California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Tony Vartan

EXECUTIVE OFFICER
Jenny Bayardo

ADDRESS
P.O. Box 997413
Sacramento, CA
95899-7413

PHONE
(916) 701-8211

FAX
(916) 319-8030

MS 2706

June 12, 2026

The Honorable Sabrina Cervantes, Chair

Senate Appropriations Committee

California State Capitol, Room 412

Sacramento, CA 95814

RE: Support for AB 96 – Mental health services: peer support specialist certification.

Dear Senator Cervantes:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our support for Assembly Bill (AB) 96 (Jackson).

As California's behavioral health planning council mandated in Public Law 102-321 to exist, we have a responsibility to advocate for persons with lived experience of serious mental illness. We also serve as an advisory body to the Department of Health Care Services and the Legislature on Behavioral Health policies and priorities, as outlined in Welfare and Institutions Code §§ 5771 and 5772. Our diverse membership includes individuals with lived experience of serious mental illness and substance use disorders, family members, parents of children with serious emotional disturbances, service providers, professionals, and representatives from state departments whose work intersects with California's behavioral health system. These perspectives inform and shape our policy recommendations.

Under Welfare and Institutions Code §§ 5771 and 5772, the Council is responsible for advising the Legislature and Administration on mental health policy development, including education and training programs for mental health professionals and other workforce initiatives. The Council also provides input on the Five-Year Workforce Education and Training (WET) Plan, which includes strategies for peer workforce development. Additionally, Senate Bill 803, Section 14045.17, requires the Department of Health Care Services to engage the California Behavioral Health Planning Council in stakeholder input and consultation on the

implementation of the peer certification bill. For this reason, the Council has been closely monitoring the implementation of Medi-Cal Peer Support Specialists Certification, engaging with stakeholders who have identified the education requirement as an unnecessary barrier for persons with lived experience as consumers of specialty mental health services.

Federal guidance from the Centers for Medicare & Medicaid Services (CMS) confirms that there is no federal requirement for Certified Medi-Cal Peer Support Specialists (CMPSS) to hold a high school diploma or GED, and that states define provider qualifications. AB 96 seeks to remove the requirement that applicants for the CMPSS certification hold a high school diploma or equivalent in the State of California. This requirement is not essential to meeting state-defined core competencies for CMPSS. Removal of the education component expands access to qualified peers, advances equity for communities facing language and technology barriers, and bolsters the workforce amid persistent shortages.

Certified Medi-Cal Peer Support Specialists have invaluable lived experiences of behavioral health conditions that enable them to effectively support individuals with mental health and/or substance use disorders in their recovery. Their lived experience contributes to their credibility and fosters trust among community members, enabling meaningful engagement and collaboration. The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Technical Assistance Brief for Peer Support Across the Crisis Continuum (2024), which highlights the role of peers in building trust and engagement during crisis and recovery by leveraging lived experience to improve outcomes for individuals with mental health and substance use disorders. A systematic review article from the American Journal of Preventive Medicine (2021) found significant improvements in social functioning, quality of life, and patient activation when peers were integrated into the behavioral health system. Additionally, a Peer Support Issue Brief from the American Hospital Association (2026) demonstrates that peer support reduces inpatient stays, improves engagement, and lowers costs while building trust through shared lived experience.

Numerous studies show that peer support can significantly reduce the overall costs of mental health services. For example, the Georgia Department of Behavioral Health and Developmental Disabilities reported that integrating certified peer specialists into treatment resulted in an average annual cost of $997 per person, compared to $6,491 per person for traditional day treatment services. This amounts to an average cost

savings of $5,494 per person per year[1]. In New York City, an analysis of Medicaid claims and enrollment data found that beneficiaries who used peer-staffed crisis respite services saw reduced Medicaid expenditures, an average of $2,138 per person for each month of active enrollment during the service month and the following 11 months[2]. These findings highlight the importance of strengthening the peer support workforce to help achieve improved outcomes and sustainable systemwide cost savings

Amid the shortage of behavioral health professionals in California, Peer Support Specialists are instrumental in bridging service gaps and strengthening the behavioral health workforce by providing essential peer support services. SAMHSA's Peer Support Specialist Fact Sheet (2024) confirms that Peer Support Specialists are a rapidly expanding critical workforce segment that addresses the provider shortages as they provide much needed advocacy, mentoring, and system navigation. Additionally, the California Policy Brief on Workforce Shortages from the California Health Care Foundation (2024) recommends peer-to-peer programs as a solution to expand access and fill workforce shortage gaps.
While a high school diploma may be considered valuable in some contexts, it does not enhance Certified Medi-Cal Peer Support Specialists' ability to fulfill their role. We believe that community knowledge and lived experience are most important for these roles. This is consistent with the Medi-Cal Traditional Healers and Natural Helpers service model, which does not include an educational requirement. The Medi-Cal Peer Support Specialist Certification Program already requires rigorous standards, including completion of DHCS-approved training, successful passage of the California Mental Health Services Authority (CalMHSA) certification exam, and adherence to the DHCS Code of Ethics. CalMHSA's Core Competencies and Certification Guidelines also emphasize that lived experience and cultural competence are the foundation of effective peer support, enabling CMPSS to build trust, credibility, and meaningful engagement with individuals in recovery. These requirements encompass all essential core competencies, such as hope and recovery, person-driven care, cultural responsiveness, integrity and professionalism, and confidentiality and safety. These competencies, combined with ethical

[1] FREDLA. (2022). *Cost effectiveness of using peers as providers*. https://www.fredla.org/wp-content/uploads/2022/08/Cost_Effectiveness_of_Using_Peers_as_Providers.pdf
[2] Bouchery, E. E., Barna, M., Lecker, J., Meyers, A., O'Neill, K., & Vandivort, D. S. (2018). *The effectiveness of a peer-staffed crisis respite program as an alternative to hospitalization*. *Psychiatric Services, 69*(10), 1069–1074. https://doi.org/10.1176/appi.ps.201700427

standards and exam-based validation, provide a robust framework for quality and accountability.

Requiring a high school diploma or equivalent does **not** add measurable value to peer roles; instead, it creates unnecessary barriers that exclude qualified individuals whose lived experience is their greatest asset. Aligning certification standards with the Medi-Cal Traditional Healers and Natural Helpers service model, which does not impose an educational requirement, will reduce barriers, promote equity, and ensure cultural responsiveness over academic credentials. Removing the high school diploma or equivalent requirement for Medi-Cal Peer Support Specialist certification is both logical and necessary to expand access to qualified peers and strengthen California's behavioral health workforce. Creating opportunities for more peers to enter the field will also enable the state to establish a more responsive and cost-efficient behavioral health system.

For these reasons, the Council proudly supports AB 96. If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Tony Vartan
Chairperson

cc: The Honorable Assemblymember Dr. Corey Jackson
Honorable Members, Senate Appropriations Committee
Latifah Alexander, Legislative Assistant
Mitchell Mattos, Legislative Director
Gail Gronert, Director of Strategic Initiatives, County Behavioral Health Directors Association
Meron Agonafer, Policy Director, Cal Voices