

SENATE THIRD READING  
SB 614 (Leno)  
As Amended August 31, 2015  
Majority vote

SENATE VOTE: 40-0

Committee	Votes	Ayes	Noes
<b>Health</b>	18-0	Bonta, Maienschein, Bonilla, Burke, Chávez, Chiu, Gomez, Gonzalez, Roger Hernández, Lackey, Nazarian, Patterson, Rodriguez, Santiago, Steinorth, Thurmond, Waldron, Wood	
<b>Appropriations</b>	12-0	Gomez, Bloom, Bonta, Calderon, Nazarian, Eggman, Eduardo Garcia, Holden, Quirk, Rendon, Weber, Wood	

**SUMMARY:** Requires the Department of Health Care Services (DHCS) to establish a program for certifying peer and family support specialists (PFSS) and to collaborate with interested stakeholders and allows DHCS to seek any federal waivers or state plan amendments to implement the certification program. Specifically, **this bill:**

- 1) Requires DHCS to establish a peer, parent, transition-age, and family support specialist (peer support specialist) certification program by July 1, 2017, that must do the following:
  - a) Establish a certifying body, either within DHCS, through contract, or through an interagency agreement, to provide for the certification of peer, parent, and family support specialists;
  - b) Provide for a statewide certification for each of the following categories of peer support specialists, as contained in federal guidance issued by the Centers for Medicare and Medicaid Services (CMS):
    - i) Adult peer support specialists, who may serve individuals across the lifespan;
    - ii) Transition-age youth peer support specialists;
    - iii) Family peer support specialists; and,
    - iv) Parent peer support specialists.
  - c) Utilizes best practice materials published by the federal Substance abuse and Mental Health Services Administration, the federal Department of Veterans Affairs, and related notable experts in the field as a basis for development of best practices.
  - d) Determine the range of responsibilities, practice guidelines, and curriculum and core competencies for each category of peer support specialist, including curriculum that may

be offered in areas of specialization, such as older adults, veterans, family support, forensics, whole health, juvenile justice, youth in foster care, sexual orientation, gender identity, and any other areas of specialization identified by DHCS;

- e) Specify training requirements and continuing education requirements for certification;
  - f) Determine clinical supervision requirements for certified personnel that require, at a minimum, certified personnel to work under the direction of a mental health rehabilitation specialist or substance use disorder professional;
  - g) Establish a code of ethics;
  - h) Determine the process for certification renewal and revocation; and,
  - i) Determine a process for allowing existing personnel employed in the peer support field to obtain certification under this article, at their option.
- 2) Establishes minimum requirements to be certified as an adult peer support specialists, a transition-age youth peer support specialist, a family peer support specialist, or a parent peer support specialist.
  - 3) Specifies that peer support specialists are not qualified or authorized to diagnose an illness, prescribe medication, or provide clinical services.
  - 4) Requires full federal financial participation (FFP) and all necessary federal approvals to be obtained before the provisions of this bill are enacted.
  - 5) Authorizes DHCS to utilize Mental Health Services Act (MHSA) funds and any designated Workforce Education and Training Program resources to develop and administer the peer, parent, and family support specialist certification program.
  - 6) Authorizes MHSA funding to serve as the state's share of funding for purposes of claiming FFP.
  - 7) Requires DHCS to adopt regulations by July 1, 2019. Requires, if regulations have not been adopted, beginning six months after the effective date of this article, DHCS must provide semiannual status reports to the Legislature until regulations have been adopted.
  - 8) Permits DHCS to establish a certification fee schedule and require remittance of fees for the purpose of supporting DHCS activities associated with the ongoing state administration of the peer support specialist's certification program.

**FISCAL EFFECT:** According to the Assembly Appropriations Committee, approximately \$1.5 million in administrative staff costs for the first year of implementation, and conservatively in the range of \$1 million ongoing for DHCS state staff costs for investigation, discipline, and contract oversight. Implementation of this bill is contingent on federal approval and FFP. Fees authorized could potentially support the entire program if other funding was not made available, or could offset some of the state costs. Additional costs include contract costs, likely in the hundreds of thousands of dollars and uncertain increase in total Medi-Cal spending for peer support services.

**COMMENTS:** According to the author this bill provides California the opportunity to receive new federal Medicaid funds, expand our behavioral health workforce, and include evidence-based PFSS services into our comprehensive health and behavioral health care system. A PFSS is a person who uses lived experience from mental illness plus skills learned in formal trainings, coupled with a certification process, to provide guidance in a behavioral health care setting to promote mind-body recovery and resiliency. Quantitative, independently assessed research findings support the efficacy of a PFSS. Peer support services help people navigate systems of care, remove barriers to recovery, stay engaged in the recovery process, and live full lives.

More than 30 states have implemented a certification process under their Medicaid programs. The author argues that California would benefit from enactment, for we presently have no standard definition of training or certification process and could be obtaining a 50% federal match for services, which are currently supported by local funds. DHCS has included the PFSS as a workforce expansion strategy in the recent 1115 Waiver Renewal "Medi-Cal 2020", which it submitted to CMS on March 27, 2015. The author concludes that this bill can be the vehicle for this specific purpose.

The sponsor of this bill, the County Behavioral Health Directors Association (CBHDA), states in support of this bill that peer providers who use their lived experience with mental illness and recovery, coupled with skills learned through formal training, are valuable additions to service delivery in behavioral health settings. CBHDA states that this bill will offer training and certification for peers, parents, and family support specialists and enable California to receive federal funds for this purpose.

Supporters of this bill, including the California Coalition for Mental Health, Children Now, Disability Rights California, and Western Center on Law & Poverty, write that the state's underutilization of the PFSS at a time when the Medi-Cal program has been expanded and the health care system needs to ensure that the appropriate workforce meets demand, including culturally and linguistically appropriate care. Supporters cite research that the PFSS helps clients hone life functioning skills, alleviate depression and other symptoms, enhance clients' advocacy and navigation abilities, reduce hospitalizations, and improve client satisfaction. Supporters further cite the lack of statewide training and supervision standards for the PFSS and state that CMS, the United States Department of Veteran's Affairs, and more than 30 states have already recognized the importance and value of PFSS certification.

The Health Committee notes that multiple letters of concern have been submitted stating that in order to ensure underserved communities receive equitable services that are culturally and linguistically appropriate, language for this bill should be considered that would simply allow counties to utilize "Community Health Workers" in lieu of "Peer Support Specialists" when appropriate to serve racial, ethnic, and cultural communities.

The California Consortium of Addiction Professionals (CCAPP) states in opposition to this bill that the regulatory framework presented in this bill is not practical and that this bill lacks standards of education, a code of ethics, a defined scope of practice, among other things. Additionally, CCAPP states with concern that DHCS does not currently have licensing responsibilities.