



**Workforce and Employment Committee March 2021 Letter #1 to DHCS
Re: Peer Certification**

March 2, 2021

Marlies Perez, Chief of Community Services
California Department of Health Care Services
1501 Capitol Avenue Sacramento, CA 95814

CHAIRPERSON
Lorraine Flores

EXECUTIVE OFFICER
Jane Adcock

Dear Ms. Perez:

The California Behavioral Health Planning Council thanks you for the opportunity to comment on the design and implementation for the Peer Support Specialist Certification Program. Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council's Workforce and Employment Committee (WEC), in collaboration with community stakeholders, have evaluated the policies proposed by the Department of Health Care Services (DHCS) for the development of Peer Support Specialist Certification in California. Committee members leveraged the knowledge of individuals who currently work as Peer Support Specialists, the County Behavioral Health Directors Association, and their own expertise and experience as professionals, consumers, and champions within the public behavioral health system to create recommendations on policies and best practices for peer certification in California.

The recommendations provided in this letter are in response to the first DHCS Listening Session held on January 22, 2021, which covered the training requirements, core competencies, areas of specialization, range of responsibilities, qualifications, practice guidelines, and supervision standards for Peer Specialist Certification. These recommendations are applicable to providing culturally responsive care with respect to all populations including but not limited to children and families, immigrants and refugees, LGBTQI2S, and ethnically-diverse populations.

- **Advocacy**
- **Evaluation**
- **Inclusion**

The Workforce and Employment Committee has reviewed the policies proposed by the Department of Health Care Services for the statewide standards for Peer Specialist Certification. The following are our recommendations:

Employment Training

The number of training hours and continuing education requirements are not specified in statute. The WEC supports, at minimum, the proposed 40 hours of training and recommends increasing the training requirement to 60 hours. DHCS may want to consider broadening the required 6 continuing education hours on ethics to include education on laws because they change over time. This will help provide peers with the information and tools necessary to be on equal footing with other behavioral health professionals.

Additionally, we must consider cultural equity and linguistic diversity of the workforce in any recruitment efforts. Peers should reflect the diversity of the communities they serve, and some qualities such as ethnic background, LGBTQI2S status, or criminal justice involvement cannot be taught in a classroom.

Core Competencies

The WEC recommends the following in regards to the 16 proposed core competencies for Peer Support Specialists:

- 1) Add team and inter-professional practices as a standalone competency to the list of competencies
- 2) Broaden competency #11 on professional boundaries and ethics to clearly distinguish the unique difference between a peer provider and non-peer provider
- 3) Modify language on competency #14 to state “Navigation of, and referral to, and education in other services and systems”
- 4) Change language on competency #5 on cultural competency to instead be defined as cultural humility and responsiveness, add social equity and empathy to this competency, and recognize that cultural humility training is an ongoing process

Areas of Specialization

The WEC appreciates the consideration for areas of specialization for Peer Specialists, however, we caution DHCS from creating a list of single CEU trainings for each specialization as it may not be the most effective vehicle for specialized skills development. Instead, we recommend a focus on the role of peers and targeting their training to the role they have in their specific service or program. This includes quality supervision and ongoing support involving reflection and engagement in practice. Additional recommendations for the areas of specialization include the following:

- 1) Integrate competency #6 on Trauma-Informed Care into **all** components of peer support services in order to act as the core to all specializations
- 2) Provide special consideration for individuals coming out of incarceration as this population predominantly experiences mental health and substance use disorder conditions. These individuals require understanding and would benefit from additional supports in their role as peers.
- 3) Distinguish and be cognizant of the differences between the definition of recovery for mental health conditions and the definition of recovery for substance use disorders

Additionally, the committee expressed concerns about leaving specialization to county discretion, which can potentially lead to 58 different versions of the curriculum. One way to avoid need for specializations is to assure that there is enough content in the core curriculum that addresses all population groups, especially those with systematic inequities, racial, ethnic, age, gender identification, etc.

Qualifications

The WEC supports the proposal to **not** require additional qualifications in addition to federal rules to ensure that qualified peers are encouraged to complete the certification process. The WEC emphasized that the key qualification of “peer” must be the focus of the qualifications.

Due to varying strengths and abilities of peers, the WEC requests DHCS to consider what type of certification exam is appropriate for this unique group of individuals working in the public behavioral health system. Peers are protected under the American Disabilities Act and are able to request accommodations so they should be given reasonable accommodations and supports to complete their certification.

Practice Guidelines

The WEC recommends that DHCS reference the National Association of Peer Specialists for the creation of practice guidelines for Peer Support Specialists. Existing national guidelines specific to peer practices should be considered above other practice guidelines.

Supervision Standards

The WEC recommends that DHCS place focus on expertise and practice experience opposed to a specific list of credentials when considering supervision for certified peers. We propose a model of dual supervision which includes a primary supervisor who comes from a peer background, and a secondary supervisor with clinical expertise who could also assist with Medi-Cal billing and documentation. The non-peer supervisors may include professionals such as Occupational Therapists and other qualified

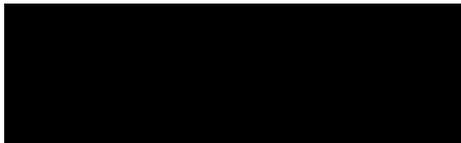
individuals who have the expertise required to conduct peer supervision. Many counties like Riverside County have a dual supervision model for Peer Support Specialists that may be of interest for review.

The WEC places emphasize on quality supervision for the advancement and growth and learning of Peer Support Specialists. It also may be helpful for DHCS to hold working groups separate from the listening sessions in order to designate and make recommendations about supervision requirements and practices.

We hope that the recommendations put forth in this letter are taken into consideration as the Department of Health Care Services develops the statewide standards for Peer Specialist Certification. We appreciate the opportunity to submit comments, and ask to be included in conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
California Department of Health Care Services

Sincerely,



Noel J. O'Neill
Chairperson