Certification of Peer Support Specialists in California:
Engaging State-Level Agencies

June 2014
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The views expressed in this publication do not necessarily reflect the views of the Office of Statewide Health Planning and Development.
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Executive Summary

Working Well Together (WWT), a statewide technical assistance collaborative made up of the California Association of Mental Health Peer Run Organizations/Peers Envisioning and Engaging in Recovery Services (CAMHPRO/P.E.E.R.S.), the California Institute for Mental Health (CiMH), the National Alliance on Mental Illness California (NAMI) and United Advocates for Children and Families (UACF), has been engaged in a multi-year process to develop recommendations to the state regarding the certification of Peer Support providers. This collaborative is seeking Peer Support Certification for consumers, parents and caregivers, and family members.

The work on developing stakeholder recommendations for certification of Peer Support providers has consisted of evaluation and research both within California and nationally. Additionally, the process has included extensive stakeholder engagement through multiple stakeholder meetings, both in person and via teleconferencing, throughout the state. Working Well Together worked diligently to ensure that stakeholder representation reflected the diversity of California. Stakeholders represented large and small as well as rural and urban counties. Workforce representation included individuals who work as peer providers as well as mental health professionals, administrators, and executives. Other stakeholders included educators, consumers, parents, and family members, as well as general community members interested in Peer Support services.

Following the extensive stakeholder process and the development of three reports on Peer Support Certification, Working Well Together was tasked with reaching out to state-level agencies to gather feedback and input on the recommendations regarding certification. Working Well Together met with the Department of Health Care Services, the Department of Rehabilitation, and the California Mental Health Directors Association, as well as the California Mental Health Planning Council. These meetings provided the agencies with background information on certification and sought feedback for the purposes of informing and refining the recommendations in order to achieve a consensus.

Many of these agencies and their staff members have been aware of the Peer Support movement and the discussion about certification for many years. In fact, during the last State Plan Amendment process an attempt was made to include Peer Supporters as providers into the State Plan. While this was not achieved, language was added with the intention of including peers as providers. Given the level of attention that Peer Support has received since the passage of the Mental Health Services Act, it was gratifying to find that state level agency administrators are generally supportive of developing a certification process for Peer Support providers in order to solidify and legitimize the role within behavioral health systems. One representative stated, “These stakeholders have been patient for many years, and the time is now to include these services.” The feedback and comments that these meetings generated have been captured in this report; the recommendations, while remaining substantially intact, have been modified to include the feedback. Additionally, action steps and comments have been added to the recommendations to provide clarity and next steps in the development of certification for Peer Support providers in California.
Introduction

In July 2011 Working Well Together (WWT) began a multi-year stakeholder process to develop recommendations to state policy-makers for the certification of Peer Support Providers in California. This process has included extensive research on the hiring, training, and retention of individuals hired, in part, because of their lived experience either as consumers of services or as parents or family members of an individual receiving behavioral health services. In California, these employees have been considered “Peer Support Providers.” However, due to the lack of consensus on a definition or scope of practice, these providers may or may not be utilizing their personal recovery or resiliency story to aid another in their own journey. Job titles and job duties are extremely diverse and range from clerical support to case management.

Research conducted on national trends found that at least 30 states have a process to certify persons with lived experience to provide Peer Support services, and approximately 16 states have a process to certify parents and family members to provide Peer Support to the families and/or caregivers of children who have serious emotional disturbances. The national movement to include consumers and family members as Peer Support Providers in behavioral health systems has resulted in formalization of the definition and practice of Peer Support, leading to the legitimization of this important service. The research and evaluation conducted for this project can be found in the report titled Certification of Consumer, Youth, Family and Parent Peer Providers: A Review of the Research, 2012.

The second phase of the project was to gather stakeholder input on the certification of peer support providers. This process was designed to attract a diverse group of stakeholders from around the state in order to discern whether certification was considered a viable option, and if so, to query stakeholders on how and why a certification of peer providers should be conducted. Five regional daylong stakeholder meetings were held across the state to assure maximum representation and participation from all counties in the state. To ensure meaningful participation by stakeholders, the research paper prior was distributed to attendees before the meeting. In addition, meeting participants were provided with a PowerPoint presentation that summarized the research findings. Numerous information-gathering techniques were used during the meeting including four formal question-and-comments periods, a written opinion survey, and focus groups. Data from these meetings was collected, coded, and reported in the document titled, Certification of Consumer, Youth, Family and Parent Peer Providers: A Summary of Regional Stakeholder Meeting Findings, 2012. Stakeholders overwhelmingly supported the development of a certification for peer providers. Ninety-five percent of the respondents supported certification and of these, 73% supported certification for the purpose of legitimizing the role of Peer Support as well as the ability to bill Medi-Cal for the service. Twenty-two percent of respondents supported certification for the purpose of formal validation alone. These meetings and the valuable insights of the stakeholders resulted in development of 18 recommendations regarding the purpose and process of certification of peer providers.

In May 2013, a Statewide Summit was held at the State capitol in order to review and finalize the stakeholder recommendations. This meeting was attended by 223 individuals representing 30 counties and each region of the state. Sufficient background information was distributed to meeting attendees to
enable them to fully participate in evaluating the existing recommendations in order to finalize the recommendations for statewide agency consideration. Participants were invited to attend two pre-meeting webinars to review background information on the peer certification project. Participants also received the two reports, referenced above, prior to the meeting. During the meeting, stakeholders were asked to review the 18 recommendations and to participate in a modified consensus process to arrive at final recommendations. Participants submitted comments and suggestions through a written survey as well as during several question-and-comment periods throughout the day. The written and oral data from the summit was coded and evaluated for congruency with the original recommendations. The recommendations were amended based upon the feedback by the stakeholders, resulting in a final set of 17 recommendations. The results of the Statewide Summit can be found in the report titled Final Report: Recommendations from the Statewide Summit on Certification of Peer Providers, 2013.

Between May 2013 and May 2014, WWT has continued to engage stakeholders in conversation and work regarding certification through monthly teleconferences. More than 600 people are on the call list and receive minutes of each meeting as well as all documents being reviewed and vetted. Individuals join the teleconferences based upon their particular interests, and participate in ongoing decision-making regarding recommendations to the state. Since the Stakeholder Summit in 2013, stakeholders have vetted and finalized the following documents:

- The Peer Provider Values and Code of Ethics Statement (Appendix A)
- Peer Support Informational Brief (Appendix B)
- Scope of Practice for Peer Support Specialist and Parent/Family Partner (Appendix C)

The final phase of this project, conducted between December 2013 and May 2014, was to seek input, information, and feedback from relevant state-level agencies on the stakeholder recommendations. The goal of this process was to evaluate and incorporate policy-maker knowledge into the recommendations in order to seek consensus among the state-level agencies and the stakeholders on the adoption of the recommendations. This report is intended to:

1. Present the information introduced and gathered at the state-agency-level stakeholder meetings.
2. Identify and articulate areas of agreement between the state-agency-level stakeholders pertaining to the existing draft recommendations finalized at the summit.
3. Identify and articulate areas of concern presented by the state-agency-level stakeholders pertaining to the existing draft recommendations.
4. Identify issues, if any, pertaining to peer certification that need further research and evaluation for the purposes of advancing certification of peer providers.
5. Articulate the next steps necessary in advancing statewide certification of consumer, youth, family, and parent peer specialists.
Rationale for Peer Certification

Stakeholders overwhelmingly support statewide certification of Peer Support Specialists. On the positive side, counties are hiring people with lived experience to do a variety of functions, some of which may be Peer Support. However, Peer Support as a discipline is misunderstood and the term is used frequently to simply mean that a person with lived experience is providing a service. In addition, very few counties allow peer providers to bill for their services. Because of the lack of clarity around Peer Support, coworkers generally are confused about their role, function, and whether or not they are beneficial to the service recipients.

Stakeholders have identified several important reasons for proceeding with a statewide certification of Peer Support Specialists. Certification would:

- Validate the discipline of Peer Support as a distinct practice
- Define the scope of practice
- Standardize qualifications and competencies
- Standardize the quality of services provided
- Ensure that consumer and family-members receive the researched benefits of Peer Support Services

A strong research base supports the benefits of peer-provided services. The tables below summarize key research findings.

<table>
<thead>
<tr>
<th>Benefits of Peer Support Services</th>
<th>Research</th>
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<tbody>
<tr>
<td>Less inpatient use</td>
<td>Clarke et al., 2000; Klein et al, 1998; Min et al., 2007; Landers and Zhou, 2009</td>
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<tr>
<td>More time in engagement with community</td>
<td>Clarke et al., 2000; Min et al., 2007</td>
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<tr>
<td>Better treatment engagement</td>
<td>Craig et al., 2004; Sells et al., 2006; Felton et al., 1995</td>
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<td>Greater satisfaction with life</td>
<td>Felton et al., 1995</td>
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<tr>
<td>Greater quality of life</td>
<td>Klein et al., 1998</td>
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<tr>
<td>Greater hopefulness</td>
<td>Cook et al., 2010</td>
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<tr>
<td>Better social functioning</td>
<td>Klein et al., 1998</td>
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<tr>
<td>Fewer problems and needs</td>
<td>Craig et al., 2004; Felton et al., 1995</td>
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<tr>
<td>Decreased symptoms</td>
<td>Chamberlin et al., 1996; Humphreys, 1997; Raiff, 1984; Davidson et al., 1999</td>
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<tr>
<td>Increased coping skills</td>
<td></td>
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<tr>
<td>Increased life satisfaction</td>
<td></td>
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<tr>
<td>Reduced overall ongoing need for mental health services</td>
<td>Chinman, 2001; Klein et al., 1998; Simpson and House, 2002</td>
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<tr>
<td>Decreased substance use</td>
<td>Klein et al., 1998</td>
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<tr>
<td>Benefits of Parent/Family Peer Support Services</td>
<td>Research</td>
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<tr>
<td>Improved youth functioning</td>
<td>Becker and Kennedy, 2003</td>
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<tr>
<td>Lower parental stress</td>
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<tr>
<td>Improved family member’s ability to cope and feelings of empowerment (family-to-family)</td>
<td>Dickson et al., 2013</td>
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<tr>
<td>Reduced anxiety</td>
<td>Lucksted et al., 2013</td>
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<tr>
<td>Improved problem-solving</td>
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<tr>
<td>Improved coping and knowledge (family-to-family, sustained at nine months)</td>
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<tr>
<td>Reduction of parental stress</td>
<td>Davis and Spurr, 1998; Treacy, 2005</td>
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<tr>
<td>Reduced symptoms of anxiety and depression</td>
<td>Davis and Spurr, 1998; Sonuga-Barke et al., 2001</td>
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<tr>
<td>Decreased behavioral problems of the child</td>
<td>Davis and Spurr, 1998; McCleary and Ridley, 1999; Sonuga-Barke et al., 2001</td>
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<tr>
<td>Increased engagement in service initiation and continuation</td>
<td>McKay et al., 1999</td>
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<tr>
<td>Decreased symptoms or severity of illness of the child</td>
<td>Barret et al., 2004; Cohen and Mannarino, 2008; Feinfeld and Baker, 2004; Pavuluri et al., 2004; Pfeffer et al., 2002; Shortt et al., 2001; Valderhug et al., 2007</td>
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<tr>
<td>Decreased negative parental reactions</td>
<td>Deblinger et al., 2001</td>
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<tr>
<td>Increased likelihood to maintain contact with other parents</td>
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<td>Increased likelihood to obtain additional therapy for the child</td>
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Review of State-level Agency Stakeholder Meetings

WWT met with four key state-level agencies and made formal presentations about certification of Peer Support Specialists, which responded with their feedback. The agencies, and the presentation dates, were: the Department of Health Care Services (DHCS) in December 2013, the Department of Rehabilitation (DOR) in February 2013, the California Mental Health Directors Association (CMHDA) in April 2014, and the California Mental Health Planning Council (CMHPC) in April 2014.

These presentations offered an opportunity to discuss the work done by WWT to engage hundreds of stakeholders in the development of a set of recommendations for certification of peers working in the mental health workforce. The agendas and minutes for each meeting can be found in Appendices D–G.

These presentations were intended to:

1. Define “Peer Support”
2. Articulate the rationale for certification
3. Review the key recommendations from stakeholders
4. Seek input, feedback, and recommendations on moving the process forward

For each of the meetings, WWT supplied background information on the “Peer Certification” deliverable for 2013–2014. WWT reviewed the research evidence for Peer Support Services, presented the rationale for certification, and presented an overview of the extensive stakeholder process to date that resulted in three reports on Peer Certification:

- *Certification of Consumer, Youth, Family and Parent Providers: A Review of the Research, 2012*
- *Certification of Consumer, Youth, Family and Parent Peer Providers: A Summary of Regional Stakeholder Meeting Findings, 2012*
- *Final Report: Recommendations from the Statewide Summit on Certification of Peer Providers, 2013*
<table>
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<tr>
<th>DHCS Key Questions, Concerns, and Comments</th>
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| **The Link between Certification and Billing Medi-Cal** | ▪ Although certification of Peer Support Specialists and billing Medi-Cal are related issues, statewide certification can be achieved separately from linking it directly to Medi-Cal billing.  
▪ The linking point between the two issues is that CMS requires certification as a necessary qualification for peer providers to bill for a Peer Support Service.  
▪ The additional minimum requirements for billing for a Peer Support Service include supervision by a competent mental health professional and care coordination, which means that the Peer Support Service must be a part of the care coordination plan. |
| **Capitation** | ▪ The potential for behavioral health systems to move toward a capitated funding system prompted a question about how capitation would affect a peer certification process.  
▪ The implication is that inclusion of Peer Support into the State Plan prior to capitation would be beneficial. |
| **State Plan Amendment (SPA)** | ▪ DHCS provided the group with important information about the process of changing the State Plan Amendment.  
▪ The State Plan can be opened minimally, which is a preferable option.  
▪ Proponents of including Peer Support within the State Plan will need to be thoughtful about the process and utilize content experts to determine the pros and cons of each type of request for a SPA change. |
<p>| <strong>Defining Peer Support</strong> | ▪ Meeting participants discussed the general benefits of certification, which include increased quality control over the services and clearly defining Peer Support as a unique and separate discipline. |</p>
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<th>DOR Key Questions, Concerns, and Comments</th>
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<tr>
<td><strong>Training Curriculum</strong></td>
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<tr>
<td>▪ WWT should specifically define the curriculum content for statewide agency presentations.</td>
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<td><strong>Peer-Operated Agencies</strong></td>
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<td>▪ DOR raised the question of how peer-operated agencies would be certified to bill Medi-Cal. The explanation was that these agencies would undergo the same site certification process as other agencies. Each county certifies sites for billing purposes.</td>
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<td><strong>Development of Buy-In</strong></td>
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<td>▪ Statewide buy-in is essential to assure consistency across the state.</td>
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<td><strong>Funding Certification</strong></td>
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<td>▪ Participants agreed that WET monies were an appropriate funding source.</td>
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<td><strong>Workforce Minimum</strong></td>
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<tr>
<td>▪ The service need of consumers should drive the workforce need.</td>
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<td><strong>The Potential Role of DOR</strong></td>
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<td>▪ DOR is interested in activities that ensure self-sufficiency and would be concerned that entry-level Peer Support jobs may not have career ladders associated with them. DOR recommends the development of career ladders/lattices going forward.</td>
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<tr>
<td>▪ DOR would expect to have employment opportunities for people with lived experience throughout the behavioral health system, including non-peer-identified positions.</td>
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<tr>
<td><strong>General Recommendations</strong></td>
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<tr>
<td>▪ WWT needs to develop a plan and communication process that allows the process towards certification to evolve and change.</td>
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<td>▪ DOR recommends development of job descriptions and core competencies of Peer Support Specialists.</td>
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<td>What exactly would be funded under the request for funding for Certification?</td>
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| When Peers already can provide and bill for services, why do we need a specific service type? | - People with lived experience who are currently working in systems of care can bill for services within their scope of practice, which usually includes rehabilitation, collateral, and targeted case management services. However, only approximately 11 counties allow these providers to bill for their services.  
- Working Well Together is seeking a State Plan Amendment that creates a new service called Peer Support and a new service provider called a Peer Support Specialist.  
- Peer Support Services may include some types of rehabilitation services but also could be expanded to include services that are not currently billable under rehabilitation mental health services. For example, some states include socialization as a billable Peer Support Service.  
- WWT hopes that the inclusion of Peer Support as a distinct discipline becomes one way to provide recovery and resiliency-oriented services.  
- Examples of SPA language from other states are included in Appendix H. |
<table>
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<tr>
<th>Question</th>
<th>Answer</th>
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<tr>
<td>Can you speak to the concern that OSHPD’s interpretation of the MHSA is that it does not authorize the expenditure of funds for a certification process?</td>
<td>WWT has been in conversation with OSHPD about this issue. Under the current OSHPD WET Five Year plan, many of the elements that are necessary for certification are present as part of the plan for consumer and family member employment. One solution may be that the Planning Council could seek legislative action to include certification as a funding priority for MHSA funding.</td>
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<tr>
<td>In my county, peer staff members are consciously NOT billing because of the concern that charging for services can change the nature of the peer relationship due to the formalities of opening a case, charting, and billing for services. These are clinical tasks in contrast to Peer Support Services. Has this concern been considered?</td>
<td>This was a concern for the stakeholders as well. However, they overwhelmingly believe that this concern could be overcome by a defined scope of practice, code of ethics and values, and ongoing training to maintain “peerness.”</td>
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<tr>
<td>CMHPC Key Questions, Concerns, and Comments</td>
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<td>---------------------------------------------</td>
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<td><strong>Billing Medi-Cal</strong></td>
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<td>- People with lived experience who are currently working in systems of care can bill services as “other qualified providers” within their scope of practice, which usually includes rehabilitation, collateral and targeted case management services.</td>
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<td><strong>Peer Support and Peer Services as a specific job and service type in the SPA</strong></td>
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<td>- Concern expressed that creating a specific job title and position would limit counties to hiring only people with lived experience into jobs called “Peer Support” vs. hiring people with lived experience in any and all positions.</td>
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<td>- Stakeholders strongly support recognizing Peer Support as a specific discipline, different from other mental health services with unique qualities. However, stakeholders also support hiring persons with lived experience in all levels of employment within behavioral health services.</td>
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<td>- Stakeholders support statewide certification for Peer Support because it also offers portability between counties.</td>
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<td><strong>Development of Certification</strong></td>
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<td>- Stakeholders believe that the process toward developing a certification must be done consistent with the values of Peer Support.</td>
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<td>- This would include ensuring that peers lead the discussion and decision-making process, inclusive of all stakeholders.</td>
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<td><strong>Defining Peer Support as a Distinct Practice</strong></td>
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<tr>
<td>- The key distinction is WHO does it and HOW it is done.</td>
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<td>- People with lived experience provide these services and do so consistent with the values and ethics of Peer Support Services, which include:</td>
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<tr>
<td>o Mutuality</td>
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<tr>
<td>o Empowerment</td>
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<tr>
<td>o Reciprocity</td>
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<td>o Hope</td>
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<tr>
<td>o Shared power</td>
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<tr>
<td>o Respect</td>
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<td>- Included in Appendices I and J are the DACUM for Peer Specialist and one for Parent/Family Partners.</td>
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</table>
| **The Case for Certification** | • Ensures that the Peer Support Specialist has lived experience, specific training and capabilities.  
• Creates a standard of practice across the state.  
• Helps to address the issue of proper supervision and support of Peer Support Specialists.  
• Helps other providers understand the role and expertise of Peer Support Specialists.  
• Encourages counties to hire Peer Support Specialists  
• Provides clear job roles to reduce problems with role drift. |
| **Opening the SPA** | • Many states already include Peer Support in their state plans, and while the language varies from state to state, Peer Support values are fairly consistent across the country.  
• Opening the SPA is challenging and deserves careful consideration.  
• Stakeholders would support opening the SPA in the most minimalist way to achieve the inclusion of Peer Support Specialists and the service of Peer Support in the plan.  
• Proposition 30 is another issue when considering adding a service to the SPA. |
| **General Recommendations** | • Designated money for statewide WET funds is not likely to be re-allocated away from existing programs. A better strategy may be to seek legislation that allocates general MHSA funds for certification.  
• CMHPC staff agrees that the certifying body as well as trainers/training agencies should include peer-operated agencies. However, since these generally are nonprofit organizations, a state agency should hold the funds and issue contracts for these services.  
• At the time of this report, the California Mental Health Planning Council has tasked staff with identifying the necessary roadmap for certification in California. The expectation is that this work will be completed in July 2014 in order to be most useful for the Request for Proposals that the Office of Statewide Health Planning and Development (OSHPD) will release. |
Statewide Agency Issues Regarding Certification

Overall, the state agencies voiced positive sentiments regarding the movement toward certification of Peer Support Specialists, and agreed that certification is an affirmative step in legitimizing Peer Support Services. In general, representatives contend that more clarity is needed to define Peer Support as a distinct practice. Although Peer Support Services have some similarities to other existing services, the practice of Peer Support needs to be valued and recognized for its unique attributes and contributions to recovery and resiliency-oriented services. In addition, the statewide agencies identified the following key issues of concern:

**Funding**

**State-level agency Issue:** Funding is a significant issue and should be dealt with as a statewide matter, whether this means statewide WET funds or legislation to access general MHSA funds.

**Comments:** Stakeholders agree that the MHSA funds are an appropriate source of funding for Peer Support Certification. In addition, some states have used Mental Health Medi-Cal Administrative Activities (MAA) to fund initial certification infrastructure needs. Ongoing sustainability would include fees for certification, exams, and training.

**Opening the SPA**

**State-level agency Issue** Opening the SPA is complex and will require careful consideration on the best strategy for incorporating a new practice and a new provider in the State Plan.

**Comments:** Stakeholders need to seek out content experts to fully understand and evaluate the risks and benefits of changing the State Plan Amendment. Consumers and family member stakeholders must be fully involved in the discernment process regarding this issue.

**Stigma**

**State-level agency Issue:** Staff of state-level agencies expressed concern that developing a specific service and provider type for Peer Support would be stigmatizing and would limit the role of people with lived experience to that of a Peer Support Specialist.

**Comments:** Consumer and family member leaders are well aware of the stigma associated with a behavioral health diagnosis. Stakeholders believe that fully integrating Peer Support Services into behavioral health systems is an anti-stigma strategy and offers an alternative way to provide services that are recovery- and resiliency-based. Stakeholders also expect that
incorporating Peer Support into systems will have the effect of incorporating Peer Support values into mental health interventions. At the same time, consumer and family member leaders do not intend to limit their role to Peer Support but instead agree that people with lived experience can and should move into positions of management and leadership.

**Documentation**

**State-level agency Issue:** Current documentation practices are not consistent with peer values and could undermine the delivery of Peer Support.

**Comments:** The assertion that many counties have interpreted the CMS guidelines for documentation to be exclusive of recovery and resiliency language is accurate; however, the actual guidelines do recognize client-centered planning as well as recovery and resiliency frameworks.

**Reimbursement**

**State-level agency Issue:** Currently, a few counties bill for services provided by people with lived experience under the service codes for rehabilitation, collateral, and targeted case management. The concern is that a rate-setting process for Peer Support could result in a lower rate of reimbursement.

**Comments:** In other states Peer Support has been defined as a type of rehabilitation service. A reasonable assumption is that a rate-setting process could generate comparable rates for Peer Support Services. In any case, a rate set for Peer Support would serve to increase revenues for the service of Peer Support for counties as well as for peer-run organizations. Providers who are certified as Peer Support Specialists would continue to be qualified to provide and bill for other services within their scope of practice.

**Peer Support as a Distinct Practice**

**State-level agency Issue:** The inclusion of Peer Support as a distinct practice could expand allowable billable services provided by Peer Support Specialists.

**Comments:** The opportunity to include a new service within the State Plan could allow counties to provide and bill for important recovery and resiliency-oriented services that are currently not covered in the existing SPA. For example, socialization activities are recognized and billed for in other states under Peer Support.
Advancing Recovery and Resiliency Practice

State-level agency Issue: The inclusion of Peer Support as a billable service could become a major advancement in the provision of recovery and resiliency-oriented services in contrast to deficit-based services.

Comments: The inclusion of Peer Support services would allow for the opportunity to reinforce and expand definitions of recovery and resiliency-oriented practice consistent with the Mental Health Services Act. This would allow for a greater focus on practices designed to increase hope, empowerment, self-determination and choice toward achieving personal recovery and resiliency goals.

Aligning Stakeholder and Policy-Maker Recommendations

In order further the process toward a statewide certification of Peer Providers, the 17 recommendations (Appendix J) were evaluated for similarities in content type and grouped together for ease of discussion. Action steps have been identified for each recommendation and are listed below.

1. Coordination of ongoing certification efforts
2. Funding
3. Certification
4. Certifying body
5. State Plan Amendment changes
6. Policies
7. Integration of Peer Support Specialists
8. Workforce development issues
### Coordination of Ongoing Certification Efforts

**Recommendation 7**

Convene a working group consisting of Working Well Together, the Mental Health Directors, the Office of Statewide Health Planning and Development (OSHPD) and the Department of Health Care Services to develop buy-in and policies that will create consistency of practice regarding Peer Support Services across the state.

**Action Steps**

1. Convene a **Peer Certification Task Force** to:
   - Finalize the recommendations
   - Steer the process of Certification
   - Coordinate the completion of all action steps
   - Make continuing recommendations to the stakeholders
2. The task force should be made up of at least 51% consumers and family members.

Hire a qualified, recognized peer leader to coordinate and manage the ongoing process and work of the Peer Certification Task Force.

**Comments**

Establishing certification in California is a complex and multi-dimensional endeavor and would be best coordinated through a single entity, bringing together all the essential interested parties.

As of this writing, the CMHPC has convened a working group to develop a roadmap to guide the certification process forward. This committee currently consists of the Planning Council and WWT partners. After initial meetings the Planning Council will involve other key policy-makers as well as funnel information to the wider stakeholder group for ongoing feedback. The Planning Council expects to complete this work by the end of July 2014, to coincide with OSHPD’s release of the Request for Proposals regarding consumer and family member employment.

### Funding

**Recommendation 14**

Develop a plan for funding the development of certification.

**Action Steps**

1. Identify appropriate sources of funding for the project going forward.
2. Investigate the cost of certification through:
   - Seeking out information from existing certifying bodies for start-up cost as well as ongoing costs for operation
   - Developing a fee structure to support ongoing operations of the certifying body

**Comments**

While all statewide agencies agree that MHSA funds are an appropriate funding source for developing certification, the Planning Council is recommending legislation that would specifically identify non-WET MHSA funds to be used toward certification.
## Certification

<table>
<thead>
<tr>
<th>Recommendation 1</th>
<th>Develop a statewide certification for Peer Support Specialists.</th>
</tr>
</thead>
</table>
| **Action Steps** | 1. Include Whole Health Peer Support as a distinct certification in addition to the consumer, youth, family, and parent certifications.  
2. Convene a sub-committee of content experts to finalize development or adoption of curriculum content.  
a. Approve curriculum content areas for peer certification training (55 hours) based upon the Curriculum Crosswalk developed by WWT (Appendix K).  
b. Determine curriculum content areas for each type of certification (25 hours).  
c. Determine curriculum for specializations, such as whole health.  
d. Establish minimum number of hours required per content area.  
e. Establish standards for how the content is delivered, including the use of didactic and experiential teaching methods.  
3. Work with an existing national certifying body to:  
a. Identify key informants on the development of an exam for certification.  
b. Identify existing exams for Peer Certification.  
c. Develop or adopt an exam. |
| **Comments** | Since the writing of the Final Report and Recommendations, Georgia has led the way by creating a Whole Health Peer Support Specialist certification, along with the ability to bill Medicaid for these services. See Appendix L for CMS Guidelines.  
Certification can provide the means to generate revenue from services by Peer Support Specialists through billing Medicaid. While billing for these valuable services has definite merit, a process for certification of peers that is separate from Medicaid billing could be introduced. If the process for inclusion in the State Plan Amendment becomes bogged down or too complicated, moving forward with certification for its own merit remains a possibility. |

## Certifying Body and Training

<table>
<thead>
<tr>
<th>Recommendation 2</th>
<th>Identify or create a single certifying body that is peer-operated and/or partner with an existing peer-operated entity with capacity for granting certification.</th>
</tr>
</thead>
</table>
| **Action Steps** | 1. Identify potential entities qualified to be the certifying body.  
Identify additional infrastructure and organizational management requirements that would be necessary in a certifying body. |
Comments | Stakeholders’ preference that the certifying body should be a peer-operated agency raises several issues. Stakeholders strongly believe that in order to maintain the values, ethics, principles, and uniqueness of Peer Services, the organization that certifies should reflect those ideals through its organizational structure and employees.

Historically, stakeholders regard embedding a peer agency or peer employees within an existing non-peer-operated agency as problematic. The experience of statewide consumer leaders has been that such an organizational structure has not been successful in maintaining peer values.

On the other hand, peer-operated agencies, in order to be successful, require adequate and sufficient funding as well as peer staff with professional credentials necessary to fiscally and organizationally manage certification.

The Planning Council supports the identification of a peer-run organization as the certifying body. However, they recommend assigning a state-level agency to hold the funds and contracting with a peer-run organization for this service.

| Recommendation 8 | Develop standards and oversight for the provider/entity that provides training of Peer Support Specialists and identify training organizations that have demonstrated infrastructure capacity that will allow for peer trainers. |
| Action Steps | Develop policies and procedures for screening, approving, and monitoring training entities. An important part of oversight will be ensuring that trained peer providers are delivering the training. |
# State Plan Amendment

<table>
<thead>
<tr>
<th>Recommendation 3</th>
<th>Include Peer Support as a service and a Peer Support Specialist as a provider type within a new State Plan Amendment.</th>
</tr>
</thead>
</table>
| **Action Steps** | 1. Examine and evaluate the pros and cons of the following range of options:  
   a. Do nothing with regard to certification. Counties, at their discretion, could continue to hire people with lived experience in a variety of positions to provide rehabilitation services and Targeted Case Management (TCM). This utilizes the current designation of an “Other Qualified Provider” as someone who is 18 years or older.  
   b. Support and develop a certification for its own merit that honors the unique service of Peer Support. Peer Support Specialists would bill for services under rehabilitation and TCM as Other Qualified Providers.  
   c. Add language to the existing SPA to include Certified Peer Support Specialists as a qualified provider, as was done with Licensed Professional Clinical Counselors (LPCC). This limits the amount of the SPA that gets opened and could be relatively simple. Billing would continue under rehab and TCM.  
   d. Define peer support as a type of rehabilitation service provided by Certified Peer Support Specialists. Including Peer Support as part of rehabilitation may require a minimal opening of the SPA, thereby creating less risk and a more expedient process. Although Peer Support would be a type of rehabilitation service, this option would honor the uniqueness of the service.  
      Include a new service and a new provider within the State Plan language that identifies Peer Support as a mental health service distinct from rehabilitation. |
| **Comments**     | The CMHDA, CMHPC, DHCS, OAC, and WWT need to collaboratively develop a plan for inclusion of Peer Support in the State Plan, thereby making a clear statement about the uniqueness and value of Peer Support Services.  
      This group will also need to evaluate the effect of Proposition 30 on adding a new service type to the SPA. |
| **Recommendation 4** | Include in the State Plan the ability to grant site certification for peer-operated agencies to provide billable Peer Support Services. |
| **Action Steps** | The action plan for this recommendation is dependent on the |
decisions made for Recommendation 3. The Stakeholders strongly support the ability to certify peer-operated agencies that are able to bill Medi-Cal for Peer Support Services.

Recommendation 6
Investigate the options for broadening the definition of “service recipient” to include parents and family members of minors receiving services so that Peer Support Services can be accessed more easily.

Action Step
Determine whether this definitional change can be easily included in requests for revision to the State Plan Amendment.

Comments
CMS already has broadened the definition of service recipient to include parents and family members of minors. Appendix M is the CMS letter identifying family members and parents as direct service recipients.

Policies

Recommendation 9
Establish qualifications for who may supervise Peer Support Specialists.

Action Steps
1. Review the Peer Support Specialist Informational Brief and the Values and Code of Ethics for background information in the development of all policies.
2. Develop a policy regarding the preferred qualifications of Peer Support Specialist Supervisors.
3. Develop a plan for increasing capacity among Peer Support Specialists, enabling them to move into supervisory positions.
4. Develop and/or identify supervisor training for new supervisors of Peer Support Specialists.

Comments
The Peer Certification Task Force will need to develop clear policies that support Peer Certification, whether or not Peer Support Specialist Certification is tied to billing Medicaid for these services.

Recommendation 12
Develop a policy that recognizes and defines the unique service components of Peer Support as separate and distinct from other services in order to maintain the integrity of Peer Support Services.

Action Steps
1. Approve the Draft Scope of Practice for Peer Support Specialists and Family/Parent Partners to create role clarity in order to avoid the tendency to drift towards utilizing Peer Providers in roles inconsistent with the service of Peer Support.
   Acknowledge and codify the unique nature of Peer Support, its value in the provision of best practice services and the importance of focused attention on maintaining the integrity of Peer Support.

Recommendation 13
Develop a policy statement and plan that supports the professional development of Peer Support Specialists that allows the practitioner to maintain and hone his/her professional values, ethics and principles.
### Integration of Peer Support Specialists

<table>
<thead>
<tr>
<th>Recommendation 10</th>
<th>Develop a plan to provide extensive and expansive training on the values, philosophy, and efficacy of Peer Support to mental health administration and staff.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action Step</td>
<td>Recommend that counties utilize WET funds to conduct at least annual training for all staff members.</td>
</tr>
<tr>
<td>Recommendation 11</td>
<td>Develop a plan to ensure that welcoming environments are created that embrace the use of multi-disciplinary teams that can incorporate Peer Support Specialists fully onto mental health teams.</td>
</tr>
<tr>
<td>Action Step</td>
<td>Seek out and identify examples of how to implement welcoming environments and prepare a plan for adoption in county and community-based behavioral health settings.</td>
</tr>
<tr>
<td>Recommendation 5</td>
<td>Address the concern that the current practice of documentation for billing may not be aligned with the values and principles of Peer Support and a wellness, recovery, and resiliency orientation.</td>
</tr>
<tr>
<td>Action Step</td>
<td>Develop an action plan to advocate for the use of CMS-approved recovery/resiliency-oriented language in all treatment planning and documentation.</td>
</tr>
<tr>
<td>Comments</td>
<td>The above recommendations focus on inclusion of recovery, resiliency, and peer values into the overall culture of behavioral health systems. Both training and the development of welcoming environments have a direct impact on the success of integrating Peer Support Specialists into behavioral health teams.</td>
</tr>
</tbody>
</table>

### Workforce Development Issues

<p>| Recommendation 15 | Seek representation on committees and workgroups that are addressing civil service barriers to the employment of Peer Support Specialists.                                                                                     |
| Action Steps      | 1. Identify or create an appropriate venue in which to discuss and evaluate civil barriers to employment of peer providers.                                                                                          |
|                   | 2. Once this is established, appoint a representative from the Task Force to serve on committees and workgroups that address these barriers.                                                                      |
| Recommendation 16 | Work with Mental Health Directors to seek agreement on a desired workforce minimum of Peer Support Specialists within each county to more fully actualize the intent of the MHSA. |</p>
<table>
<thead>
<tr>
<th>Action Step</th>
<th>Identify a standard workforce minimum of Peer Support Specialists ensuring that, no matter where someone lives in California, all persons would have access to the services of Peer Support.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comments</td>
<td>The DOR recommends basing this workforce minimum on the service needs of consumers, family members and direct care givers.</td>
</tr>
<tr>
<td>Recommendation 17</td>
<td>Develop statewide models that can inform county leadership on the development of career ladders for Peer Support Specialists that begin with non-certified Peer Support Specialists and creates pathways into management and leadership positions.</td>
</tr>
</tbody>
</table>
| Action Steps | 1. Seek to collaborate with other workforce development groups to ensure that these groups are including Peer Support in their discussions and to participate in the development of career pathways in behavioral health.  
    2. Recommend and disseminate this information to County Directors.                                                                                                                  |
| Comments    | These recommendations focus on broader system issues and long-range planning needs that will support the Certification process and the successful employment and integration of peer providers. These workforce-related issues will require significant advocacy and planning. |
# Appendix A: Values and Code of Ethics Statement for Peer Providers in California

## Purpose

Peer Support is a fundamental building block of recovery-oriented and resiliency-focused services for those managing behavioral health challenges as well as the parents, family members, and caregivers that support them. Peer Support services are evidence-based practices that provide role models to inspire hope, demonstrate a life of recovery and resiliency, and encourage real advocacy.

This Values and Ethics document promotes a consistent message to those who are providing, receiving and supervising services from a Peer Provider. The Values and Ethics described here formalize Peer provided services and further the profession as a meaningful way to provide behavioral health services.

For the purpose of this document Peer Provider refers to anyone who is providing services in the behavioral health field using his or her “lived experience” to establish mutuality, and build resiliency and recovery; including Peer Support Specialists, Family Advocates, and Parent Partners.

## Values

<table>
<thead>
<tr>
<th>Ethical Standards</th>
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<tbody>
<tr>
<td><strong>Hope</strong></td>
</tr>
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</table>

Peer Providers:
- Inspire hope in those they serve by living a life of Recovery and/or Resiliency.
<table>
<thead>
<tr>
<th>Person-Driven</th>
<th>Peer Providers:</th>
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<tbody>
<tr>
<td></td>
<td>▪ Support adults, young adults, and older adults, within the context of their</td>
</tr>
<tr>
<td></td>
<td>worldview, to achieve their goals based upon their needs and wants.</td>
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<tr>
<td></td>
<td>▪ Focus on self-determination, as defined by the person served, and support the</td>
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<tr>
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<td>person’s participation in his or her own recovery.</td>
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<td></td>
<td>▪ Inform others about options, provide information about choices, and then</td>
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<tr>
<td></td>
<td>respect peers’ decisions.</td>
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<tr>
<td></td>
<td>▪ Encourage people to look at the options, take risks, learn from mistakes, and</td>
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<tr>
<td></td>
<td>grow from dependence on the system toward healthy interdependence with others.</td>
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<tr>
<td></td>
<td>▪ Uphold the principle of non-coercion as essential to recovery, and encourage</td>
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<td></td>
<td>those served to make their own decisions, even when the person served is under</td>
</tr>
<tr>
<td></td>
<td>mandated treatment.</td>
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<td></td>
<td>▪ Assist those they serve to access additional resources.</td>
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<tr>
<td></td>
<td>▪ Disclose personal stories of recovery in a way that maintains the focus on</td>
</tr>
<tr>
<td></td>
<td>and is beneficial to the person served.</td>
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<tr>
<td></td>
<td>▪ Support the recovery process for the peer, allowing the person to direct his/</td>
</tr>
<tr>
<td></td>
<td>her own process.</td>
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<td></td>
<td>▪ Shall not force any values, or beliefs onto the person served.</td>
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<td></td>
<td>▪ Recognize there are many pathways to recovery that can be very different than</td>
</tr>
<tr>
<td></td>
<td>their own journey.</td>
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<tr>
<td>Family-Driven and Child-Centered</td>
<td>Peer Providers:</td>
</tr>
<tr>
<td></td>
<td>▪ Promote the family member’s ethical decision-making and personal responsibility</td>
</tr>
<tr>
<td></td>
<td>consistent with that family member’s culture, values, and beliefs.</td>
</tr>
<tr>
<td></td>
<td>▪ Respect and value the beliefs, opinions, and preferences of children, youth,</td>
</tr>
<tr>
<td></td>
<td>family members, parents, and caregivers in service planning.</td>
</tr>
<tr>
<td></td>
<td>▪ Promote the family members’ voices and the articulation of their values in</td>
</tr>
<tr>
<td></td>
<td>planning and evaluating behavioral health-related issues.</td>
</tr>
<tr>
<td></td>
<td>▪ Support other family members as peers with a common background and history.</td>
</tr>
<tr>
<td></td>
<td>▪ Disclose personal stories of building resiliency in a way that focuses on</td>
</tr>
<tr>
<td></td>
<td>and is beneficial to the child, youth, family member, parent or caregiver served.</td>
</tr>
<tr>
<td></td>
<td>▪ Build supports on the strengths of the child, youth, family, or caregiver.</td>
</tr>
<tr>
<td></td>
<td>▪ Build partnerships with others who are involved in the care of our children,</td>
</tr>
<tr>
<td></td>
<td>youth, or adult family members.</td>
</tr>
<tr>
<td></td>
<td>▪ Communicate clearly and honestly with children, youth, family members, and</td>
</tr>
<tr>
<td></td>
<td>caregivers.</td>
</tr>
<tr>
<td>Holistic Wellness</td>
<td>Peer Providers:</td>
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<tr>
<td></td>
<td>▪ Practice in a holistic manner that considers and addresses the whole health of those served.</td>
</tr>
<tr>
<td></td>
<td>▪ Recognize the impact of co-occurring challenges (substance use, developmental, and physical challenges) in the recovery/resiliency journey, and provide supports sensitive to those needs.</td>
</tr>
<tr>
<td></td>
<td>▪ Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges.</td>
</tr>
<tr>
<td></td>
<td>▪ Honor the right of persons served to choose alternative treatments and practices including: culturally specific traditional methods; healing arts, including acupuncture and meditation; spiritual practices or secular beliefs, and harm reduction practices.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Authenticity</th>
<th>Peer Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult issues are addressed with those who are directly involved. Direct communication moves beyond the fear of conflict or hurting other people to the ability to work together to resolve issues with caring and compassion.</td>
</tr>
<tr>
<td></td>
<td>▪ Practice healthy disclosure about their own experience, focused on providing hope and direction toward recovery and/or resiliency.</td>
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<tr>
<td></td>
<td>▪ Work within their scope of practice as defined by this Code of Ethics and their employing agency.</td>
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<tr>
<td></td>
<td>▪ Remain aware of their skills and limitations and do not provide services or represent themselves as an expert in areas for which they do not have sufficient knowledge or expertise.</td>
</tr>
<tr>
<td></td>
<td>▪ Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of Peer Support.</td>
</tr>
<tr>
<td></td>
<td>▪ Seek supervision, Peer Support, and/or other contact with peer colleagues or other supports to stay in the peer role.</td>
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</table>

<table>
<thead>
<tr>
<th>Cultural Relevancy</th>
<th>Peer Providers:</th>
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<tbody>
<tr>
<td></td>
<td>▪ Strive to provide culturally competent and relevant services to those they serve.</td>
</tr>
<tr>
<td></td>
<td>▪ Respect cultural identities and preferences of those served and their families, and respect the right of others to hold opinions, beliefs, and values different from their own.</td>
</tr>
<tr>
<td></td>
<td>▪ Shall not discriminate against others on the basis of gender, race, ethnicity, sexual orientation or gender identity, age, religion, national origin, marital status, political belief, or mental or physical differences.</td>
</tr>
<tr>
<td></td>
<td>▪ Shall not discriminate against others on the basis of any other preference, personal characteristic, condition, state or cultural factor protected under Federal, State or local law.</td>
</tr>
<tr>
<td></td>
<td>▪ Seek further information, education, and training in cultural competence as necessary to assist those they serve.</td>
</tr>
<tr>
<td>Respect</td>
<td>Peer Providers:</td>
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</tr>
<tr>
<td>Provide a welcoming environment for persons served.</td>
<td></td>
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<tr>
<td>Approach each person, youth, parent or family member with openness, genuine interest, and appreciation.</td>
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</tr>
<tr>
<td>Accept each person, family, and situation as unique.</td>
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<tr>
<td>Provide empathy, and ability to “put oneself in the other person’s shoes.”</td>
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<tr>
<td>Make an honest effort to empathize with the emotional connection and cultural context that the persons served bring to the recovery/resiliency relationship.</td>
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<tr>
<td>View everyone as having something important and unique to contribute.</td>
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</tr>
<tr>
<td>Value and treat others with kindness, warmth, dignity, and without judgment.</td>
<td></td>
</tr>
<tr>
<td>Accept each other and are open to sharing with people from many diverse backgrounds, including ethnicity, educational levels, socio-economic background, sexual preference, religion, and spirituality.</td>
<td></td>
</tr>
<tr>
<td>Honor and make room for everyone’s opinions, and see each other as equally capable of contributing.</td>
<td></td>
</tr>
<tr>
<td>Demonstrate respect toward those served, colleagues, and the community.</td>
<td></td>
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<tr>
<td>Use language that is respectful, “person-first” and culturally mindful to, and with, those served, colleagues, and the community.</td>
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<tr>
<td>Never use language that could be construed as or is derogatory, insulting, or demeaning in written, electronic, or verbal communications.</td>
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<tr>
<td>Communicate with coworkers and colleagues in ways that promote conflict resolution.</td>
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<thead>
<tr>
<th>Integrity</th>
<th>Peer Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act in accordance with the highest standards of professional integrity.</td>
<td></td>
</tr>
<tr>
<td>Avoid relationships or commitments that conflict with the interests of persons served, impair professional judgment, imply a conflict of interest, or create risk of harm to those served.</td>
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<tr>
<td>Conduct themselves in a way that does not jeopardize the integrity of the peer relationship.</td>
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<tr>
<td>Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable.</td>
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<tr>
<td>Follow organizational policies and guidelines regarding giving and receiving gifts.</td>
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<tr>
<td>Consider the cultural context and other potential considerations related to gifts.</td>
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<tr>
<td>Do not lend, give, or receive money or payment for any services to, or from, persons they serve.</td>
<td></td>
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<tr>
<td>Demonstrate accountability in fulfilling commitments.</td>
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<tr>
<td>Resist influences that interfere with professional performance.</td>
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<tr>
<td>Advocacy</td>
<td>Peer Providers:</td>
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<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td></td>
<td>▪ Support the formulation, development, enactment, and implementation of public</td>
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<td>policies of concern to the profession.</td>
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<td></td>
<td>▪ Demonstrate and promote activities that respect diversity.</td>
</tr>
<tr>
<td></td>
<td>▪ Support and defend human rights and freedoms regardless of nationality, national</td>
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<td></td>
<td>origin, gender, ethnicity, religion or spiritual persuasion, language, disability</td>
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<tr>
<td></td>
<td>or socioeconomic status. Human rights include civil and political rights, such</td>
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<tr>
<td></td>
<td>as the right to life, liberty, and freedom of expression; social, cultural, and</td>
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<tr>
<td></td>
<td>economic rights, including the right to cultural expression, the right to have</td>
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<tr>
<td></td>
<td>basic needs met, and the right to work and receive an education.</td>
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<tr>
<td></td>
<td>▪ Advocate for inclusion of those served in all aspects of services.</td>
</tr>
<tr>
<td></td>
<td>▪ Advocate for the full involvement of those served in the communities of their</td>
</tr>
<tr>
<td></td>
<td>choice and promote their value to those communities.</td>
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<td></td>
<td>▪ Understand, encourage, and empower self-advocacy.</td>
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<tr>
<td></td>
<td>▪ Recognize that all individuals and families have the right to live in the safest</td>
</tr>
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<td>and least restrictive, culturally congruent environment.</td>
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<tr>
<td></td>
<td>▪ Strive to eliminate stigma and discrimination.</td>
</tr>
<tr>
<td>Confidentiality</td>
<td>Peer Providers:</td>
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<tr>
<td></td>
<td>▪ Respect the rights, dignity, privacy, and confidentiality of persons served at</td>
</tr>
<tr>
<td></td>
<td>all times.</td>
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<tr>
<td></td>
<td>▪ Respect the right to privacy of those served and should not solicit private</td>
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<td></td>
<td>information from those served unless it is essential. Once private information</td>
</tr>
<tr>
<td></td>
<td>is shared, standards of confidentiality apply.</td>
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<tr>
<td></td>
<td>▪ Respect confidential information shared by colleagues in the course of their</td>
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<td>professional relationships and interactions, unless such information relates to</td>
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<td>an unethical or illegal activity.</td>
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<td>▪ Comply with all applicable federal and state confidentiality laws and guidelines.</td>
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<td>▪ Discuss with persons served, and other interested parties, the nature of</td>
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<td>confidentiality and limitations of the right to confidentiality.</td>
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<tr>
<td>Safety and Protection</td>
<td>Peer Providers:</td>
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<td>▪ Never engage in romantic or sexually intimate activities with the persons served.</td>
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<td>▪ Shall not perform services for individuals with whom they have had a prior romantic or sexual relationship.</td>
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<td>▪ Shall not engage in exploitive relationships with coworkers or people they serve to further their personal, religious, political, or business interests.</td>
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<td></td>
<td>▪ Follow applicable Federal, State, and Local laws in the prevention of harm as identified in Statute.</td>
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<td>▪ Inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to persons served or other identifiable persons. In all instances, Peer Providers should disclose the least amount of confidential information necessary to achieve the desired purpose.</td>
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<td></td>
<td>▪ Never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to persons served.</td>
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<td></td>
<td>▪ Recognize the unique nature of the Peer relationship, and seek supervision and/or Peer Support, as necessary, to maintain appropriate boundaries with persons served.</td>
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<td>▪ Treat colleagues with respect, courtesy, fairness, and good faith, and uphold the Code of Ethics.</td>
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<td>▪ Strive to provide a safe environment that is respectful of the impact of trauma on persons served.</td>
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<tr>
<th>Education</th>
<th>Peer Providers:</th>
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<tr>
<td></td>
<td>▪ Remain current regarding new developments in recovery, resiliency and wellness theories, methods, and approaches of related disciplines/systems with whom those who are served interface.</td>
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<td>▪ Accept responsibility for continuing education and professional development as part of their commitment to provide high-quality services.</td>
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<td></td>
<td>▪ Become familiar with local resources for self-sufficiency, including benefits, employment opportunities, and supportive resources for families, parents, and caregivers.</td>
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<tr>
<th>Mutuality</th>
<th>Peer Providers:</th>
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<td></td>
<td>▪ Engage in a relationship of mutual responsibility through which power is shared, and the peer provider and the persons served are equally responsible for the peer relationship.</td>
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<td>▪ Take responsibility for voicing their own needs and feelings.</td>
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<td>▪ Make decisions in collaboration with persons served, and do not make decisions for persons served.</td>
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<td>▪ Ensure that people give and take the lead in discussions, that everyone is offered a chance to speak, and that decisions are made in collaboration with each other.</td>
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<td><strong>Reciproc</strong>ity</td>
<td><strong>Peer Providers:</strong></td>
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<td>▪ Ensure that the relationship is reciprocal. Every participant in the peer relationship both gives and receives in a fluid, constantly changing dynamic.</td>
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<td>▪ Believe that peer relationships do not have a hierarchy; no one is more qualified, advanced, or better than another.</td>
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<th><strong>Strengths-based</strong></th>
<th><strong>Peer Providers:</strong></th>
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<td></td>
<td>▪ Provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.</td>
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<td>▪ Focus on what is strong, not what is wrong.</td>
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<td></td>
<td>▪ Assist others to identify these strengths and explore how they can be used for their benefit.</td>
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<tr>
<th><strong>Wellness, Recovery and Resiliency</strong></th>
<th><strong>Peer Providers:</strong></th>
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<tr>
<td></td>
<td>▪ Engage in and model regular self-care activities.</td>
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<td>▪ Communicate and behave in ways that promote wellness, recovery, and resiliency.</td>
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<td>▪ Use language that reflects wellness, recovery, and resiliency principles.</td>
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<td></td>
<td>▪ Shall not impose limitations on the possibility for wellness, recovery, and resiliency of those served.</td>
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<td>▪ Recognize the importance of supportive relationships and community in wellness, recovery, and resiliency, and encourage persons to identify and develop natural supports.</td>
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<td></td>
<td>▪ Promote self-sufficiency in the wellness, recovery, and resiliency journey.</td>
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</tbody>
</table>

**Sources:**
- 41 Developmental Assets, San Mateo County
- Adolescent developmental assets
- Alaskan Core Competencies
- Amnesty International
- IAPS Survey on Peer Support values and standards
- IPSTA Code of Ethics (Iowa)
- National Alliance on Mental Illness: Values and Excellence
- National Association of Peer Providers Values & Standards Draft; 2012
- National Association of Social Workers Code of Ethics
- National Center on Trauma-Informed Care
- Northeast Behavioral Health Partnership (NBHP) PS Code of Ethics
- NM CPSW Code of Ethics
- Ohio Resiliency consensus and Ohio Resiliency principles of care
- Parent Support Provider Code of Ethics 2012 (NFFCMH)
- Recovery Innovations (RI) Employment Module with Code of Ethics
- SAMHSA’s 2012 Recovery Principles
- United Advocates for Children & Families Principles
- USPRA Code of Ethics
- Values Ethics Chart 11.7.12 (Gitane Williams)
- Wellness Wheel Adapted from Peggy Swarbrick
Appendix B: Peer Support Certification Informational Brief

Peer Support Specialist Certification Informational Brief

Peer Support is a relationship of mutual learning founded on the key principles of hope, equality, respect, personal responsibility, and self-determination. The services provided are evidence-based, nontraditional, therapeutic interactions between people who have a shared lived experience of a behavioral health challenge or the shared experience as a parent / family member of a person with a behavioral health challenge.

Further, Peer Support is about understanding another’s situation empathically, as a person with lived experience or family member. When people find affiliation with another whom they feel is “like” them, they feel a connection. This non-pathologizing connection or affiliation is a deep, holistic understanding based on mutual experience, where people are able to “be” with each other without the constraints of the traditional expert/patient or expert/family member relationship.

Peer Support is designed to:

- Inspire hope that recovery and increased resiliency are not only possible, but probable.
- Promote empowerment and self-determination.
- Create understanding of challenges and tools for overcoming challenges.
- Develop wellness skills and resiliency that allow individuals and families to achieve personal wellness.
- Allow members of the peer or family member community to try out new behaviors with one another and move beyond previously held self-limiting beliefs.
- Support non-peer support staff in identifying program environments that are conducive to wellness/recovery/resiliency, and to lend their unique insight into behavioral health challenges and severe emotional disturbance as well as what makes recovery and resiliency possible.

Peer Support is provided to individuals or groups in a variety of settings, including but not limited to:

- County clinics
- Community-based organizations
- Peer-operated centers and programs
- Natural community settings, including personal residences
- Inpatient settings
- Community service agencies, including schools, courts and primary care facilities
A Peer Specialist is:

- Someone who, first and foremost, has experiential knowledge themselves or as a parent or family member of the healing process of recovery/building resiliency, and can offer genuine compassion for the struggles, and hope that it is possible to come through those struggles stronger, with more clarity, and purpose, and respect for each individual’s personal journey.
- A practitioner who strategically utilizes his or her own personal recovery or family resiliency stories to support persons served to overcome barriers or struggles caused by behavioral health challenges.
- A practitioner who uses language and behaviors that support a relationship of mutuality and power sharing.
- A practitioner who provides services in a culturally relevant manner and assumes a position of cultural humility in interactions with others.
- A change agent in transforming the system to improve outcomes through the increased use of effective engagement to reduce the utilization of involuntary care and increase wellness, recovery, and resiliency-based voluntary services so that people served and families will become integrated and supported by their communities and be empowered to access the services that best serve their needs and/or to exit the public system of care.
- A practitioner who is trauma responsive.

Peer Support Specialist Certification

Services provided from the perspective of shared experience, as well as the values of mutuality and shared power, create a practice that is distinguished from other disciplines within the behavioral health workforce.

- Peer Support is a specific discipline that requires training to achieve competency.
- Peer support services differ from other existing mental health services in how they are provided.
- People with lived experience or family members may provide mental health and case management services as other qualified providers; however, a Peer Support Specialist is a person with lived experience who has been trained to provide the specific service of Peer Support.
- Peer Support Specialists may provide peer support as well as other existing mental health services such as rehabilitation, collaterals, and case management.
- A Peer Support Specialist Certification is needed to ensure:
  - Understanding of the role and scope of practice of Peer Support
  - Legitimacy of the role and service
  - Competency of the provider
  - Consistency across the system and between counties
  - The ability to bill Medi-Cal for the service
Certification Types

As a collaborative, Working Well Together recognizes the need to provide Peer Support across the lifespan, to individuals with behavioral health challenges as well as their family members across systems of care and in a holistic manner. To that end, we are proposing several Peer Specialist Certifications.

- Adult Peer Support Specialist
- TAY Peer Support Specialist
- Older Adult Peer Support Specialist
- Family Partner Support Specialist (Adult system)
- Parent Partner Support Specialist (Child and Youth system)
- Whole Health Peer Support Specialist
Appendix C: Draft Scope of Work

Peer Support Specialist
Scope of Practice

Area 1: Outreach
The Peer Support Specialist identifies outreach sites and provides information and education to individuals and families who may be in need of services.

Area 2: Engagement
The Peer Support Specialist utilizes a range of effective communication strategies and skills necessary to establish a collaborative relationship in order to engage persons served in recovery-oriented, person-centered care.

Area 3: Identify Needs and Strengths of Individuals
The Peer Support Specialist is knowledgeable about and utilizes formal and informal strengths-based assessment practices in order to respond to the needs, desires, and interests of the person served.

Area 4: Person-Centered Wellness and Recovery Planning
The Peer Support Specialist is knowledgeable about a range of participatory planning techniques and is skilled in partnering with the person served in the development of personal wellness and recovery plans.

Area 5: Holistic Approach to Service Provision
The Peer Support Specialist assumes a holistic view of the person both in their relationship and in how services are provided. This includes knowledge of cultural relevancy, trauma-informed care, and primary health care needs, as well as other mind, body, and spirit considerations.

Area 6: Facilitation of Services
The Peer Support Specialist strategically utilizes their personal recovery story and provides support and guidance specific to the unique needs of the person served, and recognizes the importance of friends, family, and community relationships.

Area 7: Advocacy and Stigma Reduction
The Peer Support Specialist is knowledgeable about the diverse challenges facing the person served, (e.g., human rights, stigma and discrimination, legal, administrative and financial), and identifies and effectively uses advocacy strategies to overcome such challenges.

Area 8: Cross-Training and Community Education
The Peer Support Specialist provides information, education, materials, and training to colleagues in other professional disciplines about Peer Support Services and values. The Peer Support Specialist provides community education about wellness, recovery, and resiliency, and focuses attention on education that reduces stigma and discrimination toward people with behavioral health challenges.

Area 9: Professional Development
The Peer Support Specialist engages in continuous learning to develop and refine skills, adheres to peer
values and the Code of Ethics, maintains the integrity of the peer role, attends to personal self-care and, by example, encourages a wellness lifestyle.

**Area 10: System and Legislative Change**
The Peer Support Specialist participates in local and state-level stakeholder processes, and collaborates with advocacy groups to effect change.

Sources:

1. DACUM Validation of DACUM Profile for Family Member Advocate, Parent Advocate and Parent Partner, 2011, California Mental Health Planning Council and California Institute for Mental Health.
2. DACUM competency profile for Behavioral Health Peer Specialist 2007, California Community College Economic and Workforce Development Program Health Initiative, Butte College.
Parent Partner and Family Partner
Scope of Practice

Area 1: Outreach
The Parent / Family Partner assists with identification of outreach sites, and provides information and education to parents, families, and primary caregivers who may be in need of services.

Area 2: Engagement
The Parent / Family Partner utilizes a range of effective communication strategies and skills necessary to establish a collaborative relationship in order to engage parents, families, and primary caregivers in wellness and family-driven care.

Area 3: Identification of Needs and Strengths
The Parent / Family Partner is knowledgeable about and utilizes formal and informal strengths-based assessment practices in order to respond to the needs, desires, and interests of parents, families, and primary care-givers.

Area 4: Family-Driven Wellness and Resiliency Planning
The Parent / Family Partner is knowledgeable about a range of participatory planning techniques and is skilled in partnering with the parent, family, or primary caregiver in family-driven resiliency and wellness planning.

Area 5: Holistic Approach to Service Provision
The Parent / Family Partner assumes a holistic view of the parent/family/primary care-giver in their relationship and in how services are provided. This includes knowledge of cultural relevancy, trauma-informed care, and primary health-care needs as well as other mind, body, and spirit considerations.

Area 6: Facilitation of Services
The Parent / Family Partner strategically utilizes his or her personal resiliency story to offer support and guidance specific to the unique needs of the parent/family/care-giver served, and recognizes the importance of friends, family, and community relationships.

Area 7: Advocacy and Stigma Reduction
The Parent / Family Partner is knowledgeable about the diverse challenges facing parents, families and primary caregivers, (e.g., human rights, stigma and discrimination, legal, administrative and financial), and identifies and effectively uses advocacy strategies to overcome such challenges.

Area 8: Cross-Training and Community Education
The Parent / Family Partner provides information, education, materials, and training to colleagues in other professional disciplines about Peer Support Services and Values. The Parent / Family Partner
provides community education about wellness, recovery, and resiliency, and focuses attention on education that reduces stigma and discrimination toward people and their families who face behavioral health challenges.

**Area 9: Professional Development**

The Parent / Family Partner engages in continuous learning to develop and refine skills, adheres to peer values and the Code of Ethics, maintains the integrity of the peer role, attends to personal self-care and, by example, encourages a wellness lifestyle.

**Area 10: System and Legislative Change**

The Parent / Family Partner participates in local and state-level stakeholder processes and collaborates with advocacy groups to effect change.

Sources:

1. DACUM Validation of DACUM Profile for Family Member Advocate, Parent Advocate and Parent Partner, 2011, California Mental Health Planning Council and California Institute for Mental Health.
2. DACUM competency profile for Behavioral Health Peer Specialist 2007, California Community College Economic and Workforce Development Program Health Initiative, Butte College.
Agenda for December 10th Meeting on Peer Specialist Certification
1500 Capitol Avenue, 2nd Floor, Conference Room 72.255
Call information.
1-866-742-3621 code is 4447058

Please arrive a few minutes prior to the meeting time so you can check in with our security desk. For questions prior to the meeting please contact Rita McCabe: (916) 440-7957

I. Welcome and Introductions — Rita McCabe

II. Presentation by Sharon Kuehn
   a. Background on the consumer/survivor/ex-patient and recovery movements
   b. CA Peer Support Coalition
   c. WWT

III. Presentation by Karin Lettau
   a. WWT work to date (2010–present)

IV. Presentation by Lucinda Dei Rossi and Debra Brasher
   a. Stakeholder meetings process

V. Review Stakeholders’ Recommendations
   a. Identify areas for discussion and strategies needed

VI. Additional issues
Department of Health Care Services and Working Well Together Meeting  
December 10, 2013, 1–3 p.m.

Minutes

**Attendance**  
Rita McCabe, Assistant Division Chief (DHCS); Shelly Osuna, Chief, Policy Section (DHCS); Erika Cristo, Staff Services Manager I (DHCS); Don Kingdon, Deputy Director (CMHDA); Kimberly Mayer, Associate Director (CiMH); Karin Lettau, Technical Assistance Coordinator, Southern Region (WWT); Sharon Kuehn, WWT Advisor, Social Inclusion Manager (PEERS); Sally Zinman, Executive Director (CAMHPRO); Ed Diksa, Consultant; Lucinda Dei Rossi, Consultant (Inspired at Work); Debra Brasher, Consultant (Inspired at Work). **Attendance via phone:** Fran Purdy, MEd, JD, Director of the Certification Commission (National Federation of Families for Children's Mental Health); Angela Tatum, Chief of Staff (UACF); Suzanne Tavano, Director, Marin County Mental Health and Substance Use Services; Chair of the Medi-Cal Committee (CMHDA) Uma Zykofsky, Division Chief, Mental Health Services Sacramento County (CMHDA)

I. Welcome by Rita McCabe and Introductions  
II. Review of Peer Certification efforts by Working Well Together  
   a. Sharon Kuehn presented background information on the consumer/survivor and recovery movements and provided additional background information on the California Peer Support Coalition, as a precursor to the current work being done by Working Well Together regarding Certification of Peer Support Specialists.
   b. Karin Lettau presented information on the work done through WWT on Peer Certification from 2010 to present. She described the extensive stakeholder process that resulted in three reports on Peer Certification:
   c. Briefly reviewed the 17 recommendations from the Final Report.
   d. A general discussion of peer certification was conducted. Issues included:
i. The importance of understanding that certification of persons with lived experience providing services is a separate issue from whether or not those certified peer providers bill Medicaid.

ii. Discussion of the question: How will going to a capitated system affect certification as well as the need to include peer services in a State Plan Amendment?

iii. The process of opening and changing the State Plan Amendment for Specialty Mental Health is lengthy and complicated.

iv. Discussed the general benefits of certification, which include increased quality control over the services and clearly defining Peer Support as a unique and separate discipline.
Working Well Together Meeting with Department of Rehabilitation
February 18, 2014, 1:30 p.m. – 3:00 p.m.

California Institute for Mental Health (CiMH)
2125 19th Street, 1st floor
Sacramento, CA 95818
Conference Room: Desert Palm
Conference Line: 916-552-6503

Agenda

I. Welcome and Introductions

II. The Benefits of Peer Support

III. Rationale for Certification

IV. Overview of the Process to Date

V. Review of the Key Stakeholder Recommendations for Certification

VI. The Potential Role of DOR in Certification and Employment

VII. Input and Feedback from DOR
Department of Rehabilitation and Working Well Together Meeting
February 18, 2014, 1:30–3 p.m.

| Attendance: Cheryl Adams, Mental Health Co-Operative Chief (Department of Rehabilitation); Lucinda Dei Rossi, Consultant (Inspired at Work); Debra Brasher, Consultant (Inspired at Work). Attendance via Phone: Kimberly Mayer, Associate Director (CiMH); Karin Lettau, Technical Assistance Coordinator, Southern Region (WWT); Sally Zinman, Executive Director (CAMHPro); Jessica Cruz, Executive Director (NAMI) |

I. Welcome and Introductions

II. PowerPoint presentation provided by consultants
   a. Reviewed research evidence on the benefits of Peer Support
   b. Presented the rationale for certification
   c. Provided an overview of the Stakeholder process to date

III. Reviewed the stakeholders’ 17 recommendations regarding certification
   a. Recommendation 1.2 – important to be able to show statewide agencies the specific curriculum content for training
   b. Recommendation 4 – who would do the site certification? Each county is responsible for site certification.
   c. Recommendation 7 – expressed agreement that it will be important to get statewide buy-in to assure consistency across the state.
   d. Recommendation 14 – WET monies are an appropriate funding source.
   e. Recommendation 16 – The service needs of consumers should drive the workforce need for Peer Support.

IV. The Potential Role of DOR
   a. From DOR’s perspective, it is important to develop education and career goals in order to ensure self-sufficiency. DOR would be concerned if entry-level Peer Support jobs do not have career ladder opportunities associated with them.
   b. DOR would expect to have employment opportunities widely available throughout the behavioral health system, including non-peer identified positions.

V. Input and Feedback from DOR
   a. It will be important for WWT to develop a plan and communication process that allows the process to evolve and change.
   b. It is important to have a clear job description and core competencies identified.

VI. Other Information
   a. Currently 25 counties have DOR/MH Co-operatives.
   b. Under re-alignment, no funding for the co-operatives was designated, resulting in a loss of mental health partners. However, DOR continues to work with each county co-op to best serve clients’ needs.
Appendix F: California Mental Health Directors Association
Agenda and Minutes

CMHDA All Directors Meeting Agenda
Thursday, April 10, 2014
10:00 AM—3:30 PM
Location: Courtyard by Marriott (Cal Expo)
1782 Tribute Road
Sacramento, CA 95815

10:00 am Call to Order/ Announcements
Tom Sherry, MFT, Sutter-Yuba Counties
President, CMHDA

10:10 am CMHDA Governing Board/ Policy Update
Tom Sherry
Robert Oakes, Executive Director, CMHDA

11:20 am CalMHSA Update
Wayne Clark, PhD

11:30 am CiMH Update
Sandra Naylor Goodwin, PhD, MSW

12:00 pm Lunch and County-to-County Discussion

1:00 pm Peer Support Certification: Advancing Wellness,
Recovery and Resiliency Practice, A Project of
Working Well Together: CiMH, CAMHPRO-
PEERS, NAMI California and UACF
Kimberly Mayer, MSSW,
Associate Director, CiMH
Debra Brasher, MS, CPRP,
Consultant, Inspired at Work
Lucinda Del Rossi, MPA, CPRP,
Consultant, Inspired at Work
Sharon Kushn, MAOS, WWT Project
Advisor/Social Inclusion Program
Manager, CAMHPRO-PEERS
Karin Lettau, MS, Working Well Together,
Southern Region Technical Assistance
Coordinator

1:45 pm Empowering Consumer Communities:
Introducing the California Association of Mental
Health Peer Run Organizations (CAMHPRO)
Sally Zirman, Executive Director,
CAMHPRO
Khatera Aslam, Treasurer, CAMHPRO;
Consumer Empowerment Manager,
Alameda County Behavioral Health
Care Services
Meghan Stanton, Secretary, CAMHPRO;
Executive Director, Consumers
Self Help Center
(Invited) Levind Gayle, Vice President,
CAMHPRO; Director of Office of
Consumer and Family Affairs, San Mateo
Behavioral Health and Recovery
Services

2:30 pm DHCS Update
Karen Baylor, PhD, DHCS

3:00 Adjourn
Tom Sherry

CMHDA All Directors Meetings are for CMHDA Members and Invited Guests Only
Please contact Monica Scott if you have any questions regarding attendance at mscott@cmhda.org
Working Well Together Presentation at the CMHDA Meeting 4.10.14

I. Presentation to the CMHDA by Working Well Together
   Presenters
   Sharon Kuehn, MAOS, WWT Project Advisor/Social Inclusion Program Manager, CAMHPRO-PEERS
   Karin Lettau, MS, WWT Southern Region Technical Assistance Coordinator
   Kimberly Mayer, MSSW, Associate Director, CiMH
   Debra Brasher, MS, CPRP, Inspired at Work
   Lucinda Dei Rossi, MPA, Inspired at Work

   Panelists
   Oscar Wright, Ph.D., Chief Executive Officer, United Advocates for Children and Families
   Angela Tatum, SPHR, Chief of Staff, United Advocates for Children and Families

II. Presentation Outline
   a. Introduction of WWT and its mission
   b. Description of certification project
   c. CMHDA recognition of WWT and certification
   d. Background information and research
   e. Stakeholder involvement
   f. Research evidence of Peer Support benefits
   g. Defining Peer Support as a distinct practice
   h. The case for certification
   i. Call to action
      i. Collaborate with WWT to incorporate Peer Support into the State Plan.
      ii. Recognize WWT partners as consumer and family member leadership.
      iii. Convene a task force made up of at least 51% consumers and family members.
      iv. Advocate for funding a peer project manager and additional funding for certification.

III. Discussion Questions from the Directors
   a. What exactly are you looking to fund under the request for funding for certification?
      Funding is needed for the infrastructure to develop a certification process, including an oversight body, curriculum content development, exam, and training.
b. When peers can already provide and bill for services, why do we need a specific service type?
People with lived experience who are currently working in systems of care can bill for services within their scope of practice. However, only approximately 11 counties are doing this. Working Well Together is seeking a State Plan Amendment that creates a new service called Peer Support and a new service provider called a Peer Support Specialist. Peer support services may include some types of rehabilitation services but also could be expanded to include services that are not currently billable under rehabilitation mental health services. For example, some states include socialization as a billable Peer Support Service. It is hoped that the inclusion of Peer Support becomes one way to provide recovery and resiliency-oriented services.

c. Can you speak to the concern that OSHPD’s interpretation of the MHSA is that it does not authorize the expenditure of funds for a certification process?
WWT has been in conversation with OSHPD about this issue. Under the current OSHPD WET plan, many of the elements that are necessary for certification are present as part of the plan for consumer and family member employment; however, the term “certification” is not included in the plan. One solution may be that the Planning Council could seek legislative action to include certification as a funding priority for general MHSA funds.

d. In my county, peer staff members are consciously NOT billing because of the concern that it can change the nature of the peer relationship due to the formalities of opening a case, charting, and billing for services. These are clinical tasks vs. Peer Support Services. Has this concern been considered?
It was a concern for the stakeholders as well. However, they overwhelmingly felt that this concern could be overcome by a defined scope of practice, code of ethics and values, and ongoing training to maintain “peerness.”
Appendix G: California Mental Health Planning Council Meeting
Agenda and Minutes

Working Well Together
Training and Technical Assistance Center

Working Well Together Meeting with the
California Mental Health Planning Council

April 29, 2014
1 p.m. – 2:30 p.m.

California Institute for Mental Health (CiMH)
2125 19th Street, 1st floor
Sacramento, CA 95818

Agenda

I. Welcome and Introductions

II. Review of the Research Paper for the Project

III. Overview of the Stakeholder Process and Peer Values

IV. Review of the Key Stakeholder Recommendations for Certification

V. Working Well Together “Asks”

VI. Input and Feedback from CMHPC
I. Welcome and Introductions

II. Review of the Research Paper for the Project
   a. Provided background information on Peer Certification and discussed Working Well
      Together (WWT) activity between 2011 and 2013.
   b. Gave a description of WWT and its purpose and partners.
   c. Clarified that the recipients of WWT technical assistance are counties and CBOs.
   e. Clarified issue about what peers are able to bill for now and in future.
   f. Discussed stakeholders’ recommendation that Peer Support be added as a service and
      Peer Support Specialist be recognized as a specific job title and function in the State Plan
      Amendment. There is some concern that creating a specific position would limit the use
      of Peer Support in counties.
   g. Another reason stakeholders support having a specific discipline is for purposes of portability between counties.
   h. Concern was raised that county directors may feel forced into hiring a “Peer Specialist” versus having the flexibility to hire someone with lived experience into any kind of job.
   i. Discussed the need to hire people with lived experience into any position as well as creating specific Peer Support Specialist positions.

III. Overview of the Stakeholder Process and Peer Values
   a. Reviewed the need to operationalize peer values in the development and implementation of certification.
   b. Reviewed Peer services as a distinct practice.
      i. Key distinctions are who does it and how it’s done
      ii. Does not exclude the provision of other services within his/her scope of practice
   c. Reviewed the Case for Certification.
      i. Lived experience + training + capabilities
      ii. Standardization across the state
      iii. Some counties have had bad experiences in the absence of support for peers, good hiring practices and training for peers
         1. Supervision support and coaching is essential for peer providers as well as all staff.
iv. Problems identified by stakeholders include: not enough jobs, role drift, not enough supervision or support on the job, as well as lack of preparation of existing workforce.

v. Discussed the inclusion of Peer Support in the State Plan Amendment. Although SPA language varies from state to state, the values of Peer Support are fairly consistent across the country.
   1. Opening the SPA is challenging and deserves careful consideration.
   2. Prop 30 is another consideration that needs to be reviewed.
   3. Open the SPA in the most minimalist way possible to get this done.

IV. Review of the Key Stakeholder Recommendations for Certification
   a. Reviewed several of the recommendations.
      i. Recommendation 4: Peer-operated agencies billing would create sustainability for these services.
      iii. Recommendation 6: Look at the state broadening the definition of the service recipient to include families and parents. This has been done by CMS just this past year.
      iv. Recommendation 9: Supervision is key to success. Supervisors are often unfamiliar with the role of peers or work done in community by peers. The recommendation is to require specific training for supervisors.
      v. Recommendation 10: Provide extensive training to the rest of the system to reduce the stigma in mental health settings.
      vi. Recommendation 11: Create welcoming environments and full integration.
      vii. Recommendation 16: Desired workforce minimum. Reasons include isolation of peers. Because peer-provided services are so effective, they should be consistently available to all persons wherever they live in California.

V. Working Well Together “Asks”
   a. Collaborate on the SPA and identification of the best course of action.
   b. Recognize the agencies of WWT as statewide leaders for certification in the event that WWT is no longer a distinct entity.
   c. Convene a task force with all the players at the table, with peers making up at least 51% of the group.
   d. Advocate for OSHPD to have a peer leader identified to work on certification. Advocacy to use WET funds.

VI. Review of resources and reports that have been developed.

VII. Other Issues
   a. Question on Home and Community-Based Waiver
      i. This is a technical question that the task force must deal with, requiring specific expertise and knowledge to figure out.
      ii. Currently the Home and Community-Based Waiver is being used for people with developmental disabilities.
iii. DHCS administrators have reported that they do not expect to seek this waiver for other populations.

VIII. Input and Feedback from CMHPC

a. Designated money for statewide WET funds is not likely to be re-allocated away from existing programs. A better strategy may be to seek legislation that allocates general MHSA funds for certification.

b. CMHPC has tasked staff with identifying the necessary roadmap for certification in California. The first step at this meeting will be to agree on the end goal.

c. CMHPC agrees that the certifying body as well as trainers and training agencies should be peer-operated agencies. However, since these generally are nonprofit organizations, a state agency should hold the funds and issue contracts for these services.

d. CMHPC expressed appreciation for the caliber of information and work-products that have been created.

e. Other suggested resources for planning purposes:

i. The CPRP credential can be examined for more details on the process and requirements for certification.

ii. Fran Purdy, previously with the National Federation of Families for Children’s Mental Health (NFFCMH), is a national expert on certification of families and parents. She is currently under contract with DHCS to provide consultation services.

f. Expectation is that the “map” will be completed by July. CMHPC will add people to the conversation and take it to the larger stakeholder group.
Appendix H: State Plan Amendment Sample Language

State Plan Amendment Language

Samples

Peer Support Specialists, Family Partners, Parent Partners

Peer-Operated Centers and Whole Health Peer Coaches

April 10, 2014
Adult System of Care Certified Peer Specialist
Sample SPA Language

Minnesota

Definition
Peer support defined as non-clinical peer support counseling, wrap-around continuum of services, individualized to the consumer, promotes socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, maintenance of skills learned in other support services, and the sharing of one’s personal experiences of recovery to inspire hope and recovery in others.

Components
Certified Peer Specialists provide non-clinical, person-centered, recovery-focused Medicaid-billable support services while helping to ensure the treatment plan reflects the needs and preferences of the person being served to achieve their measurable and individualized goals. The level of services provided must be determined on an individual basis, taking into account the intensity of the situation for the person receiving services, the experience of the Certified Peer Specialist, and the acuity of the beneficiary’s condition. These non-clinical, recovery-focused activities encouraging empowerment, self-determination, and decision-making are provided by a Certified Peer Specialist.

Billing code
H0038

Qualifications
To be employed as a Certified Peer Specialist (CPS) Level I, an individual must meet all of the following criteria:

Must be at least 21 years old

• Have a high school diploma or equivalent.
• Have or have had a primary diagnosis of mental illness.
• Have received or is currently receiving mental health services.
• Be willing to share their experience of recovery.
• Successfully complete the Department’s approved Certified Peer Specialist training and certification exam.

To be employed as a Certified Peer Specialist (CPS) Level II, an individual must meet all of the qualifications of a Certified Peer Specialist Level I and meet one or more of the following:

• Be qualified at the Mental Health Practitioner level as defined by Minnesota Statute 245.462, subdivision 17.
• Have at least 6,000 hours of supervised experience in the delivery of peer services to persons with mental illness.
• Have at least 4,000 hours of supervised experience in the delivery of services to persons with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to persons with mental illness.
Tennessee

Definition
Peer recovery support is an evidence-based practice for supporting people with mental illness and substance use disorders. Peer recovery support is provided by specially trained individuals who self-identify as having personally experienced a mental illness, substance use disorder, or co-occurring disorder, and who have successfully accessed the treatment and resources necessary to build their own personal recovery. This model is fostered in Tennessee through the Certified Peer Recovery Specialist Program, which is administered by the Office of Consumer Affairs and Peer Recovery Services. Certification expands professional employment opportunities for people who have lived experience of mental illness, substance use disorder, or co-occurring disorder.

Components
Certified Peer Recovery Specialists:

• Deliver unique services in the mental health and substance use systems.
• Provide Medicaid-billable services through provider agencies.
• Assist people by promoting self-directed recovery goals.
• Lead support groups, teach recovery education classes, and serve as role models, mentors, and advocates.

Billing Code
H0038

Qualifications
Certified Peer Recovery Specialists complete an intensive, 40-hour training program to learn how to provide peer-to-peer support to others and how to draw on their own experiences to promote wellness and recovery. Whether providing peer recovery services for employment or on a volunteer basis, Certified Peer Recovery Specialists adhere to a Code of Ethics and Scope of Activities, and are required to be supervised by a mental health or substance use disorder professional. Other qualifications include:

• 18 years of age or older.
• High school diploma or GED.
• Primary diagnosis of mental illness or co-occurring disorder (a single diagnosis of substance use disorder does not meet requirements).
• Self-identify as a person who has received or is receiving mental health or co-occurring services as part of his or her personal recovery process.
• Attend one of four recognized trainings.
• Demonstrate mastery of competencies through testing.
• Complete a minimum of 75 hours paid or volunteer work with adults diagnosed with mental illness or co-occurring disorders.
• Read, understand, and agree to TCPS Scope of Activities and TCPS Code of Ethics.
• Submit three professional letters of recommendation.
Children’s and Family System of Care Family or Parent Partner
Sample SPA Language

Maine

Definition
A structured, one-to-one, strength-based relationship for the purpose of resolving or ameliorating a youth’s emotional and behavioral needs by improving the capacity of the parent or caregiver to parent the youth so as to: (1) improve the youth’s functioning as identified in an outpatient or In-Home Therapy treatment plan or Individual Care Plan (ICP), for youth enrolled in Intensive Care Coordination (ICC); and (2) support the youth in the community or assist the youth in returning to the community.

Components
Family support and training includes the following components billed in 15-minute increments:

- Engage the parent or caregiver in activities in the home and community that are designed to address one or more goals on the youth’s treatment plan or ICP;
- Assist parent or caregiver in meeting the needs of the youth through educating, supporting, coaching, modeling, and guiding;
- Teach parent or caregiver how to network and link to community resources and treatment providers;
- Teach parent or caregiver how to advocate for services and resources to meet the youth’s needs;
- Guide and support linkage to individual, peer or parent support, and self-help groups for parent or caregiver;
- Participate on Care Planning Team (CPT) and attend CPT meetings;
- Direct time with providers (e.g., attendance at IEP, hospital discharge, treatment team, and other meetings);
- Discharge planning;
- Telephone support for parent or caregiver;
- Collateral contacts (phone and face-to-face);
- Member transportation provided by family support and training partner;
- Member outreach (up to 30 minutes); and
- Documentation (time spent completing required paperwork as outlined in the Performance Specifications).

Billing Code
H0038

Qualifications, Training and Supervision
Family support and training is delivered by strength-based, culturally and linguistically appropriate,
qualified paraprofessionals under the supervision of a licensed clinician. Minimum staff qualifications for a family partner include:

- Experience as a caregiver of a youth with special needs, and preferably a youth with mental health needs;
- Bachelor’s degree in a human services field from an accredited university and one (1) year of experience working with the target population;
  Or
- Associate’s degree in a human service field from an accredited school and one (1) year of experience working with children, adolescents or transition-age youth; or high school diploma or GED and a minimum of two (2) years of experience working with children, adolescents or transition-age youth;
- Experience in navigating any of the child- and family-serving systems, and teaching family members who are involved with the child- and family-serving systems; and
- A current, valid driver’s license and an automobile with proof of auto insurance.

**Tennessee**

**Definition**

A Certified Family Support Specialist (CFSS) is a person who has self-identified as the caregiver of a child or youth with an emotional, behavioral or co-occurring disorder and who has successfully navigated the child-serving systems to access treatment and resources necessary to build resiliency and foster success in the home, school, and community. This individual has successfully completed training recognized by TDMH on how to assist other caregivers in fostering resiliency in their child, based on the principles of resiliency and recovery.

**Components**

The Family Support Specialist Certification Program (FSSCP) provides state certification for individuals who perform direct caregiver-to-caregiver support services to families of children and youth with emotional, behavioral, or co-occurring disorders. Because of their life experience in caring for children with these disorders and navigating child-serving systems, Certified Family Support Specialists (CFSSs) are able to use their unique experience to inspire hope and provide support to others who are facing similar challenges. The FSSCP is based on the peer to-peer support model and the Peer Support Specialist Certification Program (PSSCP) of the Tennessee Department of Mental Health (TDMH). This program will allow Certified Family Support Specialists to provide a level of service and support beyond that of clinical staff.

The Certified Family Support Specialist can perform a wide range of tasks to assist caregivers in managing their child’s illness and fostering resiliency and hope in the recovery process. These direct caregiver-to-caregiver support services include, but are not limited to, developing formal and informal supports, assisting in the development of strengths-based family and individual goals, serving as an
advocate, mentor, or facilitator for resolution of issues that a caregiver is unable to resolve on his or her own, or providing education on system navigation and skills necessary to maintain a child with emotional, behavioral, or co-occurring disorders in their home environment.

Direct caregiver-to-caregiver support services provided by a Certified Family Support Specialist are a vital resource to assist families and others who are caring for children and youth with emotional, behavioral, or co-occurring disorders. To achieve the resiliency and recovery goals of the child and family, the CFSS promotes self-determination, personal responsibility, the skills, knowledge and confidence to be an effective advocate for his or her child, and inspires a sense of hope that resiliency and recovery are achievable goals.

Billing Code
H0038

Qualifications

Personal Experience

• Self-identify as being or having been the caregiver or family member of a child or youth with an emotional, behavioral, or co-occurring disorder.
• Personal experience regarding navigating the child-serving systems as the caregiver or family member of a child or youth with an emotional, behavioral or co-occurring disorder.
• Have actively participated for at least 12 consecutive months at any time during the past five years in service planning, system navigation, and building resiliency for a child or youth.
• Have a minimum of six months work experience (paid and/or volunteer) as a Peer Counselor, Support Group Facilitator, Family Support Provider, and/or Peer Educator.

Training

• Completion of the required evidence-based and/or best practice Family Support Specialist Training Programs currently recognized by TDMH.
• Mastery of competencies through testing and evaluation as required by the Family Support Specialist Training Programs recognized by TDMH.

Employment

• Be employed by an agency licensed by TDMH, or an accredited federal or federally-affiliated agency.
• Be under the direct supervision of a mental health professional as defined by TDMH.
• Provide direct peer-to-peer support services.
Combined Children’s and Adult System of Care Parent and Adult Peer Support
Sample SPA Language

Utah

Definition
Peers offer a unique perspective that clients find credible; therefore, Peer Support Specialists are in a position to build alliances, instill hope, and demonstrate that recovery is possible. Peer Support Services are provided to an individual, a group of individuals, or parents / legal guardians. “Peer Support Services” means face-to-face services that are provided for the primary purpose of assisting in the rehabilitation and recovery of adults with serious and persistent mental illness (SPMI) and children with serious emotional disturbances (SED). On occasion, it may be impossible to meet with the Peer Support Specialist, in which case a telephone contact with the client, or parent / legal guardian of a child with SED would be allowed. Through coaching, mentoring, role modeling, and as appropriate, using their own recovery stories as a recovery tool, Peer Support Specialists assist clients with their recovery goals.

Components
Individuals may also have co-occurring substance use disorders. SED is the inclusive term for children and adolescents whose emotional and mental disturbance severely limits their development and welfare over a significant period of time and requires a comprehensive coordinated system of care to meet their needs. For children with SED, Peer Support Services may be provided to their parents / legal guardians when the services are directed exclusively toward the treatment of the Medicaid-eligible child.

Peer Support Specialists assist clients in:

- Developing skills in several areas, including creation of recovery goals; daily and community living, including, when age appropriate, independently obtaining food, clothing, housing, medical care, and employment
- Socialization
- Adaptation and problem-solving
- Development and maintenance of healthy relationships and communication; combating negative self-talk and facing fears
- Regulation of emotions, including anger management
- Pursuing educational goals
- Securing and maintaining employment and overcoming job-related anxiety
- Peer Support Specialists also perform symptom monitoring and crisis prevention, and assist clients with recognition of health conditions affecting them and with symptom management.
Billing Codes
H0038

Qualifications
Peer Support Services are provided by certified support specialists. To become a certified support specialist, an individual must be at least age 18 and:

- a self-identified individual who is in recovery from SPMI or SED, and from co-occurring substance use disorders if co-morbidly diagnosed; or
- a parent of a child with SED or an adult who has an ongoing and personal relationship with a family member who is a child with SED; and
- successfully complete a Peer Support Specialist training curriculum designed to give Peer Support Specialists the competencies necessary to successfully perform Peer Support Services.
Adult System of Care Peer Operated Center Sample SPA Language

Georgia

Definition
This service provides structured activities within a Peer Support Center that promote socialization, recovery, wellness, self-advocacy, development of natural supports, and maintenance of community living skills. Activities are provided between and among individuals who have common issues and needs, are consumer motivated, initiated and/or managed, and who assist individuals in living as independently as possible. Activities must promote self-directed recovery by exploring consumer purpose beyond the identified mental illness; by exploring possibilities of recovery, by tapping into consumer strengths related to illness self-management (including developing skills and resources and using tools related to communicating recovery strengths, communicating health needs and concerns, and self-monitoring progress); by emphasizing hope and wellness; by helping consumers develop and work toward achievement of specific personal recovery goals (which may include attaining meaningful employment if desired by the individual); and by assisting consumers with relapse prevention planning. A Consumer Peer Support Center may be a stand-alone center or housed as a “program” within a larger agency, and must maintain adequate staffing support to enable a safe, structured recovery environment in which consumers can meet and provide mutual support.

1. A Peer Support Service may operate as a program within:
   - A freestanding Peer Support Center
   - A Peer Support Center that is within a clinical service provider
   - A larger clinical or community human service provider administratively, but with complete programmatic autonomy.

2. A Peer Support Service must be operated for no less than three days a week, no less than 12 hours a week, no less than four hours per day, typically during day, evening, and weekend hours. Any agency may offer additional hours on additional days in addition to these minimum requirements.

3. The governing board of a freestanding Peer Support Center must be composed of 75% consumers and must represent the cultural diversity of the population of the community being served. The board is encouraged to have either board members or operating relationships with someone who has legal and accounting expertise. For programs that are part of a larger organizational structure that is not consumer led and operated, the Peer Support Program must have an advisory body with the same composition as a freestanding Peer Support Center’s board. The board or advisory committee must have the ability to develop programmatic descriptions and guidelines (consistent with state and federal regulations, accreditation requirements, and sponsoring agency operating policies), to review and comment on the Peer Support Program’s budgets, to review activity offerings, and to participate in dispute resolution activities for the program.

4. Individuals participating in the service at any given time must have the opportunity to participate in and make decisions about the activities that are conducted or services offered...
within the Peer Support Program, and about the schedule of those activities and services, as well as other operational issues.

5. Regardless of organizational structure, the service must be directed and led by consumers themselves.

6. Peer Support may include meals or other social activities for purpose of building peer relationships, but meals cannot be the central or core activity offered. The focus of the service must be skill maintenance and enhancement and building individual consumers’ capacity to advocate for themselves and other consumers.

7. Peer Support cannot operate in isolation from the rest of the programs within the facility or affiliated organization. The program leader must be able to call multidisciplinary team meetings regarding a participating individual’s needs and desires, and a Certified Peer Specialist providing services for and with a participating individual must be allowed to participate in multidisciplinary team meetings.

8. “Out-of-Clinic” may be billed only when:

   • Travel by the practitioner is to a non-contiguous location; and/or
   • Travel by the practitioner is to a facility not owned, leased, controlled, or named as a service site by the agency that is billing the service (excepting visits to Shelter Plus sites); and/or
   • Travel is to a facility owned, leased, or controlled by the agency billing the service, but no more than 6 individuals are being served in the course of that day by a single practitioner in non-group services; and/or
   • Travel is to a facility owned, leased, controlled, or named as a service site by the agency, but no more than 24 individuals are being served in groups at that site in the course of a day. If the service does not qualify to be billed as “out of clinic,” then the “in-clinic” rate may still be billed.

**Billing Code**

H0038 HQ modifier

**Components**

A service philosophy reflects recovery principles as articulated by the Georgia Consumer Council, August 1, 2001. This philosophy must be actively incorporated into all services and activities and:

(a) View each individual as the director of his or her rehabilitation and recovery process
(b) Promote the value of self-help, peer support, and personal empowerment to foster recovery
(c) Promote information about mental illness and coping skills
(d) Promote peer-to-peer training of individual skills, social skills, community resources, and group and individual advocacy
(e) Promote the concepts of employment and education to foster self-determination and career advancement
(f) Support each individual to “get a life” using community resources to replace the resources of the mental health system no longer needed

(g) Support each individual to fully integrate into accepting communities in the least intrusive environment that promote housing of his or her choice

(h) Actively seek ongoing consumer input into program and service content so as to meet each individual’s needs and goals and foster the recovery process
Adult System of Care Whole Health Peer Support Sample SPA Language

Georgia

Definition
Peer Support Whole Health and Wellness is a service in which a wellness coach assists an individual with setting his or her personal expectations, introduces health objectives as an approach to accomplishing overall life goals, helps identify personal and meaningful motivation, and supports health and wellness self-management. The individual served should be supported to become the director of his or her health through identifying incremental and measurable objectives and action steps that make sense to the person and that can be used as a benchmark for future success.

Components

- Supporting the individual in building skills that enable whole health improvements
- Providing health support and coaching interventions about daily health choices
- Promoting effective skills and techniques that focus on the individual’s wellness self-management and health decision making
- Helping individuals set incremental wellness goals and providing ongoing support for the achievement of those goals

Billing Code
H0025 – Health and Wellness Supports

Qualifications

- An individual must be a certified Peer Support Specialist and complete specialized health training certification
- Uses the WHAM training, which teaches CPSs six major skills to:
  1. Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors
  2. Support the person in writing a whole health goal based on personal motivation and person-centered planning
  3. Support the person in creating and logging a weekly action plan
  4. Facilitate WHAM Peer Support Groups which create new health behaviors
  5. Build the person’s Relaxation Response skills to manage stress
  6. Build the person’s cognitive self-management skills to avoid negative thinking
- Allows CPSs to provide the service with technical medical advice and referral support from behavioral health nurses, as necessary.
DACUM Competency Profile for a Behavioral Health Peer Specialist

A Behavioral Health Peer Specialist is one who supports and educates clients and family members to successfully navigate systems toward the goal of community integration and overall health and well-being.

Duty

A. Outreach to prospective clients and family members

Tasks

A-1 Identify underserved, unserved, and inappropriately served clients and family members in your community
A-2 Identify potential community outreach sites, including within locked facilities
A-3 Identify site-specific outreach approaches
A-4 Initiate relevant contact with identified sites and/or individuals
A-5 Participate in clients and family members outreach activities
A-6 Evaluate outreach results

Duty

B. Engage clients and family members in wellness and recovery

Tasks

B-1 Provide a safe and secure physical environment for emotional expression
B-2 Establish rapport and trust
B-3 Explain limits of confidentiality
B-4 Inform clients and family members of relevant rights
B-5 Explore reason(s) for encounter
B-6 Explain scope and availability of service
B-7 Explore possible plans of action
B-8 Utilize relevant self disclosure
B-9 Utilize harm reduction techniques
B-10 Complete initial contact sheet
Duty

C. Assess needs and strengths of clients and family members

Tasks

C-1 Obtain “snapshot” of natural supports and living conditions
C-2 Determine if (offsite) visit is appropriate, permissible, and welcome
C-3 Identify issues and concerns
C-4 Determine if basic life needs are met
C-5 Prioritize major issue(s)
C-6 Validate prior attempts to solve problems
C-7 Assist in identification of clients and family members core gifts
C-8 Provide relevant referrals
C-9 Promote routine physical health care
C-10 Review clients’ and family members’ knowledge of relevant rights

Duty

D. Assist in the development of a plan for recovery

Tasks

D-1 Reach agreement on shared decision making
D-2 Introduce problem-solving strategies
D-3 Brainstorm options and solutions
D-4 Facilitate the formation of short-term objectives and long-term goals
D-5 Assist clients and family members in identifying markers toward goal attainment
D-6 Determine depth of involvement of natural support systems
D-7 Initiate discussion about exiting or transitions
D-8 Obtain confirmation with clients and family members on true representation of plan
D-9 Submit plan of recovery services signed by clients and family members
Duty

E. Provide culturally competent services

Tasks

E-1 Learn about clients and family members’ unique culture
E-2 Honor clients and family members’ core values
E-3 Provide services that are linguistically and culturally diverse
E-4 Work with health care interpreters
E-5 Utilize existing CBOs with cultural programs and services
E-6 Maintain sensitivity to cultural differences in conflict resolution
E-7 Participate in ongoing training about issues of client culture and other diversities

Duty

F. Provide support and guidance in clients’ and family members’ plan implementation

Tasks

F-1 Continue to assist clients and family members in achievement of stated goals
F-2 Broker with other staff specialists for most accurate information and resources
F-3 Broker with other agencies for programs and services
F-4 Provide information to clients and family members on available resources
F-5 Provide advocacy for clients and family members with the multidisciplinary team
F-6 Provide advocacy for clients’ and family members’ plan with community services and agencies
F-7 Teach clients and family members to navigate systems (i.e., SSI, transportation, housing, legal schools, corrections)
F-8 Facilitate wellness and recovery support groups
F-9 Offer peer counseling
F-10 Act as a buddy in accessing services and systems
F-11 Provide emotional support to clients and family members in doing new things
F-12 Attend clients and family members meetings (i.e., schools, criminal justice, behavioral health, discharge)
F-13 Provide life coaching and life management skills
F-14 Facilitate clients and family members in self-help training and education
F-15 Promote self-advocacy skills
F-16 Assist with discharge and transition planning
F-17 Maintain follow-up contact

Duty

G. Provide community education

Tasks

G-1 Promote recovery language
G-2 Respond to requests for presentations
G-3 Participate in positive media coverage (print, broadcast)
G-4 Assist in the development of special events to support wellness and recovery
G-5 Present clients and family members perspective and wellness and recovery principles to community groups
G-6 Present clients and family members perspective and wellness and recovery principles in academic settings
G-7 Assist in development and production of educational materials
G-8 Distribute educational materials
G-9 Provide current information for websites
G-10 Assist in providing crisis intervention training

Duty

H. Promote professional development

Tasks

H-1 Maintain peer quality in your role
H-2 Explore evolving duality of relationships
H-3 Model recovery resilience, wellness, and hope in your professional role
H-4 Learn and use recovery language
H-5 Attend to your self care
H-6 Encourage a wellness lifestyle
H-7 Develop and maintain a peer network
H-8 Develop mentoring and support systems
H-9 Adhere to established agency policies and procedures
H-10 Participate in development of peer code of conduct and/or code of ethics
H-11 Work toward reducing stigma and discrimination
H-12 Establish and periodically review job description with staff and supervisor
H-13 Advocate for expansion of programs and resources for clients and family members
H-14 Be available to clients and family members
H-15 Follow through on verbal contracts with clients and family members
H-16 Keep promises with clients and family members
H-17 Represent MHSA principles at all community-based meetings
H-18 Review, implement, and evaluate county MHSA plans and REPs
H-19 Assist in the development of Peer Support Trainings
H-20 Provide ongoing education on value of peer support for staff (agency)
DACUM Competency Profile for

BEHAVIORAL HEALTH
PEER SPECIALIST
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General Knowledge and Skills

- Accessibility issues
- Active listening
- ADA training and information
- Awareness of own cultural bias
- Basic literacy
- Boundaries
- Build rapport
- Civil Service training
- Computer literate
- Conflict resolution
- Crisis management and risk assessment
- Crisis training (CIT)
- Cultural competence and sensitivity
- Engagement skills
- Foundational communication resources
- HIPAA
- Hopeful
- How to work with an interpreter
- Know power of language
- Lanterman, Petris and Short (LPS)
- Mediation skills
- Mental health in general
- Mental health laws and patient rights
- Mental Health Services Act
- Navigational skills at various mental health organizations
- Openness to new ideas
- Peer counseling
- Public speaking
- Reflective listening
- Self-advocacy skills
- Self-help philosophy
- Teach basic life skills
- Web savvy
- Wellness and Recovery Action Plan (WRAP)
- Wellness and recovery principles
Worker Characteristics and Behaviors

- Able to multi-task
- Able to teach
- Accepting
- Be available
- Cheerful
- Clean & sober
- Creative
- Dependable
- Don’t leave; stick with it
- Don’t take self too seriously
- Empathetic
- Follow through
- Forthright
- Genuine
- Give yourself permission to be human
- Good listener
- Good role model
- Grounded
- Honest
- Hopeful
- In their own recovery
- Keep promises
- Kind
- Know your personal limitations
- Knowledgeable
- Optimistic
- Organized
- Patient
- Peacemaker
- Professional
- Responsible
- Self-care observant
- Sense of humor
- Team player
- Timely—time management
- Trustworthy
- Welcoming
- Well-developed support group
- Willing to learn
Tools, Equipment, Supplies, and Materials

- Access to transportation
- Cell phone (Blackberry)
- Computer with internet access
- Computer programs, including PowerPoint
- Daily planner / PDA
- Dedicated work space (group capacity)
- Desk
- E-mail account
- Forms in PDF format
- Hotline
- iPhone
- Locked file
- Pager
- Resource materials (from NAMI, SAMSHA,
- CIMH, CA Network of Mental Health
- Clients, Mental Health Associations of CA,
- MHSA, United Advocates for Children and
- Families)
- Self-help materials
- Warm Line
- Water/food basics
- Wellness recovery materials
Future Trends and Concerns

1. Misusing Peer staff in other services & programs other than Peer
2. Dilution of Peer role, as a team member
3. Differential of pay/salary to Peer staff
4. Assuring Peer-input/perspective in policy
5. The use of MHSA money for non-transformative programs & services
6. Electronic records – confidentiality
7. Peer staff being socially included in workplace
8. Regular MH services being cut – MHSA supplantation
9. Loss of privacy for Peer staff (i.e. their therapist is in their workplace)
10. Web as source of info/referral
11. Expanded role of peer staff
12. Develop job specs to hire clients, family, & parents
13. Increase numbers hired
14. Increase understanding of recovery by all staff
15. Not lose sight of transformation
16. Peer Employee Organizations (like e.g., NASW)
17. Move to evidence-based or promising treatment
Appendix I: DACUM for Parent/Family Partner

Validation of DACUM Profile for

Family Member Advocate, Parent Advocate and Parent Partner

June 30, 2011

Produced by:
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OVERVIEW OF THE DACUM VALIDATION OF FAMILY MEMBER ADVOCATES, PARENT ADVOCATES AND PARENT PARTNERS

The employment of family member advocates, parent advocates, and parent partners is vital to the transformation of the public mental health system. In order to increase the capacity of family member advocates, parent advocates, and parent partner participation in the public mental health system, county mental health departments have developed the peer support specialist, peer advocate positions for clients in the adult system of care, parent partner or family advocate positions for the children’s system of care. Understanding the functions, duties, knowledge, skills, and abilities of these vital occupations is critical to developing additional training programs and being able to expand career mobility opportunities for individuals who are working within these occupations.

This family member advocate, parent advocate, parent partner DACUM validation will allow for a more standardized review of the roles and responsibilities of family member advocates, parent advocates, and partner partners in the public mental health system. In addition, the validated DACUM will enable employers to determine the training that will best enhance the work of these critical occupations, allowing organizations to develop career ladders that link to other professions. Lastly, the validated DACUM will assist in documenting the differentiation of duties, roles, and responsibilities of family member advocates, parent advocates, and parent partner advocates, who are dealing exclusively with issues of aiding parents who have a child in need of or receiving public mental health services.

WHY A DACUM VALIDATION?

Developing A Curriculum (DACUM) is one strategy that can be utilized to increase the quality and relevancy of professions in California’s public mental health system. DACUMs are a nationally recognized, standardized approach to job analysis that produces a complete job profile, establishing a foundation for revising or developing curricula to create a better match between what individuals learn and the skills and abilities they will need in a work setting.

The profile chart that results from the DACUM analysis is a detailed and graphic portrayal of the skills or competencies involved in the occupation being studied. The DACUM analysis can be used as a basis for (1) curriculum development, (2) training needs assessments, (3) student achievement records, (4) worker performance evaluations, (5) competency test development, and (6) job descriptions.

DACUM has been successfully used to analyze occupations at the professional, technical, skilled, and semiskilled levels. DACUM operates on the following three premises: (1) expert workers can describe and define their job more accurately than anyone else, (2) an effective way to describe a job is to define the tasks that expert workers perform, and (3) all tasks, in order to be performed correctly, demand certain knowledge, skills, tools, and attitudes.
The DACUM process typically results in the identification of a panel of experts who identify duties and tasks that define what successful workers in a particular job or cluster of related jobs must be able to do. In addition, panelists identify knowledge, skills, abilities, characteristics, tools and equipment. In some instances panelist can be facilitated to provide information on future trends and concerns, as well as, training and career pathways information. The DACUM may then be submitted to a larger group of similarly select workers for validation purposes.

A validation of a DACUM enables one to have a broader, shared, understanding of the occupation which increases the externalizability of the findings. Externalizability means that the information or inferences about the occupation obtained during the DACUM process posses a degree of external validity and conclusions drawn about the occupation do actually apply to people in other geographic locations who are in the occupation. The process involves broadly sharing the DACUM with additional occupational experts, correlating information with standardized Employment Development Departments listing of Occupational Employment System knowledge, skills, abilities for occupations, and publishing the DACUM for critique.

**OVERVIEW of the COMPONENTS VALIDATED DACUM**

The Components of this Validated DACUM included the following:

- Description of the Occupational Role
- Listing of DACUM Reviewers
- Tools, Equipment, Supplies, and Materials
- Recommended Training Topics
- Future Trends, Issues, and Concerns
- General Knowledge, Skills and Abilities
- Occupational Employment System Listing of Correlated KSA
- Worker Characteristics and Behaviors
- Occupational Employment System Listing of Correlated Characteristics
OCCUPATIONAL ROLE

Parent Advocate and Parent Partner is one who advocates, supports, educates and empowers parents and primary caregivers to successfully navigate systems towards the goal of community integration and overall health and well-being. (Working Well Together, 2008)

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Tools, Equipment, Supplies and Materials

Access to transportation  Notebook computers
Accounting Software  Personal computers
Cell Phone  Personal digital assistant PDAs or organizers
Data base user interface and query software  Resource Materials
Desktop computers  Self-help materials
Electronic mail software  Software
E-mail Account  Spreadsheet software — Microsoft Excel
Financial analysis software  Warm-line
Forms in PDF

Future Trends, Issues and Concerns

- Misusing Parent Advocate and Parent Partner staff in ways other than their intended purpose (scope of work)
- Dilution of Parent Advocate role and as a team member
- Accommodations for parent advocate and parent partners who are raising special needs children
- Differential of pay/salary to Peer staff
- Assuring Parent Advocate-input/perspective in policy and development
- Use of MHSA money for non-transformative programs and services
- Electronic records and confidentiality
- Regular mental health services being cut—MHSA sup plantation
- Expanded role of parent advocate staff
- Develop job specifications to hire clients/family & parents
- Increase number hired
- Increase understanding of parent advocate role by all staff
- Do not lose sight of transformation

General Knowledge, Skills and Abilities

<table>
<thead>
<tr>
<th>Accessibility Issues</th>
<th>Knowledge of Children’s System of Care Guidelines and Principles</th>
<th>Lanterman, Petris and Short (LPS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active Listening</td>
<td>Knowledge of Evidence-based practice, promising practices, and community-based evidence practices</td>
<td>Mediation Skills</td>
</tr>
</tbody>
</table>
The following section outlines the selected corresponding knowledge skills and abilities (KSA) used by the California Employment Development, Occupational Employment Systems, profiling division (EDD). These KSA were selected by Validation participants based upon DACUM participant responses. These KSA are market ready areas that would be required of any applicant. The KSA have been assigned to describe those required of direct service providers and those required by administrators.

DIRECT SERVICE PROVIDERS

KNOWLEDGE

- **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

- **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology.

- **Law and Government** — Knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and the democratic political process.

SKILLS
• **Active Listening** - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at

• **Speaking** - Talking to others to convey information effectively.

• **Writing** - Communicating effectively in writing as appropriate for the needs of the audience.

• **Reading Comprehension** - Understanding written sentences and paragraphs in work related documents.

• **Judgment and Decision Making** - Considering the relative costs and benefits of potential actions to choose the most appropriate one.

• **Critical Thinking** - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

• **Complex Problem Solving** - Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.

• **Time Management** — Managing one's own time and the time of others.

• **Coordination** — Adjusting actions in relation to others’ actions.

• **Persuasion** — Persuading others to change their minds or behavior

• **Service Orientation** — Actively looking for ways to help people.

• **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do.

• **Instructing** — Teaching others how to do something.

**ABILITIES**

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Problem Sensitivity** - The ability to tell when something is wrong or is likely to go wrong. It do

• **Deductive Reasoning** - The ability to apply general rules to specific problems to produce answers that make sense.

• **Speech Clarity** - The ability to speak clearly so others can understand you

• **Oral Comprehension** - The ability to listen to and understand information and ideas presented through spoken words and sentences.

• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Oral Comprehension** - The ability to listen to and understand information and ideas presented through spoken words and sentences.

• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Written Expression** - The ability to communicate information and ideas in writing so others will understand.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.

• **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them.
- develop policies, procedures, methods, or standards

- **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others.

**ADMINISTRATORS**

**KNOWLEDGE**

- **Customer and Personal Service** — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

- **Administration and Management** — Knowledge of business and management principles involved in strategic planning, resource allocation, human resources

- **Economics and Accounting** — Knowledge of economic and accounting principles and practices, the financial markets, banking and the analysis and reporting of financial data.

- **Mathematics** — Knowledge of arithmetic, algebra, geometry, calculus, statistics, and their applications.

- **Clerical** — Knowledge of administrative and clerical procedures and systems such as word processing, managing files and records, stenography and transcription, designing forms, and other office procedures and terminology.

- **Law and Government** — Knowledge of laws, legal codes, court procedures, precedents, government regulations, executive orders, agency rules, and the democratic political process.

- **Personnel and Human Resources** — Knowledge of principles and procedures for personnel recruitment, selection, training, compensation and benefits, labor relations and negotiation, and personnel information systems.

- **Education and Training** — Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

- **Communications and Media** — Knowledge of media production, communication, and dissemination techniques and methods. This includes alternative ways to inform and entertain via written, oral, and visual media.

- **Public Safety and Security** — Knowledge of relevant equipment, policies, procedures, and strategies to promote effective local, state, or national security operations for the protection of people, data, property, and institutions.

**SKILLS**

- **Active Listening** - Giving full attention to what other people are saying, taking time to understand the points being made, asking questions as appropriate, and not interrupting at

- **Speaking** - Talking to others to convey information effectively.

- **Writing** - Communicating effectively in writing as appropriate for the needs of the audience.

- **Reading Comprehension** - Understanding written sentences and paragraphs in work related documents.

- **Judgment and Decision Making** - Considering the relative costs and benefits of potential actions to choose the most appropriate one.

- **Monitoring** - Monitoring/Assessing performance of yourself, other individuals, or organizations to make improvements or take corrective action.
• **Critical Thinking** - Using logic and reasoning to identify the strengths and weaknesses of alternative solutions, conclusions or approaches to problems.

• **Complex Problem Solving** - Identifying complex problems and reviewing related information to develop and evaluate options and implement solutions.

• **Time Management** — Managing one's own time and the time of others.

• **Coordination** — Adjusting actions in relation to others' actions.

• **Management of Personnel Resources** — Motivating, developing, and directing people as they work, identifying the best people for the job.

• **Persuasion** — Persuading others to change their minds or behavior

• **Service Orientation** — Actively looking for ways to help people.

• **Social Perceptiveness** — Being aware of others' reactions and understanding why they react as they do.

• **Learning Strategies** — Selecting and using training/instructional methods and procedures appropriate for the situation when learning or teaching new things.

• **Systems Analysis** — Determining how a system should work and how changes in conditions, operations, and the environment will affect outcomes.

• **Instructing** — Teaching others how to do something.

• **Management of Financial Resources** — Determining how money will be spent to get the work done, and accounting for these expenditures.

• **Quality Control Analysis** — Conducting tests and inspections of products, services, or processes to evaluate quality or performance.

**ABILITIES**

• **Oral Expression** - The ability to communicate information and ideas in speaking so others will understand.

• **Problem Sensitivity** - The ability to tell when something is wrong or is likely to go wrong. It do

• **Deductive Reasoning** - The ability to apply general rules to specific problems to produce answers that make sense.

• **Speech Clarity** - The ability to speak clearly so others can understand you

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• **Written Comprehension** - The ability to read and understand information and ideas presented in writing.

• **Written Expression** - The ability to communicate information and ideas in writing so others will understand.
• **Coaching and Developing Others** — Identifying the developmental needs of others and coaching, mentoring, or otherwise helping others to improve their knowledge or skills.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.

• **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them.
  
  o develop policies, procedures, methods, or standards

• **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others.
Worker Characteristics/Behaviors

<table>
<thead>
<tr>
<th>Able to multi-task</th>
<th>Give Yourself permission to be Human</th>
<th>Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Able to teach</td>
<td>Good Listener</td>
<td>Self-care observant</td>
</tr>
<tr>
<td>Accepting</td>
<td>Good role model</td>
<td>Sense of Humor</td>
</tr>
<tr>
<td>Be available</td>
<td>Grounded</td>
<td>Team Player</td>
</tr>
<tr>
<td>Cheerful</td>
<td>Honest</td>
<td>Timely-Time management</td>
</tr>
<tr>
<td>Clean &amp; Sober</td>
<td>Hopeful</td>
<td>Trustworthy</td>
</tr>
<tr>
<td>Communication Skills</td>
<td>Keep Promises</td>
<td>Welcoming</td>
</tr>
<tr>
<td>Creative</td>
<td>Kind</td>
<td>Willing to Learn</td>
</tr>
<tr>
<td>Dependable</td>
<td>Know your personal limitations</td>
<td></td>
</tr>
<tr>
<td>Don’t leave/stick with it</td>
<td>Knowledgeable</td>
<td></td>
</tr>
<tr>
<td>Don’t take self too seriously</td>
<td>Optimistic</td>
<td></td>
</tr>
<tr>
<td>Empathetic</td>
<td>Organized</td>
<td></td>
</tr>
<tr>
<td>Follow through</td>
<td>Patient</td>
<td></td>
</tr>
<tr>
<td>Fortright</td>
<td>Peacemaker</td>
<td></td>
</tr>
<tr>
<td>Genuine</td>
<td>Professional</td>
<td></td>
</tr>
</tbody>
</table>

The following section outlines the selected corresponding characteristics used by the California Employment Development, Occupational Employment Systems, profiling division (EDD). These Characteristics were selected by Validation participants based upon DACUM participant responses. These characteristics are market ready areas that would be required of any applicant.

**DIRECT SERVICE PROVIDERS**

**CHARACTERISTICS**

- **Selling or Influencing Others** — Convincing others to buy merchandise/goods or to otherwise change their minds or actions.
- **Getting Information** — Observing, receiving, and otherwise obtaining information from all relevant sources.
- **Performing for or Working Directly with the Public** — Performing for people or dealing directly with the public. This includes serving customers in restaurants and stores, and receiving clients or guests.
- **Establishing and Maintaining Interpersonal Relationships** — Developing constructive and cooperative working relationships with others, and maintaining them over time.
- **Making Decisions and Solving Problems** — Analyzing information and evaluating results to choose the best solution and solve problems.
  - approve or deny credit applications
  - approve or deny loans
- **Communicating with Persons Outside Organization** — Communicating with people outside the organization, representing the organization to customers, the public, government, and other external sources. This information can be exchanged in person, in writing, or by telephone or e-mail.
• **Organizing, Planning, and Prioritizing Work** — Developing specific goals and plans to prioritize, organize, and accomplish your work.

• **Documenting/Recording Information** — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form

• **Communicating with Supervisors, Peers, or Subordinates** — Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

• conduct or attend staff meetings

• **Monitor Processes, Materials, or Surroundings** — Monitoring and reviewing information from materials, events, or the environment, to detect or assess problems.

• **Relevant Knowledge** — Keeping up-to-date technically and applying new knowledge to your job.
  - use government regulations
  - use negotiation techniques

• **Interpreting the Meaning of Information for Others** — Translating or explaining what information means and how it can be used.

• **Provide Consultation and Advice to Others** — Providing guidance and expert advice to management or other groups on technical, systems-, or process-related topics.

• **Judging the Qualities of Things, Services, or People** — Assessing the value, importance, or quality of things or people.

• **Thinking Creatively** — Developing, designing, or creating new applications, ideas, relationships, systems, or products, including artistic contributions.

• **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others

• **Performing Administrative Activities** — Performing day-to-day administrative tasks such as maintaining information files and processing paperwork.
  - prepare reports for management
  - prepare required government reports

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**ADMINISTRATORS**

**CHARACTERISTICS**

• **Selling or Influencing Others** — Convincing others to buy merchandise/goods or to otherwise change their minds or actions.

• **Getting Information** — Observing, receiving, and otherwise obtaining information from all relevant sources.

• **Interacting With Computers** — Using computers and computer systems (including hardware and software) to program, write software, set up functions, enter data, or process information.

• **Performing for or Working Directly with the Public** — Performing for people or dealing directly with the public. This includes serving customers in restaurants and stores, and receiving clients or guests.

• **Establishing and Maintaining Interpersonal Relationships** — Developing constructive and cooperative working relationships with others, and maintaining them over time.

• **Making Decisions and Solving Problems** — Analyzing information and evaluating results to choose the best solution and solve problems.
  - approve or deny credit applications
  - approve or deny loans
• **Communicating with Persons Outside Organization** — Communicating with people outside the organization, representing the organization to customers, the public, government, and other external sources. This information can be exchanged in person, in writing, or by telephone or e-mail.

• **Organizing, Planning, and Prioritizing Work** — Developing specific goals and plans to prioritize, organize, and accomplish your work.

• **Documenting/Recording Information** — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form.

• **Communicating with Supervisors, Peers, or Subordinates** — Providing information to supervisors, co-workers, and subordinates by telephone, in written form, e-mail, or in person.

• conduct or attend staff meetings

• **Developing and Building Teams** — Encouraging and building mutual trust, respect, and cooperation among team members.

• **Evaluating Information to Determine Compliance with Standards** — Using relevant information and individual judgment to determine whether events or processes comply with laws, regulations, or standards.

• **Monitor Processes, Materials, or Surroundings** — Monitoring and reviewing information from materials, events, or the environment, to detect or assess problems.

• **Processing Information** — Compiling, coding, categorizing, calculating, tabulating, auditing, or verifying information or data.
  - compile data for financial reports
  - review loan applications

• **Relevant Knowledge** — Keeping up-to-date technically and applying new knowledge to your job.
  - use government regulations
  - use negotiation techniques

• **Interpreting the Meaning of Information for Others** — Translating or explaining what information means and how it can be used.

• **Provide Consultation and Advice to Others** — Providing guidance and expert advice to management or other groups on technical, systems-, or process-related topics.

• **Judging the Qualities of Things, Services, or People** — Assessing the value, importance, or quality of things or people.

• **Analyzing Data or Information** — Identifying the underlying principles, reasons, or facts of information by breaking down information or data into separate parts.
  - analyze financial data
  - analyze market conditions
  - analyze operational or management reports or records
  - conduct financial investigations
  - identify financial risks to company

• **Guiding, Directing, and Motivating Subordinates** — Providing guidance and direction to subordinates, including setting performance standards and monitoring performance.
  - assign work to staff or employees

• **Coaching and Developing Others** — Identifying the developmental needs of others and coaching, mentoring, or otherwise helping others to improve their knowledge or skills.

• **Scheduling Work and Activities** — Scheduling events, programs, and activities, as well as the work of others.

• **Thinking Creatively** — Developing, designing, or creating new applications, ideas, relationships, systems, or products, including artistic contributions.

• **Training and Teaching Others** — Identifying the educational needs of others, developing formal educational or training programs or classes, and teaching or instructing others.
- **Coordinating the Work and Activities of Others** — Getting members of a group to work together to accomplish tasks.
- **Developing Objectives and Strategies** — Establishing long-range objectives and specifying the strategies and actions to achieve them.
  - develop policies, procedures, methods, or standards
- **Resolving Conflicts and Negotiating with Others** — Handling complaints, settling disputes, and resolving grievances and conflicts, or otherwise negotiating with others
- **Performing Administrative Activities** — Performing day-to-day administrative tasks such as maintaining information files and processing paperwork.
  - prepare reports for management
  - prepare required government reports
- **Staffing Organizational Units** — Recruiting, interviewing, selecting, hiring, and promoting employees in an organization.
- **Monitoring and Controlling Resources** — Monitoring and controlling resources and overseeing the spending of money.
  - develop budgets
  - develop management control systems
  - monitor credit extension decisions
Validation of DACUM Competency Profile for a Parent Advocate and Parent Partner

<table>
<thead>
<tr>
<th>Functional Duties</th>
<th>Tasks</th>
</tr>
</thead>
</table>
| **A** Outreach: Parents and Primary Caregivers | A-1 Identify in collaboration with other systems children and families, who are unserved, underserved and inappropriately served in your community/serv ice area.  
A-2 Identify potential community outreach sites, including locked facilities.  
A-3 Identify and initiate specific SPA outreach approaches  
A-4  
A-5 |
| **B** Engage: Parents and Primary Caregivers in Wellness and Family-driven Care | B-1 Provide a safe secure physical environment for emotional expression  
B-2 Establish rapport, trust, and empowerment  
B-3 Explain limits of confidentiality  
B-4 Inform and review their rights  
B-5 engage family’s input  
B-6 Explain scope and availability of services in different programs that apply including evidence-based  
B-7 Explore with parents or primary caregivers possible plans of action  
B-8 Share appropriate storytelling of personal experience  
B-9 Complete satisfaction survey  
B-10 Understand aspects of stigma, shame, blame, and mitigate instances of this occurring |
| **C** Identification: Needs and Strengths of Parents and Primary Caregivers | C-1 Obtain informal assessment of natural supports and living conditions  
C-2 Explain that offsite visits are appropriate and determined by the family  
C-3 Assist parents and primary caregivers in identifying their issues and goals  
C-4 Assist parents and primary caregivers in prioritizing their major issues  
C-5 Validate and acknowledge their prior attempts to solve problems  
C-6 Assist in identification of core strengths  
C-7 Provide relevant referrals, resources and monitor follow-through  
C-8 Encourage routine physical health and self-care  
C-9  
C-10 |
| **D** Assist & Support: Family Driven Development of Wellness Plan and Resilience | D-1 Assist and support in Family Driven development of a plan for wellness  
D-2 Work on problem solving strategies and help create the crisis plan  
D-3 Brainstorm options and solutions with family  
D-4 Assist in identifying markers toward goal attainment  
D-5 Assist in identifying goal attainment |
<p>| <strong>D-6</strong> | Initiate discussion about steps to graduation and post graduation strategies and resources | <strong>D-7</strong> | Obtain confirmation regarding whether the plan is realistic | <strong>D-8</strong> | Assist, Support and Attend as needed in the Development of IEP’s and related school-based services | <strong>D-9</strong> | Identify protective factors and youth development principles that lead to resilience and relevant to the family | <strong>D-10</strong> | Provide access to other parents/caregivers in the form of individual or group support |
|---|---|---|---|---|---|---|---|---|
| <strong>E-1</strong> | Learn about family members’ unique culture | <strong>E-2</strong> | Honor and respect core values | <strong>E-3</strong> | Assure services that are linguistically and culturally competent, including translation into primary language | <strong>E-4</strong> | Utilize existing Community Based Organization (CBO) with cultural competent programs and services | <strong>E-5</strong> | Promote sensitivity to cultural differences in conflict resolution |
| <strong>E-6</strong> | Participate in ongoing training in cultural competence and diversity | <strong>E-7</strong> | <strong>E-8</strong> | <strong>E-9</strong> | <strong>E-10</strong> | |
| <strong>F-1</strong> | Continue to assist in achievement of stated goals | <strong>F-2</strong> | Network with other staff specialists and other parent advocates for most accurate information and resources | <strong>F-3</strong> | Network with other agencies for programs and services | <strong>F-4</strong> | Provide information on available and accessible resources including evidence-based practices | <strong>F-5</strong> | Educate, advocate and mentor parents and primary caregivers in navigating systems and community services |
| <strong>F-6</strong> | Facilitate and support self-help support groups when applicable | <strong>F-7</strong> | Offer parent-to-parent support | <strong>F-8</strong> | Provide emotional support engaging in new experiences | <strong>F-9</strong> | Provide long-term follow-up as needed |
| <strong>G-1</strong> | Promote strength-based family services | <strong>G-2</strong> | Respond to requests for presentations | <strong>G-3</strong> | Participate in positive media coverage | <strong>G-4</strong> | Lead or participate in the development of special events to support wellness and resilience | <strong>G-5</strong> | Present parent and primary caregiver’s perspective, wellness and resilience principles to community groups |
| <strong>G-6</strong> | Participate in development and production of educational and resource materials | <strong>G-7</strong> | <strong>G-8</strong> | <strong>G-9</strong> | <strong>G-10</strong> | |</p>
<table>
<thead>
<tr>
<th>H</th>
<th>Promotes professional development for Parent Advocates and Parent partners</th>
</tr>
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<tbody>
<tr>
<td>H-1</td>
<td>Incorporate experience as parent and primary caregiver in the role as a parent advocate and parent partner (recognize personal experience in not universal)</td>
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<tr>
<td>H-2</td>
<td>Use language that is comfortable for involved persons to enhance communication</td>
</tr>
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<td>H-3</td>
<td>Attend to your self care and model self care for family members, encourage a wellness lifestyle</td>
</tr>
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<td>H-4</td>
<td>Develop an expanded parent advocate parent partner network</td>
</tr>
<tr>
<td>H-5</td>
<td>Develop mentoring and support systems for SELF, and enhance self-advocacy skills</td>
</tr>
<tr>
<td>H-6</td>
<td>Adhere to established policies and procedures</td>
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<tr>
<td>H-7</td>
<td>Abide by established code of conduct and ethics</td>
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<tr>
<td>H-8</td>
<td>Work towards reducing stigma and discrimination</td>
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<tr>
<td>H-9</td>
<td>Record and periodically review job description and outcomes with staff/supervisor</td>
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<tr>
<td>H-10</td>
<td>Advocate for expansion of programs and resources</td>
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<tr>
<td>H-11</td>
<td>Follow through on written or verbal contracts with parents, primary caregivers and family members</td>
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<tr>
<td>H-12</td>
<td>Represent MHSA principles at all community-based meetings</td>
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<tr>
<td>H-13</td>
<td>Review, implement, and evaluate county MHSA plans and request for Proposals when needed</td>
</tr>
<tr>
<td>H-14</td>
<td>Provide ongoing education on the value of parent advocacy</td>
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<tr>
<td>H-15</td>
<td>Take specialized parent advocate trainings</td>
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<thead>
<tr>
<th>I</th>
<th>Promotes System’s and Legislative Change</th>
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<tbody>
<tr>
<td>I-1</td>
<td>Participate in local, countywide, statewide stakeholder forums</td>
</tr>
<tr>
<td>I-2</td>
<td>Collaborate with other advocacy groups to effect change</td>
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<tr>
<td>I-3</td>
<td>Participate in drafting legislation affecting parents, primary caregivers and family members at all level of</td>
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<td>I-4</td>
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<td>I-5</td>
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Appendix J: Final Stakeholder Recommendations Regarding Certification of Peer Support Specialists

Recommendation 1
Develop a statewide certification for Peer Support Specialists, to include:

- Adult Peer Support Specialists
- Young Adult Peer Support Specialists
- Older Adult Peer Support Specialists
- Family Peer Support Specialists (Adult Services)
- Parent Peer Support Specialists (Child / Family Services)

1.1 Require Peer Support Specialists to practice within the adopted Peer Support Specialist Code of Ethics.
   1.1.1 Seek final approval of Peer Support Code of Ethics by the Governing Board of Working Well Together.

1.2 Develop or adopt standardized content for a statewide curriculum for training Peer Support Specialists.

1.3 Require a total of 80 hours of training for Peer Support Specialist Certification.
   1.3.1 55-hour core curriculum of general peer support education that all peer support specialists will receive as part of the required hours towards certification.
   1.3.2 25 hours of specialized curriculum specific to each Peer Support Specialist category.

1.4 Require an additional 25 hours of training to become certified in a specialty area such as forensics, co-occurring services, whole health, and youth in foster care.

1.5 Require six months full-time equivalent experience in providing peer support services.
   1.5.1 This experience can be acquired through employment, volunteer work, or as part of an internship experience.

1.6 Require 15 hours of CEUs per year in subject matter relevant to peer support services to maintain certification.

1.7 Require re-certification every three years.

1.8 Allow a grandfathering-in process in lieu of training.
   1.8.1 Require one year of full-time equivalent employment in peer support services.
1.8.2 Require three letters of recommendation. One letter must be from a supervisor. The other letters may come from coworkers or people served.

1.9 Require an exam to demonstrate competency.
1.9.1 Provide test-taking accommodations as needed.
1.9.2 Provide the exam in multiple languages and assure cultural competency of exam.

Recommendation 2
Identify or create a single certifying body that is peer-operated and/or partner with an existing peer-operated entity with capacity for granting certification.

Recommendation 3
Include Peer Support as a service and Peer Support Specialist as a provider type within a new State Plan Amendment.
3.1 Seek adoption of the definitions of Peer Support Specialist providers and Peer Support services by the Governing Board of Working Well Together for use within the State Plan Amendment.
3.2 Maintain the ability for people with lived experience to provide services as “other qualified provider” within their scope of practice, including but not limited to rehabilitation services, collateral, and targeted case management.
3.2 Acknowledge that there are important and non-billable services that Peer Support Specialists can and do provide.

Recommendation 4
Include in the State Plan the ability to grant site certification for peer-operated agencies to provide billable peer support services.
4.1 Allow for peer-operated agencies to provide other services billable under “other qualified provider” within their scope of practice, including but not limited to rehabilitation services, and collateral and targeted case management.

Recommendation 5
Address the concern that current practice of documentation for billing may not be aligned with the values and principles of peer support and a wellness, recovery and resiliency orientation.
5.1 Engage with partners such as Department of Health Care Services and the California Mental Health Directors Association in order to develop an action plan to advocate for the use of CMS-approved recovery- and resiliency-oriented language in documentation.

**Recommendation 6**
Investigate the options for broadening the definition of “service recipient” to include parents and family members of minors receiving services so that peer support services can be accessed more easily.

**Recommendation 7**
Convene a working group consisting of Working Well Together, the Mental Health Directors, the Office of Statewide Health Planning and Development (OSHPD) and the Department of Health Care Services to develop buy-in and policies that will create consistency of practice regarding peer support services across the state.

**Recommendation 8**
Develop standards and oversight for the provider / entity that provides training of Peer Support Specialists.

8.1 Allow for multiple qualified training entities.
8.2 Training organizations must demonstrate infrastructure capacity that will allow for peer trainers.
8.3 Training must be provided by either individuals with lived experience or by a team that includes individuals with lived experience.

**Recommendation 9**
Establish qualifications for who may supervise Peer Support Specialists.

9.1 Engage with the Mental Health Directors to develop a policy that outlines key qualifications necessary for the supervision of Peer Support Specialists.
9.2 Preferred supervisors are those individuals with lived experience and expertise in peer support.
9.3 Due to capacity issues, supervisors may include qualified people who receive specific training on the role, values, and philosophy of peer support.
9.4 Recognize and define the specific qualities and skills within supervision that are required of Peer Support Specialists. These skills should align with the values and philosophy of peer support.
Recommendation 10
Develop a plan to provide extensive and expansive training on the values, philosophy, and efficacy of peer support to mental health administration and staff.

Recommendation 11
Develop a plan to ensure that welcoming environments are created that embrace the use of multi-disciplinary teams that can incorporate Peer Support Specialists fully into mental health teams.

Recommendation 12
Develop a policy statement that recognizes and defines the unique service components of peer support as separate and distinct from other disciplines and services, in order to maintain the integrity of peer support services.

Recommendation 13
Develop a policy statement and plan that supports the professional development of Peer Support Specialists that allows the practitioner to maintain and hone his or her professional values, ethics, and principles.

Recommendation 14
Develop a plan for funding the development of certification.
14.1 Work with the Office of Statewide Health Planning and Development to utilize statewide monies from the MHSA Workforce, Education and Training fund.
14.2 Investigate other potential funding sources.
14.3 Develop recommendations for funding of components of certification, such as financial assistance with training, exam, and certification fees.

Recommendation 15
Seek representation on committees and work groups that are addressing civil service barriers to the employment of Peer Support Specialists.
**Recommendation 16**
Work with Mental Health Directors to seek agreement on a desired workforce minimum of Peer Support Specialists within each county to more fully actualize the intent of the MHSA.

**Recommendation 17**
Develop statewide models that can inform county leadership on the development of career ladders for Peer Support Specialists that begin with non-certified Peer Support Specialists, and that creates pathways into management and leadership positions.
## Appendix K: Curriculum Crosswalk

<table>
<thead>
<tr>
<th>Source</th>
<th>Law, Ethics Boundaries</th>
<th>Inter Personal Skills</th>
<th>Indiv. Peer Support</th>
<th>Group Facilitation</th>
<th>Culture</th>
<th>History of C/F Movement Stigma Discrimination</th>
<th>Self Awareness &amp; Self Care</th>
<th>Defined Practices WRAP Wrap around</th>
<th>Recovery &amp; Resiliency</th>
<th>Role of Peer to young adult ≥18 and adult, older adult, parent/caregiver Model</th>
<th>Role of Peer to youth &lt;18, child as Mentor, to parent guardian</th>
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<th>Child, Youth, Adult, Older Adult Systems Of Care, Justice, education, Foster, DV</th>
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<th>Co-occurring MH &amp; SU</th>
<th>Spirituality</th>
<th>Trauma Informed</th>
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<th>Local Resources &amp; Natural Supports</th>
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### Additional Curriculum Content Areas from the National Association of Peer Specialists Curriculum

| NAPS Peer Specialist Service Principles: Person-Driven (adults/older adults), Youth Driven (TAY), Family Driven and Child Guided. |
|---|---|---|---|---|---|---|
| Share Lived Experience | Empower, Voluntary, Non-coercive (for ≥18) | Based on Mutualty, Learning from one another | Professional Development | Inclusion & Collaboration Community - Based | Respect, Person-first Non-clinical language | No Judgment, Recovery / resiliency possible for all |
| Research | yes | yes | yes | yes | yes | yes |
| Survey | yes | yes | yes | yes | yes | yes |
| NFFCMH | yes | yes | yes | yes | yes | yes |
| Alaskan CC | yes | yes | yes | yes | yes | yes |
| Ri Parent | yes | yes | yes | yes | yes | yes |
| NAPS | yes | yes | yes | yes | yes | yes |
| Youth CC | yes | yes | yes | yes | yes | yes |
| NAMI F2F | yes | Yes | Yes | Yes | Yes | Yes |
| NAMI P2P | Yes | Yes | Yes | Yes | Yes | Yes |
| UACF PP101 | Yes | Yes | Yes | Yes | Yes | Yes |

- WWT CYFP Research Crosswalk (p. 21–22) of eight curricula: Recovery Innovations PET, The Transformation Center (Massachusetts), Alameda Best Now, Family and Youth Roundtable (FYRT), Family Education and Resource Center (FYRC), San Francisco City College, SPIRIT, Working Well Together.
- Survey completed by stakeholder participants at WWT CYFP Regional Forums in spring 2012 in Summary document pp. 17–18.
- National Federation of Families for Children’s Mental Health, National Parent Support Provider Certification Core Competencies
- Alaskan Core Competencies with Behavioral Descriptors
- Recovery Innovations Parent Partner Training
- National Association of Peer Specialists national standards draft, September 2012: [http://na4ps.files.wordpress.com/2012/09/peer_support_providers_values_and_standards_harrington_draft1.pdf](http://na4ps.files.wordpress.com/2012/09/peer_support_providers_values_and_standards_harrington_draft1.pdf)
- Pathways Transition Training Collaborative Draft Direct Service Core Competencies for Youth/Young Adults: [http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-Compiled-Core-Competencies.pdf](http://www.pathwaysrtc.pdx.edu/pdf/projPTTC-Compiled-Core-Competencies.pdf)
- A Curriculum for Family-to-Family Peer Services Based on System of Care Values: [http://gucchdtacenter.georgetown.edu/Activities/TrainingInstitutes/2012/Resources/Inst_25_PPT.pdf](http://gucchdtacenter.georgetown.edu/Activities/TrainingInstitutes/2012/Resources/Inst_25_PPT.pdf)
- NAMI National: Family to Family Education link: [http://www.nami.org/]; Peer to Peer Education link: [http://www.nami.org/]
- United Advocates for Children and Families (UACF) developed the PP101: Parent Partner Basic Training Curriculum, designed specifically for newly hired parent and family advocates employed or volunteering with the public mental health system: [http://www.uacf4hope.org/](http://www.uacf4hope.org/)
Appendix L: CMS Letter Whole Health Georgia

IN THE NEWS: Georgia’s Peer Support Expansion into Whole Health Coaches

On June 6, 2012, the Centers for Medicare and Medicaid Services (CMS) approved Georgia as the first state to have Medicaid-recognized whole health and wellness peer support provided by certified peer specialists (CPSs). Georgia’s newly approved Medicaid service will be delivered by peer support whole health and wellness coaches certified in Whole Health Action Management (WHAM), a training developed by CIHS that promotes outcomes of integrated health self-management and preventive resiliency.

The state plan includes the following CMS-approved definition elements.

<table>
<thead>
<tr>
<th><strong>Goal</strong></th>
<th>To ultimately extend the members’ lifespan by:</th>
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<tbody>
<tr>
<td></td>
<td>• Promoting recovery, wellness, and healthy lifestyles</td>
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<td></td>
<td>• Reducing identifiable behavioral health and physical health risks</td>
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<td></td>
<td>• Increasing healthy behaviors intended to prevent disease onset</td>
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<td></td>
<td>• Lessening the impact of existing chronic health conditions</td>
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<table>
<thead>
<tr>
<th><strong>Interventions</strong></th>
<th>• Supporting the individual in building skills that enable whole health improvements</th>
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<tbody>
<tr>
<td></td>
<td>• Providing health support and coaching interventions about daily health choices</td>
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<td>• Promoting effective skills and techniques that focus on the individual’s wellness self-management and health decision making</td>
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<td>• Helping individuals set incremental wellness goals and providing ongoing support for the achievement of those goals</td>
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<thead>
<tr>
<th><strong>Technical Elements</strong></th>
<th>• Requires professional supervision in accordance with <a href="#">CMS-SMDL #07-011</a></th>
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<tr>
<td></td>
<td>• Requires a related goal(s) on the official treatment (recovery) plan</td>
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<td>• Requires health-related certification</td>
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<td>• Uses the WHAM training, which provides CPSs with six major skills to:</td>
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<tr>
<td></td>
<td>1. Engage in person-centered planning to identify strengths and supports in 10 science-based whole health and resiliency factors</td>
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<td></td>
<td>2. Support the person in writing a whole health goal based on personal motivation and person-centered planning</td>
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<td>3. Support the person in creating and logging a weekly action plan</td>
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<td>4. Facilitate WHAM peer support groups which create new health behaviors</td>
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<td>5. Build the person’s Relaxation Response skills to manage stress</td>
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<td>6. Build the person’s cognitive self-management skills to avoid negative thinking</td>
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<td></td>
<td>• Allows CPSs to provide the service with technical medical advice and referral support from behavioral health nurses, as necessary</td>
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<tr>
<th><strong>Billing Detail</strong></th>
<th>• HCPCS (Healthcare Common Procedure Coding System) Billing Code: Health and Wellness Supports, H0025</th>
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<tr>
<td></td>
<td>• Rate for 15 minute unit: Ranges from $15.13 to $24.36 depending on CPS experience/education and location of service</td>
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Health-Certified CPSs will receive medical technical support from registered nurses and are trained to work in both behavioral health and primary care settings.
In this same CMS-approved state plan, Georgia has also developed Medicaid-reimbursed peer support services specifically for addiction recovery. This allows Georgia to expand its behavioral health workforce by using certified addiction recovery empowerment specialists (CARES) that function as certified peer specialists. This new workforce will bill Medicaid for peer support, with the addition of a substance abuse modifier, using Georgia’s base peer support code. The service meets all of the CMS-SMDL #07-011 requirements for peer support. As this addiction recovery-specific workforce emerges, Georgia expects to also expand its whole health and wellness peer support through the use of CARES CPSs.

*Interested in learning more? Contact CIHS at 202.684.7457 for technical assistance.*
Appendix M: CMS Letter Parent and Family Members as Service Recipients

Clarifying Guidance on Peer Support Services Policy
May 1, 2013

This document provides additional clarification to the Peer Support Policy issued in the August 15, 2007 State Medicaid Director Letter (SMDL #07-011). The following information is to clarify Peer Support services’ scope and access.

Per SMDL #07-011, “as States develop behavioral health models of care under the Medicaid program, they have the option to offer Peer Support services as a component of a comprehensive mental health and substance use service delivery system.” Peer Support services can be offered for mental illnesses and/or substance use disorders.

In addition, the peer-to-peer support relationship is available to parents/legal guardians of Medicaid-eligible children (17 and younger). Specifically, the parents/legal guardians of Medicaid-eligible children can receive Peer Support services when the service is directed exclusively toward the benefit of a Medicaid-eligible child. Individuals providing peer support to the parents/legal guardians of a Medicaid-eligible child, per SMDL #07-011, “should be self-identified consumers who are in recovery from mental illness and/or substance use;” or a parent of a child with a similar mental illness and/or substance use disorder, or an adult with an ongoing and/or personal experience with a family member with a similar mental illness and/or substance use disorder.

The individual providing peer support can perform a range of tasks to assist the parents/legal guardians of a Medicaid-eligible child during the recovery process. Activities could include, but are not limited to, developing formal and informal supports, instilling confidence, assisting in the development of goals, serving as an advocate, mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child with emotional, behavioral or co-occurring disorders.

The August 15, 2007 State Medicaid Director Letter notes “peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function.”

Along with the State defined peer support training, States should consider training for these peer support providers that is specific to how to assist other parents/legal guardians.

All requirements of SMDL #07-011 must be met for peer support services to be reimbursable under the Medicaid program.

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