Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: October 18, 2023 | Time: 1:00 p.m. – 3:00 p.m.

MHSOAC
1812 9th Street
Sacramento, CA 95811

****DRAFT****

Committee Members:	Staff:	Other Attendees:
Khatera Tamplen, Chair Rayshell Chambers, Vice Chair Donella Hyrkas Cecrle Richard Krzyzanowski Larisa Owen Jason Robison Sharon R. Yates	Tom Orrock Norma Pate Lester Robancho Alishia Dauterive	Denise Coleman Kevin Dredge Stacie Hiramoto Desiree Robledo

Committee members absent: Hufsa Ahman, Emery Cowan, Claribette De Rosario, Robyn Gantsweg, Kylene Hashimoto, Rose Lopez, Kontrena McPheter, BeaJae North, Susan Wynd Novotny, and Vanessa Ramos.

Agenda Item 1: Welcome, Announcements, Roll Call, and General Public Comment

Commissioner Rayshell Chambers, Committee Vice Chair, called the meeting to order at approximately 1:00 p.m., welcomed everyone, and reviewed the meeting agenda. She stated Committee Members termed out at the end of 2022; however, new Committee Members have yet to be appointed. She thanked Committee Members for their willingness to attend today's meeting to provide input and perspective on important items currently before the Commission. As the Commission develops and adopts its three-year strategic plan, determinations will be made about the most effective ways for the Commission to hear input from community partners. She stated the hope that Committee Members will participate in the strategic planning process as Commission priorities are set for the coming year.

Lester Robancho, MHSOAC staff, reviewed the meeting protocols, called the roll, and stated a quorum was not present.

General Public Comment

Stacie Hiramoto, Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), stated this meeting conflicts with the Legislative Committee of the California

Behavioral Health Planning Council. It is important that meeting times do not conflict so everyone has the opportunity to participate in both.

Kevin Dredge, mental health advocate, stated the California System of Friday Night Live, the National Alliance on Mental Illness (NAMI), Applied Suicide Prevention Training, and others have agreed to implement the Fentanyl Awareness for Children and Teens in Schools (FACTS) Act. The speaker suggested implementing education into schools using the Song for Charlie campaign. The speaker suggested working collaboratively with Access Sacramento Television and Radio to amplify the message and streamline education on Fentanyl.

Agenda Item 2: Action – June 14, 2023, Meeting Minutes

Vice Chair Chambers tabled this item to the next Committee Meeting due to the lack of a quorum.

Agenda Item 3: Information – Peer Certification: Implementation Update

Vice Chair Chambers stated the Committee will hear an update on the Medi-Cal Peer Support Specialist certification progress. The goal of this Agenda Item is to collect feedback on the certification process to share with the California Mental Health Services Authority (CalMHSA) that can then respond to the feedback.

Committee Member Robison, Chief Program Officer, Self-Help and Recovery Exchange (SHARE!), and on the board of directors for the California Association of Mental Health Peer-Run Organizations (CAMHPRO), provided an update of the implementation of training and certification with the following recommendations:

- There needs to be a more unified approach to organization.

Peers are passing an examination and counties have codes that they can bill, but are in different phases of implementing those codes and determining how the codes will be used; however, unified direction has yet to come from CalMHSA or the Department of Health Care Services (DHCS) on the process.

- Counties need to contract with peer-run organizations.

At the beginning of the process, there was great confusion among individuals with lived experience and peer specialists because peer specialists, who have been working for years, thought their compensation might improve once they were certified. The mechanics of building Medi-Cal are such that Medi-Cal can only be billed from an agency that is certified to do Medi-Cal billing. The process for rolling out this program did not scale capacity in agencies that are able to bill Medi-Cal. This is now happening piecemeal county by county because counties determine how they bill Medi-Cal.

- Focus on fidelity to the peer support model.

Agencies that are ready and already billing Medi-Cal are less likely to orient to the efficacy of peer services because most of what they are doing is clinical services. Shifting those agencies to prevent peer drift is a culture and practice shift that takes years but a process

was not implemented to ensure that happened at CalMHSA or the DHCS. This is not being measured.

- Identify well-defined roles for peers – a clear scope of practice.

The original landscape analysis of the parameters of peer support was not based on evidence-based practices identified as peer support. A current survey of individuals working in peer support roles show that many individuals are already being asked to do something as a peer specialist that is outside the scope of what peer specialist practice is. The landscape analysis that was used to create the examination was flawed from the beginning because it included aspects of both training and practice that are not connected to peer services.

- Consider adopting SAMHSA's standards.

As peer certification expands and moves farther into implementation, efficacy of peer services will need to be tracked to provide model standards for both the training and practices that are aligned to peer services. The Substance Abuse and Mental Health Services Administration (SAMHSA) recently came out with national model standards for peer certification. This Committee needs to advocate for CalMHSA and the DHCS to adopt those standards and practices.

- Training and examination processes need to align with the actual work of peers.

Another gap is that there are perhaps dozens of training vendors that are approved by CalMHSA to provide peer certification training, but the trainings train individuals to pass the examination rather than support competency in the practices of peer support. A workgroup of training vendors needs to be created to look at what is essential and what works in developing competency. This is not being measured.

- Site approval, which can be approved by mentoring.

The best alignment for delivery of peer services is within peer-run organizations; however, many peer-run organizations are not site-certified to bill Medi-Cal. The process to make that happen requires that those organizations have a county contract that can then be amended so the site can bill Medi-Cal services. A pathway has not been created statewide to ensure that the experts in peer service delivery can be included in the delivery of Medi-Cal peer services, because many counties are not offering new contracts to community-based organizations to get them connected so that they can then become certified to bill Medi-Cal. This needs to be worked on at an advocacy level with the Commission, the CFLC, and allies at the state level who can create a uniform pathway that will help scale the delivery of peer services with efficacy to the practice of peer services.

Los Angeles County is looking to try to mentor current organizations like SHARE! and Project Return in getting site certified to bill Medi-Cal. This includes information with many topic areas, such as credentialling, fidelity to practice, workforce scale, and scaling agencies to bill peer services. It is important to find a body that is tracking this because CalMHSA and the DHCS do not provide regular updates and individuals are unable to provide input to them on a regular basis.

- Revisit the grandparenting process.

The grandparenting period has ended. Individuals who missed that period will now need to go through the initial certification process. The grandparenting aspect needs to be revisited because it is likely that, as the workforce is increased, there will continue to be people who have years of experience in providing peer services and have been trained to do peer services. It does a disservice to the people being served and the workforce by requiring individuals to go through the initial certification rather than extending the grandparenting period.

- Supervision of the peer workforce.

Robust training for supervision of the peer workforce is needed with both training and implementation components of what that supervision is. Each county can get a waiver so that they have a person with experience as a peer specialist but not necessarily a license as a mental health-licensed person. With a waiver, that person who is an expert in peer services can supervise peer specialists and the billing of peer support services. This is important. CalMHSA's current training for supervisors misses the mark. It is virtual only and does not give hands-on practice in dealing with peer support scenarios and supervision scenarios.

- Pay equity is important.

There are several dimensions of pay equity, such as ensuring that peer support services pay equitably in comparison to the other kinds of mental health interventions that are billed through Medi-Cal, and ensuring that other ways of funding peer services are funded to be competitive with that rate.

Discussion

Committee Member Krzyzanowski stated he is on the board of directors for the Depression and Bipolar Support Alliance (DBSA)in Orange County. The long-time president has been doing peer support both through the DBSA and one of the Orange County Wellness Centers. He stated the president wants to get the official peer certification but does not have a high school diploma because he had to drop out of school to work to support his family. This is yet another barrier to professional peer support. Committee Member Krzyzanowski asked for advice for individuals with this issue.

Committee Member Robison stated it is a Medi-Cal standard that is set by the Centers for Medicare and Medicaid Services (CMS) for a high school diploma or equivalent. In planning for this, SHARE! helped individuals develop a pathway to take the Graduate Record Examinations (GRE). He suggested that the Committee support the GRE pathway.

Chair Tamplen agreed with the suggestions to create a workgroup for training vendors, measure competence levels, and work on how to get there. She stated the need for this Committee to prioritize the strategies to start with. She stated her county is robust with peer support services but is not yet billing. She suggested working with CalMHSA and the County Behavioral Health Directors Association (CBHDA) to prioritize supporting peer-run organizations in getting county contracts so they can bill peer support services through Medi-Cal.

Committee Member Robison stated the need for counties to contract with peer-run organizations. These organizations do great work and the counties could benefit from the

efficacy of their services and from the Medi-Cal match, but instead counties do direct services in-house. There needs to be guidance from the state that this practice is best delivered within peer-run organizations and those organizations need to be a part of it.

Vice Chair Chambers stated she has had 10 to 12 visits with a number of state representatives specific to peer certification and getting it to be a statewide benefit. There are some legislators who are interested in a statewide bill and working with peer-run organizations.

Vice Chair Chambers stated this is an equity issue. Peer-run organizations are included in the California Advancing and Innovating Medi-Cal (CalAIM) initiative, but only in specialty mental health that not everyone has access to. All mental health systems should include specialty mental health but not just specialty mental health. She stated she agrees with prioritizing how to encourage counties to contract with more peer-run organizations.

Vice Chair Chambers suggested that the Commission put together a white paper or a two-pager with high-level findings and recommendations.

Public Comment

Kevin Dredge stated it was eye-opening to see that the process was not implemented. Senate Bill 10, which did not pass, was to ensure that everyone was equal and doing things consistently with CalAIM and CalMHSA. He stated the presenter brought up that there were things working in Southern California that could be modeled to use best practices.

Committee Member Robison stated the hope that the Committee can work with the Department of Mental Health in Los Angeles County to create a pathway that others can follow for becoming site-certified to do Medi-Cal. The difficulty will be that it still will only apply to agencies that have a county contract. He stated the need to push at the state level to ensure that every county is contracting with community-based peer-run organizations.

Kevin Dredge asked how to receive the updates that apparently CalMHSA and the DHCS are not giving.

Committee Member Robison stated neither CalMHSA nor the DHCS are strongly aligned with peer services and peer practices. The real threat is that peer services are treated like any other Medi-Cal billing mechanism, when they are a distinct practice that needs implementation that follows that distinct practice. The statewide process has not identified anything other than CalMHSA to be responsible. That is a possible additional legislative fix. There is oversight with some particular reporting, whether it is community input, timelines for reporting, or parameters for reporting.

Alishia Dauterive, the Commission's first peer fellow, agreed that it is important for peer-run organizations to play a part in this. Promise Resource Network said what helped them get that relationship with their county to be able to get funding that they can then put into other things was rallying the community around them and getting people to support what they are doing and how they are doing it. Another important aspect is to get the public into this as well, sharing information and educating what peer support is, how it is done, and why it is important to the system. One thing that sometimes gets glossed over is being able to retain what peer support is through this mess.

Ms. Dauterive stated she is hearing from providers and peer supporters that the exam does not reflect evidence-based practices and is not an accurate portrayal of peer support. Peer support is supposed to address mental health but it seems like the exam reflects the view that peer support is brought in for situational issues, and that the language required in the curriculum to create the trainings is outdated. Research shows that the peer support role in many states is not defined properly, and that the clinical staff are excited to have the peers but they do not know what peer support is and do not know what the peers are supposed to be doing there. Educating clinical staff on the most effective way to use their peers without turning them into case managers is another problem.

Ms. Dauterive stated peers are agents of change. If peers are boxed in a clinical spot and not allowed to be agents of change and give people other perspectives and choices and be with them in a different way, then it is questionable if it is really peer support anymore. It is great to get peers into the workforce, but it is important to ensure that it is peer support that they are doing; otherwise, the workforce is just being beefed up with more case managers, which is not a problem but it is not peer support.

Committee Member Yates agreed that community-based organizations should be a part of the workforce planning and development initiative that was originally part of MHSA planning and analysis. Peer certification prepares individuals through SB 803, but community-based organizations are not being prepared to employ them. She suggested that the Commission provide a high-level training program on what community-based organizations are expected to do with the certified peer support specialists.

Committee Member Yates stated this training would help community-based organizations to get certified so they can bill Medi-Cal. She stated she has interviewed with community-based organizations but they are unable to bill Medi-Cal so she cannot work for them. She suggested adding this to the Commission's strategic plan.

Denise Coleman, Peer Support for Solano County, agreed with including trainings for the peer workforce. The speaker stated they worked for a peer-run program that was picked up by another program that had a county contract. The difference was that individuals can learn in a learning environment in peer-run programs, while the county workers work in different departments so the workers did not need all the specialized training depending on what they were doing. It is important in that scenario to learn the answers to questions about other departments to help peer support specialists to move up in the company.

Denise Coleman stated peers should be supervised by peers. The speaker suggested having a peer support department so peer support specialists only have one supervisor to report to so that, when they do a referral for peer support, it is under a peer support team. When dealing with the mental health specialist who wants to know what the peer support specialist is doing with the person, the peer support specialist's work is different from the mental health specialist.

<u>Discussion, continued</u>

Chair Tamplen asked Committee Members for input on bills that impact peer certification, such as Senate Bill (SB) 46 and 326 (Proposition 1).

Committee Member Krzyzanowski stated Committees like this one have been invaluable to the MHSOAC in magnifying peer, family, and community voices. He stated concern that this and other Committees will disappear as a result of the passing of Proposition 1.

Vice Chair Chambers stated those are valid concerns. She stated peer certification and peers will be impacted by the passing of Proposition 1. There are many questions left unanswered, such as about service providers that are not Medi-Cal-billing agencies and if peers have a role.

Committee Member Robison stated equity is important but is being overlooked. Every intervention funded by the MHSA has a lobbying group that is making sure that those services are included in the legislation, but peer services have no lobbying group. It is all community advocacy. That is beyond an equity issue and is verging on a civil rights violation – to not have one evidence-based service included in the legislative process because it has been excluded as a service historically. This needs to be addressed.

Public Comment

Kevin Dredge stated he is certified. In talking about confidence and instruction, the instruction is skewed and overwhelmingly confusing. There is an opportunity together to provide education and outreach for youth, families, teachers, and professional staff with the FACTS Act to show what peer support professions are.

Desiree Robledo offered to send lobbying outlines to staff. Los Angeles County has no peer support services. There are many individuals in need, especially individuals from underserved communities. Individuals are usually sent to social services but they do not help. It is even worse for individuals from the disability community.

Chair Tamplen stated this important issue is huge. The passage of Proposition 1 will impact peer support services and family support services. She stated she looks forward to hearing an update on legislation at the next meeting.

Chair Tamplen stated SB 43 was just signed by the Governor. She stated concern that this bill expands involuntary commitment to individuals with only a substance use disorder, and lessens the criteria for anyone going through mental health challenges. People who have been 5150ed have not been able to be served well enough and now it will be expanded, thinking somehow that more people can be served with looser criteria.

Agenda Item 4: Information – MHSOAC Strategic Plan Update

Vice Chair Chambers stated the Committee will hear an update on the Commission's current strategic plan initiatives, will discuss opportunities to provide input on the 2024-27 Strategic Plan, and will outline how the Committee's future goals can align with the 2024-27 Strategic Plan. She asked staff to present this item.

Norma Pate, Deputy Director, provided an overview, with a slide presentation, of the 2024-27 strategic plan effort, interviews and public meetings, diverse populations, and key engagement across the lifespan. She stated the Commission has contracted with the Boston Consulting Group to help develop the strategic plan. The Commission continues to ask questions regarding the draft plan and framework, which has been posted on the website.

The goal is to present the final draft to the Commission for review and approval at the January 2024 Commission meeting.

Discussion

Committee Member Owen stated she was struck by the lack of focus on family-centered services because housing, substance use, and other concerns have multiple underlying issues. She stated the need to stop saying only client-centered services. Research shows that client-centered services do not have successful long-term outcomes, while family-centered services do. Pairing family-centered services with the amazing impacts that peer support achieves with a family is often even more impactful than a clinician because stigma and underlying issues need to be removed.

Vice Chair Chambers agreed and stated you cannot have the family without the client and the client without the family.

Committee Member Krzyzanowski stated the presenter mentioned that Commissioners are a unique community by design. He stated that is how he sees the Committee Members. The CFLC has a unique voice that is special when things are done collectively. He suggested that the Committee have a focus group either integrated into one of the meetings or as a separate activity that will have the structure of the other focus groups the Commission has. Qualitatively, it may generate different results that are more coherent across the group.

Committee Member Yates thanked Ms. Dauterive for her comments. She stated, as a parent of a grown child, she attends sessions with other parents of grown children who are like-minded.

Agenda Item 5: Adjournment

Chair Tamplen thanked Vice Chair Chambers for chairing this meeting.

Deputy Director Orrock reviewed future agenda items discussed in today's meeting:

- Invite Kendra Zoller, Deputy Director of Legislation, to provide an update on Proposition 1.
- Discuss creating a focus group around the strategic plan.
- Invite CalMHSA to present on the feedback received from this Committee and others.

Chair Tamplen asked for a discussion on SB 43 and the Community Assistance, Recovery, and Empowerment (CARE) Court program.

Vice Chair Chambers stated Painted Brain is working on a training with Health Management Associates (HMA) that has a contract with the DHCS to do all the training for CARE Court. The training will be in November on the role of the peer support specialist in CARE Court. A flyer is forthcoming.

Vice Chair Chambers thanked everyone for their input and participation today on these important topics. She adjourned the meeting at approximately 3:00 p.m.