

HB21-1021: PEER SUPPORT PROFESSIONALS BEHAVIORAL HEALTH

Concerning supporting the peer support professional workforce.

Details

Bill Sponsors:	House – <i>Pelton (R) & Caraveo (D)</i> , Cutter (D), Kennedy (D), Larson (R), Michaelson Jenet (D), Young (D) Senate – None
Committee:	House Public & Behavioral Health & Human Services
Bill History:	2/16/2021- Introduced in House
Next Action:	3/9/2021- Hearing in House Public & Behavioral Health & Human Services Committee

Bill Summary

The bill requires the Department of Human Services (DHS) to establish procedures to approve recovery support services organizations for reimbursement of peer support professional services. The bill permits a recovery support services organization to bill Medicaid for eligible peer support services and allows HCPF to reimburse those organizations. Additionally, recovery-centered language is added in multiple different behavioral health related statute.

Issue Summary

Peer Support Workers

Peer support workers work with people in recovery to assist them in following their own recovery paths.¹ They bring in their own lived experience of living with mental health disorders or substance use disorders (SUDs) in order to support others' progress to recovery. Peer support workers may practice in a variety of practice settings from recovery residences to criminal justice settings. Research compiled by the Substance Abuse and Mental Health Services Administration (SAMHSA) has found that peer support increases self-esteem and confidence, the sense that treatment is responsive and inclusive of needs, the sense of hope and inspiration, engagement in self-care and wellness as well as decreases psychotic symptoms, reduces hospital admission rates, and decreases substance use and depression.

Core Competencies for Peer Support Workers

SAMHSA has outlined core competencies as foundational principles.²

- **Recovery-oriented:** Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
- **Person-centered:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, needs, and preferences of the people served.
- **Voluntary:** Peer workers are partners or consultants to those they serve. Participation in peer recovery support services is always contingent on peer choice.

¹ SAMHSA (2017) *Value of Peers*. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/value-of-peers-2017.pdf

² SAMHSA (April 16, 2020). *Core Competencies for Peer Workers*. Retrieved from <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers>

- **Relationship-focused:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided.
- **Trauma-informed:** Peer recovery support utilizes a strength-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

Peer Support in Other States

As of 2018, 39 states allowed Medicaid billing for any type (mental health or SUD) of peer support services.³ Currently, Medicaid in Colorado is restricted to reimbursing peer-delivered services in facilities such as community mental health centers or substance use treatment facilities. According to a 2019 analysis of state Medicaid fee schedules, peer services are reimbursed an average of \$13.08 for 15 minutes, with a range of \$5.89 (South Carolina) to \$24.36 (Georgia). The Arkansas General Assembly enacted legislation in 2019 authorizing individuals with prior drug-related offenses to work as peer support specialists. They must obtain certification in peer recovery by the Arkansas Substance Abuse Certification Board.⁴ Montana enacted legislation allowing certified behavioral health peer support services to qualify as medical assistants under the state Medicaid program.⁵

This Legislation

Legislative Declaration

The General Assembly finds and declares the following statements. Peer support professionals help people achieve their recovery goals through shared understanding, respect, and empowerment. Peer support offers a form of acceptance, understanding, and validation not often found in other professional relationships. The federal Centers for Medicare and Medicaid Services recognize that peer support professionals can be an important component in a state's delivery of effective mental health and substance use disorder treatment. Peer support services can cut hospitalizations, increase a person's engagement in self-care and wellness, and help to decrease a person's psychotic symptoms. The COVID-19 pandemic has exacerbated Colorado's existing behavioral health workforce shortage, particularly in rural areas and communities of color. Colorado lacks a behavioral health workforce that reflects the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of individuals in the state. In the past two years, the number of people who have needed but not received behavioral health services has nearly doubled. Challenges to the workforce is considered the leading cause for the decreased availability of behavioral health services. Peer support professionals can help fill Colorado's workforce need. The Substance Abuse and Mental Health Services Administration (SAMHSA) has identified peer-run organizations as an evidence-based practice. Peer-run organizations may offer a variety of services, including but not limited to: peer-run drop-in centers; recovery and wellness centers; employment services; prevention and early intervention activities; peer mentoring for children and adolescents; warm lines; or advocacy services.

Definitions

Licensed mental health provider: A licensed or certified mental health professional, including psychologists, social workers, marriage and family therapists, licensed professional counselors, unlicensed psychotherapists, addiction counselors, advanced practice registered nurses with substance use disorders

³ Behavioral Health Workforce Research Center, School of Public Health, University of Michigan. (August 2019). Retrieved from <https://www.behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>

⁴ 2019 AR H 1433. Retrieved from https://custom.statenet.com/public/resources.cgi?id=ID:bill:AR2019000H1433&ciq=ncsl&client_md=0750e8deac7754f06bb3750d2e9ce4fc&mode=current_text

⁵ 2019 MT S 20 Retrieved from https://custom.statenet.com/public/resources.cgi?id=ID:bill:MT2019000S30&ciq=ncsl&client_md=3f601af9e0f6378b5d979f38d991ca59&mode=current_text

(SUDs) or mental health training, physician assistants with SUDs or mental health training, psychiatric technicians, medical doctors.

Peer support professional: A peer support specialist, recovery coach, peer and family recovery support specialist, peer mentor, family advocate, or family systems navigator who meets certain qualifications.

Recovery support services organization: An entity led and governed by representatives of local communities of recovery and approved by the Executive Director of the Department of Human Services (DHS).

Department of Human Services Approval

By July 1, 2022, DHS is to develop an approval procedure for recovery support services organizations. The procedures must ensure that the organization: provides recovery-focused services and supports; employs or contracts with a licensed mental health provider to administer supervision of peer support professionals; employs or contracts with peer support professionals. The peer support professionals must self- identify as having experienced recovery from a mental health disorder, SUD, and/or trauma either as a consumer or as a parent or family member. The professionals must have formal training in all core competencies for the profession as outlined by SAMHSA as well as provide nonclinical support services that align with SAMHSA recommendations.

The recovery organization must have an established process for coordinating its services with those of other agencies to ensure an uninterrupted continuum of care. DHS may require other standards for the recovery organization through rule, in collaboration with HCPF. Peer support professionals may provide services for a recovery organization in various clinical and nonclinical settings including: justice-involved settings, physical health settings, emergency departments, telehealth, agencies serving individuals experiencing homelessness, peer respite homes, and school-based health center.

DHS is to charge a fee to cover implementation expenses and processing applications of recovery organizations. The amount cannot exceed the amount to recover all indirect and direct costs with those activities. The collected funds are then deposited in the newly created Peer Support Professional Workforce Cash Fund. DHS may seek, accept, and expend gifts, grants, or donations to be deposited in the cash fund. The General Assembly may appropriate funds into the cash fund. All interest and income from the deposit and investment of money in the cash fund is credited to the fund. Any unexpended and unencumbered money in the fund at the end of the fiscal year remains there and cannot be transferred to the General Fund or any other fund.

Medicaid Billing & Reimbursement

Subject to available appropriations and federal law, Medicaid is to include peer support professional services provided through a recovery organization are to be covered. These services must not be provided to enrollees until federal approval is obtained.

Contracts with Managed Service Organizations

Contracts between OBH and MSOs must include terms that outline expectations for the MSO to invest in the state's recovery services infrastructure, including peer-run recovery support services and specialized services for underserved populations. Investments are based on available appropriations.

Addition of 'Recovery' Language

Updates the behavioral health entity implementation and advisory committee to add recovery services to "one member that represents a provider of substance use disorder treatment and recovery services that is not a community health center."

The bill adds recovery services for pregnant and parenting women that are eligible for DHS' program for residential SUD treatment.

The bill adds recovery services to the Native American substance abuse treatment cash fund.

The bill adds recovery services to the list of specialized service needs that are considered in rate-setting for child welfare services.

The bill adds recovery services to the definition of an engaged client in regards to the care navigation program.

The bill adds recovery services to the grant with the purpose of the building substance use disorder treatment capacity in underserved communities. It currently has the goal of increasing access to a continuum of substance use disorder treatment services.

The bill, subject to a petition, takes effect at 12:01am on the day following the expiration of the 90 day period after the final adjournment of the General Assembly.

Reasons to Support

The bill allows for recovery organizations to be reimbursed, expanding the peer workforce to support individuals in substance use recovery and/or those with a mental health disorder. In addition, the bill requires the recovery organizations to have a process to interact with other community behavioral health organizations, which could improve care coordination throughout the continuum. Further, current Medicaid policy limits the scope of peer-delivered services in Colorado; the bill would allow for peer workers to practice in other settings, such as criminal justice, and be eligible for Medicaid reimbursement.

By adding the term “recovery” in a variety of behavioral health sections of statute will ensure that recovery services are recognized as a part of the treatment continuum for SUDs.

Supporters

- Boulder County
- Children’s Hospital Colorado
- Colorado Children’s Campaign
- Colorado Coalition for the Homeless
- Colorado Community Health Alliance
- Colorado Cross-Disability Coalition
- Colorado Hospital Association
- Colorado Municipal League
- Colorado Psychiatric Society
- Denver Health
- Illuminate Colorado
- Mental Health Colorado
- Rocky Mountain Crisis Partners

Reasons to Oppose

This expansion of where peer workers can work to be reimbursed by Medicaid could increase the state financial obligation under Medicaid. Similarly, by including recovery services in statutory language for existing programs could increase the need for further state funding for those programs. In addition, by including requirements around recovery services in state contracts with MSO’s could require the diversion of funds from current local priorities to recovery services.

Opponents

- Any opposition has not been made public at this time.

About this Analysis

This analysis was prepared by Health District of Northern Larimer County staff to assist the Health District Board of Directors in determining whether to take an official stand on various health-related issues. The Health District is a

special district of the northern two-thirds of Larimer County, Colorado, supported by local property tax dollars and governed by a publicly elected five-member board. The Health District provides medical, mental health, dental, preventive and health planning services to the communities it serves. This analysis is accurate to staff knowledge as of date printed. For more information about this analysis or the Health District, please contact Alyson Williams, Policy Coordinator, at (970) 224-5209, or e-mail at awilliams@healthdistrict.org.