

SB 803: Peer Support Specialist Certification

CBHPC Advocacy & Impact

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California
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WHAT IS SENATE BILL 803?

In September 2020, California passed [Senate Bill \(SB\) 803](#), the Peer Support Specialist Certification Program Act, which created a framework for Medi-Cal Peer Support Specialist (PSS) training and certification within the specialty behavioral health system. This law makes it possible for certified PSSs to receive Medi-Cal reimbursement through county mental health plans and substance use disorder (SUD) plans. SB 803 strengthens and expands California's behavioral health workforce by recognizing the unique value of lived experience, supporting cultural and linguistic diversity, and improving access to recovery-oriented services across communities.

WHAT IS A PEER SUPPORT SPECIALIST?

A Peer Support Specialist (PSS) is an individual, 18 years of age or older, who holds a State-approved Medi-Cal PSS certification and uses their own lived experience with mental health and/or SUD challenges to help others in recovery. PSSs offer practical assistance, mentorship, and advocacy by supporting individuals in setting recovery goals, building life skills, and connecting with community resources.

ROLE OF THE CA BEHAVIORAL HEALTH PLANNING COUNCIL (CBHPC)

Under [Welfare and Institutions Code \(WIC\) § 14045.17](#), the Department of Health Care Services (DHCS) must seek input from stakeholders, including peer organizations and the *California Behavioral Health Planning Council (CBHPC)*, when developing and implementing PSS certification standards. Under [WIC § 5772](#), CBHPC has statutory authority to advise the Legislature, DHCS, and county Boards on behavioral health issues.

CBHPC ADVOCACY

CBHPC has been a long-standing advocate for the creation of a peer certification pathway. Beginning in 2014, the former Quality Improvement Committee gathered input from advocacy groups and providers, which helped inform its report, "[Peer Certification: What Are We Waiting For?](#)"

Over the years, CBHPC has joined numerous statewide partners, including peer organizations, provider groups, and advocates, in supporting legislation to establish peer certification. Together, these collective efforts contributed to the passage of SB 803 in 2020.

CBHPC supported implementation of SB 803 through its [Workforce and Employment Committee \(WEC\)](#):

- Letters to DHCS outlining implementation needs and priorities.
- [Follow-up questions](#) to help clarify and support the rollout of the certification program.
- A [letter of support for Assembly Bill 96 \(Jackson\)](#), which would remove the high school diploma or equivalent requirement for applicants to receive certification.
- [Standardized Peer Support Specialist Question List](#) for County Presenters.

Advocacy letters on SB 803 implementation are available on the [WEC webpage](#).

CBHPC ACCOMPLISHMENTS

These accomplishments reflect CBHPC's commitment to strengthen Peer Support Specialist Certification. Driven by the voices of our members and the communities we serve, our work has advanced equity, workforce development, and the overall quality of peer support services.



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We are proud of this progress, but our work is not done. The recommendations on the next page include additional steps needed to further strengthen and sustain the peer workforce.

Complaints and Appeals	BHIN 22-062 : A statewide process for complaints, corrective actions, suspensions, revocations, and appeals was established.
Grandfathering	BHIN 23-003 : A temporary pathway for grandfathering was created, allowing peers who already work in the field to become certified under previous requirements.
Employment Training	CalMHSA expanded the following Continuing Education (CE) topics: ethics, confidentiality, and relevant laws for Medi-Cal Peer Support Specialist Certification.
Areas of Specialization	In response to the CBHPC's recommendation letter to CalMHSA for the areas of specialization , focus areas such as crisis care, justice-involved individuals, and unhoused populations were incorporated into the peer curriculum.
Supervision Standards	The CBHPC wrote a recommendation letter to the Department of Health Care Services for peer supervisor trainings. BHIN 25-010 : Supervisors may now qualify through lived experience or behavioral health practice rather than formal clinical credentials.
Data Dashboard	Race/ethnicity, Lesbian, Gay, Bisexual, Transgender, Queer (LGBTQ+) data, and statewide and county-level counts of justice-involved certified peers were added to the CalMHSA Peer Certification Dashboard.
Others	The Department of Health Care Access and Information (HCAI) removed the requirement for training organizations to be responsible to pay back awards for peers who do not complete their service requirements for the Medi-Cal Community-Based Provider Training Program.

CBHPC RECOMMENDATIONS



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Since the passage of SB 803, CBHPC has played a key role in shaping Medi-Cal Peer Support Specialist certification. The recommendations below reflect our ongoing priorities to enhance equity, workforce development, training quality, and sustainability within the peer workforce.

Certification Requirements

- Remove the high school diploma or equivalency requirement and align peer certification standards with the Traditional Healers/Natural Helpers Benefit.
- Reevaluate the 80-hour training requirement and the difficulty level of the certification exam.
- Offer the exam in more languages and expand language accommodation across all certification processes.
- Create a dual certification pathway for PSS and Community Health Workers to reflect overlapping roles.

Training

- Tailor training to the specific roles peers perform, including quality supervision, reflective practice, and ongoing support.
- Add “Forensic (Justice-Involved) Systems and Partnerships” and “Unhoused, Homeless Services, and Systems/Partnerships” to CalMHSA’s specialization areas to support cross-system coordination.
- Include the California Association for Social Rehabilitation Agencies (CASRA) and Patient Rights Association (PRA) as approved continuing education providers.

Funding

- Provide scholarships for individuals who seek Medi-Cal Peer Certification.
- Increase wages for certified and non-certified PSS.
- Display peer wage data on public dashboards, and request that entities collect/analyze wage data by race/ethnicity post-certification to ensure transparency and equity.
- Use the Certified Alcohol and Drug Counselor (CADC) model where appropriate to support wage increases.
- Cover educational costs for degrees that prepare individuals for certification.

General Recommendations

- Clarify that recovery definitions differ between mental health and substance use disorders (SUD).
- Ensure non-certified peers have meaningful roles within Specialty Mental Health and SUD Systems and Managed Care.
- Create incentives for certifying justice-involved peers.
- Increase PSS positions within the Children’s System of Care.
- Include a deaf or hard-of-hearing representative on CalMHSA’s Stakeholder Advisory Council.
- Provide guidance to obtain National Provider Identifier (NPI) numbers for certified PSS.
- Protect existing billing codes previously available to PSS.

ABOUT THE CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL



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The California Behavioral Health Planning Council (CBHPC) is a majority Consumer and Family member advisory body to state and local government, the Legislature, and residents of California on behavioral health services in California. CBHPC consists of thirty-two members appointed by the DHCS including consumers, family members, providers, and eight state department representatives, as outlined in [Public Law 103-321](#).

[CBHPC's vision and mission](#) guide its evaluation of California's system of behavioral health care through targeted committee studies, community site visits, and General Session forums and presentations.

The CBHPC informs the Administration and the Legislature on priority issues. We also provide feedback on behavioral health policy and regulations, and on legislative actions based on our [Policy Platform](#) as part of our [federal mandates](#) and [state mandates](#).

ABOUT THE WORKFORCE AND EMPLOYMENT COMMITTEE

The purpose of the Workforce and Employment Committee (WEC) is to address the workforce shortage in the public behavioral health system, identify behavioral health workforce training needs, promote the employment of individuals with psychiatric disabilities, and plan for the future of funding of workforce efforts to meet the diverse needs of individuals served in the public behavioral health system. The committee also aims to ensure that individuals with behavioral health conditions have opportunities to work and lead productive lives.

More information on our purpose, mandates, goals, and members is available in our [Charter](#) and [2025-2026 Work Plan](#).



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