Bill No: SB 906
Author: Beall (D) and Anderson (R), et al.
Amended: 5/25/18
Vote: 21

SENATE HEALTH COMMITTEE: 9-0, 3/14/18
AYES: Hernandez, Nguyen, Leyva, Mitchell, Monning, Newman, Nielsen, Pan, Roth

SENATE APPROPRIATIONS COMMITTEE: 7-0, 5/25/18
AYES: Lara, Bates, Beall, Bradford, Hill, Nielsen, Wiener

SUBJECT: Medi-Cal: mental health services: peer support specialist certification

SOURCE: Steinberg Institute

DIGEST: This bill requires the Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists and to collaborate with interested stakeholders, as specified; requires DHCS to amend its Medicaid state plan, as specified, and permits DHCS to seek any federal waivers or amendments to implement the certification program; and permits DHCS to implement, interpret, and make specific the certification program through available means, as specified, until regulations are adopted.

ANALYSIS:

Existing law:

1) Establishes the Medi-Cal program, administered by DHCS, under which qualified low-income individuals receive health care services. [WIC §14001.1]

2) Grants DHCS the sole authority in state government to determine the qualifications, including the appropriate skills, education, training, and experience of personnel working within substance use disorder (SUD)
recovery and treatment programs licensed and/or certified by DHCS. [HSC§11833]

3) Authorizes DHCS to require an individual providing counseling services in SUD programs licensed and/or certified by DHCS to be registered with or certified by a certifying organization (CO) approved by DHCS to register and certify counselors. [HSC §11833]

4) Grants DHCS the authority to conduct periodic reviews of COs to determine compliance with all applicable laws and regulations and to take actions for non-compliance, including revocation of DHCS’s approval. [HSC §11833]

5) Requires, through regulations, the certification of SUD counselors to be based on specific counseling competencies, training, and education, including understanding addiction and knowledge of treatment methods. [CCR, Title 9, Division 4, Chapter 8]

This bill:

1) Requires DHCS, no later than July 1, 2019, to establish a certified peer support specialist (CPSS) program that, at a minimum:

a) Establishes a body to certify a CPSS;
b) Provides for statewide certification of the following CPSS categories: adult peer support specialist, parent peer support specialist, transition-age youth peer support specialist, and family peer support specialist, as specified;
c) Defines the range of responsibilities and practice guidelines for a CPSS, as specified;
d) Determines curriculum and core competencies, including areas of specialization such as parent advocates, family members, transition-age youth, older adults, foster youth, veterans, sexual orientation, gender identity, homelessness, and family support, and core competencies that include trauma-informed care, co-occurring mental health and SUDs, and navigation of, and referral to, other services;
e) Specifies training requirements, allowing for multiple training entities and requiring training to include individuals with lived experience as consumers and family members, as well as continuing education requirements for certification;
f) Determines clinical supervision requirements for a CPSS, as specified;
g) Establishes a code of ethics and processes for revocation of certification;
h) Determines a process for certification renewal; and,
i) Determines a process for allowing existing personnel employed in the peer support field to obtain certification at their option.

2) Defines “peers support specialist services” as services that include, but are not limited to, support, coaching facilitation, or education to Medi-Cal beneficiaries that is individualized to the beneficiary and is conducted by a CPSS, as specified.

3) Prohibits the certification program to be construed as permitting a CPSS to diagnose an illness, prescribe medication, or provide clinical services. Specifies that the provisions of this bill do not alter the scope of practice for any health care professional or authorize the delivery of health care services in a setting or manner that is not authorized, as specified.

4) Requires DHCS to collaborate closely with the Office of Statewide Health Planning and Development (OSHPD) and its associated workforce collaborative, and regularly consult with interested stakeholders, including peer support and family organizations, mental health and SUD services providers and organizations, the County Behavioral Health Directors Association of California, health plans participating in the Medi-Cal managed care program, the California Behavioral Health Planning Council, and other interested parties in developing, implementing, and administering the CPSS certification program.

5) Requires DHCS to amend its Medicaid state plan to include CPSS as a provider type and include CPSS services as a distinct service type. Specifies that it is not the intent of the Legislature to modify the Medicaid state plan in a manner that changes or nullifies existing state plan requirements, billing, or reimbursement of the “other qualified provider” provider type.

6) Permits community health workers to partner with a CPSS for engagement, outreach, and education in order to facilitate early intervention for mental health services.

7) Permits DHCS to use Mental Health Services Act and OSHPD Workforce Education and Training Program resources and funding to develop and administer the CPSS certification program.
8) Permits DHCS to contract to obtain technical assistance for development of the CPSS certification program for the purposes of meeting the mission and goals of DHCS’s mental health and SUD services system.

9) Permits DHCS to enter into exclusive or non-exclusive contracts on a bid or negotiated basis, including contracts to obtain subject matter expertise or other technical assistance. Allows contracts to be statewide or on a more limited geographic basis.

10) Permits DHCS, after utilizing all specified funding resources, to establish a certification fee schedule to support the activities associated with the ongoing state administration of the CPSS certification program. States the intent of the Legislature that any fees charged be reasonable and reflect the expenditures directly applicable to the ongoing state administration of the certification program.

11) Requires DHCS, by July 1, 2021, to adopt regulations for the CPSS certification program. Permits DHCS to implement, interpret, or make specific the requirements of the CPSS certification program through plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted.

12) Requires the CPSS certification program and Medi-Cal reimbursement for CPSS services to be implemented only to the extent that federal financial participation (FFP) is available and all necessary federal approvals have been obtained.

Comments

1) Author’s statement. According to the author, California lags behind the nation in implementing a peer support specialist certification program. The U.S. Department of Veterans Affairs and approximately 40 states have a certification process in place for mental health peer support specialists. Thirteen states have a certification process for SUD peer recovery coaches. The federal Centers for Medicare and Medicaid Services (CMS) released guidance in 2007 and 2013 for establishing a certification program for peers to enable the use of federal Medicaid financial participation with a 50% match. Yet California has not acted. Research is clear that the use of a formal certification program to train peer supporters offers enormous benefits, including allowing providers to make use of the federal match, allowing for standardization of the peer support practice to ensure the highest quality care, and establishing core competencies
that allow certified peers to transfer skills across county lines. Although DHCS anticipates there will be substantial growth in the demand for peer support specialists, there is no statewide scope of practice, training standards, supervision standards, or certification. SB 906 creates these standards and establishes a code of ethics and processes for revocation of certification.

2) **CPSS.** According to DHCS, a substantial number of studies demonstrate that the CPSS improves patient functioning, increases patient satisfaction, reduces family burden, alleviates depression and other symptoms, reduces hospitalizations and hospital days, increases patient activation, and enhances patient self-advocacy. CPSS are used in at least 36 states and throughout the Veterans Health Administration. CPSS participating in SUD treatment activities are currently a recognized Medicaid service provider in California for SUD services; however, these providers are often limited in the services they are able to provide in traditional health care settings. DHCS states that expanded use of CPSS in mental health and SUD as part of a care team can improve care coordination between behavioral health and physical health care needs of patients. DHCS included CPSS as a component to the most recent Section 1115 Waiver Renewal, known as Medi-Cal 2020. Counties are able to seek reimbursement for CPSS services under the “other qualified provider” provider type in the current Medicaid state plan.

3) **CPSS certification.** CMS released guidance for establishing a CPSS certification program to enable FFP in an effort to more fully incorporate and expand the use of peers. CMS requires peer support providers to complete training and certification as defined by each state, and specified that services can be offered for mental illness and/or SUDs. Substantive work has been conducted in California by the Working Well Together Statewide Technical Assistance Center, a collaborative of peer and client-oriented organizations, which culminated in a final report of recommendations to proceed with peer certification. This effort identified key issues for laying the foundation of certification, including training recommendations and core components for a statewide certification program; establishing a standard of practice and core competencies; defining the level of care and services; integrating services across physical health, mental health, and SUD services; and allowing for portability from one county to another.

4) **DHCS certification duties.** DHCS ensures that registered and certified SUD counselors provide quality treatment to clients by enforcing counselor certification regulations. DHCS approves COs that register and certify SUD
counselors who provide counseling services in an SUD program licensed or certified by DHCS. There are approximately 28,000 SUD counselors, of which roughly half are certified and half are registered while working towards certification. DHCS’s oversight authority of COs includes periodic reviews of the COs to monitor adherence to state requirements.

Related/Prior Legislation

SB 614 (Leno of 2015) was identical to this bill. *SB 614 was amended on August 18, 2016, on the Assembly Floor to a new purpose.*

AB 2374 (Mansoor, Chapter 815, Statutes of 2014) required DHCS to, among other things, conduct periodic reviews of COs and requires COs to contact other COs before registering or certifying a person as an SUD counselor to determine if the person’s registration or certification has ever been revoked.

**FISCAL EFFECT:** Appropriation: No Fiscal Com.: Yes Local: No

According to the Senate Appropriations Committee:

- One-time costs, likely in the hundreds of thousands per year for one to three years, to develop program standards and seek federal approvals by DHCS (Mental Health Services Act funds, General Fund, and federal funds).

- Unknown ongoing costs (that could range from minimal to hundreds of thousands to millions per year) to manage the certification of the program (Mental Health Service Act funds, General Fund, federal funds, or special funds), depending on which entity will certify the Peer/Parent Family Support Specialist (PFSS).

- Uncertain impact on county mental health plans that provide specialty mental health services in the Medi-Cal program (county funds and federal funds). Plans may see an overall increase service utilization, however, depending on the provider type, could reduce expenditures by providing certain services in a more cost-effective manner. The department is unable to determine any cost-avoidance.

- Uncertain impact on Medi-Cal managed care plans that provide mental health services to Medi-Cal beneficiaries when the mental illness is not severe (General Fund and federal funds).
Staff notes the author’s recent amendments may reduce costs as it reduces the number of peer support categories; however, it is anticipated DHCS would incur unknown implementation costs to develop program standards and to seek necessary federal approvals. The impact to county mental health plans and managed care plans remains unknown.

**SUPPORT:** (Verified 5/22/18)

Steinberg Institute (source)
Alameda County Board of Supervisors
American Civil Liberties Union of California
Association of California Healthcare Districts
Association of Community Human Service Agencies
Aviva Family and Children’s Services
Bay Area Community Services
California Access Coalition
California Alliance of Child and Family Services
California Association of Local Behavioral Health Boards and Commissions
California Association of Mental Health Peer-Run Organizations
California Association of Public Hospitals and Health Systems
California Association of Social Rehabilitation Agencies
California Behavioral Health Planning Council
California Coalition for Mental Health
California Commission on Aging
California Disability Community Action Network
California State Association of Counties
California Youth Empowerment Network
Corporation for Supportive Housing
County Behavioral Health Directors Association of California
City of Santa Monica
Disability Rights California
Fresno County Behavioral Health Board
Imperial County Mental Health Board
Jed Foundation
Lassen County Board of Supervisors
Los Angeles County Board of Supervisors
Marin County Board of Supervisors
Massage Garage Pit Crew
Mental Health America of California
Mental Health Services Oversight and Accountability Commission
ARGUMENTS IN SUPPORT: The Steinberg Institute and other supporters, largely mental health and youth advocates, argue that peer providers are those who use lived experience with mental health and SUD, as well as formal training, to provide measurable benefits to mental health and SUD clients, including reduced hospitalizations, improved functioning, alleviation of depression and other symptoms, and enhanced self-advocacy. Supporters also argue that a peer support program creates a career ladder so that consumers and family members working in mental health care have the opportunity to fully contribute, translating their experience into meaningful employment. Supporters further state that nearly 6,000 peer specialists in California are already used in many settings, such as community-based organizations, county clinics, schools, and primary care. However, there is currently no statewide standard of practice, consistent curriculum, training or supervision standards, or opportunity for portability across counties. Supporters argue that a certification program is crucial for obtaining FFP for the state and allows for peer services to become a sustainable piece of the state’s mental health care delivery system. The Association of California Healthcare Districts states that workforce development remains a priority for its members, and health care districts support innovative ways to increase the health care workforce in medically underserved communities and increase access to care, such as the use of peer support specialists.