

Certified Medi-Cal Peer Support Specialists – Area of Specialization: Working with Persons who are Unhoused

Introduction

Peer Support is a proven tool for enhancing the recoveries of people with mental illness and/or substance use challenges. Senate Bill 803 (SB 803) Beall recognizes the benefit that peer support provides to individuals and families with mental health and substance use difficulties and the increased diversity and effectiveness peers bring to the mental health workforce. In alignment with SB 803, the Department of Health Care Services (DHCS) established statewide requirements for the development of a program to certify Peer Support Specialists, creating a new Medi-Cal provider type and service categories that will be reimbursable through Medi-Cal. The California Mental Health Services Authority (CalMHSA) is implementing a Peer Support Specialist Certification program on behalf of interested county mental health and behavioral health plans. Specifically, this report focuses on additional training and skills for certified Medi-Cal Peer Support Specialists who provide peer support to individuals who are unhoused or at risk of being unhoused.

As part of this implementation plan CalMHSA has undergone a thorough landscape analysis of existing Peer Certification programs across the United States and in a few other countries to compare core curriculums, training standards, required skills, and best practices.

This landscape analysis will focus on the core skills and practices of Peer Support for persons who are Unhoused. This is a priority specialization area which was identified by community members and stakeholders in California. Employment of Peer Support Specialists who work with persons who are Unhoused is a growing practice, but still relatively uncommon in the United States.

As the specialization of Peer Support services for persons who are unhoused gains wider acceptance, so has the need for identifying core competencies and essential skills for working with this vulnerable population. Sources surveyed for this report included: the Substance Abuse Mental Health Services Administration (SAMHSA), the National Library of Medicine, the Canadian Observatory on Homelessness, the European Federation of National Organizations working with the Homeless, and the Academy of Peer Services, and will take into consideration the input obtained by the California Mental Health Services Authority (CalMHSA) through a series of listening sessions in October 2021.

Recovery for individuals who are unhoused begins with hope that their lives can improve. SAMHSA defines this further:

Hope, the belief that these challenges and conditions can be overcome, is the foundation of recovery. A person's recovery is built on his or her strengths, talents, coping abilities, resources, and inherent values. It is holistic, addresses the whole person and their community, and is supported by peers, friends, and family members.

The process of recovery is highly personal and occurs via many pathways. It may include clinical treatment, medications, faith-based approaches, peer support, family support, self-care, and other approaches. Recovery is characterized by continual growth and improvement in one's health and wellness and managing setbacks. Because setbacks are a natural part of life, resilience becomes a key component of recovery.¹

The Canadian Observatory on Homelessness identifies some of the challenges and opportunities of working with the unhoused:

One of the major challenges of working with people who experience homelessness is addressing their legal and justice issues, the range of which are varied and complex. This means not only dealing with individuals' encounters with police, the courts and corrections – in some cases as a result of their illegal activities – but also their experiences as victims of crime. It also means addressing difficulties individuals may experience in dealing with unscrupulous employers and landlords, as well as helping them address issues relating to family law and immigration.

In order to prevent isolation, it is important that individuals and families are connected to their community and their neighborhood, particularly if obtaining housing has meant relocation. The opportunity to engage with chosen communities

¹ SAMHSA <https://www.samhsa.gov/find-help/recovery>

including cultural connections, or individuals and institutions in their local neighborhood, is important. This can include volunteer opportunities, access to community recreation centers and services, replacing existing service providers with new ones in their new community and finding new activities to replace old habits. Volunteering in particular can provide an opportunity to learn about giving back and personal fulfillment. It can also improve social and job skills for someone who is seeking employment.²

Essential aspects identified for Peer Support Specialists who work with the Unhoused were:

- A shared history of lived experience of homelessness, as well as mental illness and/or substance use challenges.
- The ability to build trusting relationships based on that shared experience.
- Experience working with the various subpopulations of the unhoused such as: Youth, Older Adults, Chronically Homeless, LGBTQ+ individuals, cultural and ethnic populations, those with mental health challenges and substance use disorders, those with physical and developmental disabilities, criminal justice involved individuals, immigrants, refugees, and veterans.
- Role modelling recovery and advocacy.
- Be trauma informed. Have cultural humility.
- Basic knowledge of co-occurring disorders

This summary is not meant to be exhaustive but to provide an overview of necessary core competencies and skills that may be used to support individuals who are unhoused to overcome social isolation and stigma, gain stable housing, access services for mental health, substance use challenges, physical healthcare, and reintegrate into society. For the purpose of this landscape report, unhoused is defined as an individual who lacks or is at risk of losing a fixed, regular, and adequate nighttime residence.

Our review of the literature yielded two landscape analyses providing a solid foundation of understanding. “The Peer Provider Workforce in Behavioral Health: A Landscape Analysis” published by UCSF on November 9, 2015, provided a high-level overview of peer certification programs across the country. More background was provided by The Center for Social Work Research at the University of Texas at Austin who published “Peer Specialist Training and Certification Program Outcomes Evaluation Report: September 2011”. Core curriculum, skills required, and standards of practice for peer certification were collected through a web-based search from national mental health organizations such as SAMHSA, Mental Health America’s National Certified Peer Specialist (NCPS) Certification, the National Association for Addiction Professionals (NAADAC); and nine states: Alabama, Arizona, Arkansas, Connecticut, Georgia, Illinois, Michigan, New York, South Carolina, and Texas. Several states use the nationally recognized Appalachian Model of Peer Certification. These

² The Canadian Observatory on Homelessness <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/supports>

core curriculums, skills required, and standards of practice for Peer Certification were compared and themes identified across the spectrum of programs. These themes correlate to the seventeen core competencies of California's Medi-Cal Peer Support Specialist Certification Act and are explored in this report.

Background

Mental Health Services: Peer Support Specialist Certification Program Act of 2020

Senate Bill 803 (SB 803), authored by California State Senator Jim Beall is the "Mental Health Services: Peer Support Specialist Certification Program Act of 2020." It sets a standard of seventeen Core Competencies that every Peer Support Specialist is required to know to be certified as a practitioner. In California, this creates a new provider and service type eligible for Medi-Cal reimbursement through the county mental health and behavioral health plans. The Department of Health Care Services will create guidance of reimbursement requirements.

To be a certified Medi-Cal Peer Support Specialist an individual must meet the following qualifications:

- Be at least 18 years of age.
- Possess a high school diploma or equivalent degree.
- Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
- Be willing to share their experience.
- Have a strong dedication to recovery.
- Agree, in writing, to adhere to a code of ethics.
- Successfully complete the curriculum and training requirements for a peer support specialist.
- Pass a certification examination approved by DHCS for a peer support specialist.

Core Competencies for Medi-Cal Peer Support Specialists

The training curriculum for Peer Support specialists must incorporate the following 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

In California, a single certification exists for the Medi-Cal Peer Support Specialists who meet the certification requirements noted above. Additionally, a certified Medi-Cal Peer Support Specialist may elect to receive training in any of the 4 areas of specialization: 1) Parent, Caregiver, Family Member Peer; 2) Working with persons who are in crisis; 3) Working with persons who are involved in the criminal justice system; and 4) Working with persons who are unhoused. The areas of specialization offer a certificate of completion and no state certification exists for the areas of specialization. For this report, we will provide a high-level overview of the essential components to each core competency for certified Medi-Cal Peer Support Specialists who plan to work with persons who are unhoused. Specifically, we will review the core training curriculum for the certified Medi-Cal Peer Support Specialists and identify any additional training areas of focus for this area of specialization.

Comparison between Core Competencies for Medi-Cal Peer Support Specialists and Area of Specialization

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<p><u>1. The concepts of hope, recovery, and wellness.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ The ability to promote hope, the potential for change, and personal empowerment. ▪ The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. ▪ How to foster individual choice and self-determination. ▪ How to establish and maintain relationships based on mutuality, respect, acceptance, and compassion. ▪ Understand the peer experience. ▪ Demonstrate consistent support to individuals during times of wellness as well as during challenging times. ▪ Demonstrate non-judgmental behavior. ▪ Apply principles of empowerment. ▪ Define the concept of a wellness-focused approach to recovery. ▪ Address internal and external stigma. ▪ Know the basic five stages in the recovery process and what is helpful and not helpful at each stage. ▪ Know the role of peer support services at each stage of the recovery process. ▪ Know the basic definition and dynamics of recovery. 	<p><u>1. Application of Lived Experience</u> (awareness of self and societal, self-disclosure)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Share lived experience with mental illness, substance use, and/or homelessness to support an individual's needs to build a trusting peer relationship. ▪ Role model positive behaviors (e.g., self-advocacy, self-care, physical activity, therapy). ▪ Personal awareness of societal stigmatization and discrimination (e.g., victims of violence, denial of work or access to resources).

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<ul style="list-style-type: none"> ▪ Identify beliefs and values individuals hold that work against recovery. ▪ Be Strengths-Based. ▪ Know the difference between treatment goals and recovery goals. ▪ Know the difference between focusing on the symptoms of mental health and substance use challenges and focusing on their impact on individuals and families. ▪ Understand the role of culture in recovery. ▪ Be trauma informed. ▪ Promote a wellness-focused approach to recovery. ▪ Be able to identify the beliefs and values an individual holds that support and enrich their recovery. ▪ Be able to identify the beliefs and values an individual holds that works against their recovery. ▪ Know the five stages in the recovery process, what is helpful and not helpful at each stage and the role of peer support services at each stage of the recovery process. ▪ Know the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). 	

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<u>2. The Role of Advocacy.</u>	<u>2. Empowerment and Promotion of Recovery</u> (peer-to-peer relationship, trauma informed, person centered,

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<p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Develop a working knowledge of the terms “peer support”, “peer”, and “recovery” as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Supporters (NAPS). ▪ Develop a working knowledge of the SAMHSA and NAPS guiding principles, practice guidelines, and core values of peer support. ▪ Understand the basic structure of the state Mental Health System (MHS) and how it works. ▪ Know the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health. ▪ Understand how peer support is shifting care from an illness model to a recovery model. ▪ Know strategies to address internal and external stigma. ▪ Use knowledge of legal resources and advocacy organizations to help an individual build an advocacy plan. ▪ Help Peers develop self-advocacy skills. ▪ Advocate for multiple pathways to recovery/wellness. ▪ Know how to teach advocacy strategies that promote Self-Determination. ▪ Model how to self-advocate. ▪ Have a basic knowledge of empowerment and the goals and objectives of the consumer movement. 	<p>strengths based, skill building, future planning)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Promote hope, the potential for change, and personal empowerment. ▪ Help individuals identify and prioritize their own needs. ▪ Understand the basic structures for systems navigation (i.e., mental health, substance abuse treatments, physical health, courts/jail, housing, Social Services). ▪ Help individuals to participate in their care as an active participant in decision-making. ▪ Use warm handoffs for resources, including assistance in accessing resources. ▪ Accompany individuals to community activities and appointments when appropriate. ▪ Encourage use of supportive relationships to help identify natural supports and other positive resources relevant to identified needs. ▪ Assist Individuals in discovery of healthy lifestyle choices and safety planning. ▪ Help individuals identify and engage in meaningful activities in the community (e.g., social groups, hobbies) ▪ Support coordination of care to work towards identified goals. ▪ Support individuals in strengthening and acquiring desired life skills such as accessing resources (food, employment, housing, etc.)

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<ul style="list-style-type: none"> ▪ Understand relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peers' rights are respected. 	<ul style="list-style-type: none"> ▪ Understand relevant rights and laws (i.e., housing and patient rights) to ensure rights are respected.

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<p><u>3. The role of consumers and family members.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ The role of consumer peer support specialists is to support other consumers through shared lived experience. ▪ The role of family peer support specialists is to support other family members through shared lived experience. ▪ The role of peers or family members is to use their experience to role model resiliency and recovery to their peers. ▪ The role of consumers or family members is to give permission to recognize when self-care is needed and to practice it. ▪ Use personal stories of lived experience to support and empower the person receiving services. ▪ To build community and a sense of meaning and fulfillment. ▪ Advocates for the needs and desires of individuals in treatment team meetings, community services, living situations, and with family. 	<p>No additional training required in this competency.</p>

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| <ul style="list-style-type: none">▪ Connect people to independent social support networks particularly self-help support groups.▪ Recovery involves individual, family, and community strengths and responsibility.▪ Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves.▪ Relate to the individual as an advocate.▪ Advocate within systems to promote person-centered recovery/wellness support services.▪ Describe the individual's rights and responsibilities.▪ Explain importance of self-advocacy as a component of recovery/wellness.▪ Differentiate between the levels of advocacy.▪ Demonstrate a working knowledge of relevant rights and laws to ensure that the individual's rights are maintained.▪ Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that individuals rights are respected.▪ Uses knowledge of legal resources and advocacy organization to build an advocacy plan.▪ Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health." | |
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<p><u>4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.</u></p> <p>Values:</p> <ul style="list-style-type: none"> ▪ Person-Centered - Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individual has identified to the peer support specialist. ▪ Self-Determination - The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all. ▪ Voluntary - Peer support specialists are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice. ▪ Psychiatric Rehabilitation Skills and Service Delivery utilizes a strengths-based approach. <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Recognize the stages of change, recovery, and wellness. ▪ Recognize signs of distress. 	<p><u>3. Co-Occurring Disorders: Mental Health and Substance Use Disorders</u> (trauma symptoms vs. symptoms of disorders, supporting people with co-occurring diagnosis and/or conditions, recovery approaches)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Strong understanding of best practice engagement and treatment approaches for mental illness, substance use disorders, co-occurring disorders, including physical health. ▪ Understand various pathways to recovery such as abstinence, harm-reduction models, Medication Assisted Treatment (MAT), and Medication Assisted Recovery (MAR) and how to support individuals to reach their goals through individual choice and self-determination. ▪ Understand the Stages of Change, Recovery Capital (drawing on persons internal and external resources to support recovery), and recovery action planning (development of tools to help persons be well and stay well) to support individuals in their recovery. ▪ Knowledge of how the effects of trauma can mirror mental health symptoms. ▪ Understand the prevalence of trauma in the lived experience of people with experience of homelessness or underhoused.

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<ul style="list-style-type: none"> ▪ Understand the basic philosophy and principles of psychosocial rehabilitation and substance use recovery strategies. ▪ Be able to use dissatisfaction as an avenue for change. ▪ Be able to help a Peer articulate, set and accomplish his/her goals, including whole health and wellness goals. ▪ Understand the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals. ▪ Support individuals in defining spirituality on their own terms. ▪ Certified Peers Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues. ▪ Know how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals. ▪ Social Development ▪ Recovery Management skills. ▪ Knowledge of Addiction and the Stages of Recovery. ▪ Knowledge of Addiction and Brain Chemistry / Pharmacology. ▪ Recovery Management skills. ▪ Understanding of Co-occurring Disorders. ▪ Understand the Harm Reduction model. ▪ Lapse/Relapse Prevention tools. 	<ul style="list-style-type: none"> ▪ Use of Motivational Interviewing to support individual's recovery. ▪ Understand harm reduction models to support individuals in their recovery. ▪ Be able to navigate mental health and substance use service delivery systems to support the person's access to and use of services. ▪ Have an understanding of emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone). ▪ Support peers in their recovery goals and to remain connected in their communities. ▪ Provide peer support services to best support client engagement and participation in their own care.

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<ul style="list-style-type: none"> ▪ Motivational Enhancement tools. ▪ Identifying one’s own strengths and help individuals identify theirs. ▪ Distinguishing between sympathy and empathy. ▪ Understand learned helplessness; what it is, how it is taught and how to assist others in overcoming its effects ▪ Understand the benefits of addressing mental health symptoms and addiction at the same time. ▪ Know how to facilitate groups. ▪ Recognize that there are multiple pathways to recovery/wellness. ▪ Be able to help individuals combat negative self-talk, overcome fears, and solve problems. ▪ Be able to help individuals create a Person-Centered Plan. 	

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<p><u>5. Cultural and structural competence trainings.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Cultural humility. ▪ Recognize and understand your own personal values, culture, and spiritual beliefs; how they may contribute to your own judgments, biases, and beliefs 	<p><u>4. Special Populations and Cultural Considerations</u> (cultural humility and awareness; Cross-sector referrals and support)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Based on population served, use of effective best practice and culturally responsive practices. Populations,

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<p>about others; and how to respond if they inhibit your ability to effectively serve another individual.</p> <ul style="list-style-type: none"> ▪ Knowledge of cultural sensitivity and practice. ▪ Define culture, elements of culture, and its impact. ▪ Ability to communicate utilizing person first and person-centered language. ▪ Recognize different types of cultures. ▪ Explain key recovery language and culture concepts. ▪ Knowledge of the influence of cultural heritage on individuals and groups. ▪ Knowledge of and sensitivity to how cultural identity can influence the dynamics in communication. ▪ Knowledge of and sensitivity to how cultural identity shapes the helping process. ▪ Appreciate, recognize, and respect the personal values, cultural, spiritual beliefs, and practices of peers and their families and how these play a role in achieving their whole health goals. ▪ Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness. ▪ Be able to describe successful multicultural interactions and explain why the topic is important to peer services. ▪ Understand the concept of 'seeking out common ground'. ▪ An understanding of structural racism and how it creates disparities in Wealth, Employment, Education, Housing Discrimination, Government Surveillance, Incarceration, Drug Arrests, 	<p>include but not limited to: Adults/ Older adults; Youth; LGBTQ+; Persons with persistent homelessness or housing instability; BIPOC; Co-Occurring disorders (mental health and substance use disorders); Co-Morbidity medical conditions (chronic and/or persistent medical conditions; criminal justice involved; immigrants/refugees; veterans</p> <ul style="list-style-type: none"> ▪ Know and connect individuals to community resources and services specific to their intersectional identities. ▪ Remain aware of the effects and impact that disparate policies, laws, and systems have on subpopulations. ▪ Understand increased risk of violence for persons who are unhoused, including risks associated with gender and race/ethnicity. ▪ Recognize the signs of human trafficking, especially with youth.

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<p>Immigration Arrests, and Infant Mortality.</p> <ul style="list-style-type: none"> ▪ An understanding of how structural racism impacts health and recovery outcomes for people of color. ▪ Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity. 	

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<p><u>6. Trauma-informed care.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand the core principles of trauma-informed care. ▪ Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness. ▪ Be familiar with the ACE (Adverse Childhood Events) model. ▪ Understand cultural considerations and the effect of trauma on how we view our cultural experiences and the lens in which we view the world. ▪ Recognize signs of distress. ▪ Assist the individual in identifying basic needs. ▪ Recognize risk indicators that may affect the individual's welfare and safety. Respond to personal risk indicators to assure welfare and safety. 	<p><u>5. Trauma Informed Care</u> (impact of trauma; isolation; exposure to violence; stigma; loss of relationships; exposure to violence, cultural intersection)</p> <ul style="list-style-type: none"> ▪ Understand and utilize principles of trauma-informed practices and their application in peer services that support recovery. ▪ Understand the prevalence of ongoing trauma in the unhoused population in exposure to violence, severed relationships, social isolation, exposure to human trafficking and its impact on physical, behavioral, and emotional wellness to help individuals in their recoveries. ▪ Recognize how trauma may affect engagement and lead to patterns of disengagement in services.

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<ul style="list-style-type: none"> ▪ Identify examples of traumatic events and individual responses. 	<ul style="list-style-type: none"> ▪ Understand the historical and contemporary trauma, marginalization, and oppression of diverse populations, including cultural and ethnic minorities, LGBTQ+ individuals, those with mental health challenges and addictions, those with physical and developmental disabilities, criminal justice involved individuals, and veterans. ▪ Understand traumas around government and law enforcement agencies ▪ Understand the effect of trauma through a cultural lens. ▪ Be aware of trauma for persons with criminal justice involvement, including disparate sentencing, incarceration, threats, intimidation, stigmatizing labels within incarceration and criminal justice environments, as well as being victims of crime. ▪ Understand and utilize trauma informed practices specific to specific populations. ▪ Respond to personal risk indicators to assure welfare and safety of individuals. ▪ Be aware of “relation trauma bonding” (difficulty leaving a situation due to a strong connection to person or situation) and the impact on individuals who are experiencing homelessness.

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<p><u>7. Group facilitation skills.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand the difference between treatment goals and recovery goals and be able to create and facilitate a variety of group activities that support and strengthen recovery. ▪ Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling. ▪ Understand how to facilitate peer support/self-help groups. ▪ Know how to facilitate a Recovery Dialogue. 	<p>No additional information is identified in this section.</p>

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<p><u>8. Self-Awareness and Self-Care.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Recognize the importance of self-care. ▪ Develop self-care skills and coping practices for helping professionals. ▪ Know the importance of ongoing supports for overcoming stress in the workplace. 	<p><u>6. Self-Awareness and Self-Care</u> (compassion fatigue and burnout; hobbies; personal therapy; community care)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Prioritize self-care and personal wellness. ▪ Understand burnout and use self-awareness to manage compassion

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<ul style="list-style-type: none"> ▪ Know resources to promote personal resilience. ▪ Understand burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress. ▪ Strengthen social skills and healthy social networks including peer and natural support systems. ▪ Be able to discuss their own tools for taking care of themselves. ▪ Learn to respond appropriately to personal stressors, triggers and indicators. ▪ Understand the concept of dual/complex relationships. ▪ Understand the dynamics of power, conflict and integrity in the workplace. ▪ Anticipate and avert or safely manage any re-experience of symptoms of their own challenge(s) to ensure continued wellness. ▪ Develop a working knowledge of the concepts of “activation” and “self-management” of whole health goals. 	<p>fatigue, vicarious trauma, and secondary traumatic stress.</p> <ul style="list-style-type: none"> ▪ Develop and utilize self-care skills and coping practices for helping professionals. ▪ Know resources to promote personal resilience. ▪ Learn to respond appropriately to personal stressors, triggers, and indicators. ▪ Use tools & techniques for entering “triggering” facilities. ▪ Conduct themselves in a manner that fosters their own recovery. ▪ Use of supervision for professional support and development.

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<p><u>9. Co-occurring disorders of mental health and substance use.</u></p> <p>Skills that can be assigned to this core competency include:</p>	<p>No additional information is identified for this section.</p>

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<ul style="list-style-type: none"> ▪ The ability to promote hope, the potential for change, and personal empowerment. ▪ The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. ▪ How to foster individual choice and self-determination. ▪ Use active listening skills. ▪ Use empathic listening skills. ▪ Communicate genuine emotion. ▪ Recognize and use person-centered language. ▪ Define the concept of a wellness-focused approach to recovery. ▪ Have a basic knowledge of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR). ▪ Understand the prevalence of trauma in the lived experience of people with co-occurring disorders. ▪ Meet people where they are. ▪ Understand Harm Reduction. ▪ Be able to communicate their lived experience in a way that is supportive. ▪ Peers support Peers in whatever their goal is. ▪ Understand the Stages of Change. ▪ Understand Recovery Capital ▪ Understand Recovery Action Planning. ▪ Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery. ▪ Understand Recovery Management Planning to support individuals with life domains. 	

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<ul style="list-style-type: none"> ▪ Know the science of addiction and the history of addiction. ▪ Embrace all pathways to recovery. ▪ Be active in your own recovery. ▪ Identify your own triggers and actively manage your recovery. ▪ Develop and maintain your own support system. ▪ Conduct yourself in a manner that fosters your own recovery. 	

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<p><u>10. Conflict resolution.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Develop effective communication skills. ▪ Develop conflict resolution skills. ▪ Develop problem-solving skills. ▪ Understand the dynamics of power, conflict, and integrity in the workplace, ▪ Understand the concept of 'seeking out common ground'. 	<p><u>7. Conflict Resolution</u> (stages of distress; escalation and de-escalation cycles; mandated reporting; risk and safety planning)</p> <p>Skills that can be assigned to this core competency includes:</p> <ul style="list-style-type: none"> ▪ Recognize signs of distress to support individuals in their recoveries. ▪ Recognize and take action to address distress or a crisis using knowledge of local resources, treatment, services and support preferences of individuals served. ▪ Identify indicators that an individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert

	<p>crisis and/or the need for intensive services.</p> <ul style="list-style-type: none">▪ Understand the cycle of de-escalation and utilize de-escalation techniques.▪ Understand the requirements of mandated reporting and immediately report abuse or neglect.▪ Understand and be able to utilize suicide prevention concepts and techniques.▪ Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, crisis prevention strategies, and discharge goals.▪ Practice non-judgmental behavior. <p>Develop</p>
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Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<p><u>11. Professional boundaries and ethics.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ The role of consumer peer support specialists is to support other consumers through shared lived experience. ▪ The role of family peer support specialists is to support other family members through shared lived experience. ▪ The role of peers or family members is to use their experience to role model resiliency and recovery to their peers. ▪ Understand how to establish, negotiate, and maintain appropriate interpersonal limits and boundaries that are necessary to promote effective peer support services. ▪ Understand the Peer Support Specialists' scope of service (i.e., know what you can and cannot do as a credentialed Peer Support Specialist). ▪ Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. ▪ Recognize situations outside the competencies of a Peer Support Specialist. 	<p><u>8. Professional boundaries and ethics</u></p> <ul style="list-style-type: none"> ▪ Respect the privacy and confidentiality of those they serve. ▪ Maintain health boundaries to avoid dual relationships or commitments that conflict with the interests of those they serve. ▪ Establish and maintain a peer relationship rather than a hierarchical relationship. ▪ Establish a respectful, trusting relationship with individuals. ▪ Use a range of supervisory options to process personal feelings and concerns about clients. ▪ Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. ▪ Recognize and address personal and institutional biases and behaviors. ▪ Practice non-judgmental behavior. ▪ Use supervision to find support to address or resolve issues.

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<p><u>12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Know community resources for employment skills development. ▪ Be familiar with how to transition from Social Security and other disability benefits. ▪ Peers assist, guide, and support in developing education and employment skills as a Peer. ▪ How to use shared experience to leverage social capital and networking. ▪ Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment. 	<p>No additional information is identified in this section.</p>

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<p><u>13. Safety and crisis planning.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand basic de-escalation techniques. 	<p><u>9. Safety and crisis planning</u> (environmental awareness; protective strategies; risk assessment; safety planning; and de-escalation)</p> <p>Skills that can be assigned to this core competency includes:</p>

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
<ul style="list-style-type: none"> ▪ Recognize various crisis and emergency situations. ▪ Recognize and respond to risk indicators to assure welfare and safety. ▪ Recognize signs of distress and threats to safety among peers and in their environments. ▪ Understand basic suicide prevention concepts and techniques. 	<ul style="list-style-type: none"> ▪ Understand escalation and de-escalation cycles. ▪ Recognize and take action to address distress or a crisis using knowledge of local resources, treatment, services and support preferences of individuals served. ▪ Seek support from treatment team for addressing a crisis and develop a plan to best support the person’s safety. ▪ Recognize risk factors affecting person’s ability to remain safely in the community. ▪ Recognize risk factors associated with mental illness, substance use, physical health, living environment, and social supports exacerbated by homelessness. ▪ Development of crisis/safety planning, inclusive of the identification of using person’s strengths (protective factors) to activate self-management plans, relapse prevention, and crisis prevention strategies. ▪ Practice non-judgmental behavior. Understand ▪ Immediately report suspicions if abuse or neglect are suspected. <p>For Peer Worker:</p> <ul style="list-style-type: none"> ▪ Provide culturally appropriate/safe field-based services. ▪ Be aware of your environment. ▪ Travel with a partner when in the field ▪ Understand and practice health and safety practices. ▪ Know protective strategies around Infectious diseases.

<p align="center">Medi-Cal Peer Support Specialist Core Competencies</p>	<p align="center">Core Competencies for Specialization - Working with Persons - Unhoused</p>
	<ul style="list-style-type: none"> ▪ Be aware of personal safety issues in street outreach and personal interactions

<p align="center">Medi-Cal Peer Support Specialist Core Competencies</p>	<p align="center">Core Competencies for Specialization - Working with Persons - Unhoused</p>
<p><u>14. Navigation of, and referral to, other services.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Develop and maintain up-to-date information about community resources and services. ▪ Have a basic understanding of mental health and substance use challenges and the behavioral health system. ▪ Develop a working knowledge of available healthcare resources to help individuals navigate and choose between options. ▪ Have the ability to assist in establishing support systems and interfacing with agencies, organizations, and groups. ▪ Collaborate with individual to identify, link, and coordinate choices with resources. ▪ Develop tools for effective outreach and continued support. 	<p><u>10. Systems and Resource Navigation</u> (outreach; care coordination; resources)</p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Operate from a “recovery is possible” perspective to peer support. ▪ Know key definitions and types of homelessness (e.g., chronic homelessness, couch surfing) according to the Department of Housing and Urban Development (HUD) standards. ▪ Know the “Housing First” approach to support individuals in their recovery. ▪ Understand barriers to receiving services (e.g., lack of phone, transportation) and how to navigate these challenges. ▪ Provide warm hand-offs to referred agencies and explain the necessity for the referrals so individuals understand and follow through. ▪ Understand and effectively share housing program requirements to help individuals maintain housing.

Medi-Cal Peer Support Specialist Core Competencies	Core Competencies for Specialization - Working with Persons - Unhoused
	<ul style="list-style-type: none"> ▪ Assist in accessing health care and other needed services. ▪ Understand the judicial system, how it impacts those unhoused, and how to navigate it. ▪ Develop a working knowledge of available healthcare benefits for individuals living with debilitating behavioral health conditions to help individuals navigate and choose between options. ▪ Know how to acquire legal identification and verification documents of homelessness. ▪ Understand what the Homeless Management Information System (HMIS) is. ▪ Assist individuals to link to and navigate housing, employment, community sobriety services and supports, relapse prevention, mental health services and supports, education, employment, transportation, and legal resources while modeling effective coping strategies and interpersonal skills. ▪ Provide outreach in the community. ▪ Assist in obtaining and maintaining housing. ▪ Consider multiple issues when assisting individuals with housing options, including disqualifying criteria, cultural considerations, safety, relapse environment, criminal justice experience, and stage of change. ▪ Know how to find and access free and low-cost legal resources.

<p align="center">Medi-Cal Peer Support Specialist Core Competencies</p>	<p align="center">Core Competencies for Specialization - Working with Persons - Unhoused</p>
	<ul style="list-style-type: none"> ▪ Know how to find and access resources for climate refugees (survivors of wildfire, flood, etc.).

<p align="center">Medi-Cal Peer Support Specialist Core Competencies</p>	<p align="center">Core Competencies for Specialization - Working with Persons - Unhoused</p>
<p><u>15. Documentation skills and standards.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand current documentation requirements for submitting bills to Medi-Cal. ▪ Understand the concept of accountability. ▪ Understand and follow Mandatory Reporting requirements. ▪ Demonstrate a basic knowledge of medical language and chart/record documentation standards to communicate effectively with members of the care team and help the individual understand clinical situations and/or terminology. 	<p>No additional information is identified in this section.</p>

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<p><u>16. Confidentiality.</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand the Health Insurance Portability and Accountability Act (HIPAA) ▪ Understand Substance Abuse Confidentiality rules (42 CFR Part 2). ▪ Understand basic federal, state, employer regulations regarding confidentiality. 	<p>No additional information is identified in this section.</p>

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<p><u>17. Digital literacy</u></p> <p>Skills that can be assigned to this core competency include:</p> <ul style="list-style-type: none"> ▪ Understand digital platforms that can be used for service delivery, benefits acquisition, and resource connections. ▪ Understand digital privacy protections. 	<p>No additional information is identified in this section.</p>

Summary of Comparative Analysis of Core Competencies for Working with Persons who are Unhoused

As more Peer Support Specialists enter the workforce to support Unhoused individuals, core competencies, standards of practice, and essential skills will continue to be refined. While not yet a verified evidence-based practice, there is field-based evidence that shows peer support for individuals who are Unhoused is effective in helping individuals overcome social isolation, regain stable housing, improve health outcomes, address underlying mental health and substance use challenges and return to full community integration.

By offering empathy and validation in addition to offering needed resources and strategies for overcoming challenges, Peer Support Specialists change lives. They embody the potential for recovery for people who confront the stigmas associated with serious mental illness, substance use disorders, and homelessness, and they model hope for a better future.