



Workforce and Employment Committee March 2021 Letter #2 to DHCS Re: Peer Certification

March 16, 2021

Marlies Perez, Chief of Community Services
California Department of Health Care Services
1501 Capitol Avenue Sacramento, CA 95814

CHAIRPERSON
Noel J. O'Neill

EXECUTIVE OFFICER
Jane Adcock

- **Advocacy**
- **Evaluation**
- **Inclusion**

Dear Ms. Perez:

The California Behavioral Health Planning Council thanks you for the opportunity to comment on the design and implementation for the Peer Support Specialist Certification Program. The Council's Workforce and Employment Committee (WEC), in collaboration with community stakeholders, have evaluated the policies proposed by the Department of Health Care Services for the development of Peer Support Specialist Certification in California.

The recommendations provided in this letter are in response to the second DHCS Listening Session regarding the process requirements for setting up a Peer Specialist Certification Program as well as how to initiate and report on the program. These recommendations are culturally responsive to all populations including but not limited to children and families, immigrants and refugees, LGBTQI2S, and ethnically-diverse populations. The WEC requests that peers are included in all aspects of the design, review, implementation and evaluation of this Peer Support Specialist Certification Program. The following are our recommendations:

Process Requirements for Setting up a Certification Program:

Code of Ethics:

The Code of Ethics should be consistent with the scope of work and practice for Peer Support Specialists. The WEC recommends that DHCS review the Code of Ethics of existing peer support programs both within and outside of California such as the [Pennsylvania model](#) and, specifically, models developed by peer providers. We ask that a draft of the Code of Ethics be shared with stakeholders, including peers, for review and input prior to finalization.

Additionally, the committee recommends that the frequency for peers to affirm the Code of Ethics should be parallel to the requirements of other licensed/certified professions, which typically occurs on a biennial basis.

Initial Certification and Biennial Renewal Process:

More information is needed about the proposed biennial renewal process before the committee can provide input on what additional items need to be added. The WEC requests that a draft of this process be shared with stakeholders for review and input prior to finalization.

Complaints, Corrective Action, Suspension, Revocation, and Appeals:

The WEC has concerns that every county may end up with a different process for complaints, corrective action, suspension, revocation, and appeals. We recommend that DHCS develop a statewide process that counties will use to guide their corrective action plans.

Additionally, the committee believes that the process for investigation of complaints and corrective action should be consistent with existing Medical processes and align with the Code of Ethics for Peer Support Specialists. We highly recommend that DHCS include a Peer Support Specialist or Peer Supervisor as a third-party reviewer in the process for complaints, corrective action, suspension, revocation, and appeals at the state and at the local level to ensure a peer-driven process for this unique provider type.

The WEC would like to view a detailed draft of the process in order to provide feedback before this process is implemented.

Grandfathering:

The WEC recommends that graduates from formally-established, county-recognized peer training programs be grandfathered-in for certification. Currently-employed peers who have not received training through one of the recognized peer training programs should be granted the option to submit a resume that presents their knowledge, skills, and abilities for evaluation by the certifying body using an established checklist of the required knowledge, skills and abilities of the program. The committee suggests that the evaluation process allow for split approval, which involves provisionally approving the individual for grandfathering-in on the condition that they complete any missing core training requirements within a specific timeframe.

For individuals who do not immediately meet the above grandfathering requirements, the WEC recommends that the timeframe to complete the certification exam should be as generous as possible in order to maximize retention of currently-employed peers in the workforce. This would entail a minimum of 12-18 months to complete the certification with flexibility that allows peers to continue working as they complete the certification process.

Additionally, we ask that DHCS be mindful about barriers to peers seeking certification and request the department to include peers in the creation of the grandfathering requirements. We believe that taking these steps will protect the integrity of the Peer Support Specialist position and ensure that individuals are trained and equipped with the tools and skills necessary to

work effectively within the scope of practice for this Medicaid-funded position.

Reciprocity:

The WEC is satisfied with the initial suggestions for reciprocity proposed by DHCS and has no additional suggestions.

County Pilot Program Initiating and Reporting:

Required Submission Items and Periodic Reviews for County Reporting:

The WEC approves of the proposal to include periodic reviews in the county triennial review protocol. We recommend that Peer Training Plans be reviewed within the first 6 months of implementation in order to address any emergent issues of the new pilot program.

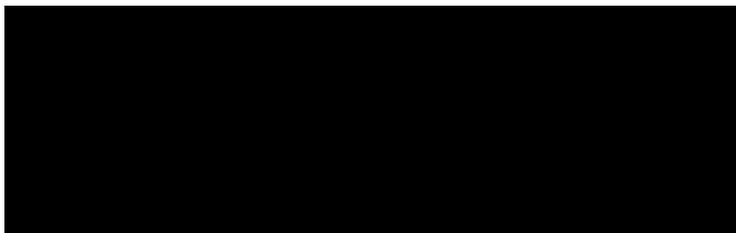
Annual Program Reports:

The committee believes that this topic requires further discussion and would like to work with DHCS and stakeholders, including peers, to determine key outcome measures and data reporting for the Peer Support Specialist certification program.

We appreciate the opportunity to comment on the proposed policies and hope that the recommendations put forth in this letter are useful as you move forward in developing the statewide standards for Peer Specialist Certification. We ask to be included in any future conversations hosted on this topic. If you have any questions, please contact Jane Adcock, Executive Officer, at Jane.Adcock@cbhpc.dhcs.ca.gov.

Cc: Kelly Pfeifer, M.D., Behavioral Health Deputy Director
California Department of Health Care Services

Sincerely,



Noel J. O'Neill, LMFT
Chairperson