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## SENATE COMMITTEE ON HEALTH

Senator Ed Hernandez, O.D., Chair

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**BILL NO:** SB 906  
**AUTHOR:** Beall  
**VERSION:** January 17, 2018  
**HEARING DATE:** March 14, 2018  
**CONSULTANT:** Reyes Diaz

**SUBJECT:** Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification

**SUMMARY:** Requires the Department of Health Care Services (DHCS) to establish a program for certifying peer, parent, transition-age youth, and family 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.

**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, parent, transition-age youth, and family support specialist (or certified support specialist [CSS]) program that, at a minimum:
  - a) Establishes a body to certify a CSS;
  - b) Provides for statewide certification of the following CSS 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 CSS, as specified;

- d) Determines curriculum and core competencies, including areas of specialization for each CSS category, such as older adults, foster youth, veterans, sexual orientation, gender identity, 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 CSS, 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 CSS, as specified.
  - 3) Prohibits the certification program to be construed as permitting a CSS to diagnose an illness, prescribe medication, or provide clinical services.
  - 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 CSS certification program.
  - 5) Requires DHCS to amend its Medicaid state plan to include each CSS category as a provider type and include CSS 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 each CSS category 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 certification program.
  - 8) Permits DHCS to contract to obtain technical assistance for development of the CSS 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 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 CSS certification program. Permits DHCS to implement, interpret, or make specific the requirements of the CSS certification program through plan letters, plan or provider bulletins, or similar instructions until the time regulations are adopted.
- 12) Requires the CSS certification program and Medi-Cal reimbursement for CSS services to be implemented only to the extent that federal financial participation (FFP) is available and all necessary federal approvals have been obtained.

**FISCAL EFFECT:** This bill has not been analyzed by a fiscal committee.

**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) *CSS.* According to DHCS, a substantial number of studies demonstrate that the CSS 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. CSS are used in at least 36 states and throughout the Veterans Health Administration. CSS 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 CSS 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 CSS as a component to the most recent Section 1115 Waiver Renewal, known as Medi-Cal 2020. Counties are able to seek reimbursement for CSS services under the "other qualified provider" provider type in the current Medicaid state plan.
- 3) *CSS certification.* CMS released guidance for establishing a CSS 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.
- 5) *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) requires 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.

- 6) *Support.* The Steinberg Institute, sponsor of this bill, and other supporters, largely mental health and youth advocates, argue that peer providers are those who use lived experience with mental health and SUD experience, 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.

#### **SUPPORT AND OPPOSITION:**

**Support:** Steinberg Institute (sponsor)  
 American Civil Liberties Union of California  
 Association of California Healthcare Districts

Association of Community Human Service Agencies  
Bay Area Community Services  
California Alliance of Child and Family Services  
California Association of Mental Health Peer-Run Organizations  
California Behavioral Health Planning Council  
California Disability Community Action Network  
California State Association of Counties  
California Youth Empowerment Network  
County Behavioral Health Directors Association of California  
Disability Rights California  
Massage Garage Pit Crew  
Mental Health America of California  
Mental Health Services Oversight and Accountability Commission  
Pool of Consumer Champions  
Self-Help and Recovery Exchange  
Steinberg Institute  
The Village Family Services  
United Advocates for Children and Families  
United Advocates for Children and Families Action Alliance  
Western Center on Law and Poverty  
Several individuals

**Oppose:** None received

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