



MEDI-CAL PEER SUPPORT SPECIALIST LISTENING SESSION #2 FEEDBACK SUMMARY

On March 2, 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:

- Process Requirements for Setting Up a Certification Program, including:
 - Code of Ethics
 - Biennial Renewal Process
 - Complaints, Corrective Action, Suspension, Revocation, and Appeals
 - Grandfathering
 - Reciprocity
- County Pilot Program Initiating and Reporting, including:
 - Required Submission Items
 - Periodic Reviews
 - Program Reports

The listening session was attended by over 400 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.

DHCS reviewed the hundreds of comments pertaining to the second 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](#).

PROCESS REQUIREMENTS FOR SETTING UP A CERTIFICATION PROGRAM

CODE OF ETHICS

Affirming Code of Ethics

Statute states that peer support specialists should reaffirm the code of ethics biennially (once every two years) by signature. Participants were asked if peer support specialists should reaffirm the code of ethics more frequently than once every two years. Based on feedback, 79% stated reaffirming the code of ethics once every two years is appropriate, and 21% stated the reaffirmation should occur annually (once every year).

Content: Code of Ethics

DHCS suggested CAMHPRO's Working Well Together (WWT) Code of Ethics as a model for the Medi-Cal peer support specialist code of ethics and asked whether there are other code of ethics for behavioral health professionals and/or peers that the state should consider when deciding the code of ethics certification requirement. Based on feedback, 27% suggested other states' peer support specialist code of ethics (Florida, Georgia, New York, North Carolina, and Pennsylvania), 19% suggested the National Association of Peer Supporters, 15% suggested the National Federation of Families for Children's Mental Health, and 8% suggested that CAMHPRO's WWT code of ethics was sufficient.

BIENNIAL RENEWAL PROCESS

The biennial review process is listed in statute. Participants were asked about additional items that should be added to the process. Feedback from the ten comments on this topic included the following:

- Attestation from peer coach on minimum requirements (20%)
- Biennial review should be conducted by peers (20%)
- Normalize training certification across trainers (10%)
- Include a component where peer support specialists can demonstrate competency in best practices (10%)
- Other feedback received was related to the content of continuing education, a topic that was covered in the first listening session (10%)

COMPLAINTS, CORRECTIVE ACTION, SUSPENSION, REVOCATION, AND APPEALS

Participants were asked to provide key considerations for the complaint, corrective action, suspension, revocation, and/or appeal process for Medi-Cal peer support specialists. The most common considerations were:

- Investigative bodies should include peers (24%)
- Second chances and/or remediation should be pursued (16%)
- Investigations should be conducted by the state (8%)

GRANDFATHERING

Participants were asked the appropriate timeframe to require already employed peer support specialists to complete grandfathering requirements after January 1, 2022, if the peer support specialists should be required to pass a certification exam, and if work hours could substitute for a required training component. Participants were also asked if there should be different pathways to becoming a peer support specialist. The most common suggestions for requirements to be grandfathered in were:

- Pass a certification exam (39%)
 - Pass the Medi-Cal certification exam
 - Pass a certification exam in another state or at national level
 - Pass a certification exam by the first renewal of certification and meet continuing education requirements
 - Pass any existing training/exam program
- Work experience instead of training/exam (32%)
 - Ranged from six months to five years, with the most commenting that 12 months of field work is sufficient replacement for certification training and exam

Additionally, 14% of comments received supported allowing accommodations for test taking, and 57% of comments received about the time allowed for grandfathering stated that DHCS should allow one year from January 1, 2022 for grandfathered peers to complete the process.

RECIPROCITY

Participants were presented with DHCS' initial thoughts on reciprocity and asked if there are additional state and/or county reciprocity considerations DHCS should consider. The most common comments were:

- Out-of-state certifications should be considered, and the reciprocity requirements should be similar to the grandfathering requirements (52%)
- The initial thoughts presented by DHCS are appropriate as is (12%)

COUNTY PILOT PROGRAM INITIATING AND REPORTING

REQUIRED SUBMISSION ITEMS

The Peer Support Specialist Program Certification Plan requirements are listed in statute. Participants were asked if counties should be required to submit additional information in their certification plan to DHCS. No comments were received related to this topic.

PERIODIC REVIEWS

Participants were asked if there were items missing from the suggested periodic county reviews conducted by the DHCS. No comments were received related to this topic.

PROGRAM REPORTS

Participants were asked what information is useful for stakeholders and program managers to have included in annual county peer support specialist program reports to DHCS. The most common suggestions were:

- Demographics of peers and the population being served (31%)
- Employment data (number of peers employed, type of services provided, hours worked, work setting, caseload, salary, complaints and appeals data, retention of peers) (28%)
- Career opportunities and progression for peer support specialists and supervisors (12%)
- Efficacy of peer roles (11%)