Date: August 17, 2016

To: Karen Baylor, PhD, LMFT, Deputy Director, Mental Health and Substance Use Disorder Services, Department of Health Care Services

From: Kirsten Barlow, MSW, Executive Director County Behavioral Health Directors Association of California

Subject: SB 614 (Leno) Medi-Cal: mental health services: peer, parent, transition-age, and family support specialist certification

The California Behavioral Health Directors Association (CBHDA), along with the above listed organizations, are writing to advise the Department of Health Care Services (DHCS) of our collective decision not to move Senate Bill 614 (Leno) forward this year. Although we appreciated the substantial time and discussion with DHCS staff about the legislation, we believe the DHCS technical assistance amendments would have significantly compromised the framework for the certification of Peer Support Specialists, as envisioned by the bill’s sponsors and supporters.

From our perspective, the most notable adverse impacts of the Department’s proposed technical assistance amendments were that they would have:

- Relinquished California’s opportunity to join the 36 other states in the nation that have established peer support services as specific, unique services that are provided by a specially trained peer support specialist -- not an “Other Qualified Provider”;

- Eliminated important best practices for the certification of Peer Support Specialists that are included in the bill, which were identified by sponsors through significant stakeholder input; and

- Overlooked the importance of including the role of peer support specialists in the provision of substance use disorder services in California.
As was noted during our meetings with the Department, some counties and providers currently utilize peers as part of their systems of care for behavioral health clients. However, there is currently no statewide, standardized training, code of ethics, or definition of peer support services. We strongly believe that using the “Other Qualified Provider” category in Medi-Cal is inadequate because it offers no training or service definition, and is simply a catch-all category for an employee with a high school diploma or its equivalent who is at least 18 years of age and working within the behavioral health care system.

Peer support is an evidence-based practice which necessitates a specific and statutory service definition, and providers of this service should be guided by a distinct code of ethics and work within a scope of practice. Like other behavioral health providers serving the public in California, there should be state oversight regarding quality of the providers. We believe SB 614 provided a framework to certify and train peers and family members, defined the service of peer support, and would have enabled California to obtain federal funding for this purpose. It offered a comprehensive approach to train and utilize this valuable segment of our current and future workforce.

The federal Centers for Medicare and Medicaid (CMS) released guidance in 2007 and 2013 encouraging all states to establish a comprehensive certification program for peers. CMS also recognized that peer support services are an evidence-based mental health model of care. A substantial number of studies demonstrate that Peer Support Specialists reduce hospitalizations and hospital days, improve consumer functioning, increase consumer satisfaction, reduce family concerns, alleviate depression and other symptoms, and enhance consumer self-advocacy.

We believe that state certification of peers in public behavioral health care will one day bring recognition to the true value of peer and family support and lived experience, which will benefit clients and reduce the stigma and myths surrounding mental illness. It is our full intent to reintroduce a subsequent legislative proposal that will establish the legitimacy of the peer profession, in collaboration with the same coalition involved in SB 614, and we look forward to future conversations with DHCS.

cc: Honorable Senator Mark Leno  
    Donna Campbell, Office of the Governor  
    Kiyomi Burchill, California Health and Human Services Agency  
    Jennifer Kent, Department of Health Care Services  
    Toby Ewing, Mental Health Services Oversight and Accountability Commission  
    Farrah McDaid-Ting, California State Association of Counties  
    Jessica Cruz, National Alliance on Mental Illness of California  
    Lucinda Dei Rossi, California Association of Social Rehabilitation Agencies  
    Heidi Strunk, California Association of Mental Health Peer Run Organizations  
    Michaele Beebe, United Advocates for Children and Families  
    Jane Adcock, California Mental Health Planning Council  
    Wendy Wang, Pacific Clinics  
    Albert Senella, California Association of Alcohol and Drug Program Executives  
    Michelle Cabrera, SEIU