

SENATE BILL REPORT

SB 5555

As Reported by Senate Committee On:
Higher Education & Workforce Development, February 17, 2023
Ways & Means, February 23, 2023

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: Creating the profession of certified peer specialists.

Sponsors: Senators Randall, Dhingra, Hasegawa, Keiser, Nguyen, Nobles, Valdez and Wilson, C..

Brief History:

Committee Activity: Higher Education & Workforce Development: 2/01/23, 2/17/23 [DPS-WM, w/oRec].
Ways & Means: 2/21/23, 2/23/23 [DP2S, DNP, w/oRec].

Brief Summary of Second Substitute Bill

- Establishes the new professions of certified peer specialist and certified peer specialist trainee to be certified by the Department of Health.
- Specifies training and educational pathways and requirements to earn a certificate to engage in the practice of peer support services.
- Directs the Health Care Authority to develop the trainings and examinations required to become certified.
- Establishes training requirements for certified peer specialists practicing as peer crisis responders.

SENATE COMMITTEE ON HIGHER EDUCATION & WORKFORCE DEVELOPMENT

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.

Majority Report: That Substitute Senate Bill No. 5555 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Randall, Chair; Nobles, Vice Chair; Holy, Ranking Member.

Minority Report: That it be referred without recommendation.

Signed by Senator Hawkins.

Staff: Alicia Kinne-Clawson (786-7407)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Second Substitute Senate Bill No. 5555 be substituted therefor, and the second substitute bill do pass.

Signed by Senators Rolfes, Chair; Robinson, Vice Chair, Operating & Revenue; Mullet, Vice Chair, Capital; Billig, Conway, Dhingra, Hasegawa, Hunt, Keiser, Nguyen, Pedersen, Saldaña and Wellman.

Minority Report: Do not pass.

Signed by Senators Wilson, L., Ranking Member, Operating; Warnick, Assistant Ranking Member, Capital; Boehnke, Braun, Muzzall, Torres and Wagoner.

Minority Report: That it be referred without recommendation.

Signed by Senators Gildon, Assistant Ranking Member, Operating; Schoesler, Ranking Member, Capital; Rivers, Assistant Ranking Member, Capital; Van De Wege.

Staff: Corban Nemeth (786-7736)

Background: The Health Care Authority (HCA) certifies peer counselors under its Peer Support Program. Certification by the HCA 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 (DOH) 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 HCA; and
- receive a written notification letter from the HCA 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 Bill (Second Substitute): 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 a person in recovery from a mental health condition, substance use disorder, or both, or the parent or legal guardian of a youth who is receiving or has received behavioral health services. The person provides the interventions through the use of shared experiences to assist a client in the acquisition and exercise of skills needed to support the client's recovery.

The Washington State Certified Peer Specialist Advisory Committee (advisory committee) is established. The advisory committee consists of 11 members, nine of which are certified peer specialists. One member must represent community behavioral health agencies and one must represent the public at large. Members must not hold an office in a professional association for peer specialists or be employed by the state. DOH and the HCA are encouraged to adopt the recommendations of the advisory committee on topics related to the profession of certified peer specialists including recommendations related to:

- professional boundaries and other aspects as they relate to investigations or disciplinary actions;
- written and oral examinations and continuing education;
- design and feasibility of a two-phase certification process;
- strategies to eliminate financial barriers to licensing;
- additional supports for those practicing as peer counselors to become certified peer specialists; and
- other topics detailed in the bill.

A certificate is not required to practice peer support services but is required to use the title of certified peer specialist or certified peer specialist trainee.

Pathways to Earn a Certificate to Engage in the Practice of Peer Support Services. Educational Course and Examination. Beginning July 1, 2025, the Secretary of Health (secretary) must issue a certificate to engage in the practice of peer support services to anyone who meets the following requirements:

- attests that the applicant self-identifies as a person with one or more years of recovery from a mental health condition, substance use disorder, or both; or, is the parent or legal guardian of a youth who is receiving or has received behavioral health services;
- completes the education course offered by the HCA;
- passes an oral and written examination issued by the HCA;
- completes an experience requirement of at least 1000 supervised hours as a peer specialist trainee; and

- pays the required fee.

Prior Experience. The secretary, with the recommendation of the advisory committee, must establish criteria for the issuance of a certificate based on prior experience as a peer specialist attained before July 1, 2025. The criteria must establish equivalency standards necessary to meet the requirements in lieu of coursework and examination. An applicant based on experience as a peer specialist must have until July 1, 2026, to complete any standards the applicant is deficient in.

Apprenticeship. The secretary, with the recommendations of the advisory committee, must adopt criteria for the issuance of a certificate as a peer specialist based on completion of an approved apprenticeship program.

Certificate to Engage in the Practice of Peer Support Services as a Certified Peer Specialist Trainee. 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.

An applicant seeking to become a certified peer specialist trainee must attest that they are actively pursuing the supervised experience requirement to be certified as a certified peer specialist.

An approved supervisor is either:

- until July 1, 2027, 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
- a certified peer specialist with at least 1500 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.

Trainings and Examinations. HCA must develop a course of instruction to become a certified peer specialist. The course must be at least 80 hours long and based upon the curriculum offered by HCA in its peer counseling training, as well as the instruction of principles of recovery coaching and suicide prevention. The course must be taught by certified peer specialists and offered with sufficient frequency to meet workforce demands.

HCA 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 HCA's 40-hour peer crisis response training.

HCA is responsible for administration of examinations to earn certification as a certified peer specialist. HCA must approve educational and testing entities to provide educational courses and administer examinations.

Appropriate Use of Certified Peer Specialists. By July 1, 2026, each carrier shall provide access to certified peer specialists and certified peer specialist trainees in a manner sufficient to meet the network access standards set forth in rules established by the Office of the Insurance Commissioner.

EFFECT OF CHANGES MADE BY WAYS & MEANS COMMITTEE (Second Substitute):

- Eliminates the requirement that the Office of the Insurance Commissioner (OIC) make recommendations to health carriers regarding the appropriate use of peer specialists.
- Requires OIC to ensure that every health insurance carrier is providing access to peer specialists in compliance with network access standards.

EFFECT OF CHANGES MADE BY HIGHER EDUCATION & WORKFORCE DEVELOPMENT COMMITTEE (First Substitute):

- Directs the advisory board to provide advice and guidance on the feasibility and design of a two-phase certification program.
- Directs the advisory board to make recommendations on strategies to eliminate financial barriers to licensing.

Appropriation: The bill contains a null and void clause requiring specific funding be provided in an omnibus appropriation act.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: The bill contains several effective dates. Please refer to the bill.

Staff Summary of Public Testimony on Original Bill (Higher Education & Workforce Development): *The committee recommended a different version of the bill than what was heard.* PRO: There is a behavioral health crisis, and we need all the tools available to provide support for our neighbors who are struggling, to ensure we are getting people onto pathways to provide care and to ensure everyone in our state can thrive. The most vital reason to support this legislation is to ensure the safety of the individuals receiving peer

services with the establishment of training standards and professional accountability for peer workers, just as it is with any other behavioral health provider. This bill will improve Washington's peer training program and give time to teach the mindset required to do this challenging work. It will create increased opportunity for workers, supervisors and employers. This is not in conflict with the apprenticeship programs and creates much needed pathways for peer counselors. It is critical to provide supervisory support from someone who understands the challenges of the work and how it relates to one's recovery. Peer work in the presence of a peer gives credence to the possibility of long-term recovery.

CON: There is need for a bill to lift and support the peer workforce. This is not that bill. There must be CEUs and a peer supervisory certification like what other states have implemented. Where licensure is required, the cost is too high, and there is no support. There may be some hope for this bill with some financial support. Eighty hours of training, 1000 hours of work, and new licensing fees are barriers to entry into the program for significant parts of the population. Those entering the youth program and those in rural areas will find it difficult to participate. This bill takes apart a successful program in order to create a new practice. The new practice should stand on its own, grow from the ground up and leave the existing program in place.

OTHER: This bill should make it easy as possible for peer specialists who are currently credentialed as agency affiliated counselors to obtain this new certification. This bill aims to grow the behavioral health workforce and should not lose anyone during the transition. This bill should reconsider the definition of an approved supervisor. It is common in community behavioral health to be supervised by someone with credentials other than their own.

Persons Testifying (Higher Education & Workforce Development): PRO: Senator Emily Randall, Prime Sponsor; Topher Jerome, BHI; Michael Robertson, Peer WA; Laura Hopkins; Mel McKee, BHI; Peter Durning; Josh Wallace, Peer WA.

CON: Lorrin Gehring, The Rainbow Makers; Gabriel Hamilton, I am a certified youth peer councilor and and have become a peer specialist.; Beverly Miller, Miller Consultation and Training.

OTHER: Kim Zacher, WA Council for Behavioral Health.

Persons Signed In To Testify But Not Testifying (Higher Education & Workforce Development): No one.

Staff Summary of Public Testimony on First Substitute (Ways & Means): *The committee recommended a different version of the bill than what was heard.* PRO: More people should have the option of becoming certified peer counselors without the restriction of only serving Medicaid patients, and non-Medicaid patients should have the benefits of receiving peer support. Peer support in Washington has been successful, and this is an opportunity to invest and expand access to Washington residents who desperately need it. In the current workforce crisis, it is critical that this bill and peer support expansion pass now,

as call centers and crisis centers rely on peer support specialists. This bill will add accountability to peer counselors, so that they can't jump from agency to agency without disciplinary action. In terms of language, the word "recovery" is subjective and not everybody identifies with it.

CON: The essence of peer support will be lost in this bill, as it does not uphold its guiding principles and values. This bill is under researched and may have unintended consequences. It directs the health care authority to develop trainings and examinations required for certification without considering the importance of experience. A recommendation rather than a requirement for a two-tier track is not enough. Full certification can cost thousands of dollars which has led to high turnover among care specialists, these barriers should be lowered, not raised.

OTHER: This bill isn't great in its current form, but there should be more conversation about this issue. Peer support is built through experience, not education.

Persons Testifying (Ways & Means): PRO: Rebecca Faust; Josh Wallace, Peer WA; Nancy Dow, None; Melody McKee, UW Behavioral Health Institute; Stephanie Lane, Peer Workforce Development.

CON: Carolyn Cox, SPARK Peer Learning Center; Beverly Miller, work peer counselor; Lorrin Gehring, The Rainbow Makers; Naomi Herrera; Sherry Axson.

OTHER: Gabriel Hamilton, Spark peer learning center.

Persons Signed In To Testify But Not Testifying (Ways & Means): No one.