
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
4 evidence-based model of care, can be an important component in
5 the delivery of effective mental and behavioral health
6 treatment.

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

14 The legislature additionally finds that research shows that
15 peer support is effective for improving behavioral health
16 outcomes. Benefits of peer support include reduced hospital
17 admission rates, longer community tenure, increased social



1 support and social functioning, decreased substance use and
2 depression, raised empowerment scores, and increased engagement
3 in self-care and wellness.

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

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



1 The legislature finds that establishing a working group
2 within the office of wellness and resilience comprised of state
3 departments and agencies that engage with peer support
4 specialists, community-based organizations, contracted service
5 providers, adults, youth, parents, and caregivers with lived
6 experiences will contribute to the development of a framework
7 that elevates the role of peer support specialists and enhance
8 their ability to serve individuals in need.

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

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

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



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



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



- 1 (1) Identify best practices and create, develop, and adopt
2 a statewide framework for peer support specialists.
3 The framework shall include:
- 4 (A) Clear roles and definitions of peer support
5 specialists, youth peer support specialists,
6 adult peer support specialists, and caregiver
7 peer support specialists;
 - 8 (B) Ethics, values, and standards required of peer
9 support specialists;
 - 10 (C) Recommendations on whether the State should
11 require youth peer support specialists, adult
12 peer support specialists, and caregiver peer
13 support specialists to undertake the same
14 training, certification, and credentialing
15 process or whether the training should be
16 individualized based on the type of peer support;
 - 17 (D) Recommendations on how to require peer support
18 specialists in state-awarded contracts; and
 - 19 (E) An implementation and quality improvement plan,
20 consisting of an evaluation plan with coordinated



1 data collection and suggested metrics for
2 assessing ongoing progress of the framework;

3 (2) Identify a trauma-informed model of supervision of
4 peer support specialists to support competent and
5 ethical delivery of services that support continued
6 development of peer support specialist abilities and
7 support navigation of state systems, including the
8 certification and credentialing process, integration
9 in decision making and program development processes,
10 debriefing from meetings, training and technical
11 assistance, and programs to support the well-being of
12 peer support specialists;

13 (3) Provide an inventory of current use of peer support
14 specialists within and across public and private
15 agencies and departments; and

16 (4) Develop a sustainability plan that includes
17 identification of federal and state funding streams to
18 incorporate requirements to establish peer support as
19 a medicaid billable service.

20 (c) Members of the peer support specialist working group
21 who are employed by the State and serving in that official



1 capacity on the working group shall serve without compensation
2 but shall be reimbursed for reasonable expenses necessary for
3 the performance of their duties, including travel expenses.
4 Other members of the working group not employed by the State
5 shall receive compensation for time spent on working group
6 meetings and related work and travel expenses.

7 (d) The office of wellness and resilience may contract
8 with an administrative facilitator to provide necessary support
9 for the peer support specialist working group in carrying out
10 its duties.

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

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

17 SECTION 3. In accordance with section 9 of article VII of
18 the Hawaii State Constitution and sections 37-91 and 37-93,
19 Hawaii Revised Statutes, the legislature has determined that the
20 appropriations contained in Act 164, Regular Session of 2023,
21 and this Act will cause the state general fund expenditure



1 ceiling for fiscal year 2024-2025 to be exceeded by
 2 \$ or per cent. This current declaration takes
 3 into account general fund appropriations authorized for fiscal
 4 year 2024-2025 in Act 164, Regular Session of 2023, and this Act
 5 only. The reasons for exceeding the general fund expenditure
 6 ceiling are that:

- 7 (1) The appropriation made in this Act is necessary to
- 8 serve the public interest; and
- 9 (2) The appropriation made in this Act meets the needs
- 10 addressed by this Act.

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

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



1 SECTION 5. This Act shall take effect on July 1, 2112.



Report Title:

Peer Support Specialist; Working Group; Office of Wellness and Resilience; Appropriation; Expenditure Ceiling

Description:

Establishes a working group within the Office of Wellness and Resilience to create a statewide framework for peer support specialists. Appropriates funds for hiring an administrative facilitator to provide necessary support for the working group. Effective 7/1/2112. (HD1)

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