



Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: Thursday, August 19, 2021 | Time: 1:00 p.m. – 3:00 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:

Staff:

Other Attendees:

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| Khatera Tamplen, Chair Hufsa Ahmad Donella Hyrkas Ceerle Rayshell Chambers Emery Cowan Claribette Del Rosario Kellie Jack Richard Krzyzanowski Rose Lopez Kontrena McPheter Beajae North Larisa Owen Jason Robison | Toby Ewing Kayla Landry Matthew Lieberman Tom Orrock Norma Pate Maureen Reilly | Elizabeth Elissa Feld Elia Gallardo Richard Gallo Mark Karmatz Ramanah Ravi Min Suh Ruth Tiscareno Andrea Wagner Carol West |
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Committee members absent: Tina Wooton, Kylene Hashimoto, Susan Wynd Novotny, Jules Plumadore, and Share Yates

[Note: Agenda Item 3 was taken out of order. These minutes reflect this Agenda Item as listed on the agenda and not as taken in chronological order.]

Welcome and Opening Remarks

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m. and welcomed everyone. She reviewed the meeting agenda and meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and confirmed the presence of a quorum.

Agenda Item 1: Action – Approval of Meeting Minutes

Chair Tamplen asked for a motion to approve the meeting minutes for the June 17, 2021, CFLC meeting.

Committee Member Krzyzanowski made a motion to approve the minutes as presented. The motion was seconded by Committee Member Cowan.

Vote recorded with participating members as follows:

- Approve: Committee Members Cecrle, Chambers, Cowan, Del Rosario, Krzyzanowski, Lopez, McPheter, North, Owen, and Robison, and Chair Tamplen.
- Abstain: Committee Member Ahmad

Agenda Item 2: Presentation – Update on the Implementation of Senate Bill 803 Peer Specialist Certification

Presenter:

- Sally Zinman, California Association of Mental Health Peer-Run Organizations

Chair Tamplen stated the Committee will hear an update on implementation efforts underway on Senate Bill (SB) 803 from the California Association of Mental Health Peer Run Organizations (CAMHPRO). She stated Andrea Wagner will give the presentation in place of Sally Zinman, who was unable to be in attendance.

Andrea Wagner, Program Manager, Lived Experience, Advocacy, and Diversity (LEAD), CAMHPRO, provided an overview of the background, process, grants to build peer infrastructure and workforce, and next steps of the implementation of SB 803. She noted that SB 803 is not a statewide certification but is up to individual counties that agree to pay the initial match funding for Medi-Cal to opt in. The Department of Health Care Services (DHCS) put forth Behavioral Health Information Notice (BHIN) 21-041 to counties on July 22, 2021, as a guideline on implementation. The BHIN outlined the option to accept the County Behavioral Health Directors Association of California (CBHDA) recommendation to have the California Mental Health Services Authority (Caltha) be the representation agency for counties.

Ms. Wagner stated 44 peer-run organizations were awarded in the first round of grants. The second round for start-up peer-run organizations is due on August 25th. She stated CalMHSA recently requested statements of qualification for peer support specialist certification training, which is due by August 31st. CAMHPRO plans to question the recommendation that training entities be for regional or multicounty trainings. Some trainings are county-based and should be included to address cultural concerns.

Ms. Wagner stated CAMHPRO was awarded a contract as part of the Peer Workforce Expansion Program to provide technical assistance and training to the DHCS, CalMHSA, and counties for the implementation rollout. A general meeting is planned for September.

Discussion

Committee Member Krzyzanowski stated the ongoing issue of describing individuals with lived experience as peers. He stated concern about the distinction not being made between individuals with lived experience and family members of individuals with lived experience.

Committee Member Robison stated the distinction of specializations in all scopes of peer services will gain clarity as training is scaled and standardized. As noted in the presentation, CAMHPRO will provide technical assistance to counties through the Peer Workforce Investment Project. He stated the Self-Help and Recovery Exchange (SHARE!) will also provide technical assistance by training the 44 grantee organizations in peer support in the first round. Those trainings will include categories for peer to peer, parent of an adult to parent of an adult, and family member to family member. SHARE! will train on peer practices in each of those areas so individuals will develop competency in their scope of services. He stated the hope that, as trainings are standardized, the scopes of practice will also be standardized as SB 803 certification is rolled out.

Chair Tamplen suggested contacting CalMHSA to ensure counties meet all necessary policies and procedures that CalMHSA is responsible for as a certifying body to represent counties during this process.

Committee Member Cowan stated the document sent to Committee Members is the most concise information seen about SB 803. She asked for further details on what counties need to do to opt in.

Andrea Wagner suggested advocating with local county directors who are members of CalMHSA about trainings and testing. The next step for counties is to work with CalMHSA on a report outlining each county's implementation process to be submitted to the DHCS by November 19th.

Chair Tamplen encouraged everyone to reach out to their local office of consumer empowerment, office of family empowerment, and office of peer support services that represent directors on behalf of each county.

Public Comment

Carol West, Sonoma County, stated their county would like to opt in. Counties are confused what that will look like since no paperwork has been sent out.

Elia Gallardo, Director of Governmental Affairs, CBHDA, stated stakeholder input was against county-by-county certification programs. Also, no counties indicated that they wanted to do a peer certification program on their own. Counties will require a statewide certifying body. CalMHSA was chosen by all counties to lift up one certification program to be available statewide. CalMHSA will certify peer support specialists to be Medi-Cal-billable individuals. Anyone who is certified in counties that choose to participate in the program can operate in that county. Counties will have the choice on whether they will or will not pay the non-federal share of Medicaid for peer support services.

Elia Gallardo stated CalMHSA trainings will include specific specializations such as family peer support and justice-involved populations.

Chair Tamplen asked about county-funded organizations that have been providing peer training for years.

Elia Gallardo stated CalMHSA will select the organizations that will provide the trainings, which must comply with statewide guidance. The speaker agreed with counties reaching out to CalMHSA since they will be the certifying body.

Mark Karmatz, consumer and advocate, asked if Project Return Peer Support Network (PRPSN) and other organizations will be involved in the trainings for organizations. The speaker suggested having monthly leadership meetings.

Chair Tamplen asked Committee Member Robison to contact Mark Karmatz offline.

Richard Gallo, consumer and advocate, stated concern that counties often hire clinicians in supervisory roles. The supervisor supervising peer workers needs to be a person with lived experience in order to have successful programs.

Chair Tamplen agreed and added that nonprofit organizations that hire peer support specialists also need to hire persons with lived experience in the supervisory role.

[Note: Agenda Item 3 was taken out of order and was heard after Agenda Item 4.]

Agenda Item 3: Presentation – Peer Certification Implementation Guide Example

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Tamplen stated the Committee will hear a presentation and review an implementation guide from the school-based mental health programs, which could guide the design of the Peer Specialist Implementation Guide.

Mr. Orrock shared an example of an implementation guide from the school-based mental health programs, which was created to help school districts, county offices of education, and county behavioral health departments partner together and to provide helpful resources. He reviewed the online California Student Mental Health Implementation Guide and suggested using it as a template to create a Peer Specialist Implementation Guide with categories such as code of ethics, supervision standards, practice guidelines, and Medi-Cal billing strategies. Users click on the sections to find information and resources with clickable links for each category.

Mr. Orrock stated the need to avoid redundancy by clarifying what is currently being done to provide technical assistance to counties through the use of something like an implementation guide.

Chair Tamplen suggested including categories in the implementation guide on policies, research, and job descriptions around the state that represent peer and parent practices.

Mr. Orrock invited everyone to send resources that may be helpful to counties, supervisors, and peers to staff to be included in the implementation guide.

Public Comment

Carol West suggested including sections on frequently asked questions and Medi-Cal billing and the non-federal share to help counties better understand the cost of implementing peer certification.

Ramanah, family member, asked about the plan to include the private sector in providing these services.

Agenda Item 4: Presentation: Peer Specialist Certification Program Update

Presenter:

- Ilana Rub, Health Program Specialist II, California Department of Health Care Services

Chair Tamplen stated the Committee will hear a presentation on the Peer Specialist Certification Program with implementation updates and comments on rates and billing processes for peer providers.

Ilana Rub, Health Program Specialist II, Community Services Division, DHCS, provided an overview, with a slide presentation, of the DHCS peer certification timeline, SB 803 requirements and certification standards, and BHIN 21-041 certification guidelines for the Medi-Cal Peer Support Specialist Certification Program. She noted that the goal is for peers to supervise peers with proper training and support. Additional requirements have been put in place for counties where this may not be available or practical. An advisory council is currently being set up and is discussing curriculum development and other components that will be part of the program plan for certification of peers. Participating counties are encouraged to provide their input.

Discussion

Committee Member Ahmad responded to a public comment made in Agenda Item 2 by noting that clinicians can also have lived experience. Clinicians should not be ruled out but should be seen as partners. A division between peers and clinicians is unhealthy.

Committee Member Ahmad stated one of her biggest concerns is that the documentation required of peers will be extensive, time-consuming, and a barrier. She emphasized the need for documentation for peers to cover the main requirements and yet be simple and easy to complete. She stated the need to protect valuable and capable peers who provide excellent services by removing unnecessary barriers. It is important that supervision does not become about documentation.

Committee Member Ahmad spoke against productivity requirements for peers. It causes increased stress, heavy turnover, and is counterproductive. Peers should focus on services, not on documentation or productivity. Peers have a tendency to be taken advantage of and need to be protected to guard against this from the beginning.

Committee Member Jack asked if the training curriculum will be left for counties to determine.

Ms. Rub stated CalMHSAs have a Request for Statement of Qualifications (RFSQ) out for training providers. Announcements will be made after that process has been completed.

Committee Member Krzyzanowski asked if a background check is required for certification or for peers to work in certain settings.

Ms. Rub stated the state does not have a requirement for background checks for certification.

Committee Member Robison provided details about background checks in the workforce.

Public Comment

Ravi, Central Intersections Initiative (CII), stated housing issues contribute to the deterioration of mental health. There currently is no way to teach about statewide housing resources, which greatly vary by county. The speaker stated the need for a county housing resource guide and asked this Committee to advocate for state oversight of that guide to ensure that counties provide accurate and up-to-date resources.

Ravi stated the Recovery Education Institute provides a nine-week, 54-hour peer support specialist training. The CII has been working with them to include a housing module in their curriculum. The speaker suggested that the housing module be included as a core part of the general peer support specialist certification process.

Ravi asked that housing be expressly referenced in the current core competencies to avoid glossing over that needed information by amending number 14 to include that peer support specialists understand “navigation of and referral to other services, including but not limited to housing.”

Andrea Wagner agreed with Committee Member Ahmad about documentation but for a different reason. It is less about peers being burdened by documentation and is more about documentation not fitting into the peer role as best practices for peer support specialists.

Andrea Wagner asked if each county will have a separate implementation plan or if there will be one general plan from CalMHSA.

Ms. Rub stated the implementation plan submitted by CalMHSA will be on behalf of the state and will not necessarily reflect each county’s individual request. The idea is to standardize the certification program. This does not preclude counties to add pieces specific to their county. She suggested having this discussion with CalMHSA’s advisory group.

Elizabeth stated there is confusion among family members and other specializations on whether they will be required to complete the 80 hours of basic peer support specialist training along with the additional specialization for parent partners and family members.

Ms. Rub stated anyone receiving the certification will be required to participate in the 80 hours of training. Any areas of specialization will be optional.

Elizabeth asked for clarification on the training, which no longer seems to include a practical or field-based component.

Ms. Rub stated the DHCS encourages didactic learning within the training curriculum and hopes that will take shape into a variety of ways.

Ruth Tiscareno spoke in support of working in the private sector with less emphasis on documentation. The speaker asked for training and support in that area and that providers will understand the difference between peers and family members.

Min Suh stated the need for clarification for counties getting ready for peer certification implementation on family member peers and parent caregiver peers. During the CBHDA work groups, there were requests to add language that consumer peers provide peer support to consumers and parent and family member peers provide peer support to family members. The counties are confused about hiring appropriate peers for programs. Parent and youth partners in the children’s and youth systems of care have been working as peers for some time and are not

considering participating in peer specialist certification. The speaker suggested a work group among counties planning to implement this certification.

Elissa Feld, Senior Policy Analyst, CBHDA, reminded everyone about the DHCS documentation redesign initiative to focus on services, which will help not only peers but all clinicians.

Agenda Item 5: Discussion: Future Agenda Items

Chair Tamplen asked for future agenda items for the next CFLC meeting.

No future agenda items were offered.

Wrap-Up and Adjourn

Committee Member Robison stated he and Sally Zinman wrote a white paper urging the state to set aside 7 percent of MHSA funding specifically for peer services. It is important to acknowledge that SB 803 is only a part of a broader statewide system.

Chair Tamplen stated an additional meeting will be scheduled for Tuesday, September 28th, to focus on the implementation guide. The agenda will be posted on September 17th. She noted that the October 21st CFLC meeting has been rescheduled to Tuesday, October 19th, because of the conflict with the meeting of the California Behavioral Health Planning Council. The meeting adjourned at approximately 3:00 p.m.

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