A BILL FOR AN ACT

RELATING TO PEER SUPPORT SPECIALISTS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature finds that the federal Centers 2 for Medicare and Medicaid Services recognizes that the 3 experiences of peer support specialists, as part of an evidence-4 based model of care, can be an important component in the 5 delivery of effective mental and behavioral health treatment. 6 The legislature further finds that the federal Substance 7 Abuse and Mental Health Services Administration identifies peer 8 support as one of the six guiding principles of trauma-informed 9 care. Peer support specialists use strengths-based approaches 10 that emphasize physical, psychological, and emotional safety and 11 create opportunities to rebuild a sense of control and 12 empowerment.

13 The legislature further finds that research shows that peer 14 support is effective for improving behavioral health outcomes. 15 Benefits of peer support include reduced hospital admission 16 rates, longer community tenure, increased social support and 17 social functioning, decreased substance use and depression,

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raised empowerment scores, and increased engagement in self-care
 and wellness.

The legislature also finds that peer support provides benefits not only to individuals suffering from mental health disorders and substance use disorders, but also to individuals who are experiencing homelessness, involved in the child welfare system, survivors and responders of disasters, involved in the correctional and juvenile justice systems, and caregivers of youth involved in one or more child-serving systems.

10 The legislature also finds that Act 291, Session Laws of 11 Hawaii 2022, established on a temporary basis the office of wellness and resilience within the office of the governor. 12 The office was established to address the various barriers that 13 14 impact the physical, social, and emotional well-being of all 15 people in the State by building wellness and resilience through 16 trauma-informed, strength-based strategies; and to support 17 department and agencies in their individual efforts to address trauma-informed care and move toward a collaborative, shared 18 19 purpose of collective system reform.

20 The legislature finds that establishing a working group21 within the office of wellness and resilience that comprises

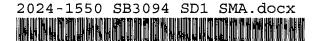
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state departments and agencies that engage with peer support specialists, community-based organizations, contracted service providers, adults, youth, parents, and caregivers with lived experiences will contribute to the development of a framework that elevates the role of peer support specialists and enhance their ability to serve individuals in need.

7 The purpose of this Act is to establish a working group to
8 develop and make recommendations for a framework for peer
9 support specialists in the State.

SECTION 2. (a) There is established within the office of wellness and resilience for administrative purposes a peer support specialist working group. The working group shall consist of the following members:

- 14 (1) The director of the office of wellness and resilience,
 15 or the director's designee, who shall serve as the
 16 chairperson of the working group;
- 17 (2) The director of health, or the director's designee;
- 18 (3) The superintendent of education, or the
- 19 superintendent's designee;
- 20 (4) The director of law enforcement, or the director's
 21 designee;



1	(5)	A member of the Hawaii state judiciary, to be
2		appointed by the chief justice of the supreme court;
3	(6)	A member of the department of health's adult mental
4		health division representing the administrator of the
5		Hawaii certified peer specialist program;
6	(7)	A member of the department of health's child and
7		adolescent mental health division representing the
8		administrator of the peer support specialist program
9		carried out within the division;
10	(8)	The administrator of med-QUEST, or the administrator's
11		designee;
12	(9)	The governor's coordinator on homelessness, or the
13		coordinator's designee;
14	(10)	Two members of the nonprofit sector, who shall be
15		invited by the chairperson; and
16	(11)	A member from each of the following constituencies,
17		whom the chairperson shall invite to participate in
18		the working group;
19		(A) An individual with lived experience as a child or
20		youth in the child welfare system;

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1	(B)	An individual with lived experience in the
2		juvenile justice system or an individual with
3		lived experience in the adult correctional
4		system;
5	(C)	Two caregivers with lived experience as the
6		caregiver of a child or youth in behavioral
7		health, child welfare, or the juvenile justice
8		systems;
9	(D)	An individual with lived experience with recovery
10		from substance abuse and lived experience being
11		homeless; and
12	(E)	An individual with lived experience navigating
13		the mental health system either as a child or
14		youth or as an adult.
15	(b) The	working group shall develop and make
16	recommendation	s for a framework for peer support specialists in
17	the State. Th	e working group shall:
18	(1) Iden	tify best practices and create, develop, and adopt
19	a st	atewide framework for peer support specialists.
20	The	framework shall include:

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1		(A)	Clear roles and definitions of peer support
2			specialists, youth peer support specialists,
3			adult peer support specialists, and caregiver
4			peer support specialists;
5		(B)	Ethics, values, and standards required of peer
6			support specialists;
7		(C)	Recommendations on whether the State requires
8			youth peer support specialists, adult peer
9			support specialists, and caregiver peer support
10			specialists to undertake the same training,
11			certification, and credentialing process or
12			whether the training should be individualized
13			based on the type of peer support;
14		(D)	Recommendations on how to require peer support
15			specialists in state-awarded contracts; and
16		(E)	An implementation and quality improvement plan,
17			consisting of an evaluation plan with coordinated
18			data collection and suggested metrics for
19			assessing ongoing progress of the framework;
20	(2)	Iden	tify a trauma-informed model of supervision of
21		peer	support specialists to support competent and

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1 ethical delivery of services that support continued 2 development of peer support specialist abilities and 3 support navigation of state systems, including the certification and credentialing process, integration 4 5 in decision making and program development processes, 6 debriefing from meetings, training and technical 7 assistance, and programs to support the well-being of 8 peer support specialists; 9 (3) Provide an inventory of current use of peer support 10 specialists within and across public and private 11 agencies and departments; and 12 (4)Develop a sustainability plan to include 13 identification of state and federal funding streams to 14 include requirements to establish peer support as a 15 medicaid billable service. 16 Members of the peer support specialist working group (c)

17 who are employed by the State and serving in that official 18 capacity on the working group shall serve without compensation 19 but shall be reimbursed for reasonable expenses necessary for 20 the performance of their duties, including travel expenses. 21 Other members of the working group not employed by the State

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1 shall receive compensation for time spent on working group 2 meetings and related work and travel expenses.

3 (d) The office of wellness and resilience may contract with an administrative facilitator to provide necessary support 4 5 for the peer support specialist working group in carrying out 6 its duties.

7 The peer support specialist working group shall submit (e) 8 a report of its findings and recommendations, including any 9 proposed legislation, to the legislature no later than twenty 10 days prior to the convening of the regular session of 2025.

(f) 11 The peer support specialist working group shall cease 12 to exist on June 30, 2025.

13 SECTION 3. In accordance with section 9 of article VII of 14 the Hawaii State Constitution and sections 37-91 and 37-93, 15 Hawaii Revised Statutes, the legislature has determined that the 16 appropriations contained in Act 164, Regular Session of 2023, 17 and this Act will cause the state general fund expenditure ceiling for fiscal year 2024-2025 to be exceeded by 18 19 \$ per cent. This current declaration takes or 20 into account general fund appropriations authorized for fiscal year 2024-2025 in Act 164, Regular Session of 2023, and this Act

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only. The reasons for exceeding the general fund expenditure
 ceiling are that:

3 (1) The appropriation made in this Act is necessary to
4 serve the public interest; and

5 (2) The appropriation made in this Act meets the needs6 addressed by this Act.

SECTION 4. There is appropriated out of the general revenues of the State of Hawaii the sum of \$66,400 or so much thereof as may be necessary for fiscal year 2024-2025 for the peer support specialist working group established pursuant to this Act, including for the office of wellness and resilience to contract with an administrative facilitator to provide necessary support for the working group in carrying out its duties.

14 The sum appropriated shall be expended by the office of the 15 governor for the purposes of this Act.

16 SECTION 5. This Act, upon its approval, shall take effect 17 on July 1, 2112.



Report Title:

Peer Support Specialist; Working Group; Expenditure Ceiling; Appropriation

Description:

Establishes a working group to create a statewide framework for peer support specialists. Appropriates funds for hiring an administrative facilitator to provide necessary support for the peer support specialist working group in carrying out its duties and compensation for peer support specialists on the working group for time spent on working group meetings and related work and travel expenses. Declares that the general fund expenditure ceiling is exceeded. Takes effect 7/1/2112. (SD1)

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