

California Mental Health
Services Authority

MEDI-CAL PEER SUPPORT SPECIALIST CERTIFICATION

2022

**Guidelines,
Standards, &
Procedures**

Rev. 8.10.22

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PURPOSE

The federal Centers for Medicare and Medicaid Services (CMS) recognizes the value of a peer support specialist's experience as part of an evidence-based model of care and the importance in the state's delivery of mental health and substance use disorder treatment. Through the passage of Senate Bill 803, (SB 803), Beall a certified Medi-Cal Peer Support Specialist is recognized as a new provider type that provides a distinct service type under the Medi-Cal programs for Specialty Mental Health Services (SMHS) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) in California. In alignment with SB 803, the California Department of Health Care Services (DHCS), through community stakeholder input, set statewide standards for the Medi-Cal Peer Support Specialist Certification in California. Standards are set forth in the Behavioral Health Information Notice 21-041 ([BHIN 21-041](#)).

The California Mental Health Services Authority, a joint powers authority, develops and implements programs on behalf of counties serving California's Medi-Cal beneficiaries through specialty mental health and substance use disorder services. The California Mental Health Services Authority (CalMHSA), in partnership with the County Mental Health Plans, is the certifying entity for the state-approved Medi-Cal Peer Support Specialist Certification (PSSC) program in California (herein referred to as "Certifying Entity" or "CalMHSA").

CalMHSA shall administer all functions of the state-approved certification program and shall adhere to all standards set forth by the California Department of Health Care Services. All policies have been developed with guidance from the Department of Health Care Services and with consideration from stakeholder input.

100. GENERAL PROVISIONS

101. Purpose and Applicability

1. Certified Medi-Cal Peer Support Specialists provide recovery-oriented, culturally appropriate services that promote engagement, socialization, self-sufficiency, self-advocacy, promote natural supports and are trauma aware.
2. Certification under this policy is designed for individuals who are 18 years of age or older, who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as the parent or family member of the consumer.
3. The certification is administered by the California Mental Health Services Authority (Certifying Entity) through established policies, procedures, and documents specific to the certification program.
4. Peer Support Specialists certified through the certification program administered by CalMHSA will be recognized as Medi-Cal Peer Support Specialists by all counties who elect to participate in the Medi-Cal Peer Benefit under agreement with the Department of Health Care Services.

102. Definitions

As used in this manual, the terms defined below have the following meaning, unless otherwise noted.



1. “Adult” means an individual who is 18 years of age or older.
2. “Beneficiary/Recipient” means an individual who receives peer services from a Medi-Cal Peer Support Specialist.
3. “California Mental Health Services Authority (CalMHSA)” means CalMHSA is the certifying entity approved by the California Department of Health Care Services to certify peer support specialist, peer support specialist training entities, peer support specialist continuing education providers.
4. “Certificant” means an individual who has been certified as a Medi-Cal Peer Support Specialist by CalMHSA.
5. “Certification” means all requirements of a Medi-Cal Peer Support Specialist have been met.
6. “Certifying Entity” indicates CalMHSA, the organization selected by California Counties, with a plan approved by the Department of Health Care Services, to certify Medi-Cal Peer Support Specialists, including components such as training entities and continued education providers.
7. “Code of Ethics” means a set of guidelines a certified Medi-Cal Peer Support Specialist in California adheres to around their roles and responsibilities and levels of responsibility in which they function professionally.
8. “Continued Education” refers to the education a Certificant receives to further develop their professional knowledge around best practices, updated laws, and/or specialized training.
9. “Core Competencies” refers to the Substance Abuse and Mental Health Services Administration (SAMHSA) definition, “clusters of the knowledge, skills, and attitudes a person needs to have to successfully perform a role or job”.
10. “County Reciprocity” refers to the recognition of an individual who has received certification as a Medi-Cal Peer Support Specialist in any participating county, beyond the one in which they originally received their certification.
11. “Culturally Appropriate Services” means a certified Medi-Cal Peer Support Specialist is promoting engagement in a manner that best aligns with the cultural beliefs and practices of the person they serve.
12. “Dual Relationship” is defined as a Medi-Cal Peer Support Specialist’s non-therapeutic relationship with a recipient of care. It includes any activity identified as not allowed within the Code of Ethics.
13. “Grandparenting Process” is the process by which an individual who is employed as a peer on January 1, 2022, or prior to that date, are eligible to seek certification as a Medi-Cal Peer Support Specialist so long as they meet the eligibility criteria and successfully pass the state-approved exam.
14. “Initial Certification” is the process for an applicant to become certified as a Medi-Cal Peer Support Specialist for the first time so long as they meet the eligibility criteria and successfully pass the state-approved exam.
15. “Lived Experience” refers to an individual’s first-hand experience with a mental health and/or substance use disorder.
16. “Medi-Cal” is California’s Medicaid health care program that includes a variety of medical services for children and adults with a qualifying income or medical condition.



17. “Natural Supports” refers to the personal connections to an individual’s community that enhances the quality of their life.
18. “Out-of-State Reciprocity” refers to the recognition that an individual has received certification for peer support from another state and they meet the qualifications specified under the policies in this document.
19. “Peer” refers to persons who share similar understanding of experiences with mental health and/or substance use disorders.
20. “Medi-Cal Peer Support Specialist” is an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder, or both, either as a consumer of these services or as a parent or family member of the consumer, and who has been granted certification under a county Medi-Cal Peer Support Specialist certification program.
21. “Medi-Cal Peer Support Specialist Services” means culturally appropriate services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Medi-Cal Peer Support Specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is individualized and is conducted by a certified Medi-Cal Peer Support Specialist.
22. “Prevalent Languages” means a non-English language identified by the California Department of Health Care Services as a threshold language under the state’s Medi-Cal programs.
23. “Recertification” refers to meeting the requirements set forth in this policy for renewal of one’s Medi-Cal Peer Support Specialist certification. The recertification occurs in two-year intervals.
24. “Recovery” means a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. This process of change recognizes cultural diversity and inclusion and honors the different routes to resilience and recovery based on the individual and their cultural community.
25. “Resiliency” is an individual’s capacity to successfully meet life’s challenges, nurtured to have a sense of self-determination, mastery and hope.
26. “Training Entity” is an organization that has received approval from the Certifying Entity to provide training for the Medi-Cal Peer Support Specialist certification program.
27. “Trauma Focused” refers to maintaining awareness of the impact traumatic experiences may have on an individual and the influence this trauma may have on the choices they make in their life.
28. “Valid Certificate” means a certificate that is active, in good standing, and is not expired, suspended, revoked or inactive.
29. “Wellness” is the conscious and deliberate process of creating and adapting patterns of behavior that lead to improved health in the following dimensions: emotional, financial, social, spiritual, educational/occupational, physical, intellectual, and environmental.



200. STANDARDS FOR MEDI-CAL PEER SUPPORT SPECIALISTS, SPECIALIZATIONS, AND SUPERVISORS

201. Medi-Cal Peer Support Specialists

1. A Peer Support Specialist must complete the certification requirements, as identified, and receive certification, prior to providing services as a certified Medi-Cal Peer Support Specialist.
2. An applicant seeking certification is required to view the orientation and self-assessment video prior to completing their registration. The video will provide applicants an overview of the certification process, and its requirements.
3. The Certifying Entity will ensure that each applicant meet all requirements for certification as applicable.

202. Minimum Qualifications for Medi-Cal Peer Support Specialists

1. A Medi-Cal Peer Support Specialist:
 - A. Must be at least 18 years of age. Provide a government-issued identification with photograph, such as driver's license, identification card, or passport.
 - B. Possess a high school diploma, equivalent degree, or higher. Submission of educational transcripts are required.
 - C. Self-identify as an individual with lived experience, a Peer.
 - D. Be willing to share their experience as a person with lived experience.
 - E. Have a strong dedication to recovery.
 - F. Agree, in writing, to adhere to the California Department of Health Care Services [Code of Ethics](#) for Medi-Cal Peer Support Specialists in California.
 - G. Successfully complete and demonstrate completion of an 80-hour training covering [California's 17 core competencies for Medi-Cal Peer Support Specialists](#). Training must be obtained from a CalMHSA-approved training program.
 - H. Successfully pass the state-approved Medi-Cal Peer Support Specialist Certification exam.

203. Clarification for certification under "grandparenting" process for Medi-Cal Peer Support Specialists:

1. An applicant seeking certification under the "grandparenting" process shall meet the following standards:
 - A. The grandparenting application period is open through December 31, 2022.
 - B. Meet requirements under [section 201](#) and [section 202](#) of this policy.
 - C. Be employed in California as a peer as of January 1, 2022, or prior to this date.
 - D. Application for request for certification must be started or completed by December 31, 2022.
 1. All requirements and examination shall be met no later than February 28, 2023.
 - E. Meet at least one of the requirements below:
 1. One (1) year paid or unpaid work experience with a minimum accumulation of 1550 hours of experience in a peer role; or



2. Minimum of 1550 hours in 3-years with 500 hours completed within the last 12-months, working as a peer
- F. Have completed 20 hours of continued education. Six (6) hours must be in law and ethics.
- G. Complete a peer training.
- H. Submit three (3) letters of recommendation as follows:
 1. From a supervisor
 2. From a colleague/professional
 3. Self-recommendation describing the applicant's current role and responsibilities as a peer.
- I. Successfully pass the state-approved Medi-Cal Peer Support Specialist Certification exam.

204. Clarification for certification under the "out-of-state reciprocity" process for Medi-Cal Peer Support Specialists:

1. An applicant seeking certification under the out-of-state reciprocity process shall meet the following standards:
 - A. There is no sunset date for seeking certification under this process. Applicants can apply at any time.
 - B. Meet requirements under section 201 and section 202 of this policy.
 - C. Meet at least one of the requirements below:
 1. One (1) year paid or unpaid work experience with a minimum accumulation of 1550 hours of experience in a peer role; or
 2. Minimum of 1550 hours in 3-years with 500 hours completed within the last 12-months, working as a peer
 - D. Have completed 20 hours of continued education. Six (6) hours must be in law and ethics.
 - E. Complete a peer training.
 - F. Submit three (3) letters of recommendation as follows:
 1. From a supervisor
 2. From a colleague/professional
 3. Self-recommendation describing the applicant's current role and responsibilities as a peer.
 - G. Successfully pass the state-approved Medi-Cal Peer Support Specialist Certification exam.

205. Scope of Work Standards for Certified Medi-Cal Peer Support Specialists

1. A Medi-Cal Peer Support Specialist provides peer support services as described below:
 - A. All services must be recovery-oriented, resiliency-focused, culturally appropriate, promote engagement, promote socialization, promote self-sufficiency, promote self-advocacy, promote natural supports and be trauma aware.



- B. Medi-Cal Peer Support Specialist Services may include:
 - 1. Promoting recovery, resiliency, wellness, self-sufficiency, self-advocacy, supporting identification of strengths, planning, finding and accessing community resources and services, coaching, mentoring, facilitation, and/or education.
- C. Services may be provided individually or in a group.

206. Certificant Registry for Medi-Cal Peer Support Specialists

- 1. Each certified Medi-Cal Peer Support Specialist will be listed on the Certificant Registry.
- 2. The certification status of each certified Medi-Cal Peer Support Specialist will be listed on the Certificant Registry.

207. Certification Renewal

- 1. After initial certification in accordance with this policy, each certified Medi-Cal Peer Support Specialist must renew certification every two (2) years.
- 2. Each certification renewal application must include the following:
 - A. The current certification issued by CalMHSA.
 - B. Attestation that the certification is in good standing.
 - C. A current, signed copy of the Code of Ethics for Medi-Cal Peer Support Specialists in California.
 - D. Attest to meeting the twenty (20) hours of continued education requirements, inclusive of the six (6) hours of continued education in law and ethics.
- 3. Applications for renewal must be submitted no less than 30 days prior to date of expiration.

208. Medi-Cal Code of Ethics for Medi-Cal Peer Support Specialists

- 1. Each Medi-Cal Peer Support Specialist certified by CalMHSA must agree to uphold the Code of Ethics.
- 2. Each person must agree, in writing, not to violate, or assist in or abet the violation of, or conspire to violate, any provision or term of this Code of Ethics.
- 3. Each person must sign an agreement to uphold the code of conduct at initial certification and at renewals thereafter.

209. Training Requirements for Lapsed Certification

- 1. For certification issued by CalMHSA where the certification has lapsed for less than 4 years from the date the renewal was due.
- 2. Applicant shall:
 - A. Complete a 40-hour refresher training course covering areas of core competencies.
 - B. Agree, in writing, to the Code of Ethics for Medi-Cal Peer Support Specialists in California
 - C. Successfully pass the state-approved certification exam.
- 3. Certificants with a lapsed certification greater than four (4) years from the date the



renewal was due, do not qualify for recertification under this section, including successfully passing the state-approved exam.

210. Guidelines for Supervision of Medi-Cal Peer Support Specialists

1. Practice guidelines are based in the guidelines established by the Substance Abuse and Mental Health Services Administration ([SAMHSA](#)).
 - A. “Supervision is a professional and collaborative activity between a supervisor and a worker in which the supervisor provides guidance and support to the worker to promote competent and ethical delivery of services and supports through the continuing development of the worker’s application of accepted professional peer work, knowledge, skills, and values” (SAMHSA).

211. Medi-Cal Peer Support Specialist Supervisor Requirements

1. A Medi-Cal Peer Support Specialist Supervisor shall meet one (1) of the following requirements:
 - A. Option 1:
 1. Have a Medi-Cal Peer Support Specialist Certification; and
 2. Have two (2) years of experience working in the behavioral health system; and
 3. Have completed an approved supervisory training.
 - B. Option 2:
 1. Be a non-peer behavioral health professional, including registered or certified substance use disorder counselor; and
 2. Have worked in the behavioral health system for a minimum of two (2) years; and
 3. Have completed an approved supervisory training.
 - C. Option 3:
 1. Have a high school diploma or general equivalency degree (GED)
 2. Have four (4) years of behavioral health direct service experience. May include peer services
 3. And have completed an approved supervisory training.
2. Medi-Cal Peer Support Specialist Supervisors must take a DHCS-approved Peer Support Supervisory training within 60-days of beginning to supervise a Medi-Cal Peer Support Specialist. Supervisors must take the DHCS-approved Peer Support Supervisory training at least once.
3. The Certifying Entity has a DHCS-approved Peer Support Supervisor training that meets SAMHSA guidelines for Supervision of Peer Workers.
4. Supervisor training must be taken directly from the Certifying Entity or may be taken directly from a pre-approved County Behavioral Health Plan.

212. Training for Specialization– Parent, Caregiver, Family Member Peer

1. The following core competencies enhance the educational knowledge for certified Medi-Cal Peer Support Specialists looking to provide Peer support as a Parent, Caregiver, and Family Member to help others support the person in care.



2. In tandem with the National Federation of Families and recommendations provided by the parent, family member, and caregiver Peer focus groups, CalMHSA's final analysis observed the totality of the seventeen core competencies provided by the initial eighty-hour Medi-Cal Peer Support Specialist training afforded the Certified Medi-Cal Peer Support Specialist the scaffolding found in the 5 core competencies in the National Federation of Families.

213. Training for Specialization– Peer work with persons in crisis

1. Information forthcoming

214. Training for Specialization– Peer work with persons who are unhoused

1. Information forthcoming

215. Training for Specialization– Peer work with persons who are involved in the justice system

1. Information forthcoming

300. STANDARDS FOR TRAINING ENTITIES

301. Training Entity Minimum Requirements

1. The Certifying Entity will approve programs offering training for:
 - A. Medi-Cal Peer Support Specialists
 - B. Medi-Cal Peer Support Specialists areas of specialization:
 1. Parent, Caregiver, Family Member Peer
 2. Peers providing services to persons requiring crisis services
 3. Peers providing services to persons who are unhoused
 4. Peers providing services to persons who are involved in the justice system
 - C. Medi-Cal Peer Support Specialist training programs for individuals applying to renew a lapsed certification.
2. A Training Entity must have:
 - A. A physical location in California (for entities providing training in person)
 - B. Trainings must be offered in one or more of the following modalities:
 1. In-person: training is offered in-person, including interactive classroom participation, group discussions, and written assignments, and presentations.
 2. On-line/self-paced: May include interactive learning experiences, written assignments, and the submission of pre-recorded presentations by participants.
 3. On-line/live instruction: Training may include interactive experience, virtual break-out rooms, written assignments, and “virtual-live” or pre-recorded presentations by students.
 4. Hybrid: Training is partially self-paced, and partially live- instruction, or with set time for “classroom” discussion and learning. Note: to be considered a “hybrid” program, the self-paced component must not exceed 50% of the course.
 - C. A plan to provide training for one or more of the following:



1. An 80-hour Medi-Cal Peer Support Specialist training covering core competencies.
 2. Training in one or more of the specializations.
- D. An up-to-date training schedule and how to register must be on the training entity's website.
- E. Physical address of in-person training location and contact information must be on the training entity's website.
- F. Policies related to training schedule, registration/enrollment process, training methodologies, hours of operation, requests for accommodations, requests for leave of absences, make-up of assignments or coursework, complaints process, policy for under the influence, policy on anti-harassment, non-discrimination, availability of material in prevalent languages (if any), evaluation of training, maintenance of records, complaints and grievance, confidentiality of other participants, refund/cancellation policy.
- G. A training entity must be approved by the Certifying Entity prior to commencement of training.
- H. A training entity must use training curricula approved by the Certifying Entity.
1. Substantive changes to the pre-approved curricula requires prior approval from the Certifying Entity.
 2. Training entity shall contact the Certifying Entity at peercertification@calmhsa.org and request approval prior to training with the updated curricula.
- I. A training entity must make available reasonable accommodations for persons with disabilities.
- J. A training entity shall collect the following data:
1. First, Middle, Last (legal name):
 2. Currently employed as a Peer: (yes/no)
 - a. If yes, Name of Employer Agency and County of Employment
 - b. If no, County of Residence
 3. Medi-Cal Peer Support Specialist Demographic
 - a. Age (18-25, 26-64, 65+)
 - b. Gender Identity (Male, Female, Non-binary)
 - c. Race/Ethnicity (American Indian/Alaskan Native, Asian/Pacific Islander, Black, Hispanic, White, Not Reported)
 - d. Proficient Languages. Multi-lingual persons may be counted under multiple fields (Arabic, Armenian, Cambodian, Chinese (combined Cantonese or Mandarin), English, Farsi, Hindi, Hmong, Japanese, Korean, Lao, Punjabi, Russian, Spanish, Tagalog, Thai, Vietnamese, other)
 4. Number REGISTERED for Medi-Cal Peer Support Specialist Training
 5. Number COMPLETED Medi-Cal Peer Support Specialist Training
 6. The section below to be used for training entities offering training for specializations:



- a. Number who REGISTERED for areas of Specialization (Parent, Caregiver, Family Member Peer, Peers who work with persons in crisis, Peers who work with persons who are unhoused, Peers who work with persons who are justice involved) or supervisor training
- b. Number who COMPLETED training in area of Specialization (Parent, Caregiver, Family member Peer, Peers who work with persons in crisis, Peers who work with persons who are unhoused, Peers who work with persons who are justice involved) or supervisor training
- K. Training entity shall submit data elements above to the Certifying Entity, at least quarterly, unless otherwise agreed upon by training entity and certifying entity.
- L. A training entity shall retain records for five (5) years.
- M. A training entity agrees to participation in quality assurance reviews by the Certifying Entity. A training entity shall be notified of an audit at least 14-calendar days in advance.

302. Refresher Training for Lapsed Certifications

- 1. Training curricula under this section shall encompass the core competencies for Medi-Cal Peer Support Specialists.
- 2. The course must be at least 40-hours in length.

400. STANDARDS FOR EXAM

401. General Information

The Certifying Entity will administer the exam for the certification for Medi-Cal Peer Support Specialists in California.

- 1. The exam is available through an on-line platform with on-line proctoring.
- 2. The exam will be available in the following 17 threshold languages for California counties as determined by the Department of Health Care Services.
 - A. The English version of the exam will be available first, followed by the additional languages.
 - B. The exam will be available in the following languages:

✓ Arabic	✓ Farsiza	✓ Punjabi
✓ Armenian	✓ Hindi	✓ Russian
✓ Cambodian	✓ Hmong	✓ Spanish
✓ Chinese (combined Cantonese or Mandarin)	✓ Japanese	✓ Tagalog
	✓ Korean	✓ Thai
	✓ Lao	✓ Vietnamese

402. Reasonable Accommodations

- 1. This information is under review.



500. CERTIFICANT REGISTRY

1. The Certificant Registry is a public facing platform that permits the search of a Certificant’s status of their Medi-Cal Peer Support Specialist certification.
2. The Certificant Registry contains the following information:
 - A. Full legal name of the Certificant
 - B. Certification number
 - C. Date certification is valid
 - D. Date of expiration
 - E. Status of the certification
 1. Valid/No sanctions
 2. Suspended
 3. Revoked
 4. Expired/Lapsed
 - F. Actions taken by the Certifying Entity
 1. Under investigation
 2. Suspended
 3. Revoked

600. FEES

The following chart provides information on the fee schedule. The fee schedule is subject to change.

Medi-Cal Peer Support Specialist Certification Fee Schedule (This schedule is subject to change)		
Certification Application Fees:	via Grandparenting Process*	via Initial Certification Process**
Medi-Cal Peer Support Specialist <i>(Referred by County)</i>	Waived	Waived
Medi-Cal Peer Support Specialist <i>(Self-Referred)</i>	Under Development	Under Development
Training Fees:	via Grandparenting Process*	via Initial Certification Process**
Medi-Cal Peer Support Specialist <i>(Referred by County)</i>	Not Applicable	Waived
Medi-Cal Peer Support Specialist <i>(Self-Referred)</i>	Under Development	Under Development



Examination Fees:	via Grandparenting Process*	via Initial Certification Process**
Medi-Cal Peer Support Specialist (Referred by County)	Waived	Waived
Medi-Cal Peer Support Specialist (Self-Referred)	Under Development	Under Development
Biennial Renewal Fee: Within a 2-year renewal period	Under development	
Ancillary Fees: Exam Retake	Under development	

*Grandparenting process is the process by which an individual who is employed as a peer on January 1, 2022, or prior to that date, is eligible to seek certification as a Medi-Cal Peer Support Specialist so long as they meet the eligibility criteria and successfully pass the state-approved exam.

**Initial Certification denotes the process for an applicant to become certified as a Medi-Cal Peer Support Specialist for the first time so long as they meet the eligibility criteria and successfully pass the state-approved exam.

700. COMPLAINTS, APPEALS, AND ACTIONS

The Certifying Entity has a process in place to provide an applicant for certification, a certified Medi-Cal Peer Support Specialist, or an applicant for training to submit a complaint, and any related appeals, to the Certifying Entity. A complaint is an allegation against a certified Medi-Cal Peer Support Specialist who allegedly violated the Medi-Cal Code of Ethics for Medi-Cal Peer Support Specialists in California or an allegation against an approved training entity. The California Department of Health Care Services requires any action taken against a certified Medi-Cal Peer Support Specialist must be issued within 90-calendar days of receipt of the allegations.

The Certifying Entity will investigate all complaints made against certified Peer Support Specialists and approved training entities. The Certifying Entity will also review any appeals related to denials for application for certification, suspension or revocation of a certification, denials for certification renewal, and denials for application for training.

1. Information on and the process for filing a complaint will be maintained on the Certificant Registry.
2. An acknowledgment of receipt via electronic communication, email, or letter will be sent to the person or agency making the complaint or request for appeal within 5-business days of the receipt by the Certifying Entity.
3. All investigations of complaints or review of appeals will be completed within



90-calendar days of receipt by the Certifying Entity.

4. The Certifying Entity may extend the investigation or review if additional time is necessary to complete the process for up to 30-calendar days.
 - A. The Certifying Entity will notify the person or agency making the complaint or requesting an appeal via electronic communication.
 - B. The Certifying Entity will update the Certificant Registry with 72-hours of the change in certification status.

701. Certified Medi-Cal Peer Support Specialist Complaints and/or Approved Training Entity

1. A beneficiary/recipient of care may file a complaint using the county behavioral health problem resolution process and/or the process by the Certifying Entity.
 - A. County behavioral health plans shall follow the established problem resolution process.
 - B. Complaints related to Medi-Cal Code of Ethics for Medi-Cal Peer Support Specialist may be submitted, either simultaneously or directly to the Certifying Entity.
2. Complaints related to approved training entities must be made directly to the Certifying Entity.

702. Appeals

1. A certified Medi-Cal Peer Support Specialist may file an appeal for denial, suspension, revocation of a certification and denial of certification renewal.
2. A training entity may file an appeal for denial of an application, renewal of status, and revocation of status as an approved training entity.

703. Medi-Cal Code of Ethics Sanctions Guidelines

The Certifying Entity has a process in place to address [Medi-Cal Code of Ethics](#) violations by a certified Medi-Cal Peer Support Specialist. The Certifying Entity will follow the [Medi-Cal Code of Ethics Sanction Guidelines](#) to address violations by a certified Medi-Cal Peer Support Specialist in California certified by CalMHSA. The guidelines will be used by the Certifying Entity for the determination of sanctions. The guidelines are not considered all-inclusive as there may be violations not addressed or sanctions that have not yet been described for a specific violation. The Certifying Entity reserves the right to make modifications under circumstances in the absence of sanctions.

The Certifying Entity may take an Action against the certification of a Medi-Cal Peer Support Specialist based on the Medi-Cal Code of Ethics Sanction Guidelines. The Actions are determined based on the violation of the Code of Ethics and following an investigation into the allegations. Actions may only be taken following a complete investigation by the Certifying Entity.

800. PROCEDURES BY THE CERTIFYING ENTITY

801. Initial Certification for Medi-Cal Peer Support Specialist

1. An applicant must view an orientation video prior to applying for training or



- examination for certification as a Medi-Cal Peer Support Specialist.
2. The orientation and self-assessment video is available to the applicant upon registration on the CalMHSA certification website.
 - A. The video is available on the CalMHSA Certification website.
 - B. The video includes an orientation to Medi-Cal Peer Support Specialists in California's Medi-Cal behavioral health system.
 3. An applicant must submit evidence of meeting minimum requirements for certification for Medi-Cal Peer Support Specialist
 4. An applicant must submit the following:
 - A. Submit registration form.
 - B. Submit proof of age.
 - C. Submit proof of high school or general equivalency degree.
 - D. Submit completed application for examination.
 - E. Submit signed Code of Ethics.
 - F. Submit application fees as identified.
 - G. Submit proof of having met training requirement
 5. For each applicant, the Certifying Entity will process all applications and approvals in accordance with requirements under Section 201 and 202 or 203 accordingly.
 6. The Certifying Entity will only process complete applications.
 7. The Certifying Entity will inform applicants of incomplete applications.
 8. The Certifying Entity will notify the applicant of application status within 30-calendar days from date the application is determined to be complete.
 - A. Information on disapproval will include information on the reason(s) for disapproval and how to file an appeal.
 9. For an approved applicant, the Certifying Entity will issue a Medi-Cal Peer Support Specialist certification.
 - A. The Certificant will be notified through electronic mail (e-mail) on file.
 - B. The Certification will include:
 1. A unique certification number.
 2. The Certificant's full legal name.
 3. The date of issuance.
 4. The expiration date.
 5. The name of the Certifying Entity.

802. Renewal of Certification

1. After initial certification, in accordance with this policy, Medi-Cal Peer Support Specialists must renew certification every two (2) years.
2. Each application for certification renewal must include the following:



- A. The renewal application form submitted through the CalMHSA certification website.
 - B. A signed copy of the current Code of Ethics for Medi-Cal Peer Support Specialists in California.
 - C. Fees, as identified.
 - D. Attest to the completion of twenty (20) hours of continued education, inclusive of the six (6) hours of continued education in law and ethics.
 - E. Complete applications for renewal must be submitted no more than 30 days prior to date of expiration.
3. The Certifying Entity will only process complete applications for renewal.
 4. The Certifying Entity will notify the Certificant of status of application through electronic communication, email on file.
 5. The Certifying Entity will perform randomized reviews of Certificants' continued education records.
 - A. A sample will be pulled from the Certificant Registry database.
 - B. Certificants who are selected for the audit will be notified through electronic communication, via the email on file, with a request to submit proof of continued education hours within 30-days from the date of the request.
 - C. The Certifying Entity may take actions if evidence is not submitted.

803. Approval of training providers

1. The Certifying Entity will review applications for training providers interested in becoming an "approved training entity".
2. The Certifying Entity will review that all training programs meet the minimum standards for training entities in accordance with this policy.
3. The Certifying Entity will notify the training entity applicant within 45 days from the date of receipt of a complete application.
4. Approval for training entity will be valid for two (2) years from date of approval.
5. Substantive changes to training curricula require approval by the certifying entity, prior to approved training entity using content for training.
 - A. Substantive changes must be submitted to the Certifying Entity for approval 60 days in advance of their intended use.
 - B. The Certifying entity will notify the approved training entity of status within 45 days of receipt of a complete application from the training entity.

804. Procedure for Accommodations for Exam

1. Requests for accommodations must be submitted by the applicant at least 30-calendar days prior to date the applicant is scheduling the exam.
2. Request shall be made through the CalMHSA certification website in accordance with the Exam Accommodations Policy.
3. The Certifying Entity will review all complete requests for accommodations.
4. A representative of the Certifying Entity will inform the applicant of the status of



the request within 5-business days from receipt of request.

5. In writing, through electronic communication, email, the Certifying Entity will inform the applicant of:
 - A. How the accommodation will be met.
 - B. Information on how to file an appeal if the decision does not meet the applicant's needs.

805. Procedure for Certificant Registry

1. The Certifying Entity will ensure the registry is accurate and up to date.
2. Actions taken by the Certifying Entity against a Certificant will be updated within 72-hours from the change in certification status.
3. Reinstatement of certification will be updated within 72-hours from the change in the certification status.
4. A person or agency may file a complaint through the CalMHSA certification website or directly calling the Certifying Entity.
5. An acknowledgment of receipt via electronic communication, email, or letter will be sent to the person or agency making a complaint or requesting an appeal within 5-business days of the receipt by the Certifying Entity.
6. All investigations of complaints or review of appeals will be completed within 90-calendar days of receipt by the Certifying Entity.
7. The Certifying Entity may extend the investigation or review if additional time is necessary to complete the process.
 - A. The Certifying Entity may extend the investigation or review up to 30-calendar days.
 - B. The Certifying Entity will notify the person or agency making the complaint or requesting an appeal, in writing through email at least 5-calendar days from the 90-day investigation timeframe.
 - C. The Certifying Entity will update the Certificant Registry with 72-hours of the change in certification status.

806. Complaints- Certified Medi-Cal Peer Support Specialist and Approved Training Entity

1. The Certifying Entity will investigate all complaints made against certified Peer Support Specialists and approved training entities. The Certifying Entity will also review any appeals related to denials for application for certification, suspension or revocation of a certification, denials for certification renewal, and denials for application for training.
 - A. Review of complaint form and supporting documents.
 - B. Complaint and supporting documents will be stored electronically.
 - C. Evidence collected will be used to determine if the allegations are substantiated.
 - D. Confidentiality of former or current beneficiaries/recipients of care. Data will be kept secure.



1. Some evidence may include names of former or current recipients of care.
 2. The Certifying Entity will adhere to all Health Information Portability and Accountability Act (HIPAA) regulations and safeguard of health information.
 3. The Certifying Entity will complete a “confidentiality names” list which will list the names of the care recipients with a corresponding reference number.
 4. The reference number will be used to identify persons in the report.
2. The Certifying Entity will investigate and complete the investigation of complaints within 90-calendar days of receipt of complaint.
 - A. The investigation may include, but is not limited to, contacting the person making the allegations, contacting the Certificant, contacting the approved training entity, contacting other persons of interest, and/or review of records, as necessary.
 - B. The Certifying Entity may contact the Certificant’s employer for any applicable records or information related to the allegations, as necessary.
 - C. Previously recorded allegations and dispositions may be taken into consideration, as applicable.
 3. Actions of suspension and/or revocation of certification will be communicated to the Certificant and the Certificant’s present employer at the time of allegation via email.
 - A. Actions of revocation of an approved training entity will be made directly to the training entity. The CalMHSA certification website information will be kept up to date.
 - B. Action of reinstatement of certification will be communicated to the Certificant via email on file.
 - C. The Certifying Entity will update the Certificant’s certification status to reflect any changes to the certification status.
 4. The Certifying Entity will maintain a complaints log with the following elements:
 - A. Date complaint was submitted.
 - B. Name of Certificant or Approved Training Entity.
 - C. Name of Certificant’s employer.
 - D. Name of person making the allegations, as applicable.
 - E. Contact information of person making the allegations, as applicable.
 - F. Nature of the allegations.
 - G. Investigative actions taken by the Certifying Entity.
 - H. Date of final disposition.
 - I. Final disposition by Certifying Entity.
 - J. Final letter of disposition to the Certificant will be sent to the Certificant’s email on file. Final letter of disposition will be sent directly to the approved training entity’s email on file.
 - K. The Certifying Entity will update the Certificant Registry within 72-hours from the



date of the final disposition.

5. Return to good standing following a suspension, revocation or lapsed certifications.
 - A. Certifying Entity will review all evidence submitted within 60-calendar days of receipt of the request.
 - B. The Certificant is responsible for meeting all requirements and/or actions for reinstatement of certification, including payment of fees as applicable.
 - C. The Certificant will demonstrate proof or meeting requirements for reinstatement at time of submitting the application for consideration for reinstatement.
 - D. The Certifying Entity will review all documents submitted by the Certificant.
 - E. Only complete applications with supporting evidence will be reviewed.
 - F. The Certifying Entity will inform the Certificant of the status of the application for reinstatement within 60-calendar days of receipt of evidence.
 - G. The Certifying Entity will not accept any additional documents as evidence of meeting requirement in lieu of what was requested in the initial letter of action.
 - H. For reinstatement of certifications, the Certifying Entity will update the Certificant Registry within 72-hours from the date of the final disposition.

807. Appeals- Certified Medi-Cal Peer Support Specialist and Approved Training Entity

1. The Certifying Entity will review all.
 - A. The Certifying Entity will review appeals for suspension or revocation of certification.
 - B. The Certifying Entity will review appeals for denial of certification renewal.
 - C. The Certifying Entity will review appeals for application for training entities.
 - D. The Certifying Entity will maintain a log with the following elements:
 1. Date of request for appeal
 2. Type of appeal
 3. Name of person or organization requesting review for an appeal
 4. Contact information of person making the request
 5. Nature of the request for appeal
 6. Activities performed by the Certifying Entity regarding the request for appeal
 7. Date of final disposition
 8. Final disposition
 9. Final letter of disposition to the Certificant will be sent via email to the email on file.
 10. The Certifying Entity will update the Certificant Registry within 72-hours from the date of the final disposition.

808. Data Collection

The Certifying Entity will collect the following data on each person seeking certification



for Medi-Cal Peer Support Specialists. Data will be kept secure. Data will be used to meet reporting requirements set forth by the California Department of Health Care Services. Data reports will be submitted to the California Department of Health Care Services by December 31st following the fiscal year. A fiscal year runs from July 1 – June 30.

The Certifying Entity will collect the data using the CalMHSA Certification website and from approved training entities.

Reports will be submitted to DHCS no later than December 31st of the fiscal year. Reports will be de-identified.

1. The Certifying Entity will collect data elements as noted in the Appendix.
2. The Certifying Entity will collect data through the CalMHSA certification website and by approved training vendors.
3. The Certifying Entity will submit aggregate data reports to the California Department Health Care Services (DHCS) no later than December 31st following the fiscal year of the reporting period.



APPENDICES

APPENDIX A

Med-Cal Peer Support Specialist Core Competencies

1. The concepts of hope, recovery, and wellness.
2. The role of advocacy.
3. The role of consumers and family members.
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
5. Cultural and structural competence trainings.
6. Trauma-informed care.
7. Group facilitation skills.
8. Self-awareness and self-care.
9. Co-occurring disorders of mental health and substance use.
10. Conflict resolution.
11. Professional boundaries and ethics.
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
13. Safety and crisis planning.
14. Navigation of, and referral to, other services.
15. Documentation skills and standards.
16. Confidentiality.
17. Digital literacy.



APPENDIX B

Medi-Cal Code of Ethics for Medi-Cal Peer Support Specialists in California

1. The principles in the following Code of Ethics for Certified Medi-Cal Peer Support Specialists in California were developed by the California Department of Health Care Services to guide Certified Medi-Cal Peer Support Specialists in their roles and responsibilities and levels of responsibility in which they function professionally.

A. HOPE

1. Inspire hope in those engaging in services by living a life of Recovery and/or Resiliency.

B. PERSON-DRIVEN

1. Support individuals receiving services and their support network within the context of the individual's worldview, to achieve their goals based upon their needs and wants.
2. Focus on self-determination, as defined by the person engaging in services, and support the person's participation in their own recovery.
3. Inform others about options, provide information about choices, and then respect peers' decisions.
4. Encourage people to look at the options, take risks, learn from mistakes, and grow toward healthy interdependence with others.
5. Uphold the principle of non-coercion as essential to recovery and encourage those engaging in services to make their own decisions, even when the person engaging in services is under mandated treatment.
6. Assist those they support to access additional resources.
7. Disclose lived experiences of recovery in a way that maintains the focus on and is beneficial to the person engaging in services.
8. Support the recovery process for the peer, allowing the person to direct their own process
9. Shall not force any values or beliefs onto the person engaging in services.
10. Recognize there are many pathways to recovery that can be very different than their own journey

C. FAMILY DRIVEN AND CHILD-CENTERED

1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs.
2. Respect and value the beliefs, opinions, and preferences of children, youth, family members, parents, and caregivers in service planning.
3. Promote the family members' voices and the articulation of their values in planning and evaluating behavioral health related challenges or concerns.
4. Support other family members as peers with a common background and history.
5. Disclose personal lived experiences of building resiliency in a way that focuses on and is beneficial to the child, youth, family member, parent, or caregiver engaging in services.



6. Build supports on the strengths of the child, youth, family, or caregiver.
7. Build partnerships with others who are involved in the care of our children, youth, or adult family members.
8. Communicate clearly and honestly with children, youth, family members, and caregivers.

D. HOLISTIC WELLNESS

1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs.
2. Practice in a holistic manner that considers and addresses the whole health of those engaging in services.
3. 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.
4. Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges.
5. Honor the right of persons engaging in services 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.

E. AUTHENTICITY

1. Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult circumstances 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 challenges with caring and compassion.
2. Share own lived experience to provide hope and inspiration for recovery.
3. Practice healthy disclosure about their own experience focused on providing hope and direction toward recovery and/or resiliency.
4. Work within their scope of practice as defined by this Code of Ethics and their employing agency.
5. 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.
6. Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of peer support services.
7. Seek supervision, peer support services, and/or other contact with peer colleagues or other supports to stay within their scope of practice.

F. CULTURAL RESPONSIVENESS

1. Acknowledge the importance of language and culture, intersecting identities, knowledge, and acceptance of dynamics of cultural differences, expansion of cultural knowledge, curiosity, and adaptation of services to meet culturally unique needs.



2. Strive to provide culturally responsive and relevant services to those they support.
3. Respect cultural identities and preferences of those engaging in services and their families and respect the right of others to hold opinions, beliefs, and values different from their own.
4. 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.
5. 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.
6. Seek further information, education, and training in cultural competence as necessary to assist those they support.

G. RESPECT

1. Provide a welcoming environment for persons engaging in services.
2. Approach each person, youth, parent or family member with openness, genuine interest, and appreciation.
3. Accept each person/family and situation as unique.
4. Provide empathy and be able to “put oneself in the other person’s shoes.”
5. Will make an honest effort to empathize with the emotional connection and cultural context that the persons engaging in services bring to the recovery / resiliency relationship.
6. View everyone as having something important and unique to contribute.
7. Value and treat others with kindness, warmth, dignity, and without judgment.
8. Accept each other and are open to sharing with people from many diverse backgrounds including ethnicity, educational levels, socio-economic background, sexual preference, and religion/spirituality.
9. Honor and make room for everyone’s opinions and see each other as equally capable of contributing.
10. Demonstrate respect toward those supported, colleagues and the community.
11. Use language that is respectful, “person-first,” and culturally mindful to, and with, those supported, colleagues and the community.
12. Never use language that could be construed as, or is, derogatory, insulting, or demeaning in written, electronic, or verbal communications.
13. Communicate with co-workers and colleagues in ways that promote hope, compassion, and solution-focused interactions.

H. INTEGRITY

1. Act in accordance with the highest standards of professional integrity.
2. Avoid relationships or commitments that conflict with the interests of persons engaging in services, impair professional judgment, imply a conflict of interest, or create risk of harm to those supported.



3. Conduct themselves in a way that does not jeopardize the integrity of the peer relationship.
4. Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable.
5. Follow organizational policies and guidelines regarding giving and receiving gifts.
6. Consider the cultural context and other potential considerations related to gifts.
7. Do not lend, give, or receive money or payment for any services to, or from, persons they support.
8. Demonstrate accountability in fulfilling commitments.
9. Resist influences that interfere with professional performance.
10. Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services.
11. Cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.
12. Shall not provide services under the influence of any amount of alcohol, marijuana, or illicit drugs. "Illicit drugs" means any substance defined as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except:
 1. Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, in accordance with Section 4036, Chapter 9, Division 2, Business and Professions Code, and used in the dosage and frequency prescribed; or
 1. Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.
13. Shall not secure a certification by fraud, deceit, or misrepresentation. This includes, but is not limited to:
 1. Making a false statement on any application for certification.
 1. Withholding material information on any application for certification.
 1. Impersonating another Medi-Cal Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing peer support services.
14. Shall not engage in gross negligence or incompetence in the performance of peer support services. This includes:
 1. Failing to maintain records consistent with sound judgement, the standards of the profession, and the nature of the services being rendered.

I. ADVOCACY

1. Support the formulation, development, enactment, and implementation of public policies of concern to the profession.
2. Demonstrate and promote activities that respect diversity.
3. Support and defend human rights and freedoms regardless of nationality, national origin, gender identity, ethnicity, religion or spiritual persuasion,



language, disability, sexual identity, or socio-economic status. Human rights include civil and political rights, such as the right to life, liberty, and freedom of expression; social, cultural, and economic rights including the right to cultural expression, the right to have basic needs met, and the right to work and receive an education.

4. Advocate for inclusion of those supported in all aspects of services.
5. Advocate for the full involvement of those supported in the communities of their choice and will promote their value to those communities.
6. Understand, encourage, and empower self-advocacy.
7. Recognize that all individuals/families have the right to live in the safest and least restrictive, culturally congruent environment.
8. Strive to eliminate stigma and discrimination.

J. CONFIDENTIALITY

1. Respect the rights, dignity, privacy, and confidentiality of persons engaging in services at all times.
2. Respect the right to privacy of those supported and shall not solicit private information from those supported unless it is essential. Once private information is shared, standards of confidentiality apply.
3. Respect confidential information shared by colleagues in the course of their professional relationships and interactions unless such information relates to an unethical or illegal activity. However, confidentiality should be honored when Peers are supporting clients with a substance use disorder where the illegal activity is limited to personal use of substances.
4. Comply with all applicable federal and state confidentiality laws and guidelines. (In accordance with Part 2, Title 42, Code of Federal Regulations and HIPAA requirements).
5. Discuss with persons engaging in services, and other interested parties, the nature of confidentiality and limitations of the right to confidentiality.

K. SAFETY & PROTECTION

1. Never engage in romantic or sexual/intimate activities with the persons engaging in services.
2. Shall not provide services to individuals with whom they have had a prior romantic or sexual relationship.
3. Shall not engage in exploitive relationships with coworkers or those they support to further their personal, religious, political, or business interests.
4. Follow applicable federal, state and local laws in the prevention of harm.
5. Inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to persons served or other identifiable persons. In all instances, Medi-Cal Medi-Cal Peer Support Specialists should disclose the least amount of confidential information necessary to achieve the desired purpose.



6. Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to persons engaging in services.
7. Recognize the unique nature of the peer relationship and seek supervision and/or peer support services, as necessary, to maintain appropriate boundaries with persons engaging in services.
8. Treat colleagues with respect, courtesy, fairness, and good faith, and uphold the Code of Ethics. Strive to provide a safe environment that is respectful of the impact of trauma on persons engaging in services.

L. EDUCATION

1. Remain current regarding new developments in recovery, resiliency and wellness theories, methods, and approaches of related disciplines/systems with whom those who are engaging in services interface.
2. Accept responsibility for continuing education and professional development as part of their commitment to provide quality services.
3. Become familiar with local resources for self-sufficiency, including benefits and employment opportunities and supportive resources for families, parents, and caregivers.

M. MUTUALITY

1. Engage in a relationship of mutual responsibility where power is shared and the Medi-Cal Peer Support Specialist and the persons engaging in services are equally responsible for maintaining a peer relationship that is mutually beneficial.
2. Take responsibility for voicing their own needs and feelings.
3. Make decisions in collaboration with persons served and do not make decisions for persons engaging in services.
4. Ensure that people give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made in collaboration with one another.

N. RECIPROCITY

1. Ensure that the relationship is reciprocal. Every participant in the peer relationship both gives and receives in a fluid, constantly changing dynamic.
2. Belief that peer relationships are not hierarchical; no one is more qualified, advanced, or better than another.
3. Learn from each other.
4. View asking for help as reaching across (not up nor down).

O. STRENGTHS-BASED

1. Provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.
2. Focus on what is strong, not what is wrong.
3. Assist others to identify these strengths and explore how those identified strengths can be used for their benefit.



P. WELLNESS, RECOVERY RESILIENCY

1. Engage in and model regular self-care activities.
 2. Communicate and behave in ways that promote wellness, recovery, and resiliency.
 3. Use language that reflects wellness, recovery, and resiliency principles.
 4. Shall not impose limitations on the possibility for wellness, recovery, and resiliency of those engaging in services.
 5. Recognize the importance of supportive relationships and community in wellness, recovery and resiliency and encourage persons to identify and develop natural supports.
 6. Promote self-sufficiency in the wellness, recovery, and resiliency journey.
2. A Medi-Cal Peer Support Specialist **may not**:
1. Practice outside of their scope of competence
 2. Engage in any services requiring a license
 3. Falsify any documentation related to application, training, testing, certification, or services provided.
 4. Retaliate against any person who, in good faith, makes a complaint against the Medi-Cal Peer Support Specialist regarding services provided.
 5. Engage in conduct that is prohibited by state, federal, or local law, including laws prohibiting the use, possession, or distribution of drugs and alcohol.
 6. Participate in, condone, or promote discrimination on the basis of race, creed, color, national origin, gender identity, sexual orientation, religion, age, physical disability, or economic status in the performance of responsibilities as a Medi-Cal Peer Support Specialist.
 7. Violate law, rule, or policy related to a recipient's privacy and confidentiality.
 8. Have a dual relationship with a recipient of services.

By signing below, I agree not to violate, or assist in or abet the violation of, or conspire to violate, any provision or term of this Code of Ethics. All Medi-Cal Peer Support Specialists shall be notified, in writing, of any changes to this Code of Ethics.

Name (printed)

Name (signature)

Date (mm/dd/yyyy)



APPENDIX C

Continued Education Requirements:

Acceptable courses for continuing education (CEs) may include:

1. Courses relevant to the practice of peer and recovery services.
2. Peer Certification trainings.
3. Trainings that focus on significant recent developments in the discipline of peer support and recovery.
4. Trainings that concentrate on the areas of specializations; "Parent, Caregiver, and Family Member Peers," "Persons experiencing a Crisis," "Persons who are unhoused," and "Persons with justice system involvement.
5. Direct care courses that cover peer, recovery, and specialty areas (e.g., theoretical frameworks of recovery; intervention techniques with individuals, families, and systems of care).
6. Indirect care courses that cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, supervision training).
7. Courses that meet the continuing education requirements for Licensed Professional Counselor (LPC), Licensed Marriage & Family Therapist (LMFT), Licensed Clinical Social Worker (LCSW), Certified Alcohol & Drug Counselor (CADC), Licensed Alcohol & Drug Counselor (LADC), or Continuing Medical Education (CME); or
8. An undergraduate or graduate course in a behavioral health related field that pertains to direct interaction with consumers.

Below are examples of law and ethics course elements that would apply toward meeting this requirement:

1. Legal and ethical issues when working with children
2. Legal and ethical issues when working with disabled adults and older adults
3. Legal responsibilities for mandate reporting
4. Information on advanced mental healthcare directives
5. Professional conduct and boundaries
6. Ethics and counseling in addiction and recovery
7. Legal and ethical responsibilities covering confidentiality



APPENDIX D

Peer Training Requirements for Grandparenting Process

Acceptable training must consist of any trainings consistent with aspects of the Peer Support discipline that are fundamental to the understanding or the practice of peer support and recovery including:

1. Courses relevant to the practice of peer and recovery services.
2. Peer Certification trainings.
3. Trainings that focus on significant recent developments in the discipline of peer support and recovery.
4. Trainings that concentrate on the areas of specializations; “Parent, Caregiver, and Family Member Peers,” “Persons experiencing a crisis,” “Persons who are unhoused,” and “Persons with justice system involvement.
5. Direct care courses that cover peer, recovery, and specialty areas (e.g., theoretical frameworks of recovery; intervention techniques with individuals, families, and systems of care).



APPENDIX E

Data Collection

Data collection shall include at least the following elements:

1. Age
2. Gender identity
3. Race/ethnicity
4. Proficient languages
5. Employment Status at time of application
6. Name of Employer/Agency and County
7. County of Residence
8. Number of Medi-Cal Peer Support Specialists certified
9. Number of Medi-Cal Peer Support Specialists certified through grandparenting process (May 2022 - December 2022)
10. Number of applicants who received training in an area of specialization
 - A. Parent, Caregiver Family Member Peer
 - B. Work with persons in crisis
 - C. Work with persons who are unhoused
 - D. Work with persons involved in the justice system
11. Number of persons who receive peer supervisor training
12. Number of applicants that received certification through out of state reciprocity
13. Number of applicants who registered for training
14. Number of applicants who completed training
15. Number of applicants who registered for the examination
16. Number of applicants that did not receive certification
17. Number of applicants employed in peer services prior to certification
18. Applicants' county of employment or county of residence if not employed
19. Number of certified Medi-Cal Peer Support Specialist who renewed certification (effective fiscal year 2024-2025)



APPENDIX F

Medi-Cal Peer Support Specialist Code of Ethic Violations Guidelines

The following Medi-Cal Code of Ethics Sanction guidelines are used to address violations of the Medi-Cal Code Ethics for Certified Peer Support Specialists in California by the California Mental Health Services Authority. The guidelines will be used by the certifying entity for the determination of sanctions. The guidelines are not considered all-inclusive as there may be violations not addressed or sanctions that have not yet been described for a specific violation. The certifying entity reserves the right to make modifications under circumstances in the absence of sanctions.

Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
E4	Work within their scope of practice as defined by this Code of Ethics and their employing agency (includes gross negligence and incompetence).	Up to a six-month suspension of Peer Support Specialist certification; and Completion of 40-hour training course from an approved training entity OR retake and pass the Peer Support Specialist certification exam prior to reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
F4	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.	Up to a six-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in cultural sensitivity from an approved training entity; and Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
F5	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.	Up to a six-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in cultural sensitivity from an approved training entity; and Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
H2	Avoid relationships or commitments that conflict with the interests of persons engaging in services, impair professional judgment, imply a conflict of interest, or create risk of harm to those supported.	Up to a six-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in ethics and professional boundaries; and Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
H7	Do not lend, give, or receive money or payment for any services, to or from, persons they support.	Up to a six-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in law and ethics from an approved training entity; and Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
H10	Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services.	Permanent denial of application for Peer Support Specialist certification and listing on the Medi-Cal Suspended and Ineligible Provider list https://files.medi-cal.ca.gov/pubsdoco/SandILanding.aspx	Permanent revocation of Peer Support Specialist certification.
H11	Cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.	Up to a six-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in law and ethics from an approved training entity; and Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
H12	Shall not provide services under the influence of any amount of alcohol, marijuana, or illicit drugs.	Up to a one-year suspension; if in recovery, personal letter describing treatment and/or relapse prevention efforts, letter from addiction treatment program documenting successful completion of a treatment program and plan for continuing care; and proof of completion of 20 continuing education hours.	Revocation/ permanent denial of licensure, certification, or registration; fees forfeited.



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
H13	<p>Shall not secure a certification by fraud, deceit, or misrepresentation. This includes, but is not limited to:</p> <ul style="list-style-type: none">a) Making a false statement on any application for certification.b) Withholding material information on any application for certification.c) Impersonating another Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing peer support services.	<p>Denial of Peer Support Specialist certification for no less than six months.</p> <p>Fees are forfeited; and</p> <p>Complete six continuing education hours in law and ethics from an approved training entity; and</p> <p>Retake and pass the Peer Support Specialist certification exam prior to reinstatement of certification; and</p> <p>Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.</p>	Permanent revocation of Peer Support Specialist certification.
H13	<p>Shall not secure a certification by fraud, deceit, or misrepresentation.</p> <p>An applicant cheats or participates in cheating during the certification exam.</p>	<p>Denial of certification for no less than one year.</p> <p>May sit for examination after a one-year period elapses.</p> <p>Complete six continuing education hours in law and ethics from an approved training entity.</p> <p>Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.</p>	Permanent revocation of Peer Support Specialist certification.



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
H13	<p>Shall not secure a certification by fraud, deceit, or misrepresentation.</p> <p>Violation of exam security by compromising exam integrity.</p>	<p>Permanent denial of application for Peer Support Specialist certification.</p>	<p>Permanent revocation of Peer Support Specialist certification.</p>
H14	<p>Shall not engage in gross negligence or incompetence in the performance of peer support services. This includes:</p> <p>Failing to maintain records consistent with sound judgement, the standards of the profession, and the nature of the services being rendered.</p>	<p>Up to a six-month suspension of Peer Support Specialist certification.</p> <p>Complete six continuing education hours in law and ethics from an approved training entity.</p> <p>Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.</p>	<p>Permanent revocation of Peer Support Specialist certification.</p>
J1/2/3	<p>Respect the right to privacy of those supported and shall not solicit private information from those supported unless it is essential. Once private information is shared, standards of confidentiality apply.</p>	<p>Up to a six-month suspension of Peer Support Specialist certification.</p> <p>Complete six continuing education hours in law and ethics from an approved training entity.</p> <p>Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.</p>	<p>Permanent revocation of Peer Support Specialist certification.</p>



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
J4	Comply with all applicable federal and state confidentiality laws and guidelines. (In accordance with Part 2, Title 42, Code of Federal Regulations and HIPAA requirements).	<p>Up to a six-month suspension of Peer Support Specialist certification.</p> <p>Complete six continuing education hours in law and ethics from an approved training entity.</p> <p>Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.</p>	Permanent revocation of Peer Support Specialist certification.
K1/2	Never engage in romantic or sexual/intimate activities with the persons engaging in services.	<p>Up to a six-month suspension of Peer Support Specialist certification; and</p> <p>Complete 6 continuing education hours in ethics and professional boundaries from an approved training entity. Valid proof of completion of continued education and hours of supervision must be submitted along with application for reinstatement of certification; and</p> <p>Complete four hours of direct supervision within two weeks following reinstatement. Valid proof of completion of supervision hours must be submitted within 3 weeks of reinstatement of certification.</p>	Permanent revocation of Peer Support Specialist certification.
K3	Shall not engage in exploitive relationships with coworkers or those they support to further their personal, religious, political, or business interests.	Up-to six-month suspension, and proof of completion of nine hours of education in ethics.	Permanent revocation of Peer Support Specialist certification.



Code of Ethics Number	Code of Ethics	Minimum Sanction	Maximum Sanction
K4/5	Mandated Reporting	Up to six-month suspension; proof of completion of six hours of education in ethics; and proof of completion of eight hours of education in mandated reporting.	Revocation/ permanent denial of licensure, certification, or registration; fees forfeited.
K6	Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to persons engaging in services.	Up to 90-day suspension and proof of completion of nine hours of education relevant to the nature of the offense as determined by the CO.	Permanent revocation of Peer Support Specialist certification.



APPENDIX G

Medi-Cal Peer Support Specialist Exam Blueprint

	Blueprint %	Items per Knowledge, Skills, & Abilities
1. Administrative Responsibilities (9.9%)		
1.1. Document the peer support services in a thorough and timely manner in the individual's health record.	2%	2
1.2. Maintain professional standards and boundaries by observing the guidelines established by the agency you represent.	2%	2
1.3. Maintain confidentiality related to mental health and substance use treatment and services, both internally and externally, to the agency.	3%	3
1.4. Collaborate with multidisciplinary team members to coordinate care (e.g., post-hospitalization, post-incarceration re-entry services, residential treatment).	1%	1
1.5. Participate in agency staff meetings, training, individual/group supervision, care coordination meetings, and other relevant professional meetings.	1%	1
1.6. Use basic computer skills to navigate the internet, conduct research, and communicate with team members about the individual's care needs.	1%	1
Total	10%	10
2. Behavioral Health Foundations (11.6%)		
2.1. Knowledge of mental health conditions and available treatment options across the lifespan.	2%	2
2.1 Knowledge of substance use challenges and available treatment options across the lifespan.	3%	3
2.3. Be familiar with resiliency, recovery, and wellness approaches and techniques specific to individuals with mental health.	3%	3
2.4. Be familiar with recovery approaches and peer support techniques specific to individuals with substance use challenges.	3%	3
Total	11%	11
3. Interpersonal Skills (16.9%)		
3.1. Use active listening skills and/or motivational interviewing techniques to identify and understand the individual's unique needs.	2%	2
3.2. Use empathy to recognize the individual's unique experiences, perceptions, and worldview.	2%	2
3.3. Use effective self-disclosure as a tool to validate the individual's lived experience to promote hope, resiliency, and coping strategies.	2%	2
3.4. Use lived experience with recovery to engage, model, and demonstrate that individuals can achieve resiliency and wellness.	2%	2
3.5. Practice self-awareness to ensure that the individual's resiliency and recovery remain the focal point of the peer support relationship.	2%	2
3.6. Practice self-care to engage in activities to reduce stress, maintain personal health and work-life balance.	2%	2



3.7. Work effectively with individuals from diverse backgrounds, being respectful and responsive to their cultural beliefs and practices.	2%	2
3.8. Build trust and mutual respect by seeking permission and partnership from the individuals for every phase of the recovery and wellness journey.	2%	2
3.9. Model an equitable relationship of giving and receiving between the individual and the Peer Support Worker.	1%	1
Total	17%	17
4. Recovery Support (15.0%)		
4.1. Knowledge of the peer, consumer, and family member recovery movement and/or harm reduction models.	1%	1
4.2. Understand the difference between the role of a peer support worker and clinical providers in the individual's care.	1%	1
4.3. Knowledge of traditional substance use services and harm reduction models.	1%	1
4.4. Introduce and explore person-centered destigmatizing language choices.	2%	2
4.5. Provide consensual individualized, ongoing guidance, coaching, and support to ensure self-determination for individuals.	1%	1
4.6. Utilize specific tools and models (e.g., harm reduction, mindfulness) to assist individuals in creating their own wellness and recovery plans.	1%	1
4.7. Assist individuals in identifying their personal interests, goals, strengths, and barriers to wellness.	2%	2
4.8. Help individuals brainstorm strategies and problem-solve solutions to overcome barriers.	1%	1
4.9. Help individuals cultivate problem-solving skills to make informed, independent decisions.	1%	1
4.10. Share and model effective coping techniques and self-help strategies to promote resiliency, recovery, and wellness for individuals.	1%	1
4.11. Provide individuals with tools or knowledge to support a self-driven perspective in collaboration with other service providers.	2%	2
4.12. Explore ambivalence to support individuals in devising wellness and recovery plans for desired change.	1%	1
Total	15%	15
5. Advocacy (12.1%)		
5.1. Promote self-advocacy to help individuals establish personal needs, goals, and objectives as their focal points of rehabilitation, resiliency, recovery, and wellness.	5%	5
5.2. Assist individuals in developing empowerment skills and combating stigma (i.e., public, structural, and self) through self-advocacy.	5%	5
5.3. Use formal channels to advocate for the individual's rights to services.	2%	2
Total	12%	12



6. Community Inclusion (9.6%)		
6.1. Use peer support practices to increase social networks, deepen social relationships, and cultivate a meaningful role for individuals.	2%	2
6.2. Assist individuals in increasing social support networks of relatives, friends, and/or significant others.	2%	2
6.3. Assist individuals in building interpersonal and social skills to engage the community and professional resources.	2%	2
6.4. Serve as a liaison for collaboration with individuals, agency staff, family, friends, community partners, and other relevant stakeholders (e.g., politicians, coalitions, and special interest groups).	2%	2
6.5. Empower individuals to take advantage of opportunities at varying levels of involvement in community-based activities (e.g., work, school, relationships, advocacy groups, physical activity, self-directed hobbies, volunteering, etc.).	2%	2
Total	10%	10
7. Resource Linkage (12.7%)		
7.1. Assist individuals in accessing community services and community resources, including social service benefits (e.g., Medicaid, public assistance, and housing).	4%	4
7.2. Share community resources for mental health and substance use challenges.	2%	2
7.3. Visit community resources with individuals to assist them in becoming familiar with potential opportunities.	2%	2
7.4. Assist individuals in identifying and securing resources for all aspects of treatment, recovery, and wellness, including transitions in care (e.g., post-hospitalization, post-incarceration re-entry services, residential treatment).	5%	5
Total	13%	13
8. Crisis Management (12.1%)		
8.1. Identify community resources that individuals can turn to for immediate help in a behavioral health crisis.	3%	3
8.2. Help individuals develop an advanced strategy for planning and managing behavioral health crises.	3%	3
8.3. Identify signs and symptoms of a behavioral health crisis and activate supportive response skills where necessary.	2%	2
8.4. Provide encouragement and ongoing support to individuals through the resolution of the behavioral health crisis.	4%	4
Total	12%	12



APPENDIX H

Parent, Caregiver, Family Member Peer Training Curriculum Core Competencies

National Federation of Families Competencies	Summary of Themes Across Other State Standards
<p>1. Professional Responsibilities: Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none">• Basic Work Skills• Knowledge of Policies• Ethics• Confidentiality• Boundaries• Professional Development• Demonstrating Cultural Humility	<p>Recognize the role and limitations of a Parent, Caregiver, Family Member Peer, as differentiated from clinical services.</p> <p>Effectively uses self-disclosure and sharing one's story when appropriate and with the intent of inspiring hope.</p> <p>Active listening skills, ability to show empathy and demonstrate non-judgement. Understands various forms of communication including behavior.</p> <p>Communicate and connects effectively with families of all cultures, religions, value systems, and lifestyles.</p> <p>Understand personal biases based on knowledge, skill, and experience.</p> <p>Comply with state, federal, mandatory reporting and confidentiality requirements (PHI).</p> <p>Conduct self in an ethical manner by adhering to codes of ethics and standards of practice.</p>
<p>Field examples for professional responsibilities may include:</p> <ul style="list-style-type: none">• Demonstrating knowledge of basic workplace skills.• Knowing the distinctions between peer support and clinical services.• Practicing cultural humility.• Applying ethical standards.• Conducting self with integrity.• Knowing and adhering to policies and procedures.• Understanding personal and professional limitations and implicit biases.• Incorporating standards of confidentiality.• Displaying professional appearance, attitude and communication.• Using self-disclosure appropriately.• Treating colleagues and clients with respect.	



National Federation of Families Competencies	Summary of Themes Across Other State Standards
<p>2. Systems Knowledge and Navigation:</p> <p>Knowledge that can be assigned to this core competency includes:</p> <ul style="list-style-type: none">• Education• Behavioral Health / Mental Health• Justice System• Health Care• Child Welfare• Use of Peer Services• Intellectual and Developmental Disabilities• Substance Use• Social Services• Legal Rights and Responsibilities in System Supports	<p>Systems history overview and understanding of children’s behavioral health service delivery and other children’s services such as: education, special education, child welfare, and juvenile court systems, and how these services differ from adult systems of care.</p> <p>Overview of mental illness and substance use disorders in children and the effects on their brain.</p> <p>Understand the developmental stages of children and adolescents.</p> <p>Understand impact of trauma and responses to trauma</p> <p>Foster cooperation between families, the individual, and the service systems involves in their lives.</p> <p>Know safeguarding and relapse prevention strategies for issues such as self-harm and substance abuse.</p> <p>Understand crisis and safety planning and ability to support access to crisis resources in the community and region.</p> <p>Knowledge of conditions, treatments, services, and supports, and how to coordinate access to multiple systems.</p>
<p>Field examples for systems knowledge and navigation may include:</p> <ul style="list-style-type: none">• Demonstrating knowledge of basic workplace skills.• Demonstrating general knowledge of the educational systems and advocacy within that system.• Describing basic tenets of guardianship and trusts.• Promoting understanding of caregiver rights and responsibilities in system supports / behavioral health / recovery / resilience.• Knowing the stages in the recovery process.• Recovery and resilience.• Managing crisis and emergency situations.• Demonstrating general knowledge of diagnostic profiles and treatment options. <p>This broadly encompassing category also covers knowledge of all systems that touch children, transition-age youth and the adults involved in their lives.</p>	



National Federation of Families Competencies	Summary of Themes Across Other State Standards
<p>3. Resources and Natural Supports:</p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none">• Helping Families Identify and Use Natural Supports• Helping Families Access and Navigate Local Resources• Identifying Family Strengths, Needs and Outcomes• Crisis and Safety Planning• Family Relationship Building• System Partner Relationship Building	<p>Knowledge of family systems theory and facilitating family support groups.</p> <p>Understanding of individual and family culture, biases, stigma, and trauma.</p> <p>Demonstrate an ability to teach wellness practices, life skills, and psychoeducation.</p> <p>Understands, supports, and models family-driven care.</p> <p>Exercise family-centered planning, including utilizing the family's natural supports and supplementing them with community supports and service systems.</p> <p>Assert family's role as the center of decision-making.</p> <p>Assist families in accessing resources, services, and information to empower them in navigating services consistent with family needs and goals.</p> <p>Understand, support, and model the role of the family in recovery-oriented systems of care using a strengths-based approach.</p> <p>Educate and assist families in identifying and articulating their needs, goals, and strengths to effect change.</p> <p>Able to assist families to recognize the difference between individual problems and a system problem or constraint.</p> <p>Demonstrate patience, persistence, and optimism to establish and maintain family motivation.</p>
<p>Field examples resources and natural supports may include:</p> <p>Demonstrating knowledge of community-based resources and how to access, including funding options.</p> <p>Collaborating with groups to pool resources.</p> <p>Negotiating successfully with the community partners to meet families' needs.</p> <p>Assisting the family to identify goals and develop a plan for success across all life domains.</p> <p>Demonstrating the ability to provide necessary information and options on resources and support to support families to make informed decisions.</p> <p>Assisting families to identify and use natural supports.</p> <p>Supporting families to access and navigate local resources.</p> <p>Promoting positive family relationship building.</p> <p>Creating opportunities for system partner relationship building.</p> <p>Assisting family members to identify and build informal family and community supports.</p> <p>Identifying transition resources.</p>	



National Federation of Families Competencies	Summary of Themes Across Other State Standards
<p>4. Wellness and Resiliency:</p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none">• Holistic Approach to Wellness• Promoting Resiliency• Recovery Principles• Impact of Trauma, Compassion Fatigue, Burnout and Grief• Wellness Education• Parenting Skills• Self-Care Strategies (For Providers and Families)	<p>Understanding of the stages of grief and loss, self-care and stress management, compassion-fatigue and burnout, resiliency and recovery principles, and healthy personal and professional boundaries.</p> <p>Demonstrate knowledge of trauma-informed care and various pathways to recovery.</p> <p>Empower families to identify their needs, promote self-resilience, and understanding the stages of change and unmet needs.</p> <p>Understand person-centered resiliency and recovery planning for all ages and stages.</p> <p>Describe the difference between a peer relationship and a hierarchical relationship.</p> <p>Explain the concept of mentoring and social learning.</p> <p>Identify barriers within the family that impede family functioning (i.e., alcohol, drug use, incarceration, and domestic violence).</p> <p>Support families in implementing their goals, assisting in refocusing when necessary.</p>
<p>Field examples resources and natural supports may include:</p> <ul style="list-style-type: none">Using lived experiences to provide support, encouragement and hope.Assisting families in building self-confidence / self-esteem.Assisting families in building stability in their lives (Maslow's Hierarchy).Understanding the holistic view of family members' physical, social, mental and spiritual strengths and needs.Identifying family strengths, needs, and outcomes.Participating in crisis and safety planning.Understanding the holistic approach to wellness.Designing self-care strategies (for providers and families).Understanding the impact of trauma, compassion, fatigue, burnout and grief.Promoting and modeling resiliency.Incorporating recovery principles.Providing wellness education resources.Reinforcing positive parenting skills.	



National Federation of Families Competencies	Summary of Themes Across Other State Standards
<p>5. Effecting Change: Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none">• Building Collaborative Partnerships• Problem Solving• Relationship Building• Effective Advocacy• Addressing Stigma• Systems Navigation• Communication Skills• Interpersonal Skills	<p>Educate on the family and peer movements and the role of advocacy in systems transformation.</p> <p>Provide education on the stages of change.</p> <p>Describe the stages of change.</p> <p>Practice and teach strategies to prevent and overcome stigma.</p> <p>Participate in advocacy to support families.</p> <p>Assist families, teaching them how to advocate effectively within policy-making processes.</p> <p>Recognizes stigma, common superstitions, and myths regarding mental health and substance use issues.</p> <p>Able to assist families in recognizing their strengths and use them to effect change.</p>
<p>Field examples resources and natural supports may include:</p> <p>Demonstrating effective communication strategies.</p> <p>Promoting family voice and choice at all levels of systems service.</p> <p>Assisting families in asserting their rights to meet their needs.</p> <p>Supporting, teaching and coaching primary caregivers to identify and articulate their family's needs and goals.</p> <p>Engaging families to identify needed systems changes or issues.</p> <p>Strategically sharing lived experience to effect policy change and assist families to do the same.</p> <p>Partnering with families/caregivers and professionals to build collaborative relationships.</p> <p>Articulating the values of fostering cooperation between families and family-serving systems.</p> <p>Modeling effective strategies for families without being directive.</p> <p>Reframing challenges using strength-based language.</p> <p>Advocating in a solution-focused manner.</p> <p>Mentoring.</p> <p>Creating relationships that build resilience.</p> <p>Mastering the use of interpersonal skills.</p>	



APPENDIX I

**California Department of Health Care Services Behavioral Health Information
Notice BHIN 21-041**

**California Mental Health
Services Authority**

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