



## AAC Improving Mental Health Services in the State through the Recognition of Certified Clinically-Integrated Peer Support Specialists (CIPS)

Section 1. "Clinically-integrated peer support specialist" means an individual who has received treatment for a diagnosed [the appropriate word for mental health or addiction condition in the state with reference to a section of code that defines it for the purposes of treatment], is working as part of a clinical care team or otherwise coordinated with clinical service provision either in the community or in a health care setting, maintains a peer support specialist certification in good standing with a state or national certifying entity and that is recognized by [the appropriate state health agency] under Section 2 of this Act, and is registered with the state under Section 3 of this Act. Nothing in this definition should be construed as limiting the definitions, role, or payment of other peer support specialists that practice outside of integrated clinical care.

Section 2. [The appropriate state health agency] shall promulgate and update a list of clinically-integrated peer support specialist certifications that will be recognized by [the appropriate state health agency], regardless of the State in which the certification was received. The agency shall recognize those certifications that require at least the following from those that receive the certification:

- (a) Forty hours of training in providing direct peer support;
- (b) Three thousand hours of supervised experience providing direct peer support;
- (c) One professional letter of recommendation and one supervisory letter of recommendation; and
- (d) Passage of a knowledge-based examination that evaluates understanding and proficiency in the Core Competencies for Peer Workers in Behavioral Health Services as set forth by the U.S. Substance Abuse and Mental Health Services Administration

Section 3. The state shall create a registry for individuals to be recognized by the state as a clinically-integrated peer support specialist. Individuals may apply to be on the registry by offering evidence that they meet the definition of a "clinically-integrated peer support specialist" under Section 1 of this Act and hold a recognized certification in good standing from an entity under Section 2 of this Act. The state may assess a fee on an individual applying to be on the registry that is sufficient to cover the cost of evaluating the individual's credential and maintaining the registry.

Section 4. Reciprocity. For determinations related to legal authority to practice and associated reimbursement for clinically-integrated peer support specialist services, the state shall deem all individuals "clinically-integrated peer support specialists" regardless of the state in which they received their training and certification, that meet the following criteria:

- (1) Meet the definition of a "clinically-integrated peer support specialist" under Section 1;
- (2) Hold a recognized certification in good standing from that entity under Section 2; and
- (3) Are currently registered with [the appropriate state health agency] under Section 3.

Section 5. (The [appropriate state agency] may at its discretion use the standards outlined in Section 2 to support third party reimbursement for services provided by clinically-integrated peer support specialists.

Section 6. Nothing in this Act should be construed as preventing an individual with the lived experience of having a mental illness from offering formal or informal peer support services to any other individual with a mental illness outside of a clinical care team or a health care setting. Nothing in this Act should be construed as limiting State Medicaid reimbursement or authorized use of State funds for peer support specialist services that do not meet the definition of a "clinically-integrated peer support specialist" under Section 1, do not hold a recognized certification in good standing from that entity under Section 2, or are not currently registered with [the appropriate state health agency] under Section 3.

Section 7. This act shall take effect on \_\_\_\_\_.

**Purpose: To address the behavioral health workforce shortage and improve services for people with serious mental health conditions.**



## Why CIPS?

### Why do we need this legislation when my state may already reimburse for peer services under Medicaid?

More than forty states have state certification programs for peers, but these are limited to Medicaid, meaning that Medicaid pays the whole bill for peer services. Passage of CIPS will create a set of workers whose efforts can be supported by private insurance as well, reducing strain on the Medicaid program.

### Why don't private insurers already cover peers in my state?

Private insurers don't cover peer services because the training standards vary from state to state. This model legislation fixes that, by establishing a standard that will reflect the professionalism of the field and can be adopted by all states.

### Why do we need more behavioral health professionals such as peers?

Widespread shortages of behavioral health providers across the country leave many Americans without access to needed services. Half of our counties have no behavioral health clinicians. This means that individuals often go without supports that could prevent the costliest outcomes like disability, hospitalization, incarceration, and homelessness. Trained peers can help provide these services.

### Do peer support specialists really save money and improve care?

Definitely. Peer support has been shown to improve mental health outcomes while reducing hospitalizations and overall costs of services. Here are some examples:

- A peer support program in Pierce County, Washington reduced involuntary hospitalizations by 32 percent leading to a savings of \$1,990,000 in one year.
- A Federally Qualified Health Center in Denver found that using peers saved \$2.28 for every dollar spent.
- A New York-based peer support program for individuals transitioning from inpatient services back to the community resulted in a 47.1 percent decrease in total behavioral health costs.
- A meta-analysis of randomized controlled trials on peer support demonstrated that peer support is more effective than usual care in reducing depression.

### Is the level of training required by this legislation reasonable?

Absolutely. Peer support specialists are individuals with lived experience of mental health conditions and/or substance use disorders who use a combination of their lived experience, knowledge of systems and services, and formal training to support others in their recovery. Peer services are expanding across settings, from primary care to emergency departments to inpatient psychiatric units. To ensure the highest quality of services, MHA's National Certified Peer Specialist certification, which requires prior state certification, already requires minimum of 3,000 hours experience, and knowledge necessary to work as part of integrated care teams.

**Learn More: Visit [www.CenterforPeerSupport.org](http://www.CenterforPeerSupport.org)**