

HOUSE BILL REPORT

2SHB 1865

As Passed House:
February 12, 2022

Title: An act relating to addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists.

Brief Description: Addressing the behavioral health workforce shortage and expanding access to peer services by creating the profession of certified peer specialists.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Davis, Caldier, Callan, Dent, Duerr, Goodman, Macri, Senn, Wylie, Paul, Sullivan, Simmons, Chopp, Slatter, Bergquist, Valdez, Pollet, Ormsby, Graham and Frame).

Brief History:

Committee Activity:

Health Care & Wellness: 1/24/22, 1/31/22 [DPS];
Appropriations: 2/5/22, 2/7/22 [DP2S(w/o sub HCW)].

Floor Activity:

Passed House: 2/12/22, 78-19.

Brief Summary of Second Substitute Bill

- Establishes certified peer specialists and certified peer specialist trainees as new health professions to be certified by the Department of Health.
- Directs the Health Care Authority to develop and offer an 80-hour education course for persons seeking to become certified as a peer specialist or peer specialist trainee.
- Establishes standards and training for approved supervisors of certified peer specialist trainees.
- Establishes training requirements for certified peer specialists practicing as peer crisis responders.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not part of the legislation nor does it constitute a statement of legislative intent.

HOUSE COMMITTEE ON HEALTH CARE & WELLNESS

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Bateman, Vice Chair; Schmick, Ranking Minority Member; Caldier, Assistant Ranking Minority Member; Bronoske, Davis, Macri, Riccelli, Rude, Simmons, Stonier, Tharinger and Ybarra.

Minority Report: Without recommendation. Signed by 2 members: Representatives Harris and Maycumber.

Staff: Christopher Blake (786-7392).

HOUSE COMMITTEE ON APPROPRIATIONS

Majority Report: The second substitute bill be substituted therefor and the second substitute bill do pass and do not pass the substitute bill by Committee on Health Care & Wellness. Signed by 25 members: Representatives Ormsby, Chair; Bergquist, Vice Chair; Gregerson, Vice Chair; Macri, Vice Chair; Stokesbary, Ranking Minority Member; Chambers, Assistant Ranking Minority Member; Corry, Assistant Ranking Minority Member; Boehnke, Caldier, Chandler, Chopp, Cody, Dolan, Fitzgibbon, Frame, Hansen, Johnson, J., Lekanoff, Pollet, Ryu, Senn, Springer, Stonier, Sullivan and Tharinger.

Minority Report: Without recommendation. Signed by 8 members: Representatives MacEwen, Assistant Ranking Minority Member; Dye, Harris, Hoff, Jacobsen, Rude, Schmick and Steele.

Staff: Andrew Toulon (786-7178).

Background:

The Health Care Authority (Authority) certifies peer counselors under its Peer Support Program. Certification by the Authority is not necessary to provide peer counseling services, however, it is required for reimbursement under Medicaid. To be certified, a person must:

- self-identify as a consumer, or parent or legal guardian of a consumer, of mental health or substance use disorder services;
- be registered by the Department of Health as an agency-affiliated counselor;
- complete an online prerequisite course;
- complete a 40-hour specialized training course on core competencies established by the federal Substance Abuse and Mental Health Services Administration;
- pass an examination administered by the Authority; and
- receive a written notification letter from the Authority recognizing the individual as a counselor.

The services that may be provided by certified peer counselors are specified in Washington's Medicaid State Plan (State Plan). The State Plan specifies that they work with adults, youth, and the parents of children receiving behavioral health services to help them find hope and make progress toward recovery by drawing upon their own life experience. Since July 1, 2019, behavioral health agencies have been able to provide peer support services for both mental health and substance use disorders and receive Medicaid reimbursement.

Summary of Second Substitute Bill:

Beginning July 1, 2024, certified peer specialists and certified peer specialist trainees are established as new health professions that may engage in the practice of peer support services. "Practice of peer support services" means the provision of interventions by either: (1) a person in recovery from a mental health condition, substance use disorder, or both; or (2) the parent or legal guardian of a youth who is receiving or has received behavioral health services. The interventions are provided to a client through the use of shared experiences to assist a client in the acquisition and exercise of shared skills to support the client's recovery. Interventions may include activities that assist a client in accessing or engaging in treatment and in symptom management; promote social connection, recovery, and self-advocacy; provide guidance in the development of community supports and basic daily living skills; and support clients in achieving health and wellness goals.

The Secretary of Health (Secretary) must issue certificates as a peer specialist to applicants who:

- submit an attestation to the Department of Health (Department) that the applicant self-identifies as: (1) a person with one or more years of recovery from a mental health condition, substance use disorder, or both; or (2) a parent or legal guardian of a youth who is receiving or has received behavioral health services;
- complete an education course developed and offered by the Health Care Authority (Authority);
- pass an oral examination administered by the Authority;
- pass a written examination approved by the Department;
- complete an experience requirement of at least 1,000 hours as a certified peer specialist trainee engaged in the practice of peer support services under the supervision of an approved supervisor; and
- pay any applicable fees.

Alternatively, an applicant may receive a peer specialist certificate based on previous experience as a peer specialist prior to July 1, 2024. The Secretary must adopt equivalency standards that an applicant may meet to be eligible for such a certificate by July 1, 2025. In addition, the Secretary, with the recommendations of the Washington State Certified Peer Specialist Advisory Committee (Advisory Committee), must adopt criteria for the issuance of a certificate as a peer specialist based on completion of an approved apprenticeship program.

The Secretary must also issue certificates for peer specialist trainees to practice peer support services under the supervision of an approved supervisor while completing the experience requirement to obtain a full certificate as a peer specialist. To obtain a certificate as a peer specialist trainee, an applicant must have either met the attestation, education, and oral and written examination requirements for a peer specialist or be enrolled in an approved apprenticeship program. In addition, the applicant must submit a declaration that the applicant is actively pursuing the supervised experience requirement for a full certificate. An approved supervisor is either: (1) until July 1, 2026, a behavioral health provider with at least two years of experience working in a behavioral health practice that employs peer specialists in treatment teams; or (2) a certified peer specialist with at least 1,500 hours of work as a certified peer specialist, including at least 500 hours in the joint supervision of peers, and who has completed a peer supervisor training course developed by the Authority.

A certificate is not required to practice peer support services, except that a registered agency-affiliated counselor who engages in the practice of peer support services and whose agency bills medical assistance for those services must be certified by January 1, 2026.

If an applicant for a certificate to become a peer specialist or peer specialist trainee has been referred to the voluntary substance abuse monitoring program, the amount of time that the applicant must spend in the program is limited to the amount of time necessary for the applicant to achieve one year in recovery from a substance use disorder. If the applicant has at least one year in recovery from a substance use disorder, the applicant may not be required to participate. Facilities that care for vulnerable adults are prohibited from automatically denying employment to an applicant for a position as a peer specialist or peer specialist trainee if: (1) at least one year has passed since the most recent conviction and the date of application; (2) the offense was committed as a result of the applicant's substance use or untreated mental health symptoms; and (3) the applicant has been in recovery for at least one year from a mental health disorder or substance use disorder, whether through abstinence or stability on medication-assisted therapy.

The Advisory Committee is established. The Secretary must appoint the 11 members of the Advisory Committee, which include nine members who are peer specialists, one member who represents community behavioral health agencies, and one member who represents the public at large. The Advisory Committee is responsible for submitting recommendations which the Department or Authority, as appropriate, are encouraged to adopt on topics including: rules related to the certification of peer specialists and peer specialist trainees; professional boundaries, customary practices, and other aspects of peer support related to complaints and the disciplinary process; patient and client education; written and oral examinations; continuing education and continuing competency programs; criteria for certification based on prior experience; supports for becoming a peer specialist; Authority policies related to peer counselors; the approval of additional education and testing entities; long-term planning for the profession; and recruitment and retention in the peer specialist profession. The Department provides staffing support to the Advisory Committee.

While the Department is the primary certification entity for peer specialists and peer specialist trainees, the Authority has several specific responsibilities in the certification process. The Authority must develop and offer the instruction course for peer specialist certification. The course must be approximately 80 hours and based on the Authority's existing course with additional instruction in the principles of recovery coaching and suicide prevention, and additional subjects suggested pursuant to a peer engagement process. The instruction course must have multiple configurations to allow for both accelerated and extended completion. In addition, the Authority must develop an expedited course for those who have completed the existing course and only need to complete the new portions of the course.

The Authority must develop and offer additional trainings, including a training course for peer specialists providing supervision to peer specialist trainees, a 40-hour specialized training course in peer crisis response services, and a course on the benefits of incorporating certified peer specialists and certified peer specialist trainees into clinical staff. Beginning July 1, 2025, peer specialists working as peer crisis responders must have completed the Authority's 40-hour peer crisis response training.

The Authority is responsible for developing, conducting, and administering examinations, including assuring that the examinations are administered in a culturally appropriate manner and adopting procedures to accommodate persons with a learning disability, other disabilities, and other needs. The Authority must approve educational and testing entities to provide educational courses and administer examinations. The Authority must also develop examination preparation materials and make them available to students.

Behavioral health agencies must reduce the caseload for approved supervisors who are providing supervision to certified peer specialist trainees according to standards established by the Advisory Committee.

By January 1, 2025, the Office of the Insurance Commissioner (Office) must make recommendations to health carriers regarding the appropriate use of certified peer specialists and certified peer specialist trainees, network adequacy for certified peer specialists and certified peer specialist trainees, and steps to incorporate certified peer specialists and certified peer specialist trainees into commercial provider networks. The Office may adopt rules related to the recommendations.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on February 10, 2022.

Effective Date: The bill takes effect 90 days after the adjournment of the session in which the bill is passed, except for section 15, relating to sanctioning authority for health professions, and section 17, relating to disqualifying crimes for employment in certain care

settings, which take effect July 1, 2022. However, the bill is null and void unless funded in the budget.

Staff Summary of Public Testimony (Health Care & Wellness):

(In support) There is a behavioral health workforce crisis, but there is actually a surplus of workers willing to be peers. An abundant, well-supported, and diverse workforce of peers is more likely to meet the needs of diverse populations with behavioral health challenges. This bill will help to expand the peer workforce which will save lives and help people live lives that have meaning and purpose. Professional peer work does not exist solely in behavioral health agency settings, but also in communities, jails, shelters, and libraries, and there are no mechanisms to assure safe and ethical practice in these settings. This bill provides for the safety of the recipient of services and the standard accountability for the provider of peer emotional support in a professional setting. Recipients of peer services deserve standards of training and licensing that provide quality assurance measures to protect vulnerable populations. This bill is a priority of the Children and Youth Work Group.

This bill offers the peer community more upfront training, continuing education, higher wages, a career ladder, and the ability for peers to supervise peers. It will create advancement opportunities for peers working in agency-affiliated counselor status. It offers alignment with many of the components of current apprenticeship projects and will help to increase recruitment, placement, and retention for peers. This bill gives opportunities for small business owners to grow and elevate staff into leadership positions. It reduces stigma from clinicians who do not believe in peer support. Not formalizing the profession will have negative impacts on the workforce shortage, slow progress on fighting stigma, eliminate the ability to embed peers where they are needed, and cost the system financially. If a professional license were to become available, it would validate certified peers in the professional workplace and give them more bargaining power at the time of hire.

People with commercial insurance currently do not have access to peer services and this bill fixes that. Only community behavioral health agencies can bill for peer services and this bill remedies that. This bill only is only mandatory for those peers currently employed by a community behavioral health agency that bills Medicaid which is a fraction of all peers.

(Opposed) The time frames in this bill are unrealistic. This bill creates more barriers to certification than access. It ignores the current challenges with training and adds more training on top of that. There should be a supervisory certification prior to implementing this. This bill removes choice for peers who do not aspire to be supervisors or work for agencies that bill private insurance. The Washington State Certified Peer Counselor Advisory Committee (Advisory Committee) has no oversight or responsibility and has the power to enact laws.

It is preferable to have qualified counselors or a doctor of psychiatry providing care because

of their years of experience. There is no behavioral health workforce crisis because there are 900 people waiting to be trained.

This bill is not socially equitable because it is not easy to scrape together the time, money, travel, and child care to take the training. This bill will limit opportunities for peers of color and peers who live in rural areas.

(Other) The implementation dates should be moved out one year to allow for time to create rules and establish the necessary infrastructure. The disciplinary functions of the Advisory Committee and the requirement that the Department of Health adopt the Advisory Committee's recommendations should be removed.

Staff Summary of Public Testimony (Appropriations):

(In support) There are fiscal benefits to having peer specialists involved and allowed to perform their essential, nonclinical approach to engaging individuals who are unwell. Data from King County show a 66 percent reduction in emergency room visits and a 65 percent reduction in arrest recidivism for individuals who engage in peer support services. Peer services are essential for preparing individuals for recovery and increasing their longevity in recovery. This bill will greatly reduce costs of services, repeated treatment, and legal engagement, and support the long-term recovery of individuals with these chronic health conditions.

Certified peer counselors are an evidence-based practice working in a multidisciplinary team of psychiatrists, psychiatric nurses, therapists, and others. This bill will help with the loss of the mental health workforce by moving forward peer specialists that are supported by clinicians, doctors, and nurses. There is a program for youth called Wraparound with Intensive Services which utilizes youth peer specialists and adult peer specialists. The adult peer specialist works with the adult family members and caretakers. The youth peer specialist works directly with the youth in this type of wraparound program.

Some behavioral health programs lack diversity and do not incentivize staff with bilingual speaking skills leading to burnout and turnover. Peers can be helpful to the family of an individual receiving services and also to expand the bandwidth of the entire team. Lack of the right supports impacts treatment outcomes as people forgo care or do not access care, causing their symptoms to become more acute. Studies have demonstrated that the lack of diversity is at the leadership level. This is a barrier to recruitment and retention due to concerns around career advancement and inequitable work environments. This bill would help that by offering a career ladder for peers, more supervisory positions, and an overall sense of parity and equity where peers work.

(Opposed) None.

Persons Testifying (Health Care & Wellness): (In support) Representative Lauren Davis,

prime sponsor; Josh Wallace, Peer Washington; Javan Jones, Community Solutions; Melody McKee, Behavioral Health Institute; Ely Hernandez, Washington Recovery Alliance; Topher Jerome; Pattie Marshall; and Ronni Batchelor.

(Opposed) Laurie Layne; Andrea Gehring; Beverly Miller; and John Gresbrink.

(Other) Kristin Reichl, Washington State Department of Health.

Persons Testifying (Appropriations): Rhonda Batchelor; Joshua Wallace, Peer Washington; and Ely Hernandez, Washington Recovery Alliance.

Persons Signed In To Testify But Not Testifying (Health Care & Wellness): None.

Persons Signed In To Testify But Not Testifying (Appropriations): None.