
NORCAL MHA SUPPORTS STATEWIDE PEER CERTIFICATION IN CALIFORNIA (SB 10)

NorCal MHA is California’s Leading Expert on Peer Training and Placement in the PMHS

Founded in 1946, Mental Health America of Northern California (NorCal MHA) is the oldest peer-run consumer advocacy agency in the state. For decades, we have successfully hired, trained, supported, and advanced the careers of consumer and family member peers working and volunteering in the Public Mental Health System (PMHS). We know what it takes to create lasting employment success for peers and we not only talk the talk, we have been walking the walk for over 30 years. NorCal MHA currently employs over 60 peer staff and utilizes over 300 peer volunteers in its 15 peer-run programs, providing direct peer support services in California’s PMHS at the community level.

Through our existing statewide Workforce Integration Support and Education (WISE) program funded by the Office of Statewide Health Planning and Development (OSHPD), we have expanded beyond our own experiential knowledge, learning the conditions on the ground for peer employment in California. Our interactions with numerous counties and CBOs throughout the state and the peer staff working for them have allowed us to identify exactly what PMHS employers are looking for, the successes and setbacks these agencies and their peer staff have encountered, and the current barriers to successful peer employment and career advancement in the PMHS. WISE has conducted 17 in-person key informant interviews and 18 peer staff focus groups, collected 280 peer staff surveys and 190 leadership surveys, and has performed hundreds of hours of technical assistance for peer employers and one-on-one career coaching with peer staff. The evidence we have gathered through our extensive data collection and research has confirmed what works and what doesn’t, and informs the strategies and approaches utilized in our direct peer support services and peer training programs.

Since launching our WISE program in January 2015, NorCal MHA’s WISE team has delivered over 200 peer employment trainings, conferences, webinars, and workshops for agencies and peers throughout the state. We have also created an extensive infrastructure to support our program activities and established a broad professional network of PMHS employers and peers who look to us as leading experts on peer employment in California. As part of this effort, NorCal MHA collaborates with twelve other OSHPD contractors, all of whom are

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working to promote and advance peer support in their local and regional communities. Thus, NorCal MHA has developed a robust coalition of like-minded agencies who are doing the very work that SB 10 aims to advance statewide.

While California currently lacks an official statewide peer certification program, NorCal MHA, in partnership with its national affiliate Mental Health America (NMHA), provides access to NMHA’s National Certified Peer Specialist (NCPS) program, the only nationally-recognized peer credential in the United States. The NCPS was developed to exceed individual statewide standards used in public behavioral health systems around the country. NorCal MHA worked closely with NMHA in the development of its NCPS program, providing subject matter expertise and feedback on the NCPS core competencies and exam content. NMHA recognizes WISE U as an approved training program and NorCal MHA as an authorized testing center, meaning we are currently the only organization in California permitted to both train peers for the NCPS exam and administer the exam to qualified peers. Our WISE U program covers the NCPS application fee, the exam registration fee, and provides testing facilities and test prep support for eligible peers.

The Issue

Peer support, recognized as an evidence-based model of care by the Centers for Medicare and Medicaid Services since 2007ⁱ is a cost-effectiveⁱ practice that is proven to reduce hospitalizationⁱⁱ, increase service experienceⁱⁱⁱ, and encourage hope, empowerment, and personal advocacy in clients receiving services. Peer support specialists are self-identified consumers who use their lived experience along with skills learned in formal training to assist others in their own recovery from mental illness.

Currently, California is one of only five states in the country that does not have state peer certification in place or in development^{iv}. Statewide peer certification would not only define peer support as a unique discipline, but would also increase employment for peer support workers, and expand access to services.

Current legislation to establish peer certification in California, SB 10 (Beall)^v, would create a standardized curriculum and core competencies for those providing peer support services. Although a small number of California counties currently allow peer providers to bill Medi-Cal as “other qualified providers.”^{vi}, as currently written, SB 10 does not require the Department of Health Care Services (DHCS) to create new, unique billing codes for peer support services.



SB 10 is California's third attempt at creating peer support specialist certification. In 2016, SB 614 (Leno) was pulled by sponsors after DHCS publicly stated its refusal to create unique billing codes for peer services. In 2018, Governor Brown vetoed California's second attempt, SB 906 (Beall and Anderson), citing high costs in instituting and sustaining a program to oversee certification in the Department of Health Care Services^{vii}.

Position

Empowering peer support specialists with a statewide certification process will encourage more consumers to become trained service providers with credentials that earn them livable wages. This will also reduce the 90% unemployment rate among California mental health consumers^{viii}. Peer support specialists provide a vital role in clients' recovery from mental health challenges, however we must ensure that our efforts are not expended on a bill that fails to remedy the flaws of prior versions or that does not adequately protect the interests of existing peer support workers.

Thus, while NorCal MHA supports the idea of statewide peer certification, we have ideas to strengthen SB 10:

1. Remove barriers for existing peer support workers
2. Include training for employers and clinicians
3. Include exemptions or workarounds for the clinical supervision requirements
4. Ensure that California's standards maintain fidelity to the evidence base of peer support and are as rigorous as the national standards
5. Collaborate with DHCS

First, SB 10 should address barriers that existing peer support workers may face in obtaining certification. In vetoing SB 906, Governor Brown concluded that if it was signed, current peer support specialists could be disqualified from their work.^{ix} Given the long-standing stigma against people with mental health challenges, and the traditionally low wages paid to peer support workers, NorCal MHA agrees with this concern. Implementing a new peer certification program has the potential to disqualify peer support workers who either cannot afford the certification fees, or who are unable to retroactively complete the training and education requirements. NorCal MHA strongly recommends that both experience in lieu of training provisions and fee payment assistance, such as a scholarship fund, payment of fees by employers, and/or provisions for utilization of Workforce

Education and Training funds be incorporated into current legislation. Similarly, opportunities for peers without certification should continue to be available within systems.

In addition, the recovery model is a complex and unique model of care which is often not fully understood by those who are not personally in recovery. For this reason, it is important that peer certification legislation include funding provisions for the training of employers, clinicians, and other staff who work in organizations that employ peer support workers.

Clinical supervision requirements are problematic for peer-run organizations, therefore we must ensure that clinical supervision requirements are as peer-friendly as possible. Small peer-run centers, such as local wellness centers, do not have the capacity for a full time clinician on premises, nor do they believe that this is necessary. CMS has clearly stated that clinical supervision requirements are determined by the state and we strongly encourage California to adopt less stringent supervision requirements.

The national peer certification standards were developed to be rigorous and evidence-based, thus lending credibility to the profession of peer support. It is imperative that California’s standards be just as rigorous and based on all available evidence.

Lastly, because of the prior history of peer certification in California, with both previous bills failing because of objections on the part of DHCS, NorCal MHA strongly recommends that attempts in California to create peer certification involve collaboration with DHCS to achieve a mutually acceptable process.

ⁱ <http://peersforprogress.org/wp-content/uploads/2015/04/150417-economic-analysis-in-peer-support.pdf>

ⁱⁱ Ibid.

ⁱⁱⁱ <https://camphro.files.wordpress.com/2016/05/sb614medicalqa.pdf>

^{iv} <https://copelandcenter.com/peer-specialists>

^v http://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201920200SB10

^{vi} Sabin, J. & Daniels, N. 2003. 'Strengthening the Consumer Voice in Managed Care: VII. The Georgia Peer Specialist Program,' *Psychiatric Services*. 54(4):497-498 (2003).

^{vii} https://leginfo.legislature.ca.gov/faces/billStatusClient.xhtml?bill_id=201720180SB906

^{viii} <https://www.samhsa.gov/data/sites/default/files/cbhsq-reports/California-2017.pdf>

^{ix} Ibid.