

# Input Summary Report for October 2021 Input Sessions @ CalMHSA



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**MEDI-CAL PEER SUPPORT SPECIALIST  
LISTENING SESSION I  
(TRAINING & EXAMINATION)**

**FEEDBACK SUMMARY**

# MEDI-CAL PEER SUPPORT SPECIALIST SESSION I: TRAINING AND EXAMINATION FEEDBACK SUMMARY

During the month of October, the California Mental Health Services Authority (CalMHSA) hosted twelve community listening sessions regarding the development and implementation of a statewide Medi-Cal Peer Certification Program as outlined by the Department of Health Care Services via [Behavioral Health Information Notice No: 21-041](#), dated July 22, 2021. CalMHSA executed twelve sessions requesting input on the following topics: Session I: Training and Examination, Session II: Grandparenting and Supervision, and Session III: Specializations.

Training and Examination sessions were conducted on October 5 (2), October 6, and October 13, 2021, and presented via [PowerPoint Webinar](#). Each webinar provided a comprehensive overview of the following areas:

- The Role of California Mental Health Services Authority, including:
  - Implementation Timelines
  - Identification of Training Organizations
  - Submission of Peer Certification Plan to DCHS
  - Examination Development
- Program Standards, including:
  - Ratified Definition of a Medi-Cal Peer Support Specialist
  - Minimum Requirements for a Medi-Cal Peer Support Specialist
- Medi-Cal Peer Specialist: Training
- Medi-Cal Peer Specialist: Examination

A total of 551 interested parties attended the input sessions. The average attendance of each session included 46 stakeholders from all parts of California. Among the stakeholders were the CBO community and non-profit sector, civic entities, peer specialists, consumers, and representatives of peer-run organizations of varying sizes. CalMHSA implored participants to provide their input during and after each session. Submissions were procured verbally during the webinar's question and answer period, via the webinar's typed Question-and-Answer function, email submission to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org), and through a [blind survey](#) published on CalMHSA's website.



CalMHSA reviewed all questions and commentary relevant to the Training and Examination listening sessions, and the following is a high-level summation of the feedback received. CalMHSA will incorporate this feedback into its analysis and development of the statewide certification program. As of the publishing of this document, there have been no final decisions on any of the listening session topics as CalMHSA continues to work with key stakeholders to collect and analyze input.

To obtain more information on California's implementation of Senate Bill 803, please visit the [DHCS website](#). For additional information on the roles and responsibilities of DHCS, county behavioral health agencies, and the certifying entities, please review DCHS' [comprehensive roles and responsibilities document](#).

## TRAINING

### Training Curriculum

Department of Health Care Services [Behavioral Health Information Notice](#) 21-041 dated July 22, 2021 (hereafter referenced as 'BHIN') states "each Medi-Cal Peer Support Specialist Program must ensure the certification program meets the following {standards}" The BHIN states the "curriculum" includes: "The curriculum for initial certification, the curriculum for lapsed certification, a curriculum for the area of specialization for parent, caregiver and family member peers, and peer supervisors." Additional areas of specialization include crisis services, forensic (justice involved), and homelessness (unhoused).

Participants were asked to indicate what is **most important** when taking training geared towards peer certification. The most common responses included:

- Curriculum Content: Basic Peer Support Specialist Competency (33%)
  - Curriculum Administration System: For Peers, By Peers (11%)
  - Curriculum Content: Role Play (9%)
  - Curriculum Content: Lived Experience (7%)
- 

### Training Method

Participants were asked: What are the potential pros and cons to the following training methods: In-Person, Virtual, Mixed (hybrid), or Self-Paced (web-based on-demand).

- Pros: In-Person Training (29%)
  - Camaraderie and connection with peers and trainers
  - Roleplaying
- Pros: Virtual Training (29%)
  - Accessibility
  - Safe and accommodating
- Cons: Self-Paced (17%)
  - Lack of live interaction and engagement
  - Not accessible for technology challenged peers

## EXAMINATION

### Standardized Examination

CalMHSA will oversee hiring a qualified exam developer to ensure a standardized exam that speaks to the mandatory 17 core competencies is created. The examination will be computer-based. Requests for accommodations under the Americans with Disabilities Act will be administered upon request.

Participants were asked: Once the candidate has completed their peer training, how much time do you believe the individual should have to initiate taking the standardized exam. The most common timeframes suggested were:

- Within six months of completion (24%)
  - No restriction (17%)
  - Within thirty days of completion (10%)
  - Within two weeks of completion (10%)
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Participants were asked: What might be a reasonable number of times that an individual may be able to retake the exam? The most common considerations were:

- Unlimited retakes (53%)
  - Three maximum attempts (37%)
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Participants were asked: What might be a reasonable time to wait in between attempting the exam again? The responses were as follows:

- No waiting period / Immediate re-take (23%)
- Thirty-day waiting period (16%)
- Two weeks, One month, and 6 months (13%)



**MEDI-CAL PEER SUPPORT SPECIALIST  
LISTENING SESSION II  
(GRANDPARENTING & SUPERVISION)**

**FEEDBACK SUMMARY**

## MEDI-CAL PEER SUPPORT SPECIALIST SESSION II: GRANDPARENTING AND SUPERVISION FEEDBACK SUMMARY

During the month of October, the California Mental Health Services Authority (CalMHSA) hosted twelve community listening sessions regarding the development and implementation of a statewide Medi-Cal Peer Certification Program as outlined by the Department of Health Care Services via [Behavioral Health Information Notice No: 21-041](#), dated July 22, 2021. CalMHSA executed twelve sessions requesting input on the following topics: Session I: Training and Examination, Session II: Grandparenting and Supervision, and Session III: Specializations.

Grandparenting and Supervision sessions were conducted on October 7, October 12, October 14, and October 21, 2021, and presented via [PowerPoint webinar](#). Each webinar provided a comprehensive overview of the following areas:

- The Role of California Mental Health Services Authority, including:
  - Implementation Timelines
  - Identification of Training Organizations
  - Submission of Peer Certification Plan to DCHS
  - Examination Development
- Program Standards, including:
  - Ratified Definition of a Medi-Cal Peer Support Specialist
  - Minimum Requirements for a Medi-Cal Peer Support Specialist
- Medi-Cal Peer Specialist: Grandparenting
- Medi-Cal Peer Specialist: Supervision

A total of 551 interested parties attended the input sessions. The average attendance of each session included 46 stakeholders from all parts of California. Among the stakeholders were the CBO community and non-profit sector, civic entities, peer specialists, consumers, and representatives of peer-run organizations of varying sizes. CalMHSA implored participants to provide their input during and after each session. Submissions were procured verbally during the webinar's question and answer period, via the webinar's typed Question-and-Answer function, email submission to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org), and through a [blind survey](#) published on CalMHSA's website.





CalMHSA reviewed all questions and commentary relevant to the Training and Examination listening sessions, and the following is a high-level summation of the feedback received. CalMHSA will incorporate this feedback into its analysis and development of the statewide certification program. As of the publishing of this document, there have been no final decisions on any of the listening session topics as CalMHSA continues to work with key stakeholders to collect and analyze input.

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## GRANPARENTING

### Continued Education (CE): 20 Hours

Grandparenting is a pathway that may be used to obtain Medi-Cal Peer Support Specialist Certification when certain conditions are met by individuals who are currently engaged in peer support work. One of the conditions of Grandparenting as per Department of Health Care Services [Behavioral Information Notice No: 21-041](#) (hereafter referenced as 'BHIN') includes obtaining continued education hours. The following questions were asked regarding continued education:

Participants were asked if they agreed with the directive, "Trainings shall be completed up to 2 years prior to the date of application for grandparenting, based on the bi-annual requirements?" The responses were as follows:

- Yes (80%)
  - No (13%)
  - No – 12 months (7%)
- 

Participants were notified the "general" number of hours for a Law and Ethics course is 6 hours and asked if they felt that this was a reasonable standard? The most common responses were:

- Yes (86%)
  - No (7%)
  - Unsure (6%)
- 

### Completion of Training

Under the grandparenting clause, there are several requirements that must be met including the requirement that a person must have "completion of training, letters of recommendation, and pass the Medi-Cal Peer Support Specialist exam."

Participants were asked specifically to identify what training types should be considered to complete this training requirement. Among the vast agency specific trainings (including but not limited to CASRA, NAMI, DBSA, WISE U, Copeland Center WRAP, DHCS, WHAM, etc.) the majority of respondents agreed:

- The trainings shall consist of all trainings that address any of the 17 Medi-Cal Peer Support Specialist core competencies and all trainings that would

concentrate on the mandatory specialization areas of “Parent, Caregiver, and Family Member Peers” including but not limited to:

- Mental Health Advanced Care Planning
- Advanced Peer Support Specialist Practices
- All DHCS approved trainings
- Mental Health First Aid
- Motivational Interviewing
- Suicide Awareness

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Participants were asked: What should be considered “acceptable proof” for demonstration of completion of training. The most common responses were:

- Certificate of completion
- Email / proof of attendance
- E-Learning Transcript
- Letter of accomplishment

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Participants were asked to identify a “specific timeframe” that would be acceptable to satisfy this standard. Minimal input was received on this query. Responses received were the following:

- Six to twelve months
  - Two to three years
  - No specific timeframe
  - Standards should be satisfied before the certification exam
-

## SUPERVISION STANDARDS

### Training Curriculum

BHIN states, CalMHSA must submit a plan of how the certification program's training curriculum will meet all federal and state requirements for the certification and oversight of peer support specialists. BHIN states the "curriculum" includes: "The curriculum for initial certification, the curriculum for lapsed certification, a curriculum for the area of specialization for parent, caregiver and family member peers, and peer supervisors."

Furthermore, via the BHIN, "DHCS acknowledges the efficacy and evidenced based practice of the utilization of certified peer support specialists as supervisors of other peers. DHCS highly encourages the employment of peers as peer supervisors.

Participants were asked: What are the most important skills for someone who supervises peer work? Respondents stated:

- Peer Lived Experience (28%)
  - Mentorship & Coaching (17%)
  - Peer Field Experience (9%)
  - Other skills mentioned: Knowledge of Peer Support Specialist (PSS) Values and Principles and Compassion
- 

Participants were asked: What training topics might be included in the supervisor curriculum? Responses were vast and varied. Most common responses were focused on the following:

- Strength Based Coaching/Management Techniques
  - Understanding the Peer Support Specialist Role
  - Creating and Maintaining a Recovery Centered Workplace
  - Professional Boundaries
  - How to Measure and Evaluate Peer Performance
- 

Participants were asked: What training objectives "shall be met" by the training content? The responses received were minimal and included the following:

- How to Manage and Support Peer Advocates
- Understanding Stigma in the Workplace
- Understanding the Role of Peers in the Clinical Environment
- The History of Peer Support



**MEDI-CAL PEER SUPPORT SPECIALIST  
LISTENING SESSION III  
(SPECIALIAZATIONS)**

**FEEDBACK SUMMARY**

# MEDI-CAL PEER SUPPORT SPECIALIST SESSION III: SPECIALIZATIONS FEEDBACK SUMMARY

During the month of October, the California Mental Health Services Authority (CalMHSA) hosted twelve community listening sessions regarding the development and implementation of a statewide Medi-Cal Peer Certification Program as outlined by the Department of Health Care Services via [Behavioral Health Information Notice No: 21-041](#), dated July 22, 2021. CalMHSA executed twelve sessions requesting input on the following topics: Session I: Training and Examination, Session II: Grandparenting and Supervision, and Session III: Specializations.

Specialization sessions were conducted on October 12, October 19, October 20, and October 26, 2021, and presented via [PowerPoint webinar](#). Each webinar provided a comprehensive overview of the following areas:

- The Role of California Mental Health Services Authority, including:
  - Implementation Timelines
  - Identification of Training Organizations
  - Submission of Peer Certification Plan to DCHS
  - Examination Development
- Program Standards, including:
  - Ratified Definition of a Medi-Cal Peer Support Specialist
  - Minimum Requirements for a Medi-Cal Peer Support Specialist
- Medi-Cal Peer Support Specialist: Specializations
  - Parent, Caregiver, and Family Member
  - Homelessness (Unhoused)
  - Crisis
  - Forensic/Justice Involved

A total of 551 interested parties attended the input sessions. The average attendance of each session included 46 stakeholders from all parts of California. Among the stakeholders were the CBO community and non-profit sector, civic entities, peer specialists, consumers, and representatives of peer-run organizations of varying sizes. CalMHSA implored participants to provide their input during and after each session. Submissions were procured verbally during the webinar's question and answer period, via the webinar's typed Question-and-Answer function, email submission to [PeerCertification@calmhsa.org](mailto:PeerCertification@calmhsa.org), and through a [blind survey](#) published on CalMHSA's website.



CalMHSA reviewed all questions and commentary relevant to the Training and Examination listening sessions, and the following is a high-level summation of the feedback received. CalMHSA will incorporate this feedback into its analysis and development of the statewide certification program. As of the publishing of this document, there have been no final decisions on any of the listening session topics as CalMHSA continues to work with key stakeholders to collect and analyze input.

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## SPECIALIZATIONS

### Parent, Caregiver, Family Member

Department of Health Care Services [Behavioral Health Information Notice 21-041](#) (hereafter referenced as 'BHIN') states CalMHSA must submit a plan of how the certification program's training curriculum will meet all federal and state requirements for the certification and oversight of peer support specialists. BHIN states the "curriculum" includes: "The curriculum for initial certification, the curriculum for lapsed certification, a curriculum for the area of specialization for parent, caregiver and family member peers, and peer supervisors." Additional areas of specialization include: crisis services, forensic (justice involved), and homelessness.

Participants were asked: Beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for parent, caregiver, and family member peers providing support in an **Adult System**? The most common responses included:

- Mature adult wellness and recovery
- Adult parenting skills
- Recognizing the signs of human trafficking and abuse
- Working with peers with hidden and neurological disabilities

Participants were asked: Beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for parent, caregiver, and family member peers providing support in a **Children's System**? The most common responses included:

- Understanding legal and possible liability issues while working with children
  - Knowledge of the Individualized Education Plan (IEP)
  - Recognizing the signs of human trafficking and abuse
  - Understanding in-school mental health support systems
  - Understanding the "Katie A subclass"
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## Peer Support Specialists Supporting Persons Who Are Unhoused

Participants were asked: Beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in an **Adult System**? The most common responses included:

- Understanding the homeless judicial system
- Working with mature adult populations
- Learning the Housing First strategy
- Medi-Cal billing for housing supports
- Outreach activities as billable services
- Mental Health Advanced Healthcare Directives
- Historical dangers for unhoused BIPOC and law enforcement
- Recognizing the signs of human trafficking and abuse
- Providing culturally appropriate/safe field-based services

Participants were also asked: Beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in a **Transitional Aged Youth System**? The most common responses included:

- Understanding legal and possible liability issues while working with Transitional Aged Youth
- Recognizing the signs of human trafficking and abuse
- Understanding in-school mental health support systems
- Understanding the “Katie A subclass”
- How to support TAY’s reaching legal adult age
- Historical dangers for unhoused BIPOC TAY and law enforcement
- Providing culturally appropriate/safe field-based services

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## Peer Support Specialist Supporting Persons in Crisis

Participants were asked: beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in an **Adult System**? The most common responses included:

- Understanding and navigating law enforcement & first responders during a crisis
- Comprehensive mental health right's training to support those in psychiatric crisis (while hospitalized or not)
- Understanding 5150 Law and the overall life implications of a 5150
- Veteran-to-Veteran crisis services and interventions
- How to support long/short-term homelessness after crisis
- Recognizing the signs of human trafficking and abuse
- Negotiating roles and power dynamics within multidisciplinary crisis teams

Participants were asked: beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in a **Children's System**? The most common responses included:

- Comprehensive training on providing support along CPS/Police/Emergency personnel
  - How to empower/amplify children's voices during a crisis
  - Understanding 5150 Law and the overall life implications of a 5150 hold for a child
  - Recognizing the signs of human trafficking and child abuse
  - Understanding legal and possible liability issues while working with children in crisis
  - Historical dangers for BIPOC children in crisis and how to provide adequate support
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## **Peer Support Specialists Working with Persons Involved in the Justice System**

Participants were asked: beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in an **Adult System**? The most common responses included:

- Veteran-to-Veteran forensic services and interventions (i.e., penal codes 1170.9 and 1001.8)
- Safe ex-offender-to-ex-offender peer support techniques
- Succinct clearances and restrictions on contact with peers on parole or previously incarcerated
- Successfully working with county operated forensic teams
- Inclusivity of justice involved peers and the Medi-Cal Peer Support Specialist Certification
- Tools & techniques for entering "triggering" facilities for Peer Support Specialists
- Implementing the Sequential Intercept Model
- Working with mature adult justice involved populations
- Mental health Advanced Healthcare Directives for justice involved peers

## Justice System Involved, cont.

Participants were asked: beyond the sample training elements provided (Advocacy, Recovery/Wellness Support, Mentoring and Education, Ethical Responsibilities, Systems Knowledge, Trauma-Informed Care, Cultural Sensitivity, Communication Techniques, Building Collaborative Partnerships, and Empowerment) what additional training elements should be considered for peers providing support in a **Children's System**? The most common responses included:

- Succinct clearances and restrictions on contact with juveniles on parole or previously incarcerated
  - Successfully working with county operated forensic teams
  - Implementing the Sequential Intercept Model
  - Navigating the juvenile justice system to adequately support parents
  - Recognizing the signs of human trafficking and child abuse
  - Understanding legal and possible liability issues while working with justice involved children/ parents, caregivers, and family members
  - Historical dangers for BIPOC children in the juvenile justice system
  - How to empower/amplify voices of children for their own care
-