NWCM hosted outreach events in Snohomish, Yakima, Spokane, Chelan, Douglas, Okanogan, Grant, and King counties. The purpose of these events was to reach and support organizations that want to add peer supports to their book of business and increase recruitment of BIPOC CPCs. NWCM reached out to organizations that are looking to hire peer supporters who identify as and support BIPOC populations in Washington State.

NWCM oversaw the creation of the seed funding application and assembled an advisory group to review the applications. Once the applications are approved, HCA will disburse the funds and NWCM will offer the awarded organizations support to meet the funding requirements.

HCA offered five categories of seed funding support for approved agencies and organizations:

- Become a licensed community behavioral health organization through the Department of Health (DOH) (up to \$10,000)
- Sponsor a DBHR-approved CPC training (up to \$25,000)
- Recruit and hire peer counselors (up to \$10,000)
- Add peer services to an organization's book of business (up to \$15,000)
- Organize and host BIPOC peer-run events for recruitment and engagement (this funding is for up to four events at \$5,000 each)

HCA received over 60 applications after eliminating duplicate applications from the same organizations. Applicants shared their mission, described their funding request, and shared how the funding will improve peer-based services for BIPOC communities to promote culturally responsive behavioral health practices. HCA will award funds to selected agencies and organizations in October 2022.

HCA contracted with Double Z Media for marketing services of this project. Double Z Media is a small, minority-owned business. Double Z services included determining the target audience for the funding, media planning and development, and creative production and development. Double Z worked collaboratively with NWCM to increase visibility of the seed funding to underserved and underrepresented populations.

Double Z media continues to analyze the survey results from the community listening sessions, held in three underserved and underrepresented communities. Double Z media is contracted to create a report derived from the surveys that gauged needs and shortages in behavioral health services. The purpose of the analysis is to utilize the comprehensive and visual report to help HCA inform future outreach strategy and messaging to our audiences. This report will be available in 2023.

## Peer support training and program fidelity

Peer Training Fidelity and Peer Program Fidelity (SPRING 2023) will support agencies across Washington State with increased workforce and overall retention of peers, specifically peers in BIPOC communities who can connect with the underrepresented populations in which they serve.

Each of these fidelity projects will contain assessment tools that include fidelity scorecards, fidelity interview questions, and an overview of each project. The Peer Training Fidelity scale will ensure that the core competencies are effectively communicated by the CPC trainers and the participants received all the information in the training manual.

The Peer Training Fidelity project will include a fidelity reviewer guide, toolkit, and questions for interviews, HCA can ensure that contracted entities and their trainers across Washington State who have been approved by DBHR, will all be training to fidelity. HCA's prioritization of fidelity will lay the groundwork to success and longevity in peer support services as well as behavioral health recovery.

A Peer Program fidelity scale is being created for provider agencies that want to employ CPCs or looking to employ more CPCs. This tool will help both provider agencies and the peer support specialists understand their role and provide the best supports possible. Both fidelity tools will help HCA measure how the:

- Training organizations are meeting the training needs of the workforce
- Provider agencies that are implementing peer programs are supporting the individuals served.

The fidelity projects will aid organizations across Washington State to retain peers and know how to retain BIPOC peers in underserved and underrepresented communities.

The Peer Program Fidelity project will include a fidelity reviewer guide, toolkit, and questions for interviews, The project will provide support to agencies who provide peer services to meet the quality standards identified through the fidelity review. HCA's prioritization of fidelity will lay the groundwork to success and longevity in peer support services as well as behavioral health recovery.

## Funding

The Washington State Legislature allocated HCA funding on a one-time basis of \$1,762,000 in the 2021-23 operating budget. The project did not start until April 2022.

Funding is as follows on page 7:

**Table 1: fiscal year 2022**

Item	Number	Each	Total	Date
<b>Contract with NW Credible Messenger to manage seed funding and community outreach</b>	1	\$40,000	\$40,000	<b>4/15/2022</b>
<b>Contracted advertising organization</b>	1	\$40,000	\$40,000	<b>4/15/2022</b>
<b>Certified peer counselor training events</b>	2	\$23,800	\$47,600	<b>4/15/2022</b>
<b>Training and program fidelity development</b>	1	30,000	30,000	<b>4/15/2022</b>
<b>Hispanic youth outreach</b>	1	40,000	40,000	<b>4/15/2022</b>
<b>Community listening sessions</b>	3	40,000	120,000	<b>4/15/2022</b>
		<b>Total</b>	<b>\$375,200</b>	

**Table 2: fiscal year 2023**

Item	Number	Each	Total	Date
<b>Contract with NW Credible Messenger to manage seed funding and community outreach</b>	1	\$40,000	\$40,000	<b>7/15/2022</b>
<b>Contracted advertising organization</b>	1	\$40,000	\$40,000	<b>7/15/2022</b>
<b>Certified peer counselor training events</b>	12	\$23,800	\$285,600	<b>Ongoing thru 2023</b>
<b>Certified Peer Counselor in DOC</b>	2	\$26,000	\$52,000	<b>Ongoing thru 2023</b>
<b>Training and program fidelity development</b>	1	\$30,000	\$30,000	<b>8/1/2023</b>
<b>Translation of CPC Manual to Spanish</b>	1	\$10,000	\$10,000	<b>8/1/2023</b>
<b>Seed funding opportunities</b>	varies	varies	\$420,000	<b>Ongoing thru 2023</b>
		<b>Total</b>	<b>\$877,600</b>	

## Conclusion

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Barriers to care impact access to appropriate evidence-based treatment/therapy and services for members of diverse ethnic/racial groups. Barriers of care may include a lack of insurance; underinsurance; mental illness stigma, often greater among minority populations; lack of diversity among service providers; lack of culturally competent service providers; language barriers; distrust in the system of care; and inadequate support for services in safety net settings (uninsured, Medicaid, health insurance coverage). Other common barriers include the lack of family privacy, lack of knowledge regarding available treatments, and denial of mental health/SUD challenges. <sup>i</sup>

There is a significant need to increase the number of BIPOC behavioral health CPCs who can reflect the people and communities they serve. The work completed and the work planned through fiscal year 2023 is just the beginning. This work is ongoing. Washington's population continues to become more diverse, and the peer support specialist workforce must reflect the growing diversity to best support all communities.

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<sup>i</sup> Gateway to Mental Health Services. (2022) Black, Indigenous, and People of Color (BIPOC) Mental Health [Fact sheet] [Black-Indigenous-and-People-of-Color-Fact-Sheet-dl-2-4-22.pdf \(rtor.org\)](#)