

# Behavioral Health Sub-Report

## DHHS Certifications

### Overview

In Utah, the regulation of peer support specialists, case managers, and crisis workers is overseen by the Office of Substance Use and Mental Health (OSUMH), Department of Health and Human Services (DHHS). Current DHHS certifications include Peer Support Specialist (PSS), Family Peer Support Specialist (FPSS), Certified Case Manager (CCM), and Certified Crisis Worker (CCW).

Peer support specialists are regulated in 42 states.<sup>186</sup> Most of these states require certification in order to work, while a few only offer title protection. While OPLR did not locate comprehensive information on the state-by-state regulation of crisis workers or case managers, the office is aware of existing crisis worker regulation in at least two other states (Arizona and Tennessee),<sup>187</sup> and many case managers become privately certified through a variety of organizations nationwide,<sup>188</sup> although state requirements for such certification may vary.

Certification	Scope	Authority	Education	Experience	Exam
PSS	Non-Mental Health Therapist	Supervised	40-hour training	-	Qualification exam
FPSS	“ ”	Supervised	40-hour training	-	Qualification exam
CCM	“ ”	Supervised	High school/GED + 40 hour practicum	400 hours related experience	Qualification exam
CCW	“ ”	Supervised	40-hour training	One year experience OR bachelor’s degree	-

<sup>186</sup> Knee Regulatory Research Center (n.d.). *Certified Peer Recovery Support Specialist Data*. [online] Available at: <https://csorwvu.com/find-occupations/>. [Accessed 1/19/2024]. Please note that some of this information may be out of date, as state laws regarding occupational regulation are subject to frequent change.

<sup>187</sup> National Academy for State Health Policy (2022). *Utah’s Crisis Worker Certification: Successes and Lessons Learned*. [online] Available at: <https://nashp.org/utahs-crisis-worker-certification-successes-and-lessons-learned/>

<sup>188</sup> Examples include the American Case Management Association, the Commission for Case Manager Certification, and the American Institute of Health Care Professionals.

## Active Certificants

Certification	# Active Licensees*
PSS	~500
FPSS	~20
CCM	~1,000
CCW	~350
All	~1,870

## Complaints

Certification	Disciplinary Actions Between 2017-2022*	Notes
PSS	3	One resolved after investigation with no disciplinary action. Two chose not to renew their certification.
FPSS	0	-
CCM	2	-
CCW	0	-
All	5	-

*\*Data provided to OPLR as of September 2022*

## Recommendations

### Relevant Recommendations from OPLR's Periodic Review

The following recommendations from OPLR's periodic review of the regulation of the behavioral health care workforce are relevant for peer support, case management, and crisis work (see final report for additional information):

- 1c. Continuing Education

## Additional Recommendations

At this time, OPLR does not recommend that Utah policymakers enact any further changes to the regulation of the DHHS peer support specialist, case manager, or crisis worker certifications. Looking ahead, policymakers should be aware that these certifications were designed to provide and validate training for entry-level BH staff to fill critical roles, largely in the public BH system. It may be more appropriate and effective to migrate the regulation of these professionals to the Division of Professional Licensing (DOPL) which has the requisite resources and processes to administer professional licensing if one or more of the following occur :

1. The number of certifications issued grows significantly;
2. The number of complaints filed grows significantly; or
3. Employers begin to rely on these certifications as a signal of not just skills training but also safety.

Currently, DHHS administers training programs (often in collaboration with external organizations) to prepare individuals to become certified peer support specialists, case managers, or crisis workers. Following the completion of training, DHHS processes applications and issues certifications—verifying that candidates have completed the required training and fulfilled all other entry requirements. In general, certified peer support specialists, case managers, and crisis workers are employed either directly through DHHS, by a local mental health authority (LMHA), or by another licensed health care or human service facility overseen by DHHS. All three certifications prepare individuals to work closely with Utahns receiving behavioral health care services. For example, a peer support may work with an individual recovering from a substance use disorder by sharing their own experiences with recovery; a case manager may help individuals navigate public health care systems and connect them with appropriate resources; and a crisis worker may staff the statewide crisis hotline.

The Office of Substance Use and Mental Health (OSUMH) within DHHS is also currently responsible for the regulatory oversight of graduates of these three certification programs.<sup>189</sup> However, as the number of certificants grows and as the administrative burden of oversight and enforcement increases, OSUMH may be limited in its capacity to carry out these functions. OSUMH administrators have expressed concerns that in the future, the office may lack both the staffing resources and the expertise in occupational regulation that is needed to effectively oversee these certificants—for example, in investigative functions, disciplinary actions, and adjudicative proceedings. During the course of OPLR’s review, conversations with stakeholders indicated that if a certificant acts unprofessionally or harms a client at one place of employment, it is sometimes possible for that individual to find employment at another facility without their new employer learning of past disciplinary actions or safety issues.<sup>190</sup> Because these certificants all have direct access to vulnerable populations (such as those in recovery from substance use disorders, children and youth in protective custody, and individuals experiencing behavioral health

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<sup>189</sup> Issues regarding the conduct of these certificants are often handled in cooperation with the DHHS Office of Licensing, which handles investigations of licensed healthcare facilities. A recent rule change will also enable OSUMH to escalate cases regarding certificants to the DHHS Office of Administrative Hearings if necessary.

<sup>190</sup> OPLR Listening & Vetting Tour

emergencies), and because they represent a significant portion of the state’s behavioral health care extender workforce,<sup>191</sup> there is an increasing need for systematic, robust oversight and clear communication with employers and facilities—similar to what is already in place for other licensed or certified members of the behavioral health workforce.

This situation, when considered together with the oversight resources available at DOPL and the proposed creation of a multi-profession board overseeing behavioral health licensing, presents an opportunity for the state to consolidate and streamline its regulatory functions, if the need arises based on the conditions described above.

- **Leveraging DOPL Expertise.** DOPL already handles individual-level licensing related matters for most healthcare professionals in the state, including medical and behavioral health care practitioners. In this role, DOPL is responsible for issuing licenses or certifications, which includes verifying the completion of entry requirements and renewal requirements, as well as administering disciplinary oversight (e.g., investigating complaints, taking disciplinary action, monitoring compliance). DOPL has the expertise and infrastructure to handle this type of work, while DHHS is—by its own accounts—currently in the fledgling stages of developing it. If DOPL is made responsible for the oversight of these professionals (i.e., peer support specialists, case managers, and crisis workers), DHHS would continue to function in its primary role as the trainer (and often employing organization) of these professionals. Similar to the relationship between DOPL and higher education, DHHS would retain the role of subject-matter expert, educator, and employer, while DOPL would take on the role of regulator.
- **Improving Consistency in Regulating the Behavioral Health Care Workforce.** Further, migrating the regulatory oversight of these certifications from DHHS to DOPL would be a move toward greater consistency in the regulation of the behavioral health care workforce. OPLR’s recommendation to create a multi-profession board reflects the need for greater consistency and collaboration in the regulatory apparatus overseeing behavioral health, and including extender-level licensees under this board would be consistent with this effort. Moving oversight and enforcement functions for DHHS BH-related certifications could also improve statewide consistency in its oversight and enforcement actions against those working in BH contexts. Whether they’re currently licensed through DOPL or DHHS, all are working with vulnerable clients and unprofessional practice can carry many of the same risks to clients; for example, boundary violations/ethical standards (as appropriate for each certificant’s level of practice/training, peers don’t necessarily need to follow all the same guidelines as a mental health therapist). Such actions and consequences for those actions should be handled consistently for all members of the state-credentialed BH workforce. Having the BH workforce overseen partially by DOPL and partially by DHHS is potentially an impediment to such consistency if the oversight needs for DHHS certificants continues to grow.

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<sup>191</sup> Certification data provided to OPLR by DHHS

Still, such a change would likely require significant interagency coordination. Given the recency of the merger between the Department of Health and the Department of Human Services through 2021-2022, allowing additional time before attempting this change may be advantageous. Beyond organizational readiness, several additional questions and considerations may be helpful in assessing whether the time is right for such a change, specifically in terms of public safety concerns and the likely duplication of effort across agencies.

- **Public Safety.** If peer support specialists, case managers, or crisis workers are causing increased harm to the health, safety, or financial welfare of the public—for example, if DHHS records indicate an increase in the severity or frequency of complaints related to harm perpetrated by these individuals—it would follow that additional enforcement resources and expertise from DOPL would be needed. While certification programs tend to require less intensive oversight than full licensing programs (e.g., because regulators do not need to enforce scope of practice protections), certain core functions are still necessary to support public safety. Some of these core functions include formalized complaint submission processes, investigative functions, frameworks for determining the severity of disciplinary consequences, and public records of disciplinary actions. OSUMH is in the process of making these functions more robust as they apply to BH-related certifications. While this is a positive trend in terms of improving oversight and promoting public safety for those interacting with DHHS certificants, many of the oversight systems and processes already in place at DOPL may eventually be duplicated by OSUMH, while not having consistent access to DOPL’s experience and expertise.
- **Duplication of Effort.** Depending on the scale of the administrative resources needed at DHHS to oversee these certificate programs (e.g., FTEs, technology, and expertise in occupational regulation), the state may be able to take advantage of economies of scale by transferring oversight functions to DOPL. It would likely be more cost-effective to utilize DOPL’s existing systems and infrastructure (e.g., application systems, tracking databases, procedures/criteria for investigations, administrative hearings and disciplinary actions), rather than spending DHHS time and resources rebuilding those functions for occupational oversight of employees in a field that is already primarily regulated by DOPL. This proposal has received support from OSUMH—in an interview with OPLR, administrators expressed that they do not want the office to become a “mini DOPL.”<sup>192</sup> If the size of the peer support, case management, or crisis work professions grows to the extent that DHHS staff are not reasonably able to conduct the various functions required to administer and regulate these certifications, without creating new positions or offices specifically dedicated to this purpose, then transitioning regulatory oversight responsibility to DOPL would be appropriate to avoid duplicating effort and rebuilding both functional expertise and operational processes that already exist within the state government.

In conclusion, OPLR does not recommend any immediate change to these BH certifications within DHHS. However, if 1) the number of certifications issued grows significantly, 2) the number of complaints filed grows significantly, or 3) employers begin to rely on these certifications as a signal

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<sup>192</sup> OPLR Listening & Vetting Tour

of not just skills training but also safety, we would recommend moving these certification programs to DOPL and the BH advisory board there.

Finally, policymakers should keep in mind that while DHHS retains responsibility for the regulation of certified peer support specialists, case managers, and crisis workers, additional resources will be needed to support this effort. Likewise, if oversight for these certifications transitions to DOPL, appropriate additional resources will need to be in place to facilitate this added responsibility.