
THIRD READING

Bill No: SB 10
Author: Beall (D), et al.
Amended: 5/17/19
Vote: 21

SENATE HEALTH COMMITTEE: 9-0, 3/27/19
AYES: Pan, Stone, Durazo, Grove, Hurtado, Leyva, Mitchell, Monning, Rubio

SENATE APPROPRIATIONS COMMITTEE: 6-0, 5/16/19
AYES: Portantino, Bates, Bradford, Hill, Jones, Wieckowski

SUBJECT: Mental health services: peer support specialist certification

SOURCE: Los Angeles County Board of Supervisors
Mental Health Services Oversight and Accountability Commission
Steinberg Institute

DIGEST: This bill requires the Department of Health Care Services (DHCS) to establish a program for certifying peer support specialists; requires DHCS to amend its Medicaid state plan and to seek any federal waivers or state plan 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, 2020, to establish a peer support specialist (or certified peer support specialist [CPSS]) certification program, and to do all of the following:
 - a) Establish a certifying body to certify a CPSS;
 - b) Provide for statewide certification of CPSS;
 - c) Define the range of responsibilities and practice guidelines for CPSS, as specified;
 - d) Determine curriculum and core competencies, including areas of specialization for CPSS, such as transition-age youth, veterans, gender identity, and sexual orientation, and core competencies that include trauma-informed care, co-occurring mental health and SUDs, and navigation of, and referral to, other services;
 - e) Specify training requirements, allowing for multiple qualified 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) Establish a code of ethics and processes for investigations and corrective action, as specified;
 - g) Determine a process for certification renewal; and,
 - h) Determine a process for allowing existing personnel employed in the peer support field to obtain certification, as specified.

- 2) Defines “peers support specialist services” as culturally competent services that promote engagement, socialization, recovery, self-sufficiency, and self-advocacy, and 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 CPSS certification program to be construed as permitting a CPSS to diagnose an illness, prescribe medication, or provide clinical services. Prohibits the CPSS certification program from altering the scope of practice for a health care professional, or authorize the delivery of health care services in a setting or manner that is not authorized by existing law.
- 4) Requires DHCS to consult with the Office of Statewide Health Planning and Development, peer support and family organizations, mental health and SUD treatment providers and organizations, the County Behavioral Health Directors Association of California, and the California Behavioral Health Planning Council, and other interested parties in developing, implementing, and administering the CPSS certification program, as specified.
- 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, as specified. Permits DHCS to seek any federal waivers or other state plan amendments as necessary to implement the CPSS certification program.
- 6) Permits community health workers to partner with CPSS for engagement, outreach, and education in order to facilitate early intervention for mental health services and improve linkage to services.
- 7) Permits DHCS to use Mental Health Services Act funds to develop and administer the CPSS program, subject to an express appropriation in the annual Budget Act, and for the purposes of claiming Federal financial participation (FFP), as specified.
- 8) Requires Medi-Cal reimbursement for CPSS services to be implemented only to the extent that FFP is available and all necessary federal approvals have been obtained.
- 9) Permits DHCS to establish a certification fee schedule to support the activities associated with the ongoing administration of the CPSS certification program. Requires any fees charged be reasonable and reflect the expenditures directly applicable to the ongoing administration of the CPSS certification program.

- 10) Requires DHCS, by July 1, 2022, 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.

Comments

- 1) *Author's statement.* According to the author, California lags behind the nation in implementing a CPSS program. The U.S. Department of Veterans Affairs and 48 states have a certification process in place for mental health CPSS. The federal Centers for Medicare and Medicaid Services (CMS) released guidance in 2007 and clarification in 2013 for establishing a CPSS program to enable the use of FFP with a 50% match. Yet California has not acted. Research is clear that the use of a formal certification program to train CPSS offers enormous benefits, including allowing providers to make use of the federal Medi-Cal match; allowing for standardization of the peer support practice, to ensure the highest quality care; and establishing core competencies that allow CPSS to transfer skills across county lines. Although DHCS anticipates there will be substantial growth in the demand for CPSS, there are no statewide scope of practice, training standards, supervision standards, or certification. This bill creates these standards and establishes a code of ethics and processes for revocation of certification.
- 2) *CPSS.* According to the federal Substance Abuse and Mental Health Service Administration, a CPSS is a person who uses lived experience of recovery from mental illness and/or an SUD, plus skills learned in formal training, to deliver services in behavioral health settings to promote recover and resiliency. 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 more than 40 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 in the most recent Section 1115 Waiver renewal, known as Medi-Cal 2020, by providing

financial incentives to managed care plans to support non-physician community providers, promoting both physical and behavioral health care integration, and team-based care. Counties are currently able to seek reimbursement for CPSS services under the “other qualified provider” provider type under the Medicaid state plan.

- 3) *CPSS certification.* CMS released guidance in 2007 and further clarification in 2013 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 current 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 906 (Beall, 2018) and SB 614 (Leno, 2015) were identical to this bill. SB 906 was vetoed by the Governor who stated peer support specialists are currently used as providers in Medi-Cal without a state certificate, and SB 906 would have imposed a costly new program, which would have permitted some individuals to continue providing services but shut others out. Governor Brown urged stakeholders and DHCS to improve upon the existing framework while allowing all peer support specialists to continue to work. SB 614 was amended on August 18, 2016, on the Assembly Floor to a new purpose.

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

According to the Senate Appropriations Committee, staff notes the author's 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.

- 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).
- 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.
- 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).

SUPPORT: (Verified 5/17/19)

Los Angeles County Board of Supervisors (co-source)
Mental Health Services Oversight and Accountability Commission (co-source)
Steinberg Institute (co-source)
American College of Emergency Physicians
Anti-Recidivism Coalition
Association of California Healthcare Districts
Association of Community Human Service Agencies
Association of Regional Center Agencies
Bay Area Community Services
California Academy of Child and Adolescent Psychiatry
California Alliance of Child and Family Services
California Association of Alcohol and Drug Program Executives, Inc.
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 Association of Veteran Service Agencies
California Behavioral Health Directors Association
California Behavioral Health Planning Council
California Children's Trust
California Coalition for Mental Health
California Council of Community Behavioral Health Agencies
California Down Syndrome Advocacy Coalition
California Hospital Association
California State Association of Counties
California State Council of the Service Employees International Union
Children Now
City College of San Francisco
City of San Jose
City of Santa Monica
Community Clinic Association of Los Angeles County
Community Mental Health Certificate Program at City College of San Francisco
Corporation for Supportive Housing
County Behavioral Health Directors Association of California
County of Santa Clara
County of Ventura
County Welfare Directors Association
Crestwood Behavioral Health, Inc.
Daniel's Place
Depression and Bipolar Support Alliance
Didi Hirsch Mental Health Services
Disability Rights California
Innovations Health Systems
Juvenile Court Judges of California
Manzanita Services
Mental Health America of California
Mental Health America of Los Angeles
Mental Health America of Northern California
Mental Health Association of San Francisco
NAMI Amador
NAMI Sacramento
National Association of Social Workers, California Chapter
Pacific Clinics

Peers Envisioning and Engaging in Recovery Services
Pool of Consumer Champions
Project Return Peer Support Network
Seneca Family of Agencies
Telecare Corporation
The Arc and United Cerebral Palsy California Collaboration
Ventura County Board of Supervisors
Western Center on Law and Poverty
Several individuals

OPPOSITION: (Verified 5/17/19)

None received

ARGUMENTS IN SUPPORT: The Steinberg Institute, Mental Health Services Oversight and Accountability Commission, and the Los Angeles County Board of Supervisors, cosponsors 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.

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