

**DEPARTMENT OF HEALTH
NURSING CARE QUALITY ASSURANCE COMMISSION
PROCEDURE**

Title:	Professional Peer Support Groups (PSG)	Number:	W39.01
Reference:	RCW 18.130.160 RCW 18.130.175 WAC 246-840-750 through 246-840-780		
Contact:	Paula R. Meyer, MSN, RN, FRE Executive Director Nursing Care Quality Assurance Commission		
Effective Date:	September 13, 2019	Date Reviewed:	September 2019
Supersedes:	W15.01		
Approved:	 Tracy Rude, LPN Chair Nursing Care Quality Assurance Commission		

PURPOSE:

The purpose of Professional Peer Support Groups (PSGs) is to support recovery and re-entry of nurses back into practice. PSGs are facilitated, healthcare provider-centric support groups - not twelve-step or psychotherapy groups.

PSGs functions are:

- Sharing experience, strength, and hope in addressing issues related to the process of recovery from substance use disorder (SUD).
- Providing support regarding professional issues including practice re-entry.
- Providing resources for additional support services, e.g., childcare, emergency housing, food stamps.
- Providing input and recommendations relative to the needs of WHPS nurses, e.g., workplace issues, legal questions, filing bankruptcy.

PROCEDURE

I. PSG Facilitators:

WHPS recruits professional PSG facilitators from around the state through a formal application process. (See Peer Support Group Facilitator Application and Agreement forms.)

A. Requirements for a PSG facilitator:

1. Complete an application.
2. Must have an unencumbered Washington State healthcare license, active or retired, in good standing with the licensing authority.
3. Must have demonstrated knowledge and experience in the field of SUD, which may include mental health and/or co-occurring disorders.
4. Must have worked in their field for at least one year within the last three years or have at least 30 hours of continuing education in the area of SUD or mental health.
5. Have a minimum of 12 months experience facilitating groups.
6. Exhibit willingness to work with nurses who are currently on medication-assisted treatment (MAT).
7. If in recovery, must demonstrate a minimum of three consecutive years of sobriety immediately preceding the application to PSG facilitator.
8. Applicants that are prior WHPS nurses must have graduated at least one year prior to submitting an application. WHPS may approve an applicant as a co-facilitator when the applicant has less than one year post-graduation.
9. WHPS will not accept applications from anyone who is a Worksite Monitor (WSM) or a direct treatment provider for any nurse in the group.

B. PSG Facilitator Responsibilities:

1. Must adhere to a ratio of no more than one facilitator to 12 nurses.
2. Sign a PSG facilitator agreement with WHPS (attached as Addendum A).
3. Subscribe to the abstinence model of recovery.
4. Maintain the nurse's confidentiality except in cases of unauthorized substance use, impairment, or when the nurse may be a threat to self or others. The facilitator will notify the WHPS case management team.
5. Conduct weekly meetings for nurses in WHPS.
6. Implement a fee structure that supports participation but does not impose a barrier to attendance -The recommended fee is no more than \$20 per meeting. A sliding scale fee must be available to nurses who are in financial distress.
7. Submit monthly reports to WHPS on each nurse. Refer to the Facilitator's Orientation Packet for further information.

II. Nurse Responsibilities in PSG

- A. WHPS defines the nurse's required attendance at PSG in the individual Program Participation Contract.
- B. Nurses are allowed to miss no more than six (6) PSG meetings per calendar year and no more than 12 during the transition contract year.
- C. For each missed meeting above the six permitted, WHPS will add one week to the contract for every meeting the nurse misses.
- D. Missed meetings above the allotted six could be considered significant non-compliance and may result in referral to the Nursing Care Quality Assurance Commission (NCQAC) for discipline.

III. WHPS Responsibilities

- A. The WHPS director will review applications, check licensure status, interview, and select PSG facilitators. The director may recruit from a list of known interested facilitator applicants.
- B. The director will verify compliance with this procedure and is responsible for every PSG facilitator's signed agreement and compliance with the agreement. Refer to Addendum A, *Washington Health Professional Services Peer Support Group Facilitator Agreement*. (Attached)
- C. The director retains copies of the PSG facilitator applications and agreements.
- D. The director will review any PSG facilitator performance concern and document any actions that may be taken.
- E. WHPS hosts semi-annual PSG facilitator education meetings.
- F. WHPS recruits PSG facilitators and maintains relationships with PSGs through a WHPS representative's attendance at each PSG at least once a year.



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Nursing Care Quality Assurance Commission
Washington Health Professional Services

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Addendum A
Washington Health Professional Services
Peer Support Group Facilitator Agreement

Choose one: _____ Facilitator _____ Co-Facilitator

Name: _____

This Facilitator Agreement (Agreement) is between Washington Health Professional Services (WHPS) and the Peer Support Group (Co-) Facilitator identified below (facilitator).

WHPS and the Facilitator agree as follows:

- Facilitators Packet:** WHPS will provide the facilitator with a copy of the WHPS Facilitators Packet. The facilitator agrees to comply with all terms and conditions contained in the packet materials, including any subsequent amendments. In the event of a conflict between the agreement and packet materials, the agreement prevails.
- Professional Licenses/Certifications:** The Facilitator hereby attests that s/he possesses an active Washington State health care professional license as follows, or is retired in good standing.
License/credential: _____ Expiration date: _____
License/credential: _____ Expiration date: _____

In addition, the facilitator agrees to maintain such licensure or credentialing throughout the term of this agreement and to notify WHPS within five business days of any change in professional status.

(Individuals providing WHPS Peer Support Group Facilitator services prior to November 1, 2013 and do not have current licensure will not be required to obtain licensure.)

- Experience:** By signing this agreement, the facilitator attests that he/she has:
 - Worked in their field OR facilitated groups for at least one year within the last three years;

- Has at least 30 hours of continuing education in chemical dependency OR one year of related work experience; and
 - Has a minimum of 12 months experience facilitating groups (not required for co-facilitator).
4. **Recovery:** If in recovery, the facilitator attests to a minimum of three years of recovery immediately preceding the application process for Peer Support Group Facilitator.
 5. **Drug and Alcohol Testing:** Due to the nature of the WHPS Program and experience of many facilitators in recovery, circumstances may dictate that it is in the best interest of WHPS and the facilitator that the facilitator submit to laboratory drug testing. By signing this agreement, the facilitator agrees to drug and/or alcohol testing upon request by WHPS and at WHPS' expense.
 6. **No Provision of Treatment Services:** The facilitator's role is to provide a mutually supportive environment for WHPS nurses to share experiences in monitoring. The facilitator may not act as a treatment provider, nor provide any therapeutic services (including drug screening) to a group participant.
 7. **No Employment Relationship:** The facilitator is not an employee of WHPS and WHPS does not set the amount of the facilitator's charges to group participants, nor is WHPS responsible for the collection of such charges. However, the facilitator agrees to establish a fee structure that will not be a barrier to group participation, to include offering a sliding fee scale. Sliding fee differentials may not be recouped.
 8. **Reporting:** The facilitator agrees to file attendance and other group participation reports as requested by WHPS by the 6th of each month. In addition, the facilitator agrees to report the following to WHPS:
 - Regular absence from group.
 - Relapse or reasonable belief that the group participant may be using or abusing alcohol or other drugs.
 - Reasonable belief that the group participant may be of harm to oneself or others.
 - Reason to believe that the group participant may not be able to practice with skill and safety.
 - Ongoing disruptive group behavior.
 9. **Communication:** The facilitator agrees to check voice mail, e-mail, and Recovery Trek messages regularly and to return communications from WHPS within two business days.
 10. **Absences:** The facilitator agrees to identify a co-facilitator to take over the group during absences. The co-facilitator may not facilitate groups until a signed facilitator agreement is in place with WHPS. The co-facilitator may not have been in the WHPS program within the previous year.

11. **WHPS Facilitator Meetings:** WHPS holds facilitator meetings in the spring and fall of each year. The facilitator agrees to attend at least one of these meetings each year.
12. **Group size and length:** Facilitator-to-group participant ratio will not exceed 1:12. Group length is generally 1.5 hours; however, it may be one hour for groups with less than six participants.
13. **WHPS staff group attendance:** WHPS staff will attend every peer support group at least once a year. The facilitator agrees to accommodate WHPS staff visits. WHPS will make every effort to give reasonable notice and work with facilitators to identify mutually agreeable attendance.
14. **Liability:** The facilitator agrees to indemnify, defend, and hold harmless WHPS and the Nursing Care Quality Assurance Commission from any claim, demand, loss, liability, damage or expense arising from the facilitator's work or performance under this agreement or otherwise as a WHPS Peer Support Group Facilitator.
15. **Termination:** WHPS or the facilitator may terminate this agreement at any time and for any reason upon written notice to the other party. In the event of such termination for other than mutual agreement, WHPS alone will determine whether the facilitator's attendance at a final Peer Support Group is appropriate in order to announce the termination to the group.
16. **Appointment:** Appointment of the facilitator is the sole purview of WHPS. This agreement and appointment becomes effective on the WHPS representative signature date.

Facilitator Signature Date

Facilitator Address

Phone E-mail

WHPS Representative Signature Date

Email or Fax to:
 Nursing Care Quality Assurance Commission
 Washington Health Professional Services
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 Olympia, WA 98504-7874
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