



**Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary**  
**Date: Friday, October 16, 2020 | Time: 2:00 p.m. – 4:00 p.m.**

**MHSOAC**  
**1325 J Street, Suite 1700**  
**Sacramento, CA 95814**

**\*\*DRAFT\*\***

**Committee Members:**

**Staff:**

**Other Attendees:**

Reneeta Anthony, Chair Khatera Tamplen Andrea Crook Jean Marie Harris Sally Mandujan Geoff McLennan Hector Ramirez Elizabeth R. Stone Sharon Yates	Kayla Landry Tom Orrock Norma Pate	Elia Gallardo Steve Leoni Keris Myrick Stephanie Ramos Andrea Wagner
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Committee members absent: Mayra Alvarez, Chris Barton, Eve Eichwald, Crystal Harper, Richard Krzyzanowski, Pete Lafollette, Darlene Prettyman, Ruth Tiscareno, and Tina Wooton.

**Welcome, Introductions, and Opening Remarks**

Commissioner Reneeta Anthony, Committee Chair, called the meeting to order at approximately 2:00 p.m. and welcomed everyone. She reviewed the meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and stated a quorum was not present.

**Agenda Item 1: Action – Approval of Meeting Minutes**

This item was tabled to the next meeting due to the lack of a quorum.

**Agenda Item 2: Information – Implementation of Senate Bill 803 (Beall): Peer Certification**

**Presentation on Senate Bill 803:**

- Senator Jim Beall

### **County Comments on Implementing SB 803 Peer Certification**

- Commissioner Khatera Tamplen, Alameda County Behavioral Health
- Keris Myrick, Peers Chief, Los Angeles County Behavioral Health
- Paige Greene, Director of Adult Services, Shasta County

Chair Anthony stated the Committee will hear a presentation on Senate Bill (SB) 803, which was recently signed into law and will establish a peer certification program for California. She thanked Senator Beall for championing this effort for peer certification and asked him to give his presentation.

#### Presentation on SB 803

Senator Jim Beall thanked everyone for their support of SB 803. He provided an overview of the background, COVID-19 effects of mental health, and the role of peer support.

He stated SB 803 will accomplish three major goals:

- It classifies peer services as a distinct provider type, which allows counties to bill for peer services.
- It allows counties to access millions of dollars in matching federal funds.
- It creates statewide training standards, which will allow peers to practice throughout the state.

Senator Beall stated, due to the difficult budget year, a concession had to be made to the original bill – instead of being a statewide program, counties must opt into the peer certification program.

#### Discussion

Mr. McLennan asked if there was discussion for regionalized versus county-only efforts in terms of meeting the peer program needs, particularly for small counties that might need to reach out beyond their borders.

Senator Beall stated there was. He stated it would be an excellent idea to have peer trainings for consortiums of small counties similar to what is done in education and law enforcement.

Chair Anthony thanked Senator Beall for taking time out of his busy schedule to present and answer questions on SB 803.

#### County Comments on Implementing SB 803 Peer Certification

Chair Anthony stated representatives from a large, medium, and small county have been invited to share what counties are thinking about SB 803, what first steps counties will take to implement SB 803, and what the Committee and the Commission can do to support them.

Commissioner Khatera Tamplen, Alameda County Behavioral Health, stated Alameda County has a strong history of supporting trainings and has its own peer specialist training. She shared examples of successful outcomes from the county's peer program. The benefits that SB 803 will bring to the county is not only the statewide certification and the training

standards but is the high-quality trainings and competency standards across the state, more recovery-oriented services, more peer services, and a greater ability to connect and relate to someone who can give the message of hope. The act of doing peer support work is fulfilling and helps maintain recovery. Another benefit is the representation of diversity in the state – the people that are served in communities will have an opportunity to be trained to provide those services back. Alameda County hopes to be engaged at the state level as the process and guidelines are being developed.

Keris Myrick, Peers Chief, Los Angeles County Behavioral Health, stated there are many peer programs, peer-run organizations, and peer respites in Los Angeles County. Although there is not a training academy, four of the peer organizations provide different types of training. It is important to consider the needs to be put in place prior to developing trainings. There are twelve tasks that the Department of Health Care Services (DHCS) is responsible for implementing before the certifying and billing aspects can move forward. According to the statute, the DHCS must solicit stakeholder input in developing those twelve tasks. This needs to be mirrored at the county level.

Ms. Myrick stated counties first need to consider what needs to happen and then get that information out to stakeholders so they can provide input back to the counties on how to make that happen so it is a full stakeholder, inclusive, and participatory process. It is important to create a consistent way to do this by having this as a standing agenda item at meetings so stakeholders receive consistent updates and have the opportunity to give input and feedback. She suggested setting up ad hoc working groups like the Los Angeles County Peer Certification Implementation Working Group. It is also important to ensure that contractor providers are aware of what needs to happen in statute so they can also provide feedback. She stated the county is trying to take a holistic and strategic, intentional participatory effort in its implementation of SB 803.

Rhonda Schultz, Community Development Coordinator, Shasta County, provided the report for Paige Greene, Director of Adult Services, Shasta County, who was unable to be in attendance. Ms. Schultz stated Shasta County has a preexisting structure set up from the MHSA Academy, which was established as a training center, and a stakeholder group that draws from voices across the county. The county is excited to have a reliable, direct, service-revenue stream for peer support and a source that creates a foundational knowledge base for peer support services.

Rhonda Schultz reviewed questions and concerns about the implementation of SB 803 that have been raised in her county:

- Who will pay for the certification fees for preexisting staff and new staff?
- Who will pay for the trainings?
- Will trainings be virtual?
- How to ensure that the same material is delivered during virtual trainings?
- What type of certifications would the county deliver such as specific demographic certifications?

- How will SB 803 mesh with what the county has already established through the Peer Support Academy in Shasta and the other certification programs that are in effect nationally?
- How to keep the integrity and confidentiality with the individuals being served?
- What will documentation look like and how to remain true to peer ethics, which have often dictated no documentation on the services the county provides?
- Are the reimbursement rates going to be good enough for the county to provide the services that it wants to provide?
- Will the demonstration projects be allowed to vary managed care between the different MPPs, what will that variance be, and what will that translate into after the project ends and uniform requirements are laid out?

Executive Director Ewing stated the Commission has been engaging groups of peers to discuss what can be done to support the peer certification process and staff has considered how to engage the DHCS to better understand the steps they are moving forward with and how the Commission can support that work. Suggestions gleaned from the stakeholder engagement process are to increase awareness of the value of peers and to do some of the marketing and outreach to make individuals aware of the opportunities. He suggested doing additional research on the cost-effectiveness of peers, particularly thinking about not just how to provide revenue streams to support the work the peers provide through Medi-Cal, but also through commercial insurance. He stated the need to expand the necessary infrastructure. It is not only about training, it is about ensuring that there are jobs available, which includes making sure that individuals understand why these roles are so important and how they can be supported through many strategies.

Executive Director Ewing stated some of this work can only be done after better understanding what the DHCS has planned. Once that is learned, the Commission can discuss how to fill in gaps, provide support, or be an advocate to support those efforts.

Executive Director Ewing stated FEMA funding has been applied for to support response to the COVID-19 pandemic. Along with an application for FEMA funding to support response to the California wildfires, the proposal includes hiring and training of approximately 600 peer crisis counselors for a nine- to twelve-month timeframe. He stated the timing of this potential funding may not align with the DHCS work to establish the criteria for peer certification. He stated the DHCS will contract with organizations that will do the hiring. A response to the FEMA applications is expected within the next 30 to 60 days.

### Discussion

Chair Anthony asked Committee Members to discuss opportunities and challenges to support the implementation of SB 803.

Mr. McLennan suggested putting together an intergovernmental task force including persons present in today's meeting to begin to address potential problems before they occur.

Ms. Stone suggested that each of the presenters put together a one-page summary of what they currently have in place and what they are building on. She noted that the counties that

presented already have peer programs in place that will be amplified during the implementation of SB 803, but this is not the case for many counties. Detailed guidance needs to be created for counties that have nothing in place yet.

Executive Director Ewing stated the need to first learn the rules that the DHCS is working on to implement the law. He stated the difference between counties is not necessarily a deficit; it just means it must be responded to.

Ms. Stone stated the difference between counties is not only in size but it is also the way individuals who have been identified as having lived experience is perceived. This influences how open stakeholders are to listening about peers having expertise.

Ms. Myrick suggested discussing how to set a foundation, how to get everyone on the same page about what a peer is, what they do, what some of the outcomes evidence, how to supervise a peer, and how to help peers document according to the standards and expectations. She stated Los Angeles has a virtual learning community called Supervisors and Peers, or SuPeers, as a way to learn together. She suggested creating a learning community as part of the process of peer certification implementation for counties to learn from each other.

Ms. Harris agreed with developing an intergovernmental task force and including the DHCS to share information. She suggested gathering best practices from other entities that are already doing this as a learning tool to see where gaps can be filled.

Ms. Myrick stated the University of Texas has a compendium of the certification processes and trainings for the 48 other states that do this work and SAMHSA put that compendium on a searchable database.

Ms. Harris asked if family members can be part of the peer support specialist designation to help family members be better equipped to support individuals experiencing mental illness.

Executive Director Ewing stated there are many questions yet to be answered.

#### Public Comment

Stephanie Ramos, Communications Director, Cal Voices, asked about the Commission's influence in this process. Stakeholders have information and helpful resources. Learning where to steer those efforts would be helpful. OSHPD has released over six funding opportunities for agencies to develop and implement peer training and placement programs. It has over twelve organizations that have been creating and providing peer training, finding placements, providing technical assistance and mentorship. The speaker suggested finding opportunities to get those organizations together to learn about successes and challenges to help guide efforts of counties.

Stephanie Ramos stated Mental Health America has a national certification called the National Peer Specialist Certification and has approved training sites in California.

Stephanie Ramos stated there will be a large need for technical assistance. Although guidelines will be helpful, support on the ground will be necessary for counties to reach out to for help in working through issues once they have peers and, more importantly, how to address those issues before they even bring peers on board. Readiness is an issue that is

not discussed. The speaker cautioned against doing this too quickly without readying the existing workforce to see an influx of peers coming into the system. The speaker agreed with committees and task forces but stated the need for specific committees to be meeting such as one to discuss what the certification process looks like, having another group look at the training components, another to look at how to ensure fidelity is met, and another looking at supervision and classifications. Pooling expertise is important to keep from recreating challenges that have already been experienced.

Andrea Wagner, Program Manager, Lived Experience Advocacy and Diversity (LEAD), California Association of Mental Health Peer-Run Organizations (CAMHPRO), referred to the handout in the meeting packet and asked about “counties providing program oversight” and “the law determining clinical supervision requirements.” The speaker stated they did not see these items in the law. The speaker asked for clarification on “establishing a code of ethics.” The speaker asked how an individual can advocate in the planning and implementation process and how to keep track of what is going on at the DHCS. It is important to also train supervisors to know what their role is, why they are there, and what they are doing.

Steve Leoni, consumer and advocate, heartily endorsed having a robust engagement with the DHCS during this process. The DHCS as an organization tends not to respond to concepts such as recovery and peer involvement and they tend toward tokenism in their stakeholder process. The speaker stated the California Advancing and Innovating Medi-Cal (CalAIM) was put on suspension during the COVID-19 pandemic but will start up again next year, which will result in changes that will be more friendly to the goals of SB 803. The speaker stated the Commission had an innovation project two years ago in Los Angeles County to see how things could be done without Medi-Cal. The speaker suggested seeing how peer certification fits within that model without the restrictions of Medi-Cal billing. The speaker encouraged being bold like Carol Patterson, one of the pioneers of the peer movement, who had peers in acute hospital wards in San Francisco.

Elia Gallardo, County Behavioral Health Directors Association (CBHDA), stated, as one of the co-sponsors for SB 803, the language in the bill was carefully negotiated and compromises had to be made to get the bill passed. Ultimately, the ability was gained to have DHCS develop the statewide standards, curriculum, and training requirements in order to create the profession of Peer Support Specialist within Medi-Cal. The CMS requires that the state adopt these standards in order to secure Medi-Cal reimbursement.

## **Wrap-Up and Adjourn**

Ms. Crook asked about establishing Committee priorities and stated the need to ensure a robust community planning process in every county.

Chair Anthony stated that will be up to the next Chair and Committee appointees since her term will soon end.

Chair Anthony stated the next Committee meeting is scheduled for December 9<sup>th</sup> from 2:00 p.m. to 4:00 p.m. The meeting adjourned at approximately 4:00 p.m.