



2026

Guidelines, Standards & Procedures

Medi-Cal Peer Support
Specialist Certification

CalMHSA

California Mental Health Services Authority

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Purpose

This document contains guidelines and standards for the certification of Medi-Cal Peer Support Specialists in California in accordance with Chapter 7, Part 3, Article 1.4, Division 9 of the Welfare and Institutions Code.

The federal Centers for Medicare & 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), 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 25-010, [see Appendix I](#).

The California Mental Health Services Authority (CalMHSA), a Joint Powers of Authority, develops and implements programs on behalf of counties serving California's Medi-Cal beneficiaries through specialty mental health and substance use disorder services. CalMHSA, in partnership with the county Mental Health Plans, is the certifying entity for the state-approved Medi-Cal Peer Support Specialist Certification program.

CalMHSA administers all functions of the certification program and adheres to all standards set forth by DHCS. All policies have been developed with guidance from DHCS and with consideration from stakeholder input.



SECTION 100 - General Provisions

I 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 and 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 CalMHSA (the 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 DHCS.

I 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 DHCS 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 DHCS, 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: any violation of the Medi-Cal Code Ethics for Certified Peer Support Specialists in California. [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, defined by the Substance Abuse and Mental Health Services Administration (SAMHSA) "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 conducted to promote 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. This 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 enhance 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 that 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, and education that is individualized and is conducted by a certified Medi-Cal Peer Support Specialist.
24. **Prevalent Languages:** non-English languages identified by DHCS as a threshold language under the state's Medi-Cal programs.
25. **Renewal:** meeting the requirements set forth in this policy for renewal of a Medi-Cal Peer Support Specialist certification. The certification may be renewed every two years.
26. **Recovery:** 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. **Resiliency:** the capacity to successfully meet life's challenges, nurtured to have a sense of self-determination, mastery, and hope.
28. **Training Provider:** 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. **Trauma Focused:** 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. **Valid Certificate:** a certificate that is active, in good standing, and is not expired, suspended, revoked, or inactive.
31. **Wellness:** 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

I 201. Application Requirements

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.

I 202. Minimum Qualifications for Medi-Cal Peer Support Specialists

1. A Certified Medi-Cal Peer Support Specialist shall meet the following standards:
 - A. Must be at least 18 years of age and 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 and must have been completed within two years of application for certification.
 - H. Successfully pass the state-approved Medi-Cal Peer Support Specialist Certification exam.

I 204. Certification Under the “Out of State Reciprocity” Process

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 one year of paid or unpaid employment in a peer role (1550 hours) or 1550 hours in three years of employment in a peer 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 two years prior to the time of applying.
 - i. Must be inclusive of six 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 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 others' recovery.
 - I. Have a strong dedication to recovery.
 - J. Agree, in writing, to adhere to the [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

1. DHCS 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

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. Renewal of certification is required every two years from date of issue to maintain certification.
1. Certification is considered expired if not renewed by its expiration date and application will be subject to a renewal late fee.
2. Applicants must complete 20 hours of continued education prior to submitting the renewal application.
 - A. This will include six 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.
2. Application must be submitted prior to date of expiration. Certifications are considered expired immediately following the two-year expiration date from the last date of issuance.
5. Applications may be submitted up to 90 days prior to expiration.
6. Applicants must have a current and valid Medi-Cal Peer Support Specialist certification in good standing.
7. Applicants must sign agreements to adhere to the [Code of Ethics](#) for Medi-Cal Peer Support Specialists in California.
8. Applicants attest to having met the 20 hours of continued education requirement, inclusive of the six hours of continued education in law and ethics.
9. Applicants are NOT required to submit proof of continuing education hours at the time of submitting a renewal application. However, the certifying entity performs random records review. If selected, applicants will be notified, and proof of continuing education hours will be required to be submitted.
10. Individuals who are selected in the sampling will be notified via email and must submit electronic proof of CE documentation to the certifying entity within 10 days of request for review and approval.
11. Applicant is responsible for maintaining a record for continued education trainings hours for those in which they attest to having completed.
 - 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
12. Failure to meet CE requirements may result in disciplinary action against your certification. See [Code of Ethics Violations](#) for further information.

| 208. Medi-Cal Code of Ethics

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. Certification Status and Renewal Periods

3. Current (Up to Expiration Date):
 - A. Certification is considered current if it is renewed on or before its renewal due date.
1. Lapsed (Within 1 Year After Expiration):
 - A. Certification is considered lapsed if not renewed by the renewal due date but is still within one year of expiration period.
2. Expired (Between 1-4 Years After Expiration):
 - A. Certification is considered expired if more than one year has passed since the renewal due date but less than four years.
3. Vacated (More Than 4 Years After Expiration):
 - A. Certification is considered vacated if not renewed within four years of the renewal date. To become certified again, individuals must satisfy certification requirements and reapply for a new certification.

LAPSED, EXPIRED, AND VACATED CERTIFICATION

1. Lapsed Certification (Within 1 Year of Renewal Due Date)

A certification is considered *lapsed* if it is not renewed by the renewal due date. The certification remains in lapsed status for up to one (1) year from that date.

To bring a lapsed certification current, the applicant must:

- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements.
- Reaffirm the Code of Ethics; and
- Pay the biennial renewal fee and any applicable late fee.

Important Reminders:

- All renewal requirements must be completed within one (1) year of the original renewal due date to avoid the certification moving into *expired* status.
- Applicants may begin the renewal process up to 90 days prior to their certification expiration date.

2. Expired Certification (1–4 Years After Renewal Due Date)

A certification not renewed within one (1) year of the renewal due date is considered expired. It may be reinstated within four (4) years of that date.

To reinstate an expired certification, the applicant must choose one of the following two options:

A. Pass the Certification Exam

- The applicant is allowed up to three (3) attempts to pass the exam.

- If the applicant does not pass after three attempts, they are no longer eligible to retake the exam during the expired period. The only remaining option for reinstatement is to complete the 80-hour refresher course.
- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements;
- Reaffirm the Code of Ethics, and
- Pay the renewal fee, late fee, and exam fee.

OR

B. Complete the 80-Hour Refresher Course

- This course may be completed in place of the exam or if the exam was attempted three times unsuccessfully.
- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements;
- Reaffirm the Code of Ethics, and
- Pay the renewal fee, late fee, and training fee.

Important Reminders:

- All renewal requirements must be completed within four (4) years of the original renewal due date. After that time, certification is considered vacated.
- Exam requests must be submitted at least 14 days prior to the certification expiration or renewal deadline. Requests submitted with fewer than 14 days remaining cannot be processed.
- Certificates for the 80-hour training are valid for two (2) years from the date of completion and must still be valid if used toward reinstatement.

3. Vacated Certification (More Than 4 Years After Renewal Due Date)

A certification is considered vacated if it is not renewed within four (4) years of the original renewal due date. At this point, the individual is no longer eligible for reinstatement and must begin the certification process from the beginning.

To become certified, the individual must satisfy certification requirements and reapply for a new certification including but not limited to:

- Reapply as a new applicant;
- Complete an 80-hour initial certification training course through a CalMHSA-approved training provider;*
- Pass the certification examination; and
- Pay all associated application and exam fees.

***Training fees are paid directly to the training provider. CalMHSA does not collect training fees.**

Note: A new certification number will be issued, and the previously assigned number will be permanently vacated and no longer valid.

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

- 1.** Practice guidelines are based on the guidelines established by 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 of the following requirements:
 - A.** Option 1:
 - 1.** Have a Medi-Cal Peer Support Specialist Certification; and
 - 2.** Have two 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 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 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

Following are the four 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
 1. Conflict Resolution
 2. Person-Centered Trauma-Informed
 3. Co-occurring disorders of mental health and substance use
 4. Crisis and special populations
 5. Post-Crisis / Recovery / Ongoing Peer Support
 6. Crisis planning and support
 7. Self-awareness and self-care
 8. 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

SECTION 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, and Family Member Peer
 2. Peer Services in Crisis Care
 3. Peer Services for Unhoused
 4. Peer Services for Justice Involved

- C. Continued education for professional development course that directly courses to advance professional knowledge and best practices for certified Medi-Cal Peer Support Specialists.
2. Prospective training providers must complete the [Training Provider application](#) and adhere to the requirements and guidelines established for the specific type of training they are applying for. A complete application includes a fully completed online application, associated [fees](#), and submission of training materials within the approved time.

| 302. Training Provider Application Review Process

1. CalMHSA will review the application and make an approval decision within 90 days of receiving a completed application.
2. CalMHSA uses a standardized review process to evaluate all training provider applications. Applications are reviewed against the landscape analysis and curriculum competencies outlined in the Document Requirement Guidelines section of the [Training Provider Guide](#), using consistent internal review tools and criteria. As part of this process, please note that applications found not to meet the required standards may be denied without the opportunity to revise or resubmit, at CalMHSA's discretion.
3. Applicants who disagree with a denial decision may pursue the formal appeal process outlined in their notification letter.

SECTION 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 contract 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 10 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:

English	Japanese
Arabic	Korean
Chinese	Russian
Farsi	Spanish
Hindi	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 the candidate’s application 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 uploaded to the certification application or mailed 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 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 5 a.m. – 5 p.m. PST (7 a.m.-7 p.m. 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

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/Vacated
 - F. Actions taken by the certifying entity
 1. Under investigation
 2. Suspended
 3. Revoked
 4. None

SECTION 600 - Fee Schedule

I 601. Fee 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
Renewal Late Fee	\$50.00
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
Training Provider Curriculum Modifications	
Curriculum Modification Request (optional)	\$300.00

| 602. Payment for Service Terms / Refund Policy

4. Established Fees. The Medi-Cal Peer Support Specialist Certification Program (“Service”) [Fee Schedule](#) (“Fee Schedule”) has been approved by the Department of Health Care Services in accordance with the W&I Code Section 14045.18. The Fee Schedule is subject to change. All payments are processed via a 3rd Party Payment processor. Fees are non-refundable and non-transferrable. For instances where an individual or business makes a purchase for applications and/or exam fees in a bulk order, upon approval from CalMHSA, CalMHSA will issue prepaid codes (“Prepaid Codes”). Each user is responsible for the security and distribution of the assigned Prepaid Codes and may distribute at their discretion to individuals for use of the Service.
5. Refund Policy. Refunds are generally not permitted for credit card payments or to refund Prepaid Codes. CalMHSA may issue a refund for a credit card payment or for Prepaid Codes that have not been used and applied to the Service where it is deemed applicable, including but not limited to the following:
 - A. Prepaid code or scholarship applied. User purchased item(s) in which a prepaid code or scholarship was applied to cover those expenses;
 - B. Duplicate purchase. User purchased item(s) more than once in error.

SECTION 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.

I 703. Medi-Cal Code of Ethics Violation Guidelines

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 years from the date the incident occurred.

SECTION 800 - Procedures by Certifying Entity

I 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 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 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 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 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 90 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 a random review of continuing education records.
 - A. Individuals who are selected in the sampling will be notified via email to submit electronic proof of CE documentation to the certifying entity within 10 days of request for review and approval.
 - B. 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 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 90 days in advance of their intended use, and are subject to fees.
 - 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.
 - C. Detailed submission instructions and additional requirements are available [here](#).

| 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, and on the certification application, 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 five 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 five 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 of 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 DHCS. Data reports will be submitted to DHCS by December 31 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](#).¹
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 DHCS no later than December 31 following the fiscal year of the reporting period.

¹ Data collection subject to change based on state requirements.

Appendixes

APPENDIX A

I Medi-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.

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

Purpose

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

This Code of Ethics document promotes a consistent message to those who are providing, receiving, and supervising services from a Medi-Cal Peer Support Specialist. The values and ethics standards described here formalize and advance Medi-Cal Peer Support Services in California's behavioral health system of care.

For the purpose of this document, "Medi-Cal Peer Support Specialist" is a Medi-Cal certified provider type that provides services in the behavioral health field using their "lived-experience" to establish mutuality and build resiliency and recovery. This Code of Ethics is non-binding for peer support workers who are not delivering Medi-Cal Peer Support Services.

VALUE	ETHICAL STANDARD
HOPE	1. Inspire hope in those engaging in services by living a life of recovery and/or resiliency 2. Hold hope for someone having a hard time seeing it themselves. 3. Relate their own recovery stories.
PERSON-DRIVEN	4. 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. 5. Focus on self-determination, as defined by the person engaging in services, and support the person's participation in their own recovery. 6. Inform others about options, provide information about choices, and then respect peers' decisions. 7. Encourage people to look at the options, take risks, learn from mistakes, and grow toward healthy interdependence with others. 8. 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. 9. Assist those they support to access additional resources. 10. Disclose lived experiences of recovery in a way that maintains the focus on and is beneficial to the person engaging in services.

	11. Support the recovery process for the peer, allowing the person to direct their own process. 12. Shall not force any values or beliefs onto the person engaging in services. 13. Recognize there are many pathways to recovery that can be very different than their own journey.
FAMILY DRIVEN AND CHILD-CENTERED	6. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs. 7. Respect and value the beliefs, opinions, and preferences of children, youth, family members, parents, and caregivers in service planning. 8. Promote the family members' voices and the articulation of their values in planning and evaluating behavioral health related challenges or concerns. 9. Support other family members as peers with a common background and history. 10. 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. 11. Build supports on the strengths of the child, youth, family, or caregiver. 12. Build partnerships with others who are involved in the care of our children, youth, or adult family members. 13. Communicate clearly and honestly with children, youth, family members, and caregivers.
HOLISTIC WELLNESS	14. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs. 15. Practice in a holistic manner that considers and addresses the whole health of those engaging in services. 16. Recognize the impact of co-occurring challenges (substance use, developmental and physical challenges, poverty and homelessness, stigma and discrimination) in the recovery resiliency journey and provide supports sensitive to those needs. 17. Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges. 18. 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.
AUTHENTICITY	19. Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult circumstances are addressed with those who are directly involved. Direct communication moves beyond the fear of conflict or hurting other people to the ability to work together to resolve challenges with caring and compassion. 20. Share own lived experience to provide hope and inspiration for recovery. 21. Practice healthy disclosure about their own experience focused on providing hope and direction toward recovery and/or resiliency. 22. Work within their scope of practice as defined by their employing agency and the service components outlined in this BHIN*, including the Code of Ethics. 23. 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. 24. Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of Medi-Cal Peer Support Services. 25. Seek supervision, peer support, and/or other contact with peer colleagues or other supports to stay within their scope of practice. *Behavioral Health Information Notice No: 25-010
CULTURAL RESPONSIVENESS	26. Acknowledge the importance of language and culture; intersecting identities; knowledge and acceptance of dynamics of cultural differences; expansion of cultural knowledge; curiosity; humility; and adaptation of services to meet culturally unique needs. 27. Strive to demonstrate cultural humility and provide culturally responsive and relevant services to those they support. 28. 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.

	29. 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. 30. 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. 31. Seek further information, education, and training in cultural competence as necessary to assist those they support. 32. Understand their own personal values and culture and how these may contribute to biases, judgments, and beliefs.
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.” 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. 5. View everyone as having something important and unique to contribute. 6. Value and treat others with kindness, warmth, dignity, and without judgment. 7. Accept each other and be open to sharing with people from many diverse backgrounds including ethnicity, educational levels, socio-economic background, sexual preference, and religion/spirituality. 8. Honor and make room for everyone’s opinions and see each other as equally capable of contributing. 9. Demonstrate respect toward those supported, colleagues and the community. 10. Use language that is respectful, “person-first,” and culturally mindful to, and with, those supported, colleagues, and the community. 11. Never use language that could be construed as, or is, derogatory, insulting, or demeaning in written, electronic, or verbal communications. 12. Communicate with co-workers and colleagues in ways that promote hope, compassion, and solution-focused interactions.
INTEGRITY	

	33. Act in accordance with the highest standards of professional integrity. 2. Avoid relationships or commitments that conflict with the interests of persons engaging in services, impair professional judgment, imply a conflict of interest, or create risk of harm to those supported. 3. Conduct themselves in a way that does not jeopardize the integrity of the peer relationship. 4. Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable. 5. Follow organizational policies and guidelines regarding giving and receiving gifts. 6. Consider the cultural context and other potential considerations related to gifts. 7. Do not lend, give, or receive money or payment for any services to, or from, persons they support. 8. Demonstrate accountability in fulfilling commitments. 9. Resist influences that interfere with professional performance. 10. Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services. 11. Cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations or other applicable state and federal information privacy laws. 12. Shall not provide services under the influence of any amount of alcohol, marijuana, or illicit drugs. "Illicit drugs" means any substance defined as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except: 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.
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	c. Impersonating another Medi-Cal Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing Medi-Cal Peer Support Services. 14. Shall not engage in gross negligence or incompetence in the performance of Medi-Cal 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.
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.
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 Medi-Cal Peer Support Specialists 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, (including 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.
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 Medi-Cal 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. 9. Strive to provide a safe environment that is respectful of the impact of trauma on persons engaging in services.
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.
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 and respectfully honor the voices of persons engaging in services. 3. Make decisions in collaboration with persons served and do not make decisions for persons engaging in services. 4. Ensure that individuals give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made in collaboration with one another.
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. Act to ensure 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).
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.
WELLNESS, RECOVERY, and 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. Wellness is the conscious and deliberate process of creating and adapting patterns of behavior that lead to improved health in the following wellness dimensions: Emotional, Financial, Social, Spiritual, Educational/Occupational, Physical, Intellectual, and Environmental. Recovery is 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.

	Resiliency is an inner capacity that, when nurtured, facilitated, and supported, empowers individuals and communities to successfully meet life's challenges with a sense of self-determination, mastery and hope.
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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)

I 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 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 renewal.
 - 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 hour of direct educational training instruction is equal to one hour of CE.
 - B. For undergraduate or graduate course work, three units of coursework are equal to 12 hours of continuing education units
 - C. Breaks are excluded from direct training instructional requirements and must not be counted towards the one-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 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. Alternative ways to earn CEs**
- A. Course trainers or facilitators
 - 1. If you have taught for a CalMHSA-accepted training or course during your certification renewal period, you may claim up to 8 hours of continuing education (CE) credit. You may claim the same amount of credit as an attendee would receive (up to 8 hours). Teaching credit may only be claimed one time for the training or course during a single renewal period, regardless of how many times it is delivered.
- 7. Maintenance of CE Records**
- A. The CMPSS shall maintain records for a minimum of two 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).

| 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)

I 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 No.	Code of Ethics	Minimum Sanction	Maximum Sanction
E4	Work within their scope of practice as defined by their employing agency and the service components outlined in this BHIN ¹ , including the Code of Ethics. (includes gross negligence and incompetence). ¹ Behavioral Health Information Notice No: 25-010	Up to a six-month suspension of Peer Support Specialist certification; and Completion of 80-hour training course from an approved training provider; OR Retake and pass the Peer Support Specialist certification exam.	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 hours of training in cultural sensitivity.*	Permanent revocation of Peer Support Specialist certification.
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 hours of training in ethics and professional boundaries.*	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 hours of training in ethics and professional boundaries.*	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 hours of training in law and ethics.*	Permanent revocation of Peer Support Specialist certification.
H10	Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services.	Revocation of certification for 2 years and immediate denial of a new application for certification.	Permanent revocation of Peer Support Specialist certification.

		With the option to reapply after a period of two years.	
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 or other applicable state and federal information privacy laws.	Up to a six-month suspension of Peer Support Specialist Certification; and Complete six hours of training in law and ethics.*	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 of certification; and Complete 20 hours of training in law and ethics.*	Permanent revocation of Peer Support Specialist Certification.
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 Medi-Cal Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing Medi-Cal Peer Support Services.	Immediate denial of application for Peer Support Specialist Certification; OR Suspension of Peer Support Specialist Certification for up to 2 years; and Complete 20 hours of training in law and ethics;* and Retake and pass the Peer Support Specialist Certification exam prior to reinstatement of certification.	Permanent revocation of Peer Support Specialist Certification.
H14	Shall not engage in gross negligence or incompetence in the performance of Medi-Cal 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 hours of training in law and ethics.*	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 hours of training in law and ethics.*	Permanent revocation of Peer Support Specialist Certification.

J4	Comply with all applicable federal and state confidentiality laws and guidelines, (including Part 2, Title 42, Code of Federal Regulations and HIPAA requirements).	Up to a six-month suspension of Peer Support Specialist Certification. Complete six hours of training in law and ethics.*	Permanent revocation of Peer Support Specialist Certification.
K1/2	Never engage in romantic or sexual/intimate activities with the persons engaging in services. Shall not provide services to individuals with whom they have had a prior romantic or sexual relationship.	Minimum three-month suspension of Peer Support Specialist Certification; and Complete 10 hours of training in ethics and professional boundaries;* and Complete four hours of direct supervision within two weeks following reinstatement.	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 of Peer Support Specialist certification; and Complete nine hours of training in ethics and professional boundaries. *	Permanent revocation of Peer Support Specialist Certification.
K4/5	Mandated Reporting	Minimum three-month suspension of Peer Support Specialist certification; and Complete six continuing education hours in mandated reporting.*	Permanent denial of application for certification OR permanent revocation of certification.
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 of Peer Support Specialist certification; and Complete 10 hours of training in relevant to the nature of the offense as determined by the certifying entity. *	Permanent revocation of Peer Support Specialist Certification.
* Evidence of completing the training requirement because of an ethics violation must have a date of completion for training that is on or after the date the sanction was issued by CalMHSa. Training courses taken to fulfill the sanction requirement must be distinct and separate from those required for certification renewal. Training courses taken to satisfy a requirement due to a sanction cannot be applied towards the continuing education requirement for certification renewal.			

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.	

| California Department of Health Care Services Behavioral Health Information Notice 25-010

Behavioral Health Information Notice No: 25-010 – Medi-Cal Peer Support Program Standards

Supersedes BHIN Numbers: BHIN 21-041; BHIN 22-006; BHIN 22-018; BHIN 22-026; BHIN 22-040; BHIN 22-061; BHIN 22-062; BHIN 22-067; BHIN 23-003; BHIN 23-010; and BHIN 23-012

| 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. • 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.		• 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

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, ACEs, 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.		- 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

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.	
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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. • 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.		• 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

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).		• 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
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.		

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 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		• 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

Assistance with discovery of healthy lifestyle choices and safety planning	
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4. Cultural Responsiveness (Humility)	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should focus on serving persons who are unhoused)
- 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 Bonding" 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. • Maintain healthy boundaries to avoid dual relationships or commitments that conflict with the interests 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

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: ○ Medication ○ Evidence-based practices/practice-based evidence • Prevention and early intervention	

I 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
2. Role of Advocacy	Knowledge: • Knowledge of linkage to legal aid resources	• Understanding community resources

Adopted Justice-Involvement Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
	• 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 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.)	• 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

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
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: • 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	• 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
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:	• 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

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
	• 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 • 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.	• Escalation and de-escalation techniques
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: • 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	• 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.)

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
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: • 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	• 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
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	• 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

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
8. Co-occurring Disorders: MH and SUD	• Use tools and techniques to manage personal stressors and triggers • Foster personal resilience and maintain wellness 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 (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: • 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	• 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

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
9. Professional boundaries and ethics	Knowledge: • Code of Ethics for certified Medi-Cal Peer Support Specialists • Legal requirements as a Mandated 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 • Recognize and address personal and institutional biases and behaviors. • Maintain high standards of personal conduct that foster recovery	• 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
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	• Crisis & safety management guidelines • Safety planning and supporting self-determination • Cycle of violence • Suicide awareness and prevention • Conflict resolution techniques • Problem solving skills

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
	• 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: • Practice non-judgmental behavior • Demonstrate consistency by supporting individuals during ordinary and extraordinary times	• Knowledge and linkages to community resources • Connections map for natural supports
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	• 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

Adopted Justice-Involved Specialization Core Competencies	Knowledge, skills, and abilities for competency	Possible Trainings (Trainings should be from the Criminal Justice perspective)
	• 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 • 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

Revision Log Table

Date	Page	Section	Change
07.20.26	36	Continuing Education Requirements	Added Alternative ways to earn CEs
	14 -15	302. Training Provider Application Review Process	Added standard review process and CalMHSA's discretion to deny without opportunity to revise.
	15	402. Reasonable Accommodations	Revised to upload accommodations via application portal instead of emailing.
05.15.25	17	601. Fee Schedule	Added Certification renewal late fee and Curriculum modification request fee
	21	803. Approval of Training Providers	5. Update to training curriculum modification to add fees and instructions
05.07.25	49	Appendix I	Updated for BHIN No 25-010 superseding prior BHINs
	36 - 37	Appendix F	Updated Code of Ethics Violations and Corrected link for Suspended and Ineligible Provider List for sanction on H10
	25	Appendix B	Updated Code of Ethics per BHIN 2025
	16	500. Certification Registry	Added Vacated to status of certification
	10	209. Certification Status and Renewal Periods	Changed section from 'Reinstatement of Lapsed Certification' to 'Certification Status and Renewal Periods'
08.26.2024	All	All	Format to CalMHSA branding template
	6	102. Definitions	Renamed Recertification to Renewal (#25 and throughout the document.
	7	202. Minimum qualification	Training must have been completed within 2 years of application submission
	9	207. Biennial renewal	Added 'Certification is expired if not renewed by expiration date' Clarified CE requirements for renewal and added certifying entity random review. Corrected proof of CE documentation request timeline (items 10 and 11)
	13	400. Standards for Certification Exam	Updated Exam Languages on section 401
	15	600. Fee Schedule	Created 601 & 602
	19	802. Biennial renewal (Certifying entity	Updated submissions of renewal accepted 90 days prior to expiration from previous 60 days.

		responsibilities)	Removed 4a. A Sample will be pulled from the Certification Registry
	111	Revision Log Table	Created New



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