

The background features a purple-tinted image of a stethoscope on a desk next to a line graph. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The line graph shows a fluctuating trend. The overall aesthetic is professional and medical.

# Supervision of Medi-Cal Peer Support Specialists

Tuesday, May 17, 2022  
3:00 p.m. – 4:00 p.m.

# Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
  - » Become a **DHCS Coverage Ambassador**
  - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
  - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

# DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately.**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners.
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

# Featured Presenters

- » **Mia Nafziger**, *Senior Policy Consultant*, Integrated Care, Aurrera Health Group
- » **Keris Jän Myrick**, *Director*, National Association of Peer Supporters
- » **Jason Robison**, *Chief Program Officer*, SHARE! (Self-Help And Recovery Exchange)
- » **Khatera Aslami Tamplen**, *Office of Peer Support Services Manager*, Alameda County Behavioral Health

# Agenda

- » Department of Health Care Services Guidance
- » National Landscape of Peer Supervision
- » Best Practices in Peer Supervision
- » Peer Supervision in Alameda County
- » Questions

# Department of Health Care Services Guidance for Medi-Cal Peer Support Specialist Supervisors

**Mia Nafziger**, *Senior Policy Consultant*  
Integrated Care, Aurrera Health Group

# Senate Bill 803

- » Senate Bill 803 (SB 803) (Beall, Chapter 150, Statutes of 2020) authorized DHCS to add peer support specialists as a Medi-Cal provider type and peer support services as a Medi-Cal benefit.
- » Effective July 1, 2022, peer support specialist services will be an optional behavioral health Medi-Cal benefit in California.

# Peer Support Specialists Outside of Medi-Cal

- » SB 803 does not impact peer programs under other funding sources.
- » Counties may continue to provide peer services through other funding streams.
- » [BHIN 20-056](#) identifies the range of funding sources for peer support specialists that are available outside of the Medi-Cal program.
- » Examples of other funding streams:
  - » Private health insurance
  - » Grants
  - » Self-pay



# County Role in Medi-Cal Peer Support Specialist Services

- » Each county may decide whether to opt into this benefit.
- » Counties are responsible for implementing the Medi-Cal peer support specialist services benefit.
- » Interested peers and peer-run organizations should work with their county Behavioral Health Department to bill Medi-Cal for peer support specialist services.

# Certification Programs for Medi-Cal Peer Support Specialists

- » To receive Medi-Cal reimbursement, peer support specialists must become certified as a Medi-Cal Peer Support Specialist in California.
- » Counties are responsible for implementing certification programs.
- » Counties may implement their own certification program or select an entity to provide a certification program for their county.

# Supervisor Training Requirements

- » An individual may be a Peer Support Specialist Supervisor if they have completed a DHCS-approved peer support supervisory training curriculum and meet **at least one** of the below qualifications:
  - » Have a Medi-Cal Peer Support Specialist Certification Program certification **and** two years of experience working in the behavioral health system; **OR**
  - » Have worked as a non-peer behavioral health professional (including registered and certified SUD counselors) in the behavioral health system for a minimum of two years; **OR**
  - » Have a high school diploma **or** GED **and** four years of behavioral health direct service experience that may include peer support services.

# Supervisor Training Requirements

- » Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved peer support supervisory training curriculum within 60 days of beginning to supervise Medi-Cal Peer Support Specialists.
- » Supervisors must take the DHCS-approved peer support supervisory training at least once, with ongoing training incorporated into a county's regular continuing education requirements.

# Peer Supervisor Curriculum

- » Counties are responsible for designating a peer supervisor curriculum for peer supervisors in their county.
- » See [BHIN 22-018](#) for additional information.

# National Landscape of Peer Supervision

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, ranging from a deep magenta to a light lavender. The bands flow across the width of the slide, creating a sense of movement and depth.

**Keris Jän Myrick**, *Director*, National Association of Peer Supporters



**HELP**

**SUPPORT**

**ADVICE**

**GUIDANCE**

**SUPERVISION**

# Government Accountability Office



United States Government Accountability Office  
Report to Congressional Committees

November 2018

## MENTAL HEALTH

### Leading Practices for State Programs to Certify Peer Support Specialists

#### Six Leading Practices for Programs that Certify Peer Support Specialists Identified by Program Officials from Selected States



##### PRACTICE 1: Systematic screening of applicants

The program should have a systematic and objective screening process to assess the applicant's understanding of recovery and the peer role.



##### PRACTICE 2: Conducting core training in-person

The program should offer—or ensure approved training vendors offer—in-person core training to foster relationship building and allow peers to develop and practice their interpersonal skills.



##### PRACTICE 3: Incorporating physical health and wellness into training or continuing education

The program should ensure that peer support specialists are trained during core training or continuing education to help others manage their physical health in addition to their mental health.



##### PRACTICE 4: Preparing organizations to effectively use peers

The program should have efforts in place to educate staff at provider organizations about the peer support role and should help ensure that supervisors are prepared to supervise peers.



##### PRACTICE 5: Continuing education requirements specific to peer support

The program should ensure that peer support specialists take continuing education that is specific to the peer support role.



##### PRACTICE 6: Engaging peers in the leadership and development of certification programs

The program should ensure that peer support specialists who have been certified and are working in the field are involved throughout the certification process, including helping screen applicants, providing training, or developing curricula.



# Supervision for Peer Workers

## Supervisor of Peer Workers Summary

- Peer workers fill new and unique roles in the behavioral health work force
- Supervision of peer workers is not dramatically different from supervising other roles, but there are specific competencies these supervisors need
- Supervisors of peer workers need to develop their knowledge of peer roles and practices, embrace a recovery orientation, and advocate for the integration of peer workers



## Supervision of Peer Workers



[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf)

# Self-Assessment



## Supervisor of Peer Workers Self-Assessment

This Supervisor of Peer Workers Self-Assessment is designed to help you reflect on your own supervision practice and identify areas you would like to develop to become a more effective supervisor of peer workers. For areas that are learning needs, speak to your supervisor about strategies for learning the needed competencies.

### Rating Scale

1. **Professional Learning Need**—I don't know how to do this
2. **Personal Learning need**—I know how to do this but unable to make it happen
3. **Sporadically Competent**—I occasionally do this fine
4. **Consistently Competent**—This has become a part of my natural way of doing things
5. **Mastery**—I can role model this and can teach it to others

[https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-2-self-assessment-cp9.pdf)

# Survey

Supervisory knowledge and skills		Learning need		Competent		Mastery
		1	2	3	4	5
1.	I understand and can clarify organizational systems, structures and processes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I understand the values and practice of peer support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I understand the roles and responsibilities of peer support workers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I can maintain a balance between the administrative, educational, and supportive functions of supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I can establish a relationship characterized by trust and mutuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I can provide an environment that promotes reflection on peer support practice and ethics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I can help a person set and plan for the achievement of professional goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	I can teach and model skills needed for effective peer practice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	I can deliver strengths-based supervision and can use affirmations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	I can give feedback that assists the person in recognizing a professional development need	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	I can advocate for recovery-oriented services within the agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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# N.A.P.S.



HOME

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## Our Mission

Our mission is to grow the peer support profession by promoting the inclusion of peer specialists throughout healthcare and other community systems in the United States.

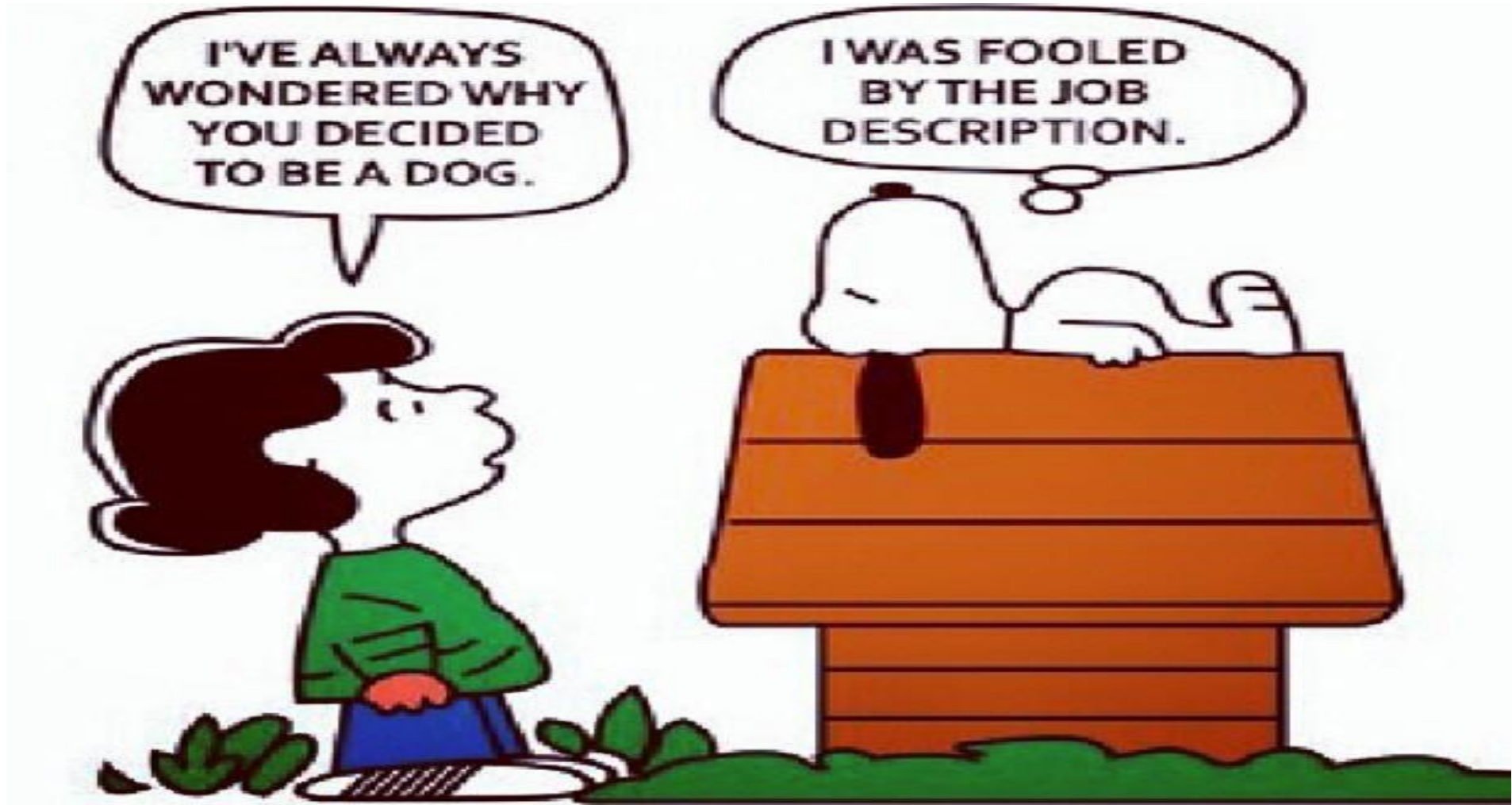


## Our Vision

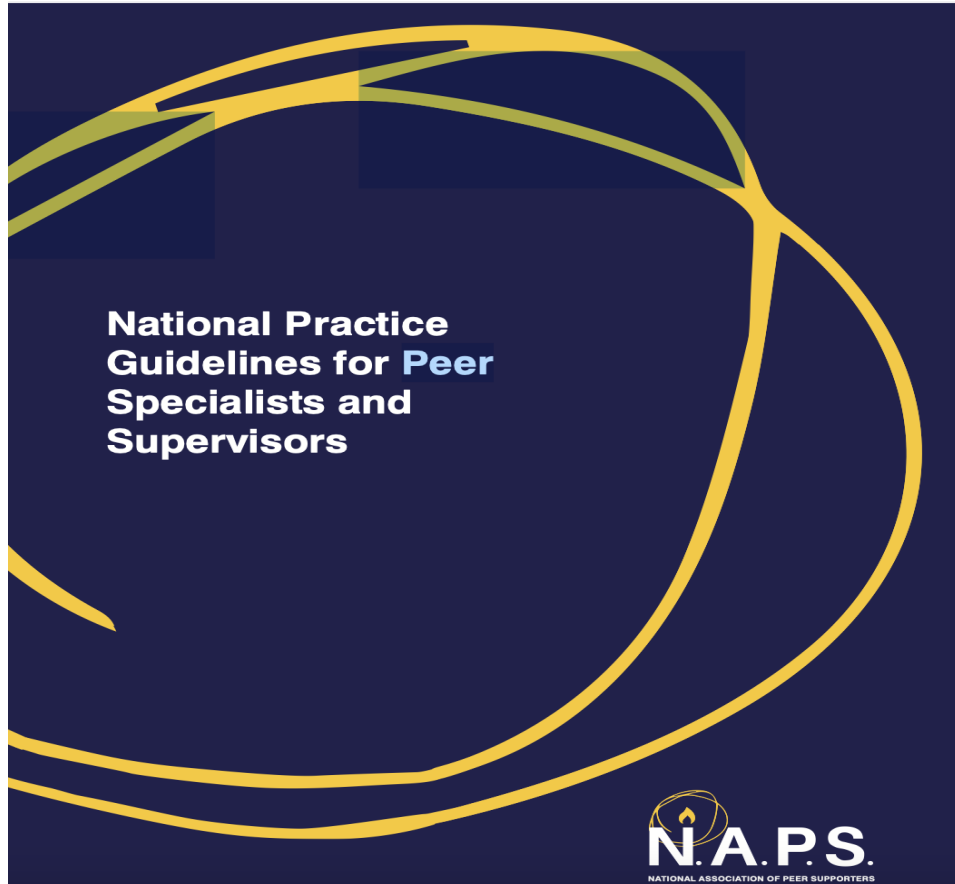
Our vision is that peer support is a viable option for anyone who wants the mutuality of a compassionate peer support relationship.

<https://www.peersupportworks.org>

# ROLE CLARITY



# National Practice Guidelines



## Purpose and Scope

The purpose of the added guidelines for supervisors is to educate supervisors about the core peer support values as applied in supervisory relationships. The NPG-S describe the supervisor's role and offer practical tips about how supervisors can help peer support specialists remain true to the values outlined in the original NPG.

The NPG-S are written for all supervisors, whether or not they have previously worked as peer support specialists. The NPG-S may be used to educate and/or advocate. They may be used as a self-assessment for supervisors to improve the supervision experience. The NPG-S can be used to educate management and executive leadership about the values of peer support and to advocate for increased promotion of these values in practice.

These guidelines **do not address** general topics in supervision beyond the values of peer support. While some tips in the NPG-S apply to all staff, their purpose is to educate (or remind) supervisors and peer support specialists of peer support values.

<https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf>

# Core Values

## CORE VALUES

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In addition to SAMHSA's Working Definition and Guiding Principles of Recovery, core values have been ratified by peer supporters across the U.S. as the core ethical values for peer support practice: With 98% agreement among nearly 1,000 peer supporters responding to surveys and participating in focus groups, the following 12 core values were identified and validated as a basis for this work:

1. Peer support is voluntary
2. Peer supporters are hopeful
3. Peer supporters are open minded
4. Peer supporters are empathetic
5. Peer supporters are respectful
6. Peer supporters facilitate change
7. Peer supporters are honest and direct
8. Peer support is mutual and reciprocal
9. Peer support is equally shared power
10. Peer support is strengths-focused
11. Peer support is transparent
12. Peer support is person-drive

<https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf>

# Peer Support is Voluntary



CORE VALUE 1

## Peer Support Is Voluntary

National Practice Guidelines for Peer Specialists and Supervisors | 4

Recovery is a personal choice. The most basic value of peer support is that people freely choose to give or receive support. Being coerced, forced or pressured is against the nature of genuine peer support.

The voluntary nature of peer support makes it easier to build trust and connections with another.

PEER SUPPORTER GUIDELINES	SUPERVISOR GUIDELINES
<p><b>Practice: Support Choice</b></p> <ul style="list-style-type: none"><li>Peer supporters do not force or coerce others to participate in peer support services or any other service.</li><li>Peer supporters respect the rights of those they support to choose or cease support services or use the peer support services from a different peer supporter.</li><li>Peer supporters also have the right to choose not to work with individuals with a particular background if the peer supporter's personal issues or lack of expertise could interfere with the ability to provide effective support to these individuals. <p>In these situations, the peer supporter would refer the individuals to other peer supporters or other service providers to provide assistance with the individuals' interests and desires.</p></li><li>Peer supporters advocate for choice when they observe coercion in any mental health or substance use service setting.</li></ul>	<p>The supervisor role is to:</p> <ul style="list-style-type: none"><li>Encourage peer support specialists in promoting individuals' choices including becoming more knowledgeable about <b>trauma-informed</b> approaches that reduce or eliminate force and coercion to create a safer environment for all.</li><li>Explore peer support specialists' choices about how they might or might not choose to work with certain individuals, especially if there are issues related to dual relationships or trauma.</li><li>Provide guidance to peer support specialists when they are advocating for choice or speaking up when coercion occurs, especially when it is subtle or systemic.</li></ul>



# National Landscape of Peer Supervision



Keris Jän Myrick, M.B.A., M.S.,  
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National Association of Peer Supporters  
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# Best Practices in Peer Supervision

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**Jason Robison**, *Chief Program Officer, SHARE!*

# Supervising the Peer Workforce

- » Effective supervision of the Peer Workforce is an essential component of a robust public behavioral health system.
- » Peer Services are an evidence-based practice.
- » Supervisors of Peer Services in California will be required to be trained in supervision using SAMHSA's Core Fundamentals.
- » Historically, implementation of Peer Services has lacked fidelity to the values and core competencies of Peer Support.
- » To remedy this inconsistency, the Supervision of the Peer Workforce Project identified specific problematic practices and best practices for supervision and for Managers and Administrators.

# **SAMHSA's Core Fundamentals (Competencies) for Supervisors**

1. Understands Peer Roles and Practices
2. Have Recovery-Orientation and Model Recovery-Oriented Practices
3. Development of the Unique Knowledge and Skills Needed for Peer Support Practice
4. Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity
5. Use Strengths-based Supervision
6. Provide a Space to Address Ethical and Boundary Issues
7. Advocate for the Integration of Peer Workers in the Workplace

# Best Practices in Supervision of Peer Services

- » Recognition of the impact of traumatic histories on all staff, including peer workers, supervisors and the people being served.
- » Collaborative supervision such as the Developmental Model of Supervision.
- » Tracking data using a “Kaizen” approach of continuous improvement based on data.
- » Continuous training and management actions that reinforce the importance of Peer Services for the best outcomes for the people being served.
- » Rewarding all staff including peer workers for success and celebrating failure as a path to learning.

# Best Practices in Supervision of Peer Services

- » Incorporating Peer Services into treatment plans, programs, interventions and other agency activities.
- » Encouraging staff including peer workers to join self-help support groups and/or a peer worker support group to have a place to share issues at work.
- » Conducting regularly scheduled supervisory meetings.
- » Incorporate the tools we expect peers to use in their work into the supervision process.

# Best Practices in Supervision of Peer Services

- » Ensuring supervisors of peer workers:
  - » Have prior experience/knowledge of peer support work
    - » Are willing to supervise
    - » Are knowledgeable about supervision concepts and practices
  - » Receive ongoing supervision
  - » Understand the difference between supervision and clinical support

# Best Practices for Managers and Administrators

- » Involve peers as you would other staff in the organization's decision-making process.
- » Champion peer services and their importance.
- » Work to eliminate stigma and discrimination from your agency.
  - » Study after study shows that mental health providers have more stigma against people with mental health issues than the general public,
- » Supporting the supervisors of all staff including peer workers, so they are not marginalized or treated as having a less important job because they are supervising peer workers.



# Best Practices for Managers and Administrators

- » Do not isolate Peer Workers. Having two or more working together works best.
- » Consider hiring executive coaches for new supervisors of Peers. Executive Service Corps can help. <http://www.escus.org/>
- » Inform all your staff about evidence-based Peer Services and how they can help the people you serve.
  - » This should include the fact that peer worker boundaries and ethics are different than professional boundaries.

# Best Practices for Managers and Administrators

- » For managers and administrators overseeing peer programs, requiring them to attend a self-help support group relevant to their own issues at least six times to develop competency in understanding the nature of peer relationships.
- » Create a coalition of peer supervisors from yours and other agencies to provide support to one another.
- » Supervisors may benefit from training about organizational structure, organizational culture, and how change occurs.

# Best Practices for Managers and Administrators

- » Promote diversity and inclusion by identifying and deactivating workplace equity barriers regarding race, ethnicity, culture, gender, sexuality, age, or other aspects.
- » Organizational leaders, managers and staff understand and address particular ways inequity may be expressed in employee roles, such as ageism towards youth and/or older people, or hiring barriers against criminal justice-involved peers because of previous actions and convictions.
- » See that peer worker compensation is equitable relative to other organizational roles and positions.
- » Documentation and billing paperwork needs to be in line with Peer Services, as activities and notes often are different from clinical services.

# Problematic Practices in Supervision of Peer Workers

- » Lack of training on the value and importance of Peer Services.
- » Using mistakes and failures as justification to reduce peer worker responsibilities or autonomy.
- » Limiting peer work to mundane tasks.
- » Segregating peer workers from other staff.
- » Requiring that peer workers maintain distance and/or clinical boundaries with the people they serve.
- » Training peer workers in clinical practices and defining their role as clinical assistants.

# Problematic Practices in Supervision of Peer Workers

- » Failing to recognize traumatic histories of peer workers and supervisors.
- » Exclusively authoritative supervision.
- » Undermining peer worker confidence by repeatedly asking if they are OK, overwhelmed, needing time off, taking their meds, etc.
- » Devaluing the role of the supervisor of peer workers.
- » Lack of education about Peer Services, recovery, recovery values and peer workers.

# Problematic Practices in Supervision of Peer Workers

- » One of the most problematic barriers to effective implementation of Peer Services in the public behavioral health system is stigma in the workplace.
- » People with mental health issues are the targets of stigma and discrimination.
- » Historically, the public behavioral health system has intensified people's experiences of stigma and discrimination in providing services that lack consumer choice, consumer feedback, and a robust stakeholder process.
- » The emerging workforce of peer specialists often experience stigma as individuals and groups.
- » Peer Services are added to behavioral health contracts without adequately involving agencies in understanding why.

# Peer Supervision in Alameda County

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**Khatera Aslami Tamplen**, *Office of Peer Support Services Manager*,  
Alameda County Behavioral Health

# Alameda County Behavioral Health

## Supervision of Peer Support Specialists & Family Peer Supporters

- » Monthly SB 803 Implementation Meetings with Stakeholders
- » Develop policy aligned with [BHIN 22-026](#)
  - » Ensure all supervisors of peer support specialists (PSS) & family peer support (FPS) have Peer/Family Supervisory training
- » Provide ongoing access to supervision trainings



# **Alameda County Behavioral Health Supervision of Peer Support Specialists & Family Peer Supporters**

- » Encourage providers to hire PSS & FPS as supervisors
  - » PSS & FPS are “registered” in accordance with applicable State of California licensure requirements (i.e. active Medi-Cal PSS Certification), and are listed as a qualified provider in the State Plan.
  - » PSS & FPS can be supervisors of peer supporters and family supporters.

# Questions

- » Please submit your questions through the GoToWebinar portal.
- » Questions after the presentation regarding the peers benefit may be submitted to your County Support Liaison.



A screenshot of the GoToWebinar interface. The top window is titled 'Audio' and shows 'Computer audio' selected, 'Phone call' unselected, and a 'MUTED' status. Below this is a volume bar and a 'Receive' dropdown menu. The bottom window is titled 'Questions' and contains a text input field with the placeholder '[Enter a question for staff]' and a 'Send' button. The interface also shows 'Talking: Liz Davis' and 'Webinar Housekeeping' information at the bottom.