

ACT 88

S.B. NO. 3094

A Bill for an Act Relating to Peer Support Specialists.

Be It Enacted by the Legislature of the State of Hawaii:

SECTION 1. The legislature finds that the federal Centers for Medicare and Medicaid Services recognizes that the experiences of peer support specialists, as part of an evidence-based model of care, can be an important component in the delivery of effective mental and behavioral health treatment.

The legislature further finds that the federal Substance Abuse and Mental Health Services Administration identifies peer support as one of the six guiding principles of trauma-informed care. Peer support specialists use strengths-based approaches that emphasize physical, psychological, and emotional safety and create opportunities to rebuild a sense of control and empowerment.

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

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

The legislature finds that establishing a working group within the office of wellness and resilience that comprises state departments and agencies that engage with peer support specialists; community-based organizations; contracted service providers; and 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 enhances their ability to serve individuals in need.

The purpose of this Act is to:

- (1) Establish a temporary peer support specialist working group to develop and make recommendations for a framework for peer support specialists in the State; and
- (2) Require the working group to submit a report of its findings and recommendations to the legislature before the regular session of 2025.

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:

- (1) The director of the office of wellness and resilience, or the director's designee, who shall serve as the chairperson of the working group;
- (2) The director of health, or the director's designee;

- (3) The superintendent of education, or the superintendent's designee;
 - (4) The director of law enforcement, or the director's designee;
 - (5) A member of the Hawaii state judiciary, to be appointed by the chief justice;
 - (6) A member of the department of health's adult mental health division representing the administrator of the Hawaii certified peer specialist program;
 - (7) A member of the department of health's child and adolescent mental health division representing the administrator of the peer support specialist program carried out within the division;
 - (8) The administrator of med-QUEST, or the administrator's designee;
 - (9) The governor's coordinator on homelessness, or the coordinator's designee;
 - (10) Two members of the nonprofit sector, who shall be invited by the chairperson; and
 - (11) A member from each of the following constituencies, whom the chairperson shall invite to participate in the working group;
 - (A) An individual with lived experience as a child or youth in the child welfare system;
 - (B) An individual with lived experience in the juvenile justice system or an individual with lived experience in the adult correctional system;
 - (C) Two caregivers with lived experience as the caregiver of a child or youth in the behavioral health, child welfare, or juvenile justice systems;
 - (D) An individual with lived experience with recovery from substance abuse and lived experience being homeless; and
 - (E) An individual with lived experience navigating the mental health system either as a child or youth or as an adult.
- (b) The working group shall develop and make recommendations for a framework for peer support specialists in the State. The working group shall:
- (1) Identify best practices and create, develop, and adopt a statewide framework for peer support specialists. The framework shall include:
 - (A) Clear roles and definitions of peer support specialists, youth peer support specialists, adult peer support specialists, and caregiver peer support specialists;
 - (B) Ethics, values, and standards required of peer support specialists;
 - (C) Recommendations on whether the State should require youth peer support specialists, adult peer support specialists, and caregiver peer support specialists to undertake the same training, certification, and credentialing process or whether the training should be individualized based on the type of peer support;
 - (D) Recommendations on how to require peer support specialists in state-awarded contracts; and
 - (E) An implementation and quality improvement plan, consisting of an evaluation plan with coordinated data collection and suggested metrics for assessing ongoing progress of the framework;
 - (2) Identify a trauma-informed model of supervision of peer support specialists to support competent and ethical delivery of services that support continued development of peer support specialist abilities and support navigation of state systems, including the certification

and credentialing process, integration in decision making and program development processes, debriefing from meetings, training and technical assistance, and programs to support the well-being of peer support specialists;

- (3) Provide an inventory of current use of peer support specialists within and across public and private agencies and departments; and
 - (4) Develop a sustainability plan that includes identification of federal and state funding streams to incorporate requirements to establish peer support as a medicaid billable service.
- (c) Members of the peer support specialist working group who are employed by the State and serving in their official capacity on the working group shall serve without compensation. Other members of the working group who are not employed by the State shall receive compensation for their travel expenses.
- (d) The office of wellness and resilience may contract with an administrative facilitator to provide necessary support for the peer support specialist working group in carrying out its duties.
- (e) The peer support specialist working group shall submit a report of its findings and recommendations, including any proposed legislation, to the legislature no later than twenty days prior to the convening of the regular session of 2025.
- (f) The peer support specialist working group shall cease to exist on June 30, 2025.

SECTION 3. This Act shall take effect on July 1, 2024.

(Approved June 27, 2024.)