

**AMENDMENT TO THE AMENDMENT IN THE  
NATURE OF A SUBSTITUTE TO H.R. 2646  
OFFERED BY M. \_\_\_\_\_**

Beginning at page 22, line 5, amend subsection (b)  
of section 103 to read as follows:

1       (b) REPORT ON BEST PRACTICES FOR PEER-SUP-  
2 PORT SPECIALIST PROGRAMS, TRAINING, AND CERTIFI-  
3 CATION.—

4           (1) IN GENERAL.—Not later than 2 years after  
5 the date of enactment of this Act, the Secretary  
6 shall submit to the Congress and make publicly  
7 available a report on best practices and professional  
8 standards in States for—

9           (A) establishing and operating health care  
10 programs using peer-support specialists; and

11           (B) training and certifying peer-support  
12 specialists.

13       (2) PEER-SUPPORT SPECIALIST DEFINED.—In  
14 this subsection, the term “peer-support specialist”  
15 means an individual who—

16           (A) uses his or her lived experience of re-  
17 covery from mental illness or substance abuse,  
18 plus skills learned in formal training, to facili-

1           tate support groups, and to work on a one-on-  
2           one basis, with individuals with a serious men-  
3           tal illness or a substance use disorder;

4           (B) has benefited or is benefiting from  
5           mental health or substance use treatment serv-  
6           ices or supports;

7           (C) provides non-medical services; and

8           (D) performs services only within his or  
9           her area of training, expertise, competence, or  
10          scope of practice.

11          (3) CONTENTS.—The report under this sub-  
12          section shall include information on best practices  
13          and standards with regard to the following:

14               (A) Hours of formal work or volunteer ex-  
15               perience related to mental health and substance  
16               use issues.

17               (B) Types of peer support specialists used  
18               by different health care programs.

19               (C) Types of peer specialist exams re-  
20               quired.

21               (D) Code of ethics.

22               (E) Additional training required prior to  
23               certification, including in areas such as—

24                       (i) ethics;

25                       (ii) scope of practice;

- 1 (iii) crisis intervention;
- 2 (iv) State confidentiality laws;
- 3 (v) Federal privacy protections, in-
- 4 cluding under the Health Insurance Port-
- 5 ability and Accountability Act of 1996; and
- 6 (vi) other areas as determined by the
- 7 Secretary.

8 (F) Requirements to explain what, where,  
9 when, and how to accurately complete all re-  
10 quired documentation activities.

11 (G) Required or recommended skill sets,  
12 such as knowledge of—

13 (i) risk indicators, including individual  
14 stressors, triggers, and indicators of esca-  
15 lating symptoms;

16 (ii) basic de-escalation techniques;

17 (iii) basic suicide prevention concepts  
18 and techniques;

19 (iv) indicators that the consumer may  
20 be experiencing abuse or neglect;

21 (v) stages of change or recovery;

22 (vi) the typical process that should be  
23 followed to access or participate in commu-  
24 nity mental health and related services;  
25 and

- 1 (vii) circumstances when it is appro-  
2 priate to request assistance from other  
3 professionals to help meet the consumer's  
4 recovery goals.
- 5 (H) Requirements for continuing edu-  
6 cation.

At the appropriate place, insert the following:

7 **SEC. \_\_\_\_ . PEER PROFESSIONAL WORKFORCE DEVELOP-**  
8 **MENT GRANT PROGRAM.**

9 (a) IN GENERAL.—For the purposes described in  
10 subsection (b), the Secretary of Health and Human Serv-  
11 ices shall award grants to develop and sustain behavioral  
12 health paraprofessional training and education programs,  
13 including through tuition support.

14 (b) PURPOSES.—The purposes of grants under this  
15 section are—

16 (1) to increase the number of behavioral health  
17 paraprofessionals, including trained peers, recovery  
18 coaches, mental health and addiction specialists, pre-  
19 vention specialists, and pre-masters-level addiction  
20 counselors; and

21 (2) to help communities develop the infrastruc-  
22 ture to train and certify peers as behavioral health  
23 paraprofessionals.

1       (c) ELIGIBLE ENTITIES.—To be eligible to receive a  
2 grant under this section, an entity shall be a community  
3 college or other education entity the Secretary deems ap-  
4 propriate.

5       (d) GEOGRAPHIC DISTRIBUTION.—In awarding  
6 grants under this section, the Secretary shall seek to  
7 achieve an appropriate national balance in the geographic  
8 distribution of such awards.

9       (e) SPECIAL CONSIDERATION.—In awarding grants  
10 under this section, the Secretary may give special consid-  
11 eration to proposed and existing programs targeting peer  
12 professionals serving youth ages 16 to 25.

13       (f) AUTHORIZATION OF APPROPRIATIONS.—To carry  
14 out this section, there is authorized to be appropriated to  
15 carry out this section \$5,000,000 for each of fiscal years  
16 2016 through 2020.

