California Mental Health
Services Authority

MEDI-CAL PEER SUPPORT SPECIALIST CERTIFICATION

2023

Guidelines, Standards, & Procedures

Re.10.04.23

TABLE OF CONTENTS

PURPOSE

This document contains guidelines and standards for the Medi-Cal Peer Support Specialist Certification (PSSC) program in California.

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, see Appendix I).

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 (CMPSS) provide recovery-oriented, culturally appropriate services that promote engagement, socialization, self-sufficiency, self-advocacy, 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 Certified Medi-Cal Peer Support Specialists (CMPSS) 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: an individual who is 18 years of age or older.
2. Beneficiary/Recipient: an individual who receives peer services from a Certified Medi-Cal Peer Support Specialist.
3. California Mental Health Services Authority (CalMHSA): 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: an individual who has been certified as a Medi-Cal Peer Support Specialist by CalMHSA.
5. Certification: the process of providing official documentation attesting that all requirements of a Medi-Cal Peer Support Specialist have been met.
6. Certification Registry: a database of Medi-Cal Peer Support Specialists certified in the State of California and the status of each certification.
7. Certified Medi-Cal Peer Support Specialist (CMPSS): 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.
8. Certifying Entity: 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.
9. Code of Ethics: 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. See Appendix B
10. Code of Ethics Violations – set guidelines used to address violations of the Medi-Cal Code Ethics for Certified Peer Support Specialists in California by the California Mental Health Services Authority. See Appendix F
11. Continued Education: the education an applicant receives to further develop their professional knowledge around best practices, updated laws, and/or specialized training. See Appendix C
12. Core Competencies: the required capabilities of a Medi-Cal Peer Support Specialist. The Substance Abuse and Mental Health Services Administration (SAMHSA) defines as "clusters of the knowledge, skills, and attitudes a person needs to have to successfully perform a role or job". See Appendix A
13. County Reciprocity: the recognition of an individual who has received certification as a Medi-Cal Peer Support Specialist in any participating county in California, beyond the one in which they originally received their certification.

14. Culturally Appropriate Services: services done promoting engagement in a manner that best aligns with the cultural beliefs and practices of the person they serve. These services are respectful of and responsive to the beliefs, practices and needs of diverse clients.

15. Dual Relationship: 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.

16. Grandparenting Process: the process by which an individual who is employed in a peer role on January 1, 2022, and is employed as a peer worker at the time of submission of their grandparenting application between January 1, 2022, and June 30, 2023, 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.

17. Initial Certification: 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.

18. Lived Experience: an individual's first-hand experience with a mental health and/or substance use disorder.

19. Medi-Cal: California's Medicaid health care program that includes a variety of medical services for children and adults with a qualifying income or medical condition.

20. Natural Supports: the personal connections to an individual's community that enhances the quality of their life.

21. Out-of-State Reciprocity: 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.

22. Peer: a person who shares similar understanding of experiences with mental health and/or substance use disorders.

23. Medi-Cal Peer Support Specialist Services: culturally appropriate services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. 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.

24. Prevalent Languages: non-English languages identified by the California Department of Health Care Services as a threshold language under the state's Medi-Cal programs.

25. Recertification: meeting the requirements set forth in this policy for renewal of one's Medi-Cal Peer Support Specialist certification. The recertification may be renewed every two years.

26. <u>Recovery:</u> 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**.**

27. <u>Resiliency:</u> the capacity to successfully meet life's challenges, nurtured to have a sense of self-determination, mastery and hope.

28. <u>Training Provider:</u> an individual or organization that has received approval from the Certifying Entity to provide training for the Medi-Cal Peer Support Specialist certification program.

29. <u>Trauma Focused:</u> maintaining awareness of the impact traumatic experiences may have on an individual and the influence this experience may have on the choices they make in their life.

30. <u>Valid Certificate:</u> a certificate that is active, in good standing, and is not expired, suspended, revoked or inactive.

31. <u>Wellness:</u> 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.

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

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

201. Certified Medi-Cal Peer Support Specialists (CMPSS)

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 with an overview of the certification process, and its requirements.

3. The Certifying Entity will ensure that each applicant meets all requirements for certification as applicable.

202. Minimum Qualifications for Medi-Cal Peer Support Specialists

1. A Certified Medi-Cal Peer Support Specialist (CMPSS) shall meet the following standards:

    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 or diploma are required. Transcripts should include graduation status and graduation date.

    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. 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 June 30, 2023[1].

    B. Meet requirements under section 201 and section 202 of this policy.

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[1] Department of Health Care Services, Behavioral Health Information Notice 22-066

C. Be employed in California in a peer role on January 1, 2022 (paid or unpaid) and be employed as a Peer at the time of your grandparenting application, between January 1, 2022, and June 30, 2023.

D. Submit grandparenting application process by June 30, 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. Have completed a peer training. For a list of acceptable training accepted for the grandparenting requirement See Appendix D.

H. Submit three (3) letters of recommendation as follows:
1. From a supervisor on company letterhead
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. Certification under the "out of state reciprocity" process for Medi-Cal Peer Support Specialists

1. All individuals applying for certification through reciprocity must meet the following requirements at the **time of application:**

A. Be at least 18 years of age.

B. Possess a high school diploma or equivalent degree.

C. Have at least 1 year of paid or unpaid employment in a Peer Worker role (1550 hours) or 1550 hours in three (3) years of employment in a Peer Worker role.

D. Have a current and active peer support specialist certification in a state other than California.
    i. Applicants must not have any pending disciplinary actions or unresolved complaints in the state in which the certification was issued that would disqualify them from receiving reciprocity.

E. Have completed 20 hours of Continuing Education (CE) hours in the past 2 years from the time of applying.
    i. Must be inclusive of 6 hours of law and ethics training as part of the 20-hour requirement
    ii. For the complete list of Continuing Education (CE) requirements, see Appendix C.

F. Submit three (3) letters of recommendation as follows:

        i.   From a supervisor on company letterhead

        ii.   From a colleague/professional

        iii.   Self-recommendation describing the applicant's current role and responsibilities as a peer.

G. 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.

H. Be willing to share their experience of recovery to support other's recovery.

I. Have a strong dedication to recovery.

J. Agree, in writing, to adhere to a code of ethics.

K. Successfully pass the state-approved Medi-Cal Peer Support Specialist Certification exam.

2. Applicants seeking certification must pay all applicable fees and submit evidence to satisfy the certification requirements.

3. Applicants seeking certification through reciprocity are not eligible for scholarships administered by CalMHSA.

4. Reciprocity granted to peer support specialists will be subject to [Biennial Certification Renewal Requirements.](#)

5. There is no expiration date for seeking certification under this process. Applicants can apply at any time.

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

1. The Department of Health Care Services sets the scope of practice for Certified Medi-Cal Peer Support Specialists in California as follows:

   A. Educational Skill Building Groups:

       i.   Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

   B. Engagement:

       i.   Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.

   C. Therapeutic Activity:

       i.   A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and

values, and the maintenance of community living skills to support the beneficiary's treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons.

    D. Following the Code of Ethics:
       i. The principles in the Code of Ethics for Certified Peer Support Specialists in California were developed by the California Department of Health Care Services to guide Certified Peer Support Specialists in their roles and responsibilities and levels of responsibility in which they function professionally.

2. 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.

3. Medi-Cal Peer Support Specialist Services may include:
    A. 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.

4. Services may be provided individually or in a group.

206. Certification Registry for Medi-Cal Peer Support Specialists

1. Each professional certification is listed on the Certification Registry, along with the status of the certification and actions against a professional certification.

207. Biennial Certification Renewal Requirements

1. Recertification is required every 2 years to maintain certification
2. Applicants must complete 20 hours of continued education prior to submitting the recertification application.
    A. This will include six (6) hours of law and ethics training
    B. For Continued Education Hours requirements see Appendix C
3. Fees must be paid at the time of submitting the application.
4. Application must be submitted online through the certification website.
5. Application must be submitted prior to date of expiration. Certifications are considered to expire immediately following the two-year expiration date from the last date of issuance.
6. Applications may be submitted up to 60 days prior to expiration.

7. Applicants must have a current and valid Medi-Cal Peer Support Specialist certification in good standing.
8. Applicants must sign agreements to adhere to the Code of Ethics for Medi-Cal Peer Support Specialists in California.
9. <u>Applicants attest to having met the twenty (20) hour of continued education requirement, inclusive of the six (6) hours of continued education in law and ethics.</u>
10. <u>Applicant is responsible for maintaining a record for continued education trainings hours for those in which they attest to having completed.</u>
    A. Applicants shall maintain records of continued education hours for two (2) years from the date of request for renewal.
    B. Evidence of participation in the training course must include, but not limited to, the following:
       1. Legal name of the CMPSS
       2. Title of course, training, and/or event
       3. Date(s) of participation and/or course completion
       4. Event sponsor and/or training provider name (i.e., SAMHSA)
       5. Number of direct instruction hours
11. Applicant will be responsible to provide proof of CE documentation to the certifying entity within fourteen (14) days if requested.
12. Failure to meet CE requirements may result in disciplinary action. See Code of Ethics Violations for further information.

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. Reinstatement of 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. Applicants with a lapsed certification greater than four (4) years from the date the renewal was due, do not qualify for recertification under this section, and are required to reapply for Initial Certification

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

1. Practice guidelines are based on 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. Areas of Specialization for Certified Medi-Cal Peer Support Specialists

Following are the 4 areas of specializations for Certified Medi-Cal Peer Support Specialists. These specializations focus on additional training that build on the knowledge, skills, and abilities of Medi-Cal Peer Support Specialists. The training hours and core competencies covered vary by specialization.

CalMHSA does not endorse training in areas of specialization as stand-alone training nor taking these trainings prior to the core competency training.

1. Training for Specialization- Parent, Caregiver, Family Member Peer
    A. 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.
        1. Professional Responsibilities
        2. Systems Knowledge and Navigation
        3. Resources and Natural Supports
        4. Wellness and Resiliency
        5. Effecting Change
    B. View definitions for Parent, Caregiver, Family Member Peer competencies in [Appendix H](#)

2. Training for Specialization- Peer work with persons in crisis
    A. The following are the three categories and their core competencies for peer services for in-crisis care. Please note that situations can be fluid and escalate or de-escalate quickly from tension to crisis and back. The Peer support skills needed for this specialization carry across the artificial boundaries of these categories.
        1. Prevention
            1. Pathways to Crisis
            2. Prevention, De-Escalation, and Crisis Resolution
            3. Engagement and Resource Connection / Navigation
            4. Person-Centered Trauma-Informed
            5. Co-occurring disorders of mental health and substance use
        2. During Crisis
            6. Conflict Resolution
            7. Person-Centered Trauma-Informed
            8. Co-occurring disorders of mental health and substance use
            9. Crisis and special populations
        III. Post-Crisis / Recovery / Ongoing Peer Support
            10. Crisis planning and support
            11. Self-awareness and self-care

B. View definitions for In-Crisis Care competencies in [Appendix J](#)

3. Training for Specialization- Peer work with persons who are unhoused
   A. The following are the core competencies for working with persons unhoused
      1. Application of Lived Experience
      2. Empowerment and Promotion of Recovery
      3. Co-Occurring Disorders: Mental Health and Substance Use Disorders
      4. Special Populations and Cultural Considerations
      5. Trauma Informed Care
      6. Self-Awareness and Self-Care
      7. Conflict Resolution
      8. Professional boundaries and ethics
      9. Safety and crisis planning
      10. Systems and Resource Navigation
   B. View definitions for working with unhoused care competencies in [Appendix K.](#)

4. Training for Specialization- Peer work with persons who are involved in the justice system
   A. The following are the core competencies for working with the persons involved in the justice system
      1. Application of Lived Experience
      2. Role of Advocacy
      3. The role of consumers and family members
      4. Engagement Skills and Interventions
      5. Cultural Responsiveness
      6. Trauma Informed Support
      7. Self-Awareness and Self-Care
      8. Co-occurring disorders of mental health and substance use
      9. Professional Boundaries and Ethics
      10. Safety and Crisis Planning
      11. Community Reintegration Support
      12. Recidivism Risk Factors
   B. View definitions for working with justice-involved care competencies in [Appendix L.](#)

213. Guidance for Advertisement of Certification

1. Include the full name of the person who has been certified.
2. Use the complete title of the certification or an acceptable abbreviation, as follows:
   A. Certified Medi-Cal Peer Support Specialist or CMPSS.
3. Provide the certification number.

4. Include the complete title of the specialized training recognized by CalMHSA, such as:
    A. Parent, Caregiver, Family Member Peer.
    B. Peer Services in Crisis Care.
    C. Peer Services for Unhoused.
    D. Peer Services for Justice Involved.
5. It is important to adhere to the following guidelines:
    A. Do not misrepresent the status of your certification or any other professional qualifications or affiliations to any individual or organization.
    B. Avoid any misrepresentation regarding the certification, certification initials, certification numbers, or specialized training.
6. Example of Advertisement:
    A. Jane Doe
       CMPSS, #MPSS123456
    B. Jane Doe
       Certified Medi-Cal Peer Support Specialist, #MPSS123456
       Area of Specialization, Peer Services for Justice Involved
    C. Jane Doe
       Certified Medi-Cal Peer Support Specialist, #MPSS123456
       Areas of Specialization:
       Parent, Caregiver, Family Member Peer
       Peer Services for Justice Involved

300. STANDARDS FOR TRAINING PROVIDERS

| **301. Training Provider Minimum Requirements**

1. The Certifying Entity will approve training providers offering training for:
    A. Medi-Cal Peer Support Specialists Core Competency and areas of focus covered in the Exam Blueprint (see Appendix G).
    B. Areas of Specialization for certified Medi-Cal Peer Support Specialists
        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.
    D. Continued education for professional development course that directly courses to advance professional knowledge and best practices for certified Medi-Cal Peer Support Specialists.
2. A Training Provider must have:
    A. Physical location in California (for entities providing training in person).
    B. Possess a business license from the state of California.
    C. Trainings must be offered in one or more of the following modalities:
        1. In-person: training is taught onsite at scheduled course times so that students can interact with their instructor and classmates in person.
        2. Online (live): courses that include designated times for interactive experience, virtual break-out rooms, written assignments, and "virtual-live" or pre-recorded presentations by students.
        3. Hybrid: Courses that combine onsite in-person activities with online work or instructions. These courses split time between in-person and virtual environments. Peers attend in-person courses at designated times plus engage in virtual learning activities, which may be either synchronous or asynchronous.
        4. Asynchronous: courses that are self-paced allowing an individual to learn on their own schedule, within a certain time period. Peers can use provided asynchronous learning elements like online audio and video and discussion forums at the time and place of their choosing.
    D. A Curriculum Crosswalk Rubric to provide training material 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.
    E. An up-to-date training schedule and how to register must be on the training provider's website.

F. The physical address for in-person training location(s) and contact information must be on the training provider's website.

G. 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 on anti-harassment, non-discrimination, availability of material in prevalent languages (if any), evaluation of training, maintenance of records, complaints and grievances, refund/cancellation policy.

H. A training provider must be approved by the Certifying Entity prior to commencement of training.

I. A training provider must use training curricula approved by the Certifying Entity.
   1. Substantive changes to the pre-approved curricula require prior approval from the Certifying Entity.
   2. Training provider shall contact the Certifying Entity at peercertification@calmhsa.org and request approval prior to training with the updated curricula.

J. A training provider must make available reasonable accommodations for persons with disabilities.

K. A training provider shall collect data on participants, including but not limited to the following[2]:
   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. Persons identifying with multiple races may be counted under multiple fields (American Indian/Alaskan Native, Asian/Pacific Islander, Black, Hispanic, White, Not Reported)
      d. Proficient Languages. Multi-lingual persons may be counted under multiple fields (American Sign Language, 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

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[2] Data collect subject to changed based on state requirements.

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)
   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)
7. Length of training (hours)

L. Training provider shall submit data elements above to the Certifying Entity, at least quarterly, unless otherwise agreed upon by training provider and certifying entity.

M. A training provider shall retain participant records for three (3) years unless a longer period of records retention is stipulated under contract with CalMHSA or by a higher authority.

N. A training provider agrees to participation in quality assurance reviews by the Certifying Entity. A training provider 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.

SECTION 400 - STANDARDS FOR CERTIFICATION EXAM

400. STANDARDS FOR CERTIFICATION EXAM

401. General Information

The Certifying Entity will administer the state-approved certification exam for the certification for Medi-Cal Peer Support Specialists in California. The certification exam is administered under contact with a third-party vendor. The exam blueprint can be found in Appendix G.

1. The certification exam may be taken at designated training sites or 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		Farsi		Punjabi
	Armenian		Hindi		Russian
	Cambodian		Hmong		Spanish
	Chinese (Combined Cantonese or Mandarin)		Japanese		Tagalog
			Korean		Thai
			Lao		Vietnamese

402. Reasonable Accommodations

1. In compliance with the Americans with Disabilities Act (ADA), Public Law 101-336, the California Mental Health Services Authority (CalMHSA) provides "reasonable accommodations" for applicants with impairments that may affect their ability to take the required examination for Medi-Cal Peer Support Specialist certification. The Medi-Cal Peer Support Specialist certification examination is compliant with the Web Content Accessibility Guidelines 2.1 AA ("WCAG 2.1"). The Web Content Accessibility Guidelines make Web content more accessible to people with disabilities. It is the candidate's responsibility to submit a request for reasonable accommodations, in accordance with policy, for reasonable accommodations that extend beyond the WCAG 2.1 accessibility. CalMHSA is not required to provide reasonable accommodations if CalMHSA is unaware of the applicant's needs. Any information provided by an applicant will be considered strictly confidential and will not be shared with any outside source without the applicant's express written permission.
2. Applicants shall inform CalMHSA if you require reasonable accommodations to take the Medi-Cal Peer Support Specialist certification examination by submitting the "CalMHSA Exam Accommodations Request" form completed by a qualified

licensed medical provider. Only requests completed in their entirety and within policy guidelines will be reviewed.

3. Request must be made using the CalMHSA "Exam Accommodations Request Form".
4. Requests will be processed only for individuals with an approved application for certification.
5. Request form must be submitted to CalMHSA via email or by mail at least 30 days before the desired testing date. Requests must be approved-by CalMHSA prior to scheduling the certification exam. Form shall be emailed to: PeerCertification@calmhsa.org or mail to physical address: 1610 Arden Way, Suite 175, Sacramento, CA 95815
6. The request form must be completed and signed by a qualified licensed medical provider. Please note that some reasonable accommodations may require the candidate to contact the test center directly to ensure accommodation is in place.
7. Candidates are requested to review the Comfort Aid list, which include comfort items that do not require and accommodation request, prior to requesting an accommodation.

Please refer to the accommodation policy for full details and request using the accommodations request form.

403. Scheduling, Rescheduling, Cancellations and Missed Exams

The certifying entity is responsible for the administration of the state-approved certification exam. The certification exam is proctored by a third-party vendor, Pearson VUE. The certification exam is available on-line with live proctoring and in-person testing centers in California. Details on the certification exam are available in the Exam Preparation Guide. Candidates are strongly encouraged to be familiar with information on "What to Expect" prior to scheduling the certification exam.

1. Candidate applications for certification are reviewed by CalMHSA.
2. CalMHSA notifies candidates of the status of their certification application. CalMHSA issues a unique identification number (ID) to candidates who satisfy the certification requirements and are eligible to schedule the certification exam. The unique ID number is used for scheduling the certification exam through Pearson VUE.
3. Approved candidates are authorized to take the certification exam a total of three (3) times during the 12-month application approval period. Each retake of the certification exam requires a new retake request and associated fees must be paid on the CalMHSA certification website. Please note CalMHSA's processing time is up to 30-days from date of request.

4. Candidates are responsible for scheduling, rescheduling, and canceling any scheduled appointments directly through Pearson Vue within the following guidelines:
   A. Online exams: May be cancelled or rescheduled at any time, up to one hour BEFORE the candidate's scheduled appointment.
   B. In-person testing centers: May be cancelled or reschedule any time up to 48-hours BEFORE the candidate's scheduled appointment.
5. To reschedule or cancel your exam:
   A. On the phone: Call 1-888-536-1460, Option 8.
      Available M-F 5am-5pm PST **(7am-7pm Central time)**
   B. Online: Visit https://home.pearsonvue.com/calmhsa
6. **Candidates who do not cancel, reschedule, or no-show to a scheduled exam are considered a "no-show" and forfeit the exam fee.**
   A. Candidates wishing to retake the certification exam are expected to request a re-take on the application portal and pay the associated fee to CalMHSA. The fee payment will serve as the request to retake the certification exam.

SECTION 500 - CERTIFICATION REGISTRY

500. CERTIFICATION REGISTRY

1. The Certification 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 Certification Registry contains the following information:
   A. Full legal name
   B. Certification number
   C. Date certification is active
   D. Date of expiration
   E. Status of the certification
      1. Active/No sanctions
      2. Suspended
      3. Revoked
      4. Expired/Lapsed
   F. Actions taken by the Certifying Entity
      1. Under investigation
      2. Suspended
      3. Revoked
      4. None

SECTION 600 - FEE SCHEDULE

600. FEES SCHEDULE

The following chart provides information on the fee schedule. The fee schedule is subject to change. Fees are non-refundable and non-transferrable.

	Fees
Application for Peer Support Specialist Certification	
Application for Certification	$ 100.00
Exam for Peer Support Specialist Certification	
Medi-Cal Peer Support Specialist Certification Exam	$ 150.00
Certification Exam Retake	$ 150.00
Renewal/Reinstatement of Certification for Peer Support Specialists	
Biennial Renewal - Certification for Medi-Cal Peer Support Specialist	$ 80.00
Reinstatement of Certification – Certified Medi-Cal Peer Support Specialist	$ 80.00
Supervisor Training	
Self-Paced Supervisor Training via CalMHSA's Learning Management System	No Cost
Training Provider Application (initial)	
Training Provider – Medi-Cal Peer Support Specialist Core Training	$ 300.00
Training Provider - Specialization Training Course	$ 300.00/specialization
Training Provider- Continuing Education Training	$ 300.00
Training Provider - Refresher Training Course for Medi-Cal Peer Support Specialist	$ 300.00
Renewals for Training Providers	
Training Provider – Renewal	$ 300.00

SECTION 700 – GENERAL COMPLAINTS, APPEALS, AND ETHICAL VIOLATIONS

700. GENERAL COMPLAINTS, APPEALS, AND ETHICAL VIOLATIONS

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 ethical violation report, and any related appeals, to the Certifying Entity.

The Certifying Entity will investigate all complaints, ethical violations and 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.

701. General Complaints

1. General Complaints may be filed electronically to peercertification@calmhsa.org or sent by mail to the California Mental Health Services Authority. Attn: Complaints Department, 1610 Arden Way, Suite 175, Sacramento, CA 95815, and must include:
   A. The full name, phone number, and e-mail address of the individual submitting the complaint.
   B. A clear statement explaining the nature of the complaint.
   C. Any relevant information related to complaint (documents, correspondence, or other evidence).

702. Appeals

1. An appeal is defined as a request to review a decision made by the certifying entity. Appeal requests may be submitted for the following decisions:
   A. Denial of application for certification.
   B. Suspension of certification following an investigation.
   C. Revocation of certification following an investigation.
   D. Denial of application for training provider.
2. Submitting an Appeal
   A. An appeal must be submitted within 14 days of the decision. All appeals must be filed electronically to appeals@calmhsa.org and must include:
      1. The name, phone number, and e-mail address of the individual submitting the appeal.
      2. A clear statement explaining the type of appeal.
      3. Any relevant information related to the appeal (documents, correspondence, or other evidence).
3. Outcome of Appeal
   A. The decision and actions made by the certifying entity, following an appeal, shall be considered final.

703. Medi-Cal Code of Ethics Violation Guidelines

The California Mental Health Services Authority (CalMHSA), as the certifying entity, has implemented a comprehensive complaints investigation process to address concerns raised against Certified Medi-Cal Peer Support Specialists (CMPSS). CalMHSA is committed to treating complaints with the utmost seriousness and takes appropriate measures to conduct thorough investigations. It is important to note that investigations will solely focus on allegations that transpired while the professional held a certification.

1. CalMHSA will follow the Medi-Cal Code of Ethics Violations Guidelines to address violations reported against a CMPSS. The guidelines will be used by the Certifying Entity for the determination of sanctions.
2. 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.
3. The Certifying Entity reserves the right to make modifications under circumstances in the absence of sanctions.
4. 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 Violations 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.
5. Complaints of ethical violations may be submitted directly to the Certifying Entity
   A. Electronic ethical violation complaints may be submitted directly via web submission form.
6. Ethical violation complaints may also be sent by mail addressed to the California Mental Health Services Authority. Attn: CMPSS Ethical Violation Complaints Department, 1610 Arden Way, Suite 175, Sacramento, CA 95815, and must include:
   A. The full name, phone number, and e-mail address of the individual submitting the complaint.
   B. A clear statement explaining the nature of the complaint.
   C. Any relevant information related to complaint (documents, correspondence, or other evidence).
7. Ethical violation complaints must be filed within three (3) years from the date the incident occurred.

SECTION 800 - PROCEDURES BY CERTIFYING ENTITY

800. PROCEDURES BY 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 are available to the applicant upon registration on the CalMHSA certification website.
   A. The video is accessible through the applicant's dashboard on the CalMHSA Learning Management System (LMS)
   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 the application fee, as applicable.
   G. Submit proof of having met training requirement(s)
   H. Submit certification exam fee, as applicable.
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 process only complete applications.
7. The Certifying Entity will notify the applicant of application status within 30-calendar days from date the application is determined to be complete.
8. For applications requiring additional documentation and/or is incomplete, applicants will be notified at least one time within the thirty (30) calendar day processing time from date the on-line application was submitted on the CalMHSA certification website.
   A. The status notification will include information on the steps required to complete the application.
   B. An incomplete application will be held by CalMHSA for ninety (90) calendar days from the date submitted on the CalMHSA certification website application portal.
   C. Applications that remain incomplete beyond ninety (90) calendar days after date of submission will be voided, fees will be forfeited, and will require submission of a new application, documentation, and new fees. It is the

applicant's responsibility to provide all missing documentation before the application can be processed.

9. For an approved applicant, the Certifying Entity will notify the applicant of the status of the approved application. The status update will include information on next steps toward scheduling the certification.
   A. Applicant will submit payment of fee for the certification exam, as applicable.

10. Following the application approval letter, the Certifying Entity will notify the applicant of their unique identification number necessary to schedule the certification exam. The unique identification number is non-transferrable. The letter will contain information on scheduling the certification exam from CalMHSA's third-party administrator, [Pearson VUE](#).

11. For applicants who successfully pass the certification exam, the Certifying Entity will issue a Medi-Cal Peer Support Specialist certification within fourteen (14) days from the date of the exam.
    A. The Certificant will be notified through electronic mail (e-mail) on file.
    B. The Certification will include:
       1. A unique certification identification number
       2. Certificant's full legal name
       3. Date of issuance
       4. Date valid through (expiration date)
       5. The name of the Certifying Entity

Please note: Candidates may access the certification exam report directly on the Pearson VUE website by logging into the candidate dashboard. CalMHSA does not retain a copy of the candidates' exam report.

12. For applicants who do not successfully pass the certification exam, the Certifying Entity will issue a letter via the applicant's email on file within fourteen (14) days from the date of the exam. The letter will have information on how an applicant may request to retake the certification exam.

802. Biennial Renewal of Certification

1. The Certifying Entity shall send a notification of renewal via email to individuals who hold a certification that is current, valid, and in good standing, 90 days prior to date of expiration.
   A. The Certifying Entity will use email on the application
   B. Expired, suspended, and revoked certifications are not considered current, valid, or in good standing and therefore, not eligible for renewal.

2. The Certifying Entity will only process complete applications for certification renewal that are submitted no more than 60 days prior to expiration.

3. The Certifying Entity will notify the Applicant of status of application through electronic communication, email on file.
4. The Certifying Entity will perform random audit reviews of Applicant's continued education records.
   A. A sample will be pulled from the Certification Registry database.
   B. Individuals who are selected in the sampling will be notified via email to submit electronic proof of CE documentation to the certifying entity within ten (10) days of request for review and approval.
   C. The Certifying Entity may take action if evidence is not submitted. See Code of Ethics Violations for further information.

803. Approval of training providers

1. The Certifying Entity will review applications for training providers interested in becoming an "approved training provider".
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 provider applicant within 90 days from the date of receipt of a complete application.
4. Approval for training provider will be valid for two (2) years from date of approval.
5. Update to training curricula following approval require prior approval by the certifying entity before training provider may use the updated training content.
   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 provider of status within 90 days of receipt of a complete application from the training provider.

804. Procedure for Reasonable Accommodations for the Exam

1. Requests for reasonable accommodations must be submitted by the applicant at least 30 calendar days prior to the date the applicant is scheduling the exam.
2. Requests 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 30 days of the receipt of the completed 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 Updating the Certification Registry following an Action

1. The Certifying Entity will ensure the registry is accurate and up to date.
2. Actions taken by the Certifying Entity against a Certification 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 by 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 Certification Registry with 72-hours of the change in certification status.

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

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 provider, 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 provider will be made directly to the training provider. The CalMHSA certification website information will be kept up to date.
   B. Action of reinstatement of certification may be communicated to the Certificant via email on file.
   C. The Certifying Entity may 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 provider.
   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 provider's email on file.

K. The Certifying Entity will update the Certification 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 Certification Registry within 72-hours from the date of the final disposition.

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

1. The Certifying Entity will review all.
   A. The Certifying Entity will review appeals for denial of application or renewal for certifications.
   B. The Certifying Entity will review appeals for suspension or revocation of certification following an investigation.
   C. The Certifying Entity will review appeals for denial of application for training providers.
   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 Certification 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. The fiscal year runs from July 1 – June 30.

1. The Certifying Entity will collect data elements as noted in the Appendix E.[3]
2. The Certifying Entity will collect data through the CalMHSA certification website and by approved training providers.
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.

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[3] Data collection subject to change based on state requirements.

APPENDIXES

| **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.

| 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 care 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, any 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 defied as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except:
    a. 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
    b. 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:
    a. Making a false statement on any application for certification.
    b. Withholding material information on any application for certification.
    c. 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:
    a. 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 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 Certified 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 the 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 Certified Medi-Cal Peer Support Specialists shall be notified, in writing, of any changes to this Code of Ethics.

_____

Name (printed)

_____

Name (printed)

| **Continuing Education (CE) Requirements**

Eligible CE courses promote professional development, aimed at enhancing the quality of care provided. Applicants are responsible for taking CE courses within their scope of practice.

1. To satisfy the CE requirements
   A. Training courses must be non-repetitive (i.e., the same CE course cannot be claimed more than one time during each certification period, even if the course was taken annually)
   B. Training courses may be taken in various ways, including asynchronous, in-person, and online and through a variety of trainers
2. Acceptable training curriculum may include but not limited to the following areas:
   A. Peer Support Specialist certification training, including areas of specialization.
   B. Trainings that focus on significant recent developments in the discipline of peer support and recovery.
   C. Direct-care training that covers peer recovery, and specialty areas (e.g., theoretical frameworks of recovery and wellness; intervention techniques with individuals, families, and systems of care).
   D. Indirect-care training that covers pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, recordkeeping, supervision training).
3. Law and Ethics Requirement are as follows:
   A. A minimum of six (6) hours of training in law and ethics is required.
   B. The training hours for law and ethics are calculated into the 20 hours of continued education requirement for recertification.
   C. Law and ethics trainings, includes, but is not limited to:
      1. Law and ethics relevant to California
      2. Treatment of minors
      3. State and federal confidentiality laws
      4. Record keeping
      5. Crisis support
      6. Client access to records
      7. Dual relationships
      8. Child abuse, elder and dependent adult abuse
      9. Telehealth services
      10. Insurance reimbursement
      11. Civil liability
      12. Disciplinary actions and unprofessional conduct
      13. Ethics complaints and ethical standards
      14. Standards of care
      15. Relevant family law

16. Disclosures to clients
17. Application of legal and ethical standards in different types of work settings
4. Calculating Continued Education Hours
   A. One (1) hour of direct educational training instruction is equal to one (1) hour of continuing education (CE).
   B. For undergraduate or graduate course work, three (3) units of coursework are equal to twelve (12) hours of continuing education units
   C. Breaks are excluded from direct training instructional requirements and must not be counted towards the 1-hour direct educational training requirement.
   D. For training where certificates of attendance are not available (i.e., conferences) a copy of the conference agenda with detailed information on the session shall be maintained as a record by the applicant.
   E. For courses through accredited schools, transcripts shall be maintained as a record.
5. Continuing Education Sources
   A. Continued educational training may be taken from a variety of sources
   B. For continuing education (CE) hours towards renewal of certification, CalMHSA will accept CE hours for the following:
      1. CalMHSA CE-approved training providers.
      2. The following pre-approved courses taught by CalMHSA-approved training providers
         a. Medi-Cal Peer Support Specialist Core Competency Training
         b. Peer Services Specialized Training
      3. Training that is offered by the County Behavioral Health Departments, and its contracted network providers
      4. Training courses completed through accredited schools, including vocational education.
      5. Training courses by professional certification and licensing boards (i.e., CAADE, CADTP, CAMFT, BBS, APA).
6. **Maintenance of CE Records**
   A. The CMPSS shall maintain records for a minimum of two (2) years from the date of application for renewal.
   B. Evidence of participation in the training course must include, but not limited to, the following:
      1. Legal name of the CMPSS
      2. Title of course, training, and/or event
      3. Date(s) of participation and/or course completion
      4. Event sponsor and/or training provider name (i.e., SAMHSA)
      5. Number of direct instruction hours

C. If the training event title does not clearly identify the instructional content, CMPSS shall maintain a copy of information from the training event, such as an agenda or syllabus

D. In the absence of complete documentation, CMPSS shall contact the training provider directly

E. Updated information shall be kept as a record.

F. For coursework through an accredited school, CMPSS shall maintain a copy of transcripts (unofficial shall be accepted).

| 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)

| Medi-Cal Peer Support Specialist Code of Ethics Violations Guidelines

The following Medi-Cal Code of Ethics Violation 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 any 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 provider 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 provider; 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 provider; 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 provider; 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 provider; 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	Shall not secure a certification by fraud, deceit, or misrepresentation. This includes, but is not limited to: 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.	Denial of Peer Support Specialist certification for no less than six months. Fees are forfeited; and Complete six continuing education hours in law and ethics from an approved training provider; and Retake and pass the Peer Support Specialist certification exam prior to reinstatement of certification; 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.
H13	Shall not secure a certification by fraud, deceit, or misrepresentation. An applicant cheats or participates in cheating during the certification exam.	Denial of certification for no less than one year. May sit for examination after a one-year period elapses. Complete six continuing education hours in law and ethics from an approved training provider. 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
H13	Shall not secure a certification by fraud, deceit, or misrepresentation. Violation of exam security by compromising exam integrity.	Permanent denial of application for Peer Support Specialist certification.	Permanent revocation of Peer Support Specialist certification.
H14	Shall not engage in gross negligence or incompetence in the performance of peer support services. This includes: Failing to maintain records consistent with sound judgement, the standards of the profession, and the nature of the services being rendered.	Up to a six-month suspension of Peer Support Specialist certification. Complete six continuing education hours in law and ethics from an approved training provider. Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
J1/2/3	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.	Up to a six-month suspension of Peer Support Specialist certification. Complete six continuing education hours in law and ethics from an approved training provider. 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
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).	Up to a six-month suspension of Peer Support Specialist certification. Complete six continuing education hours in law and ethics from an approved training provider. Valid proof of completion of continued education must be submitted along with application for reinstatement of certification.	Permanent revocation of Peer Support Specialist certification.
K1/2	Never engage in romantic or sexual/ intimate activities with the persons engaging in services.	Up to a six-month suspension of Peer Support Specialist certification; and Complete 6 continuing education hours in ethics and professional boundaries from an approved training provider. Valid proof of completion of continued education and hours of supervision must be submitted along with application for reinstatement of certification; and 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.	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 certifying entity.	Permanent revocation of Peer Support Specialist certification.

Medi-Cal Peer Support Specialist Exam Blueprint

1. Administrative Responsibilities (9.9%)	Blueprint %	Items per Knowledge, Skills, & Abilities
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 e search, 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**

| Parent, Caregiver, Family Member Peer Training Curriculum Core Competencies

National Federation of Families Competencies	Summary of Themes Across Other State Standards
1. Professional Responsibilities: **Skills that can be assigned to this core competency include:** • Basic Work Skills • Knowledge of Policies • Ethics • Confidentiality • Boundaries • Professional Development • Demonstrating Cultural Humility	Recognize the role and limitations of a Parent, Caregiver, Family Member Peer, as differentiated from clinical services. Effectively uses self-disclosure and sharing one's story when appropriate and with the intent of inspiring hope. Active listening skills, ability to show empathy and demonstrate non-judgement. Understands various forms of communication including behavior. Communicate and connects effectively with families of all cultures, religions, value systems, and lifestyles. Understand personal biases based on knowledge, skill, and experience. Comply with state, federal, mandatory reporting and confidentiality requirements (PHI). Conduct self in an ethical manner by adhering to codes of ethics and standards of practice.

Field examples for professional responsibilities may include:

- 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
2. Systems Knowledge and Navigation: **Knowledge that can be assigned to this core competency includes:** • 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	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. Overview of mental illness and substance use disorders in children and the effects on their brain. Understand the developmental stages of children and adolescents. Understand impact of trauma and responses to trauma Foster cooperation between families, the individual, and the service systems involves in their lives. Know safeguarding and relapse prevention strategies for issues such as self-harm and substance abuse. Understand crisis and safety planning and ability to support access to crisis resources in the community and region. Knowledge of conditions, treatments, services, and supports, and how to coordinate access to multiple systems.

Field examples for systems knowledge and navigation may include:

- 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.

This broadly encompassing category also covers knowledge of all systems that touch children, transition-age youth and the adults involved in their lives.

National Federation of Families Competencies	Summary of Themes Across Other State Standards
3. Resources and Natural Supports: **Skills that can be assigned to this core competency include:** • 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	Knowledge of family systems theory and facilitating family support groups. Understanding of individual and family culture, biases, stigma, and trauma. Demonstrate an ability to teach wellness practices, life skills, and psychoeducation. Understands, supports, and models family-driven care. Exercise family-centered planning, including utilizing the family's natural supports and supplementing them with community supports and service systems. Assert family's role as the center of decision-making. Assist families in accessing resources, services, and information to empower them in navigating services consistent with family needs and goals. Understand, support, and model the role of the family in recovery-oriented systems of care using a strengths-based approach. Educate and assist families in identifying and articulating their needs, goals, and strengths to effect change. Able to assist families to recognize the difference between individual problems and a system problem or constraint. Demonstrate patience, persistence, and optimism to establish and maintain family motivation.

Field examples resources and natural supports may include:

Demonstrating knowledge of community-based resources and how to access, including funding options.

Collaborating with groups to pool resources.

Negotiating successfully with the community partners to meet families' needs.

Assisting the family to identify goals and develop a plan for success across all life domains.

Demonstrating the ability to provide necessary information and options on resources and support to support families to make informed decisions.

Assisting families to identify and use natural supports.

Supporting families to access and navigate local resources.

Promoting positive family relationship building.

Creating opportunities for system partner relationship building.

Assisting family members to identify and build informal family and community support.

Identifying transition resources.

National Federation of Families Competencies	Summary of Themes Across Other State Standards
4. Wellness and Resiliency: **Skills that can be assigned to this core competency include:** • 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)	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. Demonstrate knowledge of trauma-informed care and various pathways to recovery. Empower families to identify their needs, promote self-resilience, and understand the stages of change and unmet needs. Understand person-centered resiliency and recovery planning for all ages and stages. Describe the difference between a peer relationship and a hierarchical relationship. Explain the concept of mentoring and social learning. Identify barriers within the family that impede family functioning (i.e., alcohol, drug use, incarceration, and domestic violence). Support families in implementing their goals, assisting in refocusing when necessary.

Field examples resources and natural supports may include:

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
5. Effecting Change: **Skills that can be assigned to this core competency include:** • **Building Collaborative Partnerships** • **Problem Solving** • **Relationship Building** • **Effective Advocacy** • **Addressing Stigma** • **Systems Navigation** • **Communication Skills** • **Interpersonal Skills**	Educate on the family and peer movements and the role of advocacy in systems transformation. Provide education on the stages of change. Describe the stages of change. Practice and teach strategies to prevent and overcome stigma. Participate in advocacy to support families. Assist families, teaching them how to advocate effectively within policy-making processes. Recognizes stigma, common superstitions, and myths regarding mental health and substance use issues. Able to assist families in recognizing their strengths and use them to effect change.

Field examples resources and natural supports may include:

Demonstrating effective communication strategies.

Promoting family voice and choice at all levels of systems service.

Assisting families in asserting their rights to meet their needs.

Supporting, teaching and coaching primary caregivers to identify and articulate their family's needs and goals.

Engaging families to identify needed systems changes or issues.

Strategically sharing lived experience to effect policy change and assist families to do the same.

Partnering with families/caregivers and professionals to build collaborative relationships.

Articulating the values of fostering cooperation between families and family-serving systems.

Modeling effective strategies for families without being directive.

Reframing challenges using strength-based language.

Advocating in a solution-focused manner.

Mentoring.

Creating relationships that build resilience.

Mastering the use of interpersonal skills.

APPENDIX I

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

| In Crisis Care Training Curriculum Core Competencies

Core Competencies- Crisis Care Specialization for Certified Medi-Cal Peer Support Specialists		
Prevention of crisis training		
1. Pathways to Crisis	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understanding the impact of various lived experiences, such as abuse, trauma, crisis, homelessness, mental health, substance use, racism, and unemployment. Skills: • Applying personal experiences to inform empathy and understanding in interactions with individuals who have had similar experiences. • Utilizing personal experiences to inform effective coping strategies and interventions. • Providing support and resources to individuals experiencing similar lived experiences. Abilities: • • Using personal experiences to inform advocacy efforts and to challenge systems and structures that perpetuate harmful experiences. • • Serving as a positive role model for individuals experiencing similar lived experiences by sharing personal stories of growth and resilience. • Understanding the potential triggers and effects of various lived experiences and incorporating that understanding into care plans and interventions.		• Telling your story to support other's recovery • Motivational Coaching practices and techniques • Connecting to local resources • Non-violent communication practices • Recovery practices • Rapport building • Crisis & safety management plans & guidelines • Value of choice and self-determination Connections map for natural supports • Role modeling techniques

Prevention of crisis training		
2. Prevention, De-Escalation, and Crisis Resolution	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understand early intervention strategies to prevent crisis and the need for intensive services. • Understand de-escalation techniques, suicide prevention concepts and techniques, local resources, treatment, services, and support preferences. • Understand laws related to involuntary holds. Skills: • Identify indicators of re-experiencing symptoms and take action to address distress or a crisis. • Assist individuals to develop self-management plans, relapse prevention and crisis prevention strategies. • Utilize de-escalation techniques, suicide prevention concepts and techniques, and compassionate curiosity in engaging with peers. • Participate in care coordination with other members of the support team. Abilities: • Meet people where they are. • Provide reassurance to peers in distress. • Recognize signs of distress and threats to safety among peers and in their environments.		• Understand community resources. • Legal rights and patient rights • Mandate reporting • Role modeling principles and techniques • Trauma-Informed Care • Motivational coaching techniques • Recovery-oriented care • Building collaborative partnerships • Common mental health and substance use disorders • Cycle of Escalation and De-Escalation techniques

Prevention of crisis training		
3. Engagement and Resource Connection / Navigation	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Basic understanding of mental health and substance use challenges • Knowledge of community resources and services to support recovery • Understanding of patient's rights Skills: • Build rapport and trust through sharing lived experience • Use a trauma-informed approach when interacting with individuals • Help individuals assess their own needs and provide them with referrals • Assist individuals to link to and navigate community resources • Model effective coping strategies and interpersonal skills • Develop tools for effective outreach and continued support • Consider multiple barriers and challenges when helping an individual • Support engagement in mental health and substance use treatment services Abilities: • Approach every interaction from a strengths-based perspective • Support connection to natural supports • Provide warm hand-offs to referred agencies and explain the necessity for the referrals • Assist individuals in identifying support systems consistent with individual needs • Use a strengths-based approach to encourage use of skills, strategies, and strengths that are already working or may work for an individual • Advocate for an individual's rights, especially Patient's Rights.		• Care Coordination principles • Advocacy principles • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Motivational coaching technique • Building rapport techniques • Telling your story • Escalation and de-escalation techniques • Trauma-informed principles

Prevention of crisis training		
4. Person-Centered Trauma-Informed	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understand the effects of trauma on individuals and their overall wellness • Knowledge of core principles of trauma-informed practices Skills: • Ability to recognize signs of distress and personal risk indicators to support individuals • Non-judgmental attitude towards individual responses to trauma and crisis • Know and apply strategies to build resilience and perseverance • Report suspicions of abuse or neglect to appropriate authorities Abilities: • Ability to meet individuals where they are and support their choices regarding services received • Utilize trauma-informed practices before, during, and after a crisis • Support individuals in avoiding crisis and managing the effects of trauma		• Adverse Childhood Experiences • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma, compassion fatigue, burnout and grief • Shame and blame • Holistic approach to wellness • Impact of trauma before, during and after crisis event • Shame and blame

Prevention of crisis training		
5. Co-occurring Disorders: Mental Health and Substance Use Disorders	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Have a basic understanding of the Disease Model of Addiction, treatment approaches such as Medication Assisted Treatment (MAT), and the difference between prevention, treatment, and recovery. • Understand the prevalence of trauma in the lived experience of people with co-occurring disorders. • Understand Harm Reduction. Skills: • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Foster individual choice and self-determination. • Use active listening and empathic listening skills. • Provide culturally relevant education on the role of cultural identity, ethnic background, age, and gender in creating resiliency and improving prevention, treatment, and recovery. • Help individuals identify beliefs and values that work against their recoveries. • Use questions to help individuals identify and move through their fears and get in touch with the life they want. Abilities: • Promote hope, the potential for change, and personal empowerment. • Approach every interaction from a strengths-based perspective and be non-judgmental. • Meet people where they are and support them in their goals. • Provide peer support services even if individuals are not engaged in treatment. • Respect the individual's confidentiality.		• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care

• Have the ability to navigate the substance use system, public and private, so individuals can receive the services they want. • Understand the Stages of Change, Recovery Capital, and Recovery Action Planning to support individuals in their recoveries. • Embrace all pathways to recovery. • Provide education regarding warning signs, symptoms, and progression of substance use disorders.	

Active Crisis Support		
6. Conflict Resolution	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understanding of local resources, treatment, services and support preferences of individuals served. • Knowledge of laws related to involuntary psychiatric holds. • Knowledge of signs of human trafficking and abuse and how to connect individuals to appropriate resources. • Understanding of risk assessment, suicide prevention, and safety planning. • Awareness of indicators that an individual may be re-experiencing symptoms of his or her condition(s). Skills: • Ability to do safety and risk assessment. • Ability to recognize signs of distress, threats to safety, and indicators of re-experiencing symptoms of a condition. • Utilization of de-escalation techniques and suicide prevention concepts and techniques. • Effective communication, conflict resolution, and problem-solving skills. • Personal ability to deal with conflict and difficult interpersonal relations. Abilities: • Ability to provide support both one-on-one and as part of a team. • Ability to take action to address distress or crisis using knowledge of local resources, treatment, services, and support preferences of individuals served.		• Crisis & safety management guidelines • Safety planning and supporting self-determination • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports

Active Crisis Support		
7. Person-Centered Trauma-Informed	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understanding the relationship between crisis and trauma. • The prevalence and impact of trauma, including PTSD, ACE's, and its effects on physical, behavioral, and emotional wellness. • Core principles of trauma-informed practices and their application in peer services. • Strategies to mitigate trauma during a crisis. Skills: • Pairing individuals in crisis with culturally appropriate and trauma-informed peer supporters. • Recognizing signs of distress and responding to personal risk indicators. • Assisting individuals in identifying basic needs and supporting their choice in decision-making and services received. • Being available for post-crisis support. • Knowing strategies to build resilience and perseverance and sharing them when appropriate. Abilities: • Meeting people where they are and being non-judgmental about their responses to crisis and trauma. • Utilizing effective communication and conflict resolution skills.		• Adverse Childhood Experiences • Recognizing early warning signs and signs of distress • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma in relation to crisis event • Shame and blame • Holistic approach to wellness • Value of choice and self-determination • Recovery models of care

Active Crisis Support		
8. Co-occurring Disorders: Mental Health and Substance Use Disorders	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Basic knowledge of emergency measures such as Naloxone in case of overdose. • Understanding of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR) to support individuals in their recoveries. • Understanding of Harm Reduction to support individuals in their recoveries. • Basic knowledge of the substance use system, public and private, to help individuals navigate services. • Understanding of the importance of person-centered language. Skills: • Use active listening and empathic listening skills. • Ability to communicate lived experience in a way that is supportive. • Use questions to help individuals identify and move through their fears and get in touch with the life they want. • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included. Abilities: • Immediately call 911 in an overdose emergency. • Provide peer support services even if individuals are not engaged in treatment. • Meet people where they are. • Be non-judgmental.		• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention principles • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care

• Approach every interaction from a strengths-based perspective. • Recognize and use person-centered language. • Promote hope, the potential for change, and personal empowerment. • Create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility. • Help individuals identify beliefs and values they hold that work against their recoveries.	

Active Crisis Support		
9. Crisis and Special Populations	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Strategies for working with various subpopulations • Resources and services specific to intersectional identities • Legal and possible liability issues while working with Transitional Aged Youth • Sign of human trafficking and abuse • The use of Mobile Crisis teams instead of law enforcement • The ability to work with community partners, including law enforcement Skills: • Providing culturally appropriate/safe field-based services • Providing peer support when crisis occurs during incarceration and post-release from detention • Linking individuals to resources and services specific to their intersectional identities Abilities: • Recognizing the signs of human trafficking and abuse and knowing how to help • Working with various subpopulations • Working with community partners, including law enforcement.		• Impact of crisis event on family and natural supports • Cultural awareness and humility principles and practices • Cultural understandings of mental health • Implicit & explicit bias, Systemic racism, and Challenges faced by special populations, including LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.

Post Crisis/Recovery core competencies		
10. Crisis Planning and Support	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Knowledge of post-crisis interventions. • Understand the overall life implications resulting from a psychiatric involuntary hold. • Know and be able to link individuals to resources and services specific to their intersectional identities. Skills: • Plan continuing care, relapse prevention, and discharge planning with individuals and those they wish included (e.g., natural supports, providers). • Know how to support individuals facing long/short-term homelessness after a crisis event. • Know strategies to build resilience and perseverance and be able to share them when appropriate. • Provide support in meeting legal sanctions such as Mental Health Court requirements. Abilities: • Be available for post-crisis support. • Promote hope, the potential for change, and personal empowerment. • Be non-judgmental about individual responses to crisis and trauma. • Meet people where they are, understand that they may not be ready to accept services or talk to you about their trauma. • Support individual choice with decision-making and services received. • Be alert to signs that a new crisis experience is starting.		• Crisis & safety management guidelines • Safety planning and supporting self-determination • Suicide awareness/prevention • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports

Post Crisis/Recovery core competencies		
11. Self-Awareness and Self-Care	**Knowledge, skills, and ability for competency**	**Possible Trainings (All of these trainings should be from the Crisis Care perspective)**
Knowledge: • Understand burnout and use self-awareness to manage compassion fatigue, vicarious trauma, and secondary traumatic stress. • Know the importance of ongoing support for overcoming stress. • Know resources to promote personal resilience. • Develop a working knowledge of the concepts of "activation" and "self-management" of whole health goals. Skills: • Develop self-care skills and coping practices for helping professionals. • Strengthen social skills and healthy social networks including peer and natural support systems. • Learn to respond appropriately to personal stressors, triggers, and indicators. • Use tools & techniques for entering "triggering" environments. • Practice a strengths-based approach to recovery / wellness. • Respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain their whole health goals. Abilities: • Conduct themselves in a manner that fosters recovery and promotes hope for individuals who are on their own recovery journey.		• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care • Recognize signs of stress and burnout and respond

| Working with Unhoused Training Curriculum Core Competencies

Core Competencies- Unhoused Specialization for Certified Medi-Cal Peer Support Specialists		
1. Application of Lived Experience	**Knowledge, skills, and abilities for competency**	**Possible Trainings (Trainings should focus on serving persons who are unhoused)**
Knowledge • Personal awareness of societal stigmatization and discrimination (e.g., victims of violence, denial of work or access to resources). Skills and Abilities • 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).		• Telling your story to support other's recovery. • Connecting to local resources • Role modeling techniques • Non-judgmental non-violent communication practices • Rapport building

2. Empowerment and Promotion of Recovery	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
	Knowledge: • Understand the basic structures for systems navigation (i.e., mental health, substance abuse treatments, physical health, courts/jail, housing, Social Services). Skills: • Help individuals identify and prioritize their own needs. • Help individuals to participate in their care as an active participant in decision-making. • 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.). Abilities: • Promote hope, the potential for change, and personal empowerment. • Use warm handoffs for resources, including assistance in accessing resources. • Accompany individuals to community activities and appointments	• Motivational coaching practices and techniques • Linkages to community resources • Connections map for natural supports • Care Coordination principles and building collaborative partnerships • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Value of personal choice • Challenges faced by special populations (LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.) • Basic advocacy training • Stigmas affecting this population appropriate way to addressing stigma • Interpersonal skills

3. Co-occurring Disorders: Mental Health and Substance Use Disorder	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
Knowledge: • Best practice engagement and treatment approaches for mental illness, substance use disorders, co-occurring disorders, including physical health. • Various pathways to recovery such as abstinence, harm-reduction models, Medication Assisted Treatment (MAT), and Medication Assisted Recovery (MAR). • The Stages of Change, Recovery Capital, and recovery action planning to support individuals in their recovery. • The effects of trauma can mirror mental health symptoms. • The prevalence of trauma in the lived experience of people with experience of homelessness or underhoused. • Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone). Skills: • Use of Motivational Interviewing to support individual's recovery. • Navigation of mental health and substance use service delivery systems to support the person's access to and use of services. • Engagement and participation as drivers in their own care. Abilities: • Support individuals to reach their goals through individual choice and self-determination. • Support peers in their recovery goals and to remain connected in their communities. • Support individuals in their recovery through harm reduction models.		• Understanding of most common co-occurring disorders and conditions • Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support • Harm Reduction principles • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Recovery Capital principles • Navigation of behavioral health systems of care • Trauma-informed practices • Self-advocacy practices • Value of personal choice and self-determination

4. Cultural Responsiveness (Humility)	Knowledge, skills, and abilities for competency	Possible Trainings • (Trainings should focus on serving persons who are unhoused)
Knowledge: • Best practices for engagement and treatment for mental illness, substance use disorders, and co-occurring disorders, including physical health • Various pathways to recovery and how to support individuals in their goals through individual choice and self-determination • Stages of Change, Recovery Capital, and recovery action planning to support individuals in their recovery • Prevalence of trauma in the lived experience of people with experience of homelessness or underhoused • Culturally responsive practices for various populations • Community resources and services specific to intersectional identities • Effects and impact of disparate policies, laws, and systems on subpopulations • Increased risk of violence for persons who are unhoused, including risks associated with gender and race/ethnicity • Know Signs of human trafficking, especially with youth Skills: • Use of Motivational Interviewing to support individual's recovery • Navigation of mental health and substance use service delivery systems to support access to and use of services • Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone) • Peer support services to best support client engagement and participation in their own care Abilities: • Ability to recognize and serve specific populations, such as adults/older adults, youth, LGBTQ+, persons		• Cultural awareness and humility principles and practices • Cultural understandings of behavioral health conditions and accessing care • Implicit & explicit bias • Challenges faced by special populations who are unhoused, including LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc. • Risk factors affecting this population (welfare and safety) • Navigation of mental health and substance use systems • Navigation of social services systems • Community resources • Emergency and crisis interventions, including those for drug overdoses (i.e., Naloxone) • Care Coordination models of care approach

with persistent homelessness or housing instability, BIPOC, co-occurring disorders, co-morbidity medical conditions, criminal justice involved, immigrants/refugees, and veterans • Promotion of hope, potential for change, and personal empowerment • Identification and prioritization of individual needs • Support for individuals to participate in their care as active participants in decision-making • Warm handoffs for resources, including assistance in accessing resources • Accompaniment of individuals to community activities and appointments when appropriate • Encouragement of supportive relationships to help identify natural supports and other positive resources relevant to identified needs • Assistance with discovery of healthy lifestyle choices and safety planning • Support for identification and engagement in meaningful activities in the community • Coordination of care to work towards identified goals • Support for individuals in strengthening and acquiring desired life skills such as accessing resources (food, employment, housing, etc.)	

5. Trauma Informed Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
	Knowledge: - Understand principles of trauma-informed practices and their application in peer services that support recovery. - Understand the prevalence and impact of ongoing trauma in the unhoused population and exposure to violence, severed relationships, social isolation, and human trafficking on physical, behavioral, and emotional wellness. - Recognize how trauma may affect engagement and lead to patterns of disengagement in services. - 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 experiencing homelessness, 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 trauma-informed practices specific to specific populations. Skills: - Respond to personal risk indicators to assure the welfare and safety of individuals. - Be aware of "relationship trauma bonding" and the impact on individuals experiencing homelessness. Abilities: - Utilize principles of trauma-informed practices.	- Adverse Childhood Experiences - Different levels of stress - Trauma experiences related to institutions (government agencies and law enforcement) - Holistic approach to wellness - Impact of trauma, compassion fatigue, burnout and grief - Shame and blame - Motivational coaching for engagement and care - Cycle of Escalation and De-Escalation - Risk assessment and safety planning - Basic understanding of "Trauma Boding" and impact on care

6. Self-Awareness and Self-Care	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
	Knowledge: • Understand burnout, compassion fatigue, vicarious trauma, and secondary traumatic stress. • Know resources to promote personal resilience. Skills: • Develop and utilize self-care skills and coping practices for helping professionals. • Use tools and techniques for entering "triggering" facilities. • Respond appropriately to personal stressors, triggers, and indicators. • Conduct themselves in a manner that fosters their own recovery. • Use supervision for professional support and development. Abilities: • Prioritize self-care and personal wellness. • Manage compassion fatigue, vicarious trauma, and secondary traumatic stress through self-awareness.	• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care • Cultural perspective on self-care • Recognize signs of stress and burnout and respond

7. Conflict Resolution	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
	Knowledge: • Understand the signs of distress and crisis. • Understand local resources, treatment, services, and support preferences of individuals served. • Identify indicators that an individual may be re-experiencing symptoms of their condition(s) and provide early intervention strategies. • Understand the cycle of de-escalation. • Understand the requirements of mandated reporting. • Understand suicide prevention concepts and techniques. • Understand self-management plans, advanced directives, relapse prevention strategies, crisis prevention strategies, and discharge goals. • Practice non-judgmental behavior. Skills: • Recognize signs of distress to support individuals in their recoveries. • Take action to address distress or a crisis. • Utilize de-escalation techniques. • Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, crisis prevention strategies, and discharge goals. Abilities: • Provide early intervention strategies to avert crisis and/or the need for intensive services. • Immediately report abuse or neglect.	• Conflict resolution techniques • Risk assessment practices • De-escalation technique • Recognizing signs of distress • Self-management plans, • Relapse prevention strategies, • Crisis prevention strategies, and discharge goals. • Early intervention strategies to avert crisis • Mandated reporting • Care Coordination practices

8. Professional boundaries and ethics	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
	Knowledge: • Respect the privacy and confidentiality of those they serve. • Maintain healthy boundaries to avoid dual relationships or commitments that conflict with the interests of those they serve. • Understand the importance of establishing a peer relationship rather than a hierarchical relationship. • Understand the importance of establishing a respectful, trusting relationship with individuals. • Understand the range of supervisory options to process personal feelings and concerns about clients. • Understand ethical, legal, and professional standards to enhance self-awareness and performance. • Recognize and address personal and institutional biases and behaviors. Skills: • 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. Abilities: • Respect the privacy and confidentiality of those they serve.	• Work/life boundaries • Code of ethics for Medi-Cal Peer Support Specialists • Overview of legal and ethical responsibilities, including confidentiality laws and mandate reporting • Use of supervision • Tools for self-evaluations of professional performance

• Maintain healthy boundaries to avoid dual relationships or commitments that conflict with the interests of those they serve.	

9. Safety and Crisis Planning	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
Knowledge: • Understanding escalation and de-escalation cycles • Knowledge of local resources, treatment, services, and support preferences of individuals served • Recognition of risk factors affecting person's ability to remain safely in the community • Understanding of cultural appropriateness and safety in field-based services • Knowledge of health and safety practices and protective strategies around infectious diseases Skills: • Recognition and taking action to address distress or a crisis • Seeking support from the treatment team for addressing a crisis and developing a plan to best support the person's safety • Development of crisis/safety planning, utilizing person's strengths (protective factors) to activate self-management plans, relapse prevention, and crisis prevention strategies • Practice non-judgmental behavior • Providing culturally appropriate/safe field-based services • Being aware of the environment and practicing health and safety practices • Traveling with a partner when in the field Abilities: • Recognizing and addressing personal and institutional biases and behaviors • Establishing and maintaining a peer relationship rather than a hierarchical relationship • Establishing a respectful, trusting relationship with individuals		• Crisis & safety management plans & guidelines • Escalation and De-Escalation techniques • Value of choice and self-determination • Cycle of domestic violence • Suicide awareness/prevention • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports • Remaining present • Environmental health and safety

10. Systems and Resource Navigation	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)

	Knowledge:
	• Know key definitions and types of homelessness according to HUD standards.
	• Understand barriers to receiving services and how to navigate these challenges.
	• Understand the judicial system and how it impacts those unhoused.
	• Develop a working knowledge of available healthcare benefits for individuals living with debilitating behavioral health conditions.
	• Understand what the Homeless Management Information System (HMIS) is.
	• Consider multiple issues when assisting individuals with housing options.
	
	Skills:
	• Provide warm hand-offs to referred agencies and explain the necessity for the referrals.
	• Assist individuals to link to and navigate various services and supports.
	• Provide outreach in the community.
	• Assist in obtaining and maintaining housing.
	• Know how to find and access free and low-cost legal resources.
	
	Abilities:
	• Operate from a "recovery is possible" perspective to peer support.
	• Understand and effectively share housing program requirements to help individuals maintain housing.
	• Know how to acquire legal identification and verification documents of homelessness.
	• Consider cultural considerations, safety, relapse environment, criminal justice experience, and stage of change when assisting individuals with housing options.
		• Care Coordination principles
		• Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2)
		• Mandate Reporting
		• Legal rights and patient rights
		• Navigation of behavioral health service for all ages
		• Navigation of child welfare systems
		• Employment and vocational community resources (i.e., housing, registration, meeting justice involvement mandates)
		• Navigation of community resources based on consumer's needs
		• Basic treatment principles, including:
		   o Medication
		   o Evidence-based practices/practice-based evidence
		• Prevention and early intervention

| Working with Justice Involved Training Curriculum Core Competencies

Adopted Justice-Involved specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
1. **Application of Lived Experience**	Knowledge: • Knowledge of non-violent communication • Understand and apply mental health and substance use recovery concepts from a reentry perspective Skills: • Have lived experience in all or most of the continuum of the criminal justice systems, including arrests, detention, arraignment, court proceedings, sentencing, diversion, incarceration, probation, and/or parole • Build rapport and trust through sharing lived experience • Act as credible role models to individuals transitioning from criminal activity to pro-social behaviors, perspective, and expression • Share personal lived experiences following reentry and model the ways to advance recovery through coaching • Embody the potential for recovery for people who confront the dual stigmas associated with serious mental illnesses and criminal justice system involvement • Maintain freedom and model hope for a future free of incarceration • Inspire hope and the possibility of positive change through appropriate self-disclosure of their own histories, by consistently modeling recovery behaviors, and being a continual role model in recovery from addiction and crime. Ability: • Be able to communicate own lived experience in a way that is meaningful and non-judgmental • Have the ability to promote hope, the potential for change, and personal empowerment • Help individuals evaluate their choices more effectively and provide guidance about appropriate interpersonal skills and ways of coping, ultimately increasing self-efficacy • Be able to identify and address barriers to success that prevent rehabilitation	• Telling your story to support other's recovery • Motivational Coaching practices and techniques • Connecting to local resources • Non-violent communication practices • Recovery practices • Rapport building

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2. **Role of Advocacy**	Knowledge: • Knowledge of linkage to legal aid resources • Knowledge of resources to employment opportunities for individuals re-entering the community • Knowledge of diversion programs, including advocacy and access to services • Educate others in the criminal justice system about mental health and substance use recovery • Knowledge of resources to address co-occurring issues/conditions, including mental health, substance use disorder treatment, and physical health care Skills: • Communicate with individuals their rights and responsibilities • Act as advocates at the individual and systems levels • Model appropriate advocacy within the varying service delivery systems • Promote recovery principles including self-advocacy and empowerment strategies • Improve civic engagement to support self-advocacy • Assist individuals in advocating for the correction of inaccurate entries in their criminal records • Work with individuals to explain misleading charges or convictions to potential landlords or employers and model disclosure of justice history • Help navigate child welfare issues and/or support meeting mandate requirements • Support with navigation and resources of other human services systems (housing, social services, employment, etc.) Abilities: • Understand how to access advocacy and protection resources, such as the Inspector General, Ombudsman, Disability Rights, and other	• Understanding community resources • Legal rights and patient rights • Role modeling principles and techniques • Understanding the criminal justice systems • Building collaborative partnerships • Basic advocacy training • Addressing stigma • Interpersonal skills techniques • Recovery principles

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	resources to assist people to maintain their rights while incarcerated or in the community • Promote recovery principles including self-advocacy and empowerment strategies • Improve civic engagement to support self-advocacy and reduce social stigma related to justice involvement. • Advocate for recipients of behavioral healthcare when they are unable to advocate for themselves • Help navigate child welfare issues and/or support meeting mandate requirements • Support with navigation and resources of other human services systems (housing, social services, employment, etc.)	
3. **The role of consumers and family members**	Knowledge: • Understanding of culturally relevant, trauma-informed approaches to support individuals • Familiarity with Stages of Change, Recovery Capital, and Recovery Action Planning Skills: • Supporting individuals in strengthening or acquiring life skills • Support learning of emotional regulation skills • Motivate individuals to meet required justice involved obligations • Support individuals in setting personal goals and making steps towards reaching them • Use of empathy and validation techniques (i.e., when offering suggestions and strategies for overcoming challenges) • Use of open-ended questions that connect a person to their inner wisdom and move through their fears • Skill in communicating from a place of compassion and non-judgmental behavior Ability:	• Common mental health and substance use disorders and care options • Stages of change • Recovery Capital principles • Recovery Action Planning • Motivational coaching • Addressing Stigma and Biases

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	• Model strengths-based and person-centered language and approaches • Ability to foster healing relationships based on respect, compassion, and cultural humility • Support individuals in identifying and expressing emotions • Ability to use active listening and empathic skills to support individuals • Ability to support individuals in identifying core values and beliefs that will support them in their recoveries • Ability to address internal and external stigma surrounding incarceration, mental health, and substance abuse	
4. Engagement Skills and Interventions	Knowledge: • Understand the Cycle of Escalation and De-escalation • Knowledge of skill-building techniques • Understand criminogenic needs and appropriate responses to behaviors. • Embrace true collaboration as an ongoing process, and competence appropriate to role and responsibilities. Skills: • Teach emotion regulation and self-control strategies. • Use positive behavior supports and concepts of contingency management. • Use techniques to increase skills that promote self-efficacy. • Value personal choice and goals Ability: • Application of motivational coaching techniques • Encourage involvement with supportive networks that can address their criminogenic needs (i.e., AA/NA, Anger management groups, parenting groups) • Encourage appropriate disclosure of information.	• Criminogenic behaviors and responses • Care Coordination principles • Helping families to communicate concerns. • Confidentiality laws and professional expectations (HIPAA and 42 C.F.R. Part 2) • Motivational Coaching • Mandated reporting • Telling your story • Work/life boundaries • Escalation and de-escalation techniques

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	• Support collaboration and partnerships with other service providers • Support individuals with complying with mandated conditions, specifically addressing challenges that affect special populations like "290 status" registrants, those in batterer's intervention programs, and those required to register as violent offenders. •	
5. **Cultural Responsiveness (Humility)**	Knowledge: • Awareness of worker's personal values, biases, and beliefs, and their potential impact on interactions with others • Knowledge of stigma and biases surrounding justice-involved individuals • Understanding of cultural influences on individuals and groups, including those associated with justice involvement. • Understanding of current and historical structural racism and its impact on disparities in various areas Skills: • Sensitivity to how cultural identity can influence communication dynamics to support individuals in their recovery. • Understanding of the connections between behavioral health conditions, trauma, health disparities, and social inequity to support individuals in their recovery. • Use of dignity and respect with all individuals, regardless of personal characteristics or conditions • Knowledge of strategies for working with adults and youth with justice involvement to support their recovery. Ability:	• Cultural awareness and humility principles and practices • Cultural understandings of mental health • Implicit & explicit bias • Systemic racism • Challenges faced by special populations (LGBTQ+, youth, older adults, gender identity, immigrants, refugees, etc.)

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	• Appreciation, recognition, and respect for personal values, cultural, spiritual beliefs, and practices of peers and their families • Understanding of how to support individuals in their recovery, including the use of person-centered language and advocating for multiple pathways to recovery/wellness • Application of interventions for various subpopulations, including those with physical and developmental challenges, chronic or persistent health conditions, and those experiencing homelessness • Ability to link individuals to resources and services specific to their intersectional identities	
6. Trauma Informed Care	Knowledge: • Understand the impact of environmental trauma and conditioning. • Understand the historical and contemporary trauma, marginalization, and oppression populations, including cultural and ethnic minorities, and LGBTQ individuals experience. • Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness • Be familiar with the ACE (Adverse Childhood Events) model Skills: • Have awareness of trauma arising from individuals' criminal justice experiences, including but not limited to: police induced trauma, disparate sentencing, incarceration, threats, intimidation, and stigmatizing labels within incarceration and criminal justice. • Application of trauma informed principles • Identification risk indicators and protective factors Ability:	• Adverse Childhood Experiences • Different levels of stress • Understanding Trauma (Racialized trauma, Intergenerational, Immigration, etc.) • Impact of trauma, compassion fatigue, burnout and grief • Shame and blame • Holistic approach to wellness

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	• Recognize signs of distress and risk indicators that may affect the individual's welfare and safety and respond appropriately. • Support the development of healthy behavior that is based on choice. • Teach coping skills of emotional regulation, mindfulness, stress reduction, anxiety management, distress tolerance, and relaxation techniques. • Activation of protective factors to support wellness. • Be non-judgmental.	
7. Self-Awareness and Self-Care	Knowledge: • Understand the importance of self-care • Understand burnout and its effects. • Understand the dynamics of power, conflict, and integrity in the workplace Skills: • Activate self-care skills and teach coping practices • Use social skills and healthy social networks to support wellness. • Model self-care and self-awareness • Respond to setbacks as opportunities for learning and growth. • Conduct oneself in a manner that fosters personal recovery. • Awareness and identification of triggers Ability: • Recognize signs of stress and burnout and respond appropriately. • Use tools and techniques to manage personal stressors and triggers • Foster personal resilience and maintain wellness	• Self-awareness and self-care for the Peer Worker • Self-awareness and self-care techniques for the person in care • Recognize signs of stress and burnout and respond
8. Co-occurring Disorders: MH and SUD	Knowledge: • Understand the vulnerability of individuals with a history of mental illness or substance use who've been recently released from corrections. • Knowledge of available substance use disorder services, including Medication Assisted Treatment	• Understanding of most common co-occurring disorders and conditions

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	(MAT) services (i.e., counseling and medications for treatment of alcohol, opioid, and opioid overdose). • Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery. • Understand harm reduction models and recovery action planning to support recovery. • Understand "recovery capital" principles (internal and external resources). • Provide education regarding warning signs, symptoms, and progression of substance use disorders. Skills: • Foster individual choice and self-determination • Provide peer support services even if individuals are not actively engaged in treatment. • Demonstrate consistent support to individuals during times of wellness as well as during challenging times. • Use questions to help individuals get in touch with the life they want and help identify steps to creating them. • Assist individuals in recognizing the effect of substance abuse on life challenges and consequences of continued use • Be familiar with relapse prevention strategies to support the prevention of recidivism. • Provide education on how substance use challenges affect self, family, and community • Be able to help individuals navigate treatment services and recovery supports • Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness to support individuals in their recovery. • Partner with other service providers Abilities:	• Co-occurring mental health substance use conditions • Stages of Changes • Disease model of addiction • Impact of behavioral health conditions on family and/or support networks • Harm Reduction Models • Recovery Action Planning • Relapse prevention • Medication assisted treatment • Community resources • Recovery Capital principles • Navigation of behavioral health systems of care

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	• Understand the Stages of Change to support with identifying and obtaining goals. • Support peers to be part of recovery groups and communities to stay active and around others in recovery	
9. **Professional boundaries and ethics**	Knowledge: • Code of Ethics for certified Medi-Cal Peer Support Specialists • Legal requirements as a Mandate Reporter of abuse and neglect • Confidentiality laws, including Health Information Portability and Accountability Act (HIPAA) and 42 C.F.R. Part 2 Skills: • Use supervision to assure individual is appropriately served • Appropriately utilize supervision, consultation, and to address or resolve issues. • Appropriate use of supervision for own support • Establish and maintain appropriate interpersonal limits and boundaries. • Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance. • Communicate personal issues or concerns with supervisors • Uphold Code of Ethics Abilities: • Respect and maintain professional and personal boundaries (i.e., avoid dual relationships) • Establish and maintain a peer relationship rather than a hierarchical relationship. • Demonstrate respect and non-judgmental attitudes toward individuals in all contacts with community professionals and agencies • Recognize situations outside the competencies of a certified Medi-Cal Peer Support Specialist	• Work/life boundaries • Code of ethics for Medi-Cal Peer Support Specialists • Overview of legal and ethical responsibilities, including confidentiality laws and mandate reporting • Use of supervision

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	• Recognize and address personal and institutional biases and behaviors. • Maintain high standards of personal conduct that foster recovery	
10. Safety and Crisis Planning	Knowledge: • Recognize and respond to various risks, crisis, and emergency situations. • Identify indicators that the individual may be re-experiencing symptoms of his or her condition(s) and provide early intervention strategies to avert crisis and/or the need for intensive services (escalation cycle) • Recognize risk indicators that may affect the individual's welfare and safety. • Understand and practice risk assessment, suicide prevention, and safety planning. • Take action to address distress and/or crisis using knowledge of local resources, treatment, and resources to support a person's recovery. • Assist individuals to develop and activate self-management plans, advanced directives, relapse prevention strategies, and crisis prevention strategies • Report any suspicions of neglect or abuse. • Recognize signs of distress and threats to safety among individuals and in their environments • Understand and utilize the concept of 'seeking out common ground' Skills: • Use effective communication, conflict resolution, and problem-solving skills. • Understand and utilize de-escalation techniques and provide reassurance to peers in distress. • Respond to personal risk indicators to assure welfare and safety. • Be able to personally deal with conflict and difficult interpersonal relations. Abilities:	• Crisis & safety management guidelines • Safety planning and supporting self-determination. • Cycle of violence • Suicide awareness and prevention • Conflict resolution techniques • Problem solving skills • Knowledge and linkages to community resources • Connections map for natural supports

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	• Practice non-judgmental behavior • Demonstrate consistency by supporting individuals during ordinary and extraordinary times	
11. Community Reintegration Support	Knowledge: • Basic understanding of mental health and substance use challenges and the behavioral health system. • Understanding of criminal justice systems and service delivery systems • Knowledge of client rights for diverse service sectors Skills: • Provide care coordination services within the behavioral health delivery systems and across other service delivery sectors • Evaluate the effectiveness of interventions at various intercept points along the continuum of justice involvement. • Model effective coping strategies and interpersonal skills • Support and coach individuals with finding and maintaining employment. • Remain an advocate when interacting with other service providers. Abilities: • Provide warm hand-offs to referred agencies and explain the necessity for the referrals so individuals understand and follow through. • Accompany individuals to community activities and appointments when requested. • Identify positive supports and pro-social associates • Consider multiple barriers and challenges when helping an individual prepare for employment and education, including job search, navigating application process, interviewing, and attire. • Help individuals learn about changes in technology and trends that have occurred while incarcerated.	• Legal rights and patient rights • Navigation of criminal justice systems across the continuum • Navigation of behavioral health service for all ages • Navigation of child welfare systems • Employment and vocational community resources (i.e., housing, registration, meeting justice involvement mandates) • Navigation of community resources based on consumer's needs

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	• Understand and practice risk assessment, suicide prevention, and safety planning	
12. Recidivism Risk Factors	Knowledge: • Understanding of criminogenic needs as they relate to recidivism, including the eight most significant criminogenic needs • Understanding of how trauma, environmental factors, and mental illnesses can correlate with substance use and criminal behavior • Understanding of risks and protective factors that influence a person's behavior Skills: • Teach skills that impact criminogenic needs • Share and role model changes in own criminogenic thinking and behaviors Abilities: • Discuss risks and protective factors that influence a person's behavior.	• Criminogenic behaviors and recidivism • Impact of trauma • Risk assessment and protective factors • Impact of incarceration on behavioral health needs

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