



SB 614 History and Status

Shining Light Senator Leno’s SB 614 “*Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification. (2015-2016)*” rose as the stakeholders’ shining light at the end of a long extended tunnel of time and effort. This bill gave hope to consumers and family members throughout the state that California would emerge from the dark ages, compared to the rest of the nation, to finally recognize and codify peer support services as “an evidence-based mental health model of care”¹, along with the US Center for Medicaid Services.

Beginning in 2001, other states began developing state protocols to certify peer support specialists. Now forty-two states have a State protocol, four are in the process of implementation, and over 30 states have pursued the federal push to establish unique billing codes for peer support services and specialists. California is NOT one of these States.²



How is Peer Support Unique? Peer Support is a unique service, a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility and self-determination. Services provided are non-hierarchical therapeutic interactions between people who have a shared lived experience of a behavioral health challenge. This connection or affiliation is a deep, holistic understanding based on mutual experience where people are able to “be” with each other without the constraints of the traditional power differential of expert/patient or expert/family member relationships. Peer Support is differentiated from other mental health services such as rehabilitation, targeted case management or collateral. Michigan recognizes this in their regulations, “Because of their life experience, they [*Peer Support Specialists*] provide expertise that professional disciplines cannot replicate.”³

CA Peer Certification History

With the passage in 2004, of Proposition 63--the Mental Health Services Act (MHSA), California was given a mandate to transform public mental health services to become more wellness, recovery and resiliency focused. As a result, over the years, many service improvements have in fact been fulfilled. The former California Department of Mental Health (DMH) promoted statewide workforce development contracts that furthered consumer and family member employment in public mental health, and in 2011 DMH funded an extensive stakeholder process to examine a certification for peer, youth, parent and family support specialists which resulted in recommendations for State peer support specialist billing and certification. Meetings, conference calls, webinars were held throughout the State. During this stakeholder process DMH was closed and the

¹ Letter to State Medicaid Directors, Centers for Medicare & Medicaid Services, August 15, 2007. <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD081507A.pdf>

² Kaufman, L., Brooks, W., Bellinger, J., Steinley-Bumgarner, M., & Stevens-Manser, S. 2014. *Peer Specialist Training and Certification Programs: A National Overview*. Texas Institute for Excellence in Mental Health, School of Social Work, University of Texas at Austin

³ Michigan Depart. of Health & Human Services, Provider Qualifications Per Medicaid Services, April 1, 2016. https://www.michigan.gov/documents/mdch/PIHP-MHSP_Provider_Qualifications_219874_7.pdf



Department of Health Care Services (DHCS) took over in 2012. Eventually stakeholder groundswell and recommendations fed into a stakeholder legislative proposal.

Statewide & Legislative Support for SB 614 The proposal was sponsored by the County Behavioral Health Directors Association (CBHDA) and authored by Senator Leno as Senate Bill, SB 614 in 2015. Most of the stakeholder recommendations are reflected in SB 614⁴. The bill as of August, 2015 would require the Department of Health Care Services (DHCS) to establish certification and unique Medi-Cal billing codes for peer support services and specialists, including for parent to parent, transition age youth, and family support specialists. SB 614 is supported by thousands of consumers and family members and received support letters from over twenty state and local organizations. It passed the Senate unopposed and passed two Committees in the Assembly; one of the Committee hearings heard support testimonials from almost one hundred diverse stakeholders last July. The bill was ordered to the third Assembly reading and was pulled into the inactive file, where it has remained since due to concerns of the Department of Health Care Services (DHCS), which would be responsible for implementing certification and unique billing. At the beginning of the year, DHCS publicly stated it refuses to create unique billing codes. It could be argued that when the Department of Mental Health (DMH) was dissolved in 2012 with service duties transferred to the Department of Health Care Services (DHCS), the agency transition and lack of continuity resulted in a loss of historical institutional knowledge and therefore a loss of progression in some areas, particularly pertaining to MHSA goals.

DHCS Technical Amendments? Recently DHCS submitted ‘Technical Amendments’ to the bill that stakeholder believe would seriously undermine the intent of the bill.

Stakeholders Issue Deal Breakers Stakeholders initiated and support SB 614, as it was amended in August, 2015. To uphold the integrity of Peer Support Services and Peer, Parent, Transition-Age, and Family Support Specialist Certification legislation, stakeholders are circulating a petition and require, *at a minimum*, the elements below be in the bill for continued stakeholder support:

Minimum Requirements

- Accurate definitions of peer support services and peer support specialists, as different from other disciplines,
- Ongoing and meaningful stakeholder involvement in implementation,
- Multiple training entities that meet established core competencies, including trainers with lived experience,
- Grandfathering in process of peers already working in the field,
- Requirements for certification to include personal experience of receiving mental health services or experience as a family member,
- Use of established best practices in guidelines,
- Remain tied to the Mental Health Services Act (MHSA) and MHSA funding.

⁴ As amended in August, 2015