



## MEDI-CAL PEER SUPPORT SPECIALIST LISTENING SESSION #1 FEEDBACK SUMMARY

On January 22, 2021, DHCS hosted its first public listening session on the topic of the implementation of Senate Bill (SB) 803. The listening session was presented via a [PowerPoint presentation](#) webinar that focused on the following areas:

- Training Requirements, including:
  - Employment Training
  - Core Competencies
  - Areas of Specialization
- Scope of Practice for Peers, including:
  - Qualifications
  - Range of Responsibilities
  - Practice Guidelines
  - Supervision Standards

The listening session was attended by over 450 stakeholders including county partners, representatives from various non-profit organizations, representatives from peer-run organizations, existing peer support specialists, consumers, and other interested individuals. DHCS solicited feedback verbally during the session, via the chat function of the webinar, and email submissions to [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov).

DHCS reviewed the hundreds of comments pertaining to the first listening session and below is a high-level summary of the feedback received which will be taken into consideration in the development of the statewide standards. No decisions have been made on any of the topics below as DHCS is still in the process of working with stakeholders on collecting input.

Additional information on state implementation of SB 803 can be found at the [DHCS website](#).

## TRAINING REQUIREMENTS

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### EMPLOYMENT TRAINING

#### Training Hours

Participants were asked if 40 hours of core competency training was appropriate to set as a statewide standard. Based on feedback, 67% stated more hours are needed and 33% agreed that this amount of hours was appropriate.

#### Continuing Education

Participants were asked whether 20 hours of continuing education (six of which must be in ethics) is reasonable. Based on feedback, 87% agreed that this amount of hours was appropriate, 7% stated less hours are needed, and 6% stated more hours are needed.

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### CORE COMPETENCIES

Core competencies are listed in statute. Participants were asked whether there was any other competencies that should be added or considered. Feedback included the following:

- 13% recommended including a core competency around storytelling within a resiliency framework
  - Other common suggestions of additional core competencies include:
    - The effects of systemic racism and discrimination
    - Screening consumers for suicide risk
    - Collaboration between counties and other agencies
    - Attending skills
    - Navigating social services, such as housing services for the homeless population
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### AREAS OF SPECIALIZATION

Participants were asked to specify priority areas of specialization to be required for peers in both Medi-Cal specialty mental health and substance use disorder service programs. The most common specialization recommendations were:

- Parents and/or family member peers
- Peers for the homeless population
- Peers for consumers that are justice involved

## SCOPE OF PRACTICE

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### RANGE OF RESPONSIBILITIES

Participants were provided the following description of responsibilities and asked if anything was missing: *Structured, scheduled interactions and activities that promote socialization, recovery, self-advocacy, relapse prevention, development of natural supports, and maintenance of community living skills.* The following items were the most common recommendations:

- Wellness
  - Community Integration
  - Disability Rights
  - Role-Modeling
  - Housing
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### QUALIFICATIONS

Statute requires Peer Support Specialists certified under state-approved certification programs to meet specified criteria. Participants were asked if any additional qualifications should be required, and feedback included the following:

- Lived experience and criminal justice backgrounds should not disqualify applicants
  - Parent Peers should have lived experience in parenting youth with behavioral health challenges and an understanding of navigating systems of care
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### PRACTICE GUIDELINES

Participants were asked for existing practice guidelines that DHCS should consider in developing the state standard. Several practice guidelines were recommend, including:

- SAMHSA Practice Guidelines
- National Association of Peer Supporters Practice Guidelines
- California Association of Mental Health Peer Run Organizations (CAMHPRO) Guidelines

Some participants also recommended that practice guidelines be specific to the area of specialization the peer will be practicing.

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## SUPERVISION STANDARDS

Participants were asked if there were important supervision considerations that should be taken into account. Based on the feedback:

- 68% stated supervisors should be peers, not clinicians
- 21% stated both clinician and peer supervision is needed
- 9% stated clinician supervision is okay
- 2% stated this decision should be left to the county