MENTAL HEALTH COMMISSION
MONTHLY MEETING MINUTES
January 8, 2020 – Final

Agenda Item / Discussion	Action /Follow-Up
I. Call to Order / Introductions Cmsr. B. Serwin, MHC Chair, called the meeting to order @ 4:40pm <u>Members Present:</u> Chair- Cmsr. Barbara Serwin, District II Cmsr. Leslie May, Vice-Chair, District V Cmsr, John Kincaid, District II Cmsr, Douglas Dunn, District III Cmsr. Kira Monterrey, District III Cmsr. Joe Metro, District V Cmsr. Geri Stern, District I Cmsr. Diane Burgis, Supervisor, District III <u>Members Absent:</u> Cmsr. Gina Swirsding, District I Cmsr. Graham Wiseman, District II Cmsr. Sam Yoshioka, District IV Cmsr. Katie Lewis, District I <u>Other Attendees:</u> Dr. Suzanne Tavano, Behavioral Health Director, Contra Costa Behavioral Health Services (CCBHS) Dr. Matthew White, Medical Director, CCBHS Warren Hayes, MH Program Chief, CCBHS Alexander Ayzenberg (Executive Assistant for MHC) Dom Pruett (Representative of Supervisor Candace Andersen Office) Johanna Navarro-Perez (Supervisor, Seneca's Mobile Response Team) Jennifer Blanza (Community Based Services Program Director, MRT) Laura Griffin Anna Lubarov Erica Raulston	Complete Audio Recording available
II. PUBLIC COMMENT: • None	
III. COMMISSIONER COMMENT: • D. Dunn mentioned about Gov. Newsom's plans to use $1.4 billion to alleviate homelessness problem in California. The initiative is welcome by 'mental health' community as long as MHSA money is not touched to be part of this $1.4 billion proposal as consumers and family members expressed during December 9th public meeting with politicians in Sacramento. • G. Stern mentioned about the article in SF Chronicle about the suicide hotline. She was surprised that the article promoted the new long 800 number and did not mention existing 2-1-1 number, especially since 2-1-1 is easier to remember than long 800 number. B. Serwin suggested contacting 2-1-1 coordinator to find out more details. Dr. Tavano clarified that whenever somebody calls the National hotline, the person is routed to the local one, if it exists.	
IV. CHAIR COMMENTS: • Proposed MHSA three year plan will be presented at CPAW March meeting. MHC members are invited to attend this meeting to provide input. It will be held on Wednesday, March 5th, 3 to 5pm at 2425 Bisso Lane, Concord, Large	

Conference Room on 1st Floor. • MHC will host a public hearing to discuss the proposed MHSA there year plan in April.	
V. APROVE December 4, 2019 Meeting Minutes • J. Metro moved to approve the minutes, seconded by J. Kincaid **Vote: 8-0-0** **Ayes:** B. Serwin (Chair), L. May (Vice-Chair), J. Kincaid, D. Dunn, G. Stern, J. Metro, K. Monterrey, D. Burgis	**Agendas and minutes can be found at:** https://cchealth.org/mentalhealth/mhc/agendas-minutes.php

VI. HEAR and DISCUSS presentation by Children's Response Mobile Team with Johanna Navarro-Perez:
• Ms. Navarro-Perez (with Ms. Blanza's input) went over the presentation (attached) about what Seneca's Mobile Response Team (MRT) is all about. The highlights of the presentation were:
  • MRT works with children up to 18 years old and their families;
  • MRT's work is reducing unnecessary law enforcement involvement and hospitalizations;
  • MRT is 24 hours operation; it is open from 7am to 11pm weekdays (11am to 9pm on weekends and 9am to 9pm on holidays) to go out in the field; 11pm to 7am (or any other non-field hours), MRT is taking phone calls (the full report of the call and action taken is presented to 'regular hours' team to provide further assistance);
  • MRT works with people who have MediCal or uninsured; however, MRT will work with people, who have private insurance by taking their calls, de-escalating the situation whenever possible, and provide resources and advice on how to proceed further;
  • Once the referral is received, MRT will send two clinicians on-site to investigate the situation, to possibly stabilize, and to establish the course of action for care (could be done after on-site visit);
  • MRT team will go to child's CFT, IEP, WRAP, and other similar meetings as part of their involvement after receiving the referral;
  • MRT has a good relationship with PES, including getting referrals after the initial appointments;
  • Some schools throughout the county have strong relationships with MRT; MRT is very willing to go to schools to present and develop further and better relationships;
  • Once the school calls with the issue, MRT will need the consent from kids, who are 12 years and older and from parents for kids, who are under 12 years old; clinicians are sent to schools and all conversations are private.
• Dr. Tavano commended Seneca's work, especially Mobile Response Team.	

VII. DISCUSS Behavior Health Services Director's Report with Dr. Suzanne Tavano: • Dr. White updated MHC on BHS work with justice system, particularly his involvement with the detention facilities, where more intensive services are starting to be provided to the needed population, including providing involuntary medications, and with the diversion program efforts. • B. Serwin raised the issue of how the medications, especially the ones for ADD and ADHD, were distributed to minors at Juvenile Hall and Byron Ranch. She understood that the medications were not given because the minors would not have access or take the meds when out of Juvenile Hall/Ranch according to the psychiatrist on site. G. Stern disagreed – she understood that the strong meds were not given; however, the minors' needs with ADD and ADHD were addressed. J. Kincaid interjected by saying that the medications were given;	

however, not every day (or limited basis) due the nursing shortage. L. Mays expressed her concern about the nursing shortage and suggested at least having the permanent pharmacy technician on-site to administer the medications as needed. J. Kincaid clarified that the nursing staff is present at Hall and Ranch; however, not every day. Dr. White said that he was scheduled to visit the Ranch soon so he will check on the medication situation.

- Dr Tavano commented on how some Contra Costa cities (and its police departments) were reaching out to BHS to work together, especially with crisis intervention, including avoiding the use of unnecessary force. Dr. Tavano highlighted the meetings with Chief Hill of Pleasant Hill Police Department and Walnut Creek's city manager. She is aware that the leadership of cities of Martinez, Pleasant Hill, and Walnut Creek are meeting the week of January 13th to discuss crisis intervention and to reduce/avoid the use of unnecessary force. BHS really wants to partner and build relationships with law enforcement as they are 'first respondents' in many situations involving individuals with mental health issues.
- In the meeting with Walnut Creek representatives, it came to light that there was a real lack of awareness of resources available to people. Besides providing brochures/literature, BHS leadership offered Mental Health First Aid training for clergy in Walnut Creek. The reason for offering the training to clergy is that in many communities the people will go to their place of worship or faith instead of medical professional.
- D. Tavano talked about the press release from Gov. Newsom's office about renaming CalAIM initiative. The initiative and work associated with it remains the same. CBHDA issued a press release today (attached), which is a brief summary of Governor's press release; the copies were distributed to the attendees. In the related news to CalAIM, Dr. Tavano said that CalAIM process was moving forward. She mentioned about that on the federal level, there is a new proposed rule about use of intergovernmental transfers (IGT) – how money goes up and then comes back. The rule is not affecting what CalAIM is doing at this point; however, it needs to be watched closely for any future effects. There are stakeholders meetings taking place involving talks about Behavioral Health, especially IMD waiver, and about the payment reform, what services can be paid in the future. There is talk about making medical necessity criteria less restrictive and more lenient of services provided - early on vs. after the full treatment plan has been developed. The fully integrated model of mental health and substance abuse services, which will include one funding source, has been worked on. The other big part is working on confidentiality issues.
- In other news, Dr. Tavano mentioned about SB 803, which is a new attempt to certify peer support. The previous version was vetoed by Governor because DHCS was concerned with the fiscal side of the bill. W. Hayes said that the new bill is attempting to address those fiscal concerns and to provide fiscal analysis to make peer certification cost effective. The two documents explaining the new bill were distributed (attached here). While Contra Costa County has been employing peer providers and family partners since mid-90's, historically not many counties have been employing peer provers or family partners. Once MHSA passed in 2004 more folks started talking about the peer providers. BHS welcomes the bill and hopes it will pass this time around.
- J. Kincaid wondered if the police departments that contracted through Sheriff's Office (such as Orinda) interact differently with BHS than the police departments that their own police force. Dr. Tavano said the city of Orinda and its Police Chief reached out to BHS after Halloween fatal shootings and were provided with lots of information. Dr. Tavano is encouraged by growing awareness of what communities' needs are when crisis events are happening and that different jurisdictions are talking to each other. Between so many

officers going through CIT training and having MHET (mental health evaluation team) teams, which is a partnership between County's Mental Health and law enforcement, Dr. Tavano is confident there is a better continuum structure to take care of mental health needs in the county. D. Burgis mentioned that Police Chiefs meet regularly so there is constant exchange of information. Dr. Tavano added that Lt. B. Bonthron, who leads CIT efforts for county's law enforcement, comes with BHS leadership to any meetings with law enforcement, which helps to have a meaningful dialogue between BHS and any particular law enforcement unit. G. Stern asked about MET interacts with MRT. Both Dr. Tavano and Dr. White clarified that MRT is only for children through contract with Seneca. They confirmed that similar mobile response team services exist for adults. That led Dr. Tavano to mention how County's mental health forensic services, which include assisted outpatient treatment, mobile crisis, MHET, and the diversion programs, bring all the pieces together.

- D. Burgis wondered for the areas where fewer services were available, does county see more of mobile response teams there? Dr. White speculated that this would be more about the certain populations accessing the services than availability of services themselves. Dr. Tavano mentioned that the location of services (time to get there from certain point), timeliness of services, and staffing ratios (according to population per region) are in line with State's requirements for all of them. W. Hayes noted that by the laws of human nature, as populations become more knowledgeable and sophisticated about what impact the mental health treatment can have, the need goes up regardless of the actual need is (and stigma goes down).
- Dr. Tavano and BHS leadership respect Gov. Newsom's interest in Behavioral Health, including Mental Health and homelessness needs; however, BHS leadership (along with stakeholders) will be closely watching (and opposing) any Governor's attempts using MHSA funds to combat homelessness problems.

VIII. DISCUSS Draft Director's Data Report compiled by MHC Data Committee and Warren Hayes:

- W. Hayes asked J. Metro, who was Chair of Ad Hoc Data Committee, to say few words about how the idea was born and the work that was done. J. Metro said that as customer who is involved in mental health issues and representative of corporate world, where the use of data is paramount, the need for data to show how BHS is doing was obvious. Having data is great as it can be managed and manipulated. J. Metro mentioned that the report has 7 different key areas the Committee concentrated on and that the data represents a pretty good picture of where BHS stands in terms of performance and finances. He thanked other Committee members (B. Serwin, D. Dunn, and S. Yoshioka) for their great work and expressed gratitude for being included in the process. J. Metro thanked W. Hayes for his leadership, guidance, and support he provided in working with the Committee and producing the report. The report is compiled so that anybody can understand it. The report is a great tool to make business and financial business decisions. It was stressed that the report is draft; it is a good start and foundation to build upon.
- W. Hayes thanked Ad Hoc Data Committee for its work and contributions to the report. W. Hayes explained that the idea of this report started when Dr. White became Acting BHS Director, he asked about the data. He then commissioned W. Hayes to compile the data. What helped to start collecting the data was the move to electronic health records, specifically EPIC and later on moving finance piece from PSP to share care. When Dr. Tavano became BHS Director, she asked for the data as well, especially to put all different pieces together. The challenge was to collect the data properly as some pieces did not come in time, or others came in different format from the last time, or

were put together in confusing manner. The other challenge was to present the data so that it will be useful for people who make decisions such as BHS leadership and for people who provide oversight to County and its subsidiaries such as MHC. The report went through 14 drafts before getting to the current format. The data in the report is still work in progress as there are validity and reliability issues to be sorted out. After those issues are sorted out, the next big step is to automate the report so that the data is easily accessible. Both J. Metro and W. Hayes stressed that this is a draft report at this point.

- W. Hayes went through the PowerPoint presentation of the Director's report; the highlights, which include ensuing discussions, were:
  - It was important to differentiate between what was included in the report and what was not. The data from other Health Services departments and even AOD program, which is part of BHS, was not included due to the data systems incompatibility.
  - The report has three main parts: the narrative about Behavioral Health initiatives, the performance indicators to represent 7 main key areas or domains, and how, where, and from whom the data was collected.
  - The BH initiatives include comprehensive coordinated care; treatment, housing, and supports; data systems and evaluations; and division operations and infrastructure. The 7 domains are need for services; access to services; staffing capacity; finance; services provided; service impact; and quality assurance. Those 7 domains are not definitive; however, they tell a good story.
  - The current wait for non-psychiatry appointments is at State's standard and psychiatry appointments are slightly higher than State's standard; both numbers correlate to the reduced staffing vacancies, especially among psychiatrists.
  - According to finance and service impact slides (and related indicator summary), a lot of money is spent on locked in-patient psychiatric facilities. BHS leadership is working hard to develop programs to reduce the locked hospitalizations and how much is spent on them.
  - BHS, especially its mental health services, gets money from federal funds, State realignment funds, MHSA, and County's general fund. Whenever overspending occurs, BHS will go to Board of Supervisors to ask for more money from the general fund. BHS leadership would like to avoid any overspending or cover overspending by generating more revenue.
  - One way to increase revenue is through billable services (hours). Dr. Tavano mentioned that the current slide showing billable services is inaccurate since the rules of claiming were changed on the federal level during the reporting period. Lots of claims need to be recalculated so the data will look differently once done. W. Hayes explained that some program and services have harder time to bill for services to get federal (or MediCal) dollars – the programs like First Hope, who do a lot of community education and outreach, cannot bill for these services or Seneca's MRT cannot bill for a lot of services they provide. The clinicians at County clinics or CBOs have a lot easier time to bill for their services. Dr. Tavano mentioned that for the clinicians it is extremely important to document everything they do properly because the current MediCal setup is extremely stringent on the documentation requirement (one missed point during assessment will nullify any possibility to claim at this stage or any subsequent stage; one missed point during the treatment plan stage will nullify any possibility of claim for this stage or any subsequent stage). There is hope that CalAIM will change that system.
- W. Hayes said that getting all that data to tell one story was very difficult so Data Committee wanted to have the document outlining all the steps and

timeline of the effort. W. Hayes concluded the presentation with outlining the next steps for this draft report continue to evolve. The validity and reliability of the data need to be confirmed and constantly monitored to tell the useful story. The other step is automate the report – BHS will partner with DoIT (department of information technology) to make it happen. In summary, BHS has an electronic health record system, electronic up to date billing system; however, lacks an electronic data system to help its staff to do its job better. • The draft report and presentation were well received by Mental Health Commission and all attendees.	
IX. DISCUSS and APPROVE Orientation and Training Curriculum for new and existing members of MHC: • B. Serwin introduced the orientation and training curriculum by saying that it was in the works for a while. B. Serwin and W. Hayes worked hard on developing the curriculum. The curriculum is much needed for all new and recent MHC Commissioners and maybe even for more seasoned ones. • The curriculum has six modules with specific topics to be covered; the sixth module's topics will be based on the attendees' suggestions. The participants will be given handouts for the specific module covered during the particular session (as they come to sessions, the binder for all modules will be built). The binders with all modules already included will be available, if requested. The curriculum will be done with two cycles: one module will be introduced each month starting in February and then repeat. The sessions will be interactive presentation and discussion. The sessions will be held at 3:30pm, which is an hour prior to MHC meeting, lasting for 45 minutes. Anybody is welcome to attend the sessions. The sessions will be led by Warren Hayes or Alexander Ayzenberg. • Upon suggestion by Supervisor Burgis, the sessions will be videotaped and be available either via MHC website (county operated) or CCTV (or both). Livestreaming of the sessions on CCTV is a possibility. The curriculum materials will also be available online. • The prototype curriculum binder was distributed during the meeting. The attendees were impressed with the wealth of information contained in the binder. The idea of orientation and its curriculum was really well-received by all attendees. D. Dunn encouraged both newer and seasoned Commissioners to attend the sessions and to possibly attend the same module sessions few times as the new information is always introduced. • D. Dunn moved to approve the orientation curriculum, seconded by G. Stern. **Vote: 8-0-0** **Ayes:** B. Serwin (Chair), L. May (Vice-Chair), J. Kincaid, D. Dunn, G. Stern, J. Metro, K. Monterrey, D. Burgis	
X. REMIND Committees to complete their Annual Reports: • This item was not discussed.	
XI. DISCUSS where to hold April 2020 MHC meeting: • This item was not discussed.	
XII: Adjourned Meeting at 6:31pm	

SENECA

FAMILY OF AGENCIES | UNCONDITIONAL CARE

Mobile Response Team (MRT)

MRT Supervisor – Johanna Navarro Perez
Community-Based Services Program Director – Jennifer Blanza
Regional Executive Director – Jessica Donohue

Who are we?

- 13 Crisis Clinicians (5 bilingual), including 1 Program Supervisor and 1 Clinical Supervisor.
- Combination of license eligible and licensed LCSW & LMFTs
- About half of our staff has been with MRT for longer than 5 years
- Extensive trainings and service oversight, focused on suicide risk assessment and biopsychosocial factors, with a family and community-centered approach

What does the Mobile Response Team Do?

- Provide crisis counseling and attempt to stabilize out of control situations
- Assess the need for hospitalization and facilitating contact with police, if needed
- Work with the youth and caregivers to develop a safety plan to limit current and future crises

What does the Mobile Response Team Do? Continued

- Work collaboratively with existing treatment team members. Attend CFT's, SST's, Wrap Meetings, and IEP's when appropriate
- Link the youth to further mental health services when appropriate including Wraparound, psychotherapy, support groups, other community services, etc.
- Provide in-person crisis support to families in need between 7am to 11pm Monday through Friday (between 11am and 9pm on the weekends); 24 hour phone support

Who is eligible for MRT?

- Children and adolescents who live in Contra Costa County and have Medi-Cal or are uninsured

- Families who are privately insured and reach MRT may receive triage, assessment, and referrals to relevant services

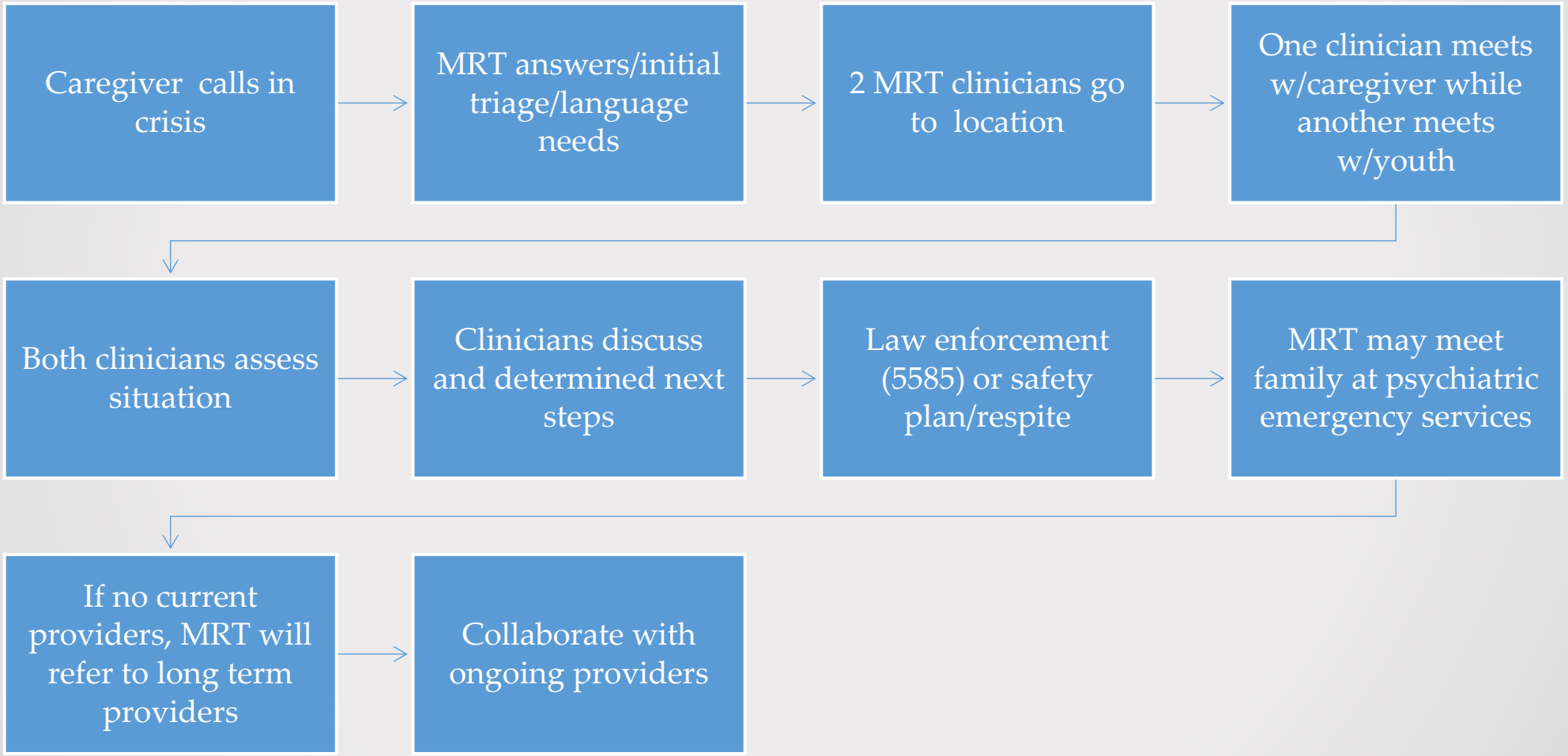
How do families and community members access MRT?

- Just call our 24 hour support line: 877-441-1089
- Service Providers with non-urgent referrals may email us at MRTReferrals@senecacenter.org
- If you're confused or want to talk about a potential referral, Call Johanna Navarro-Perez: 925-239-3624

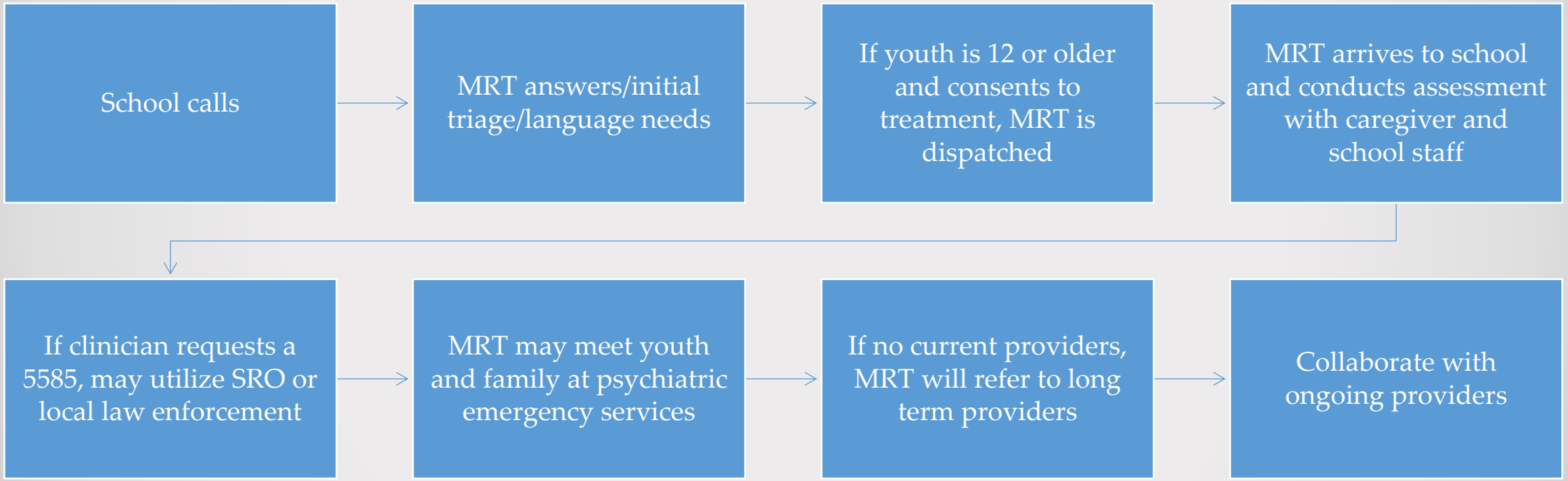
What happens when you call MRT?

- You'll reach a recorded message, prompting you to choose a language(English or Spanish) and your reason for calling
- Your call will automatically be routed to a crisis clinician
- The crisis clinician will ask for identifying information about the youth and the caller's contact information, and immediate safety information

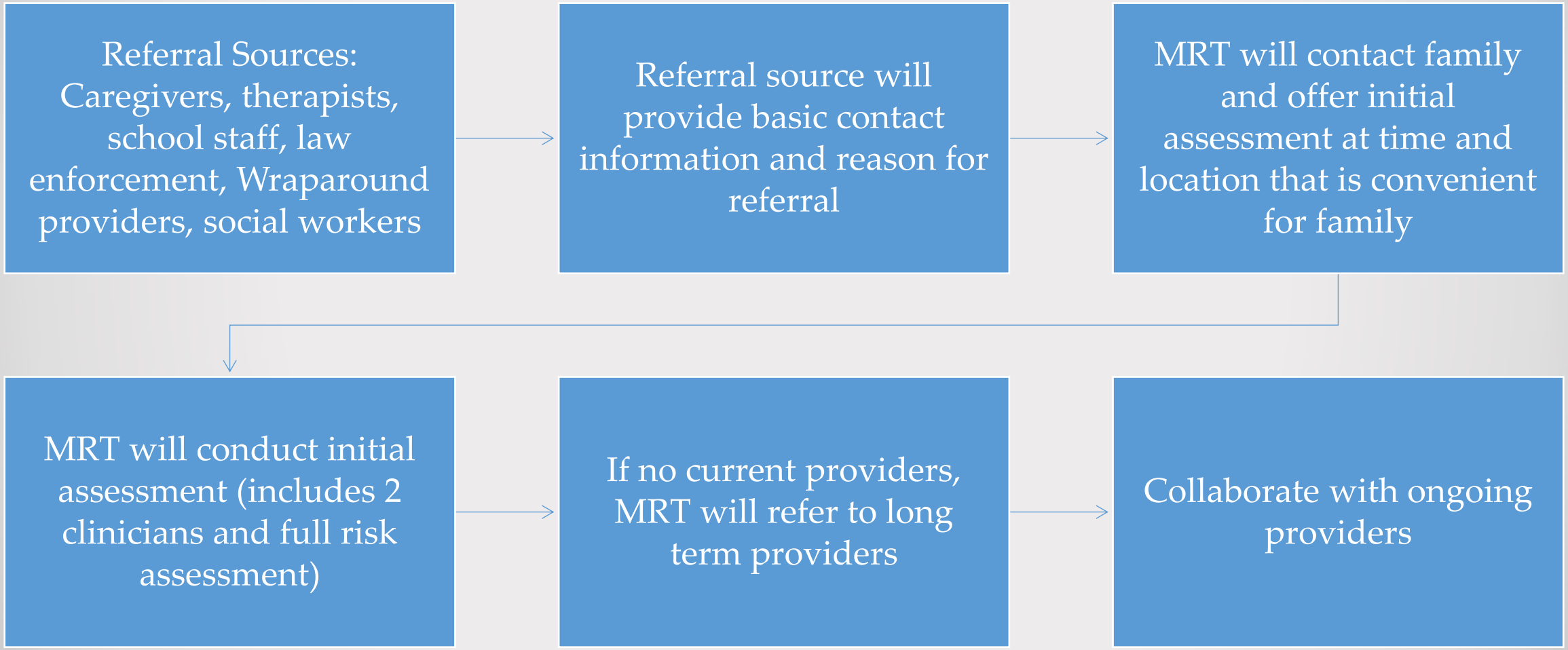
Caregiver Crisis Call



School Crisis Call



MRT Referral Process



Referrals from Psychiatric Emergency Services

- Each day MRT receives referrals from psychiatric services from youth that are deemed MRT eligible
- MRT is tasked with providing initial assessments, appropriate referrals, and ongoing crisis stabilization
- MRT receives anywhere between 50 to 120 of these referrals per month

Other Helpful Information

- Families utilize MRT as needed while the youth is eligible
- While families are offered follow up appointments, MRT is a crisis stabilization service and the families determine when and how often they utilize MRT
- MRT may engage family partner to provide brief case management when deemed clinically appropriate

For Immediate Release
January 8, 2020
Contact: Mike Roth
Telephone 916-444-7170
Email mike@paschalroth.com

Gov. Newsom's Budget Investments in Behavioral Health and Homelessness Come at a Critical Crossroads for California

Sacramento, CA – Today's announcement by the Newsom Administration about a series of key investments in funding the behavioral health needs of vulnerable Californians was welcomed by the directors of California's county behavioral health programs.

"California desperately needs an infusion of additional funding at the local level to stabilize board and care facilities that care for vulnerable Californians who require additional support to remain housed, such as our clients with serious mental illness," said Karen Larsen, Yolo County Behavioral Health Director. The Governor's announcement today came after the County Behavioral Health Directors Association of California (CBHDA) called for emergency budget action to stabilize board and care homes that are crucial to preventing thousands of vulnerable Californians from becoming homeless.

Governor Newsom's investments will boost flexible funding sources for a variety of housing options for individuals experiencing homelessness, including county behavioral health clients in need of board and care housing options. CBHDA supports a significant infusion of state funding in board and care facilities to both improve quality and ensure that these housing options continue to be available to prevent vulnerable clients from falling into homelessness.

"We commend Governor Newsom's vision in seeking to lift behavioral health issues up as a priority across health and human services through the Health and Human Services Behavioral Health Task Force. County behavioral health directors stand ready to strengthen our partnership with the state given the critical roles we play in improving the lives of behavioral health clients whether they are experiencing homelessness, are justice involved, in the child welfare system, or simply trying to navigate their physical health and behavioral health needs," said CBHDA President, Dr. Amie Miller, County Behavioral Health Director from Monterey County.

The Governor's proposal also requests funding to build out critical infrastructure that will be required to support the Administration's CalAIM initiative, rebranded as the Medi-Cal

Healthy California for All proposal to transform how Medi-Cal pays for and delivers mental health and substance use disorder services.

Further, the Governor's proposal notes the Administration's intention to strengthen the Mental Health Services Act, the state's millionaire's tax which funds critical county mental health services, including prevention, early intervention, crisis response, school-based mental health, and the "whatever it takes" model of addressing individuals in need of high-level services.

"California has innovated, we've invested, and we've learned a lot about what works and what doesn't. Almost 15 years into the Act, it makes sense to draw from those lessons to maximize this funding source to the benefit of Californians living with serious mental illness," said Dr. Veronica Kelley, San Bernardino County Behavioral Health Director, "We're ready to roll up our sleeves and get to work on crafting those reforms."

SB 803 (Beall) PRESS RELEASE

Senator Jim Beall Champions Mental Health Legislation to Certify Peers

Today, long-time mental health champion Senator Jim Beall introduced legislation SB 803 to create state certification for mental health care providers known as Peer Support Specialists.

Last year, Senator Beall's bipartisan effort, SB 10, made it to the Governor's desk with unanimous votes, where it was vetoed. Sen. Beall is reintroducing this legislative initiative as an effort to make strategic, cost-effective reforms to California's mental health programs.

"Statewide certification of Peer Support Specialists will ultimately save the state money while improving mental health outcomes. The Governor and I have the same goals- help people and use our resources wisely. SB 803 will improve our system in an ongoing, sustainable way."

A peer is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting. *"It is time that peers are validated as an essential and professional part of the behavioral health workforce" asserts Sally Zinman, Executive Director of California Association of Mental Health Peer Run Organizations (CAMHPRO).*

The state is facing a shortage of qualified mental health professionals to ensure all Californians receive care. Peer Support Specialists are a much needed addition to the workforce.

Dr. Jonathan Sherin, Director of the Los Angeles County Department of Mental Health, emphasized that LA County is ready to take action. *"LA County looks to expand upon and professionalize its peer support programs in a sustainable manner which will not be possible until we secure statewide certification and a reliable reimbursement mechanism. Leveraging lived experience through peer support is critical to the service transformation we need in California. The state must make the most of every resource available to address our mental health crisis; recognizing and resourcing Peer Support Specialists statewide will be a wise investment."*

The U.S. Department of Veterans Affairs and 48 states have a certification process in place or in development for mental health peer support specialists. The federal Centers for Medicare and Medicaid Services released guidance in 2007 for establishing a certification program for peers to enable the use of federal Medicaid (Medi-Cal in California) financial participation with a 50% match.

Studies show that peers contribute to the ability of people with mental illness and substance abuse to obtain education and employment, contributing to the California economy rather than depending on social safety nets alone.

"Research demonstrates that the utilization of qualified peer support specialists has measurable benefits to clients including reduced hospitalizations, improved functioning, and alleviation of depression and other symptoms. The time has come for California to embrace peer support as an evidence-based model and put in place a certification program that will standardize best practices" stated Maggie Merritt, Executive Director of the Steinberg Institute, a Sacramento-based non-profit mental health public policy institute.

In California, demand for peer services is growing, but there is no statewide scope of practice, training standards, supervision standards, or certification.

"California has an important opportunity to deliver quality, cost-effective, evidence-based mental health services and add diversity to our mental health workforce by certifying Peer Support Specialists," said Michelle Doty Cabrera, executive director of the County Behavioral Health Directors Association of California (CBHDA). "While California faces a severe shortage of mental health professionals needed to serve our diverse communities, the specific services delivered by trained, supervised peers have shown to improve client outcomes and reduce costs at the same time. But California can only realize these benefits for our mental health clients in Medi-Cal if we join the 48 states that have already recognized the effectiveness of Peer Support Services through certification."

SB 803, The Peer Support Specialist Certification Act of 2020 establishes a statewide certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal.

The legislation is applauded by a broad and large coalition of supporters, and is sponsored by California Association of Mental Health Peer Run Organizations, County Behavioral Health Directors Association of California, County of Los Angeles Board of Supervisors, and Steinberg Institute.

SENATOR JIM BEALL

SB 803 Peer Support Specialist Certification Act of 2020

Principal Co-author Assemblymember Marie Waldron
Co-authors Senator Wiener and Senator Wilk
Assemblymembers Aguiar-Curry, Arambula Aguiar-Curry, Grayson, Ramos and Wicks

BACKGROUND

A peer is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting. The U.S. Department of Veterans Affairs and 48 states have a certification process in place or in development for mental health peer support specialists. Demand for peer services is growing, but there is no statewide scope of practice, training standards, supervision standards, or certification in California.

STATEWIDE CERTIFICATION

Statewide certification would ensure quality, standardization, and effectiveness of peer support services across California's 58 counties.

The federal Centers for Medicare and Medicaid released guidance in 2007 for establishing a certification program for peers to enable the use of federal Medicaid (Medi-Cal in California) financial participation with a 50% match. Yet California lags behind the nation in implementing a peer support specialist certification program.

THE VALUE OF PEER SUPPORT SERVICES

Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce. Often, peers serve as the first and sustained point of contact for people living with mental illness and assist them with the treatment they need at the earliest moment.

Peer support can divert people from emergency services and ensure patients receive a continuum of care, saving substantial costs of treatment and improving health outcomes. Research shows that peers contribute to the ability of people with mental illness and substance abuse to obtain education and employment, contributing to the California economy rather than depending on social safety nets alone.

Prestigious organizations such as CMS, SAMSHA, and the Institute of Medicine among many others have identified peer delivered services offered through a certified peer specialists as being valuable services. While increasing consumer wellness, the use of peer specialists is decreasing costs. Data shows a clear return on investment when peers are part of the mental health system.

THIS BILL

SB 803 establishes a statewide certification program for peer support specialists and provides the structure needed to maximize the federal match for peer services under Medi-Cal. The program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

FOR MORE INFORMATION

Carrie Holmes
Office of Senator Jim Beall
(916) 651-4015
Carrie.Holmes@sen.ca.gov

SPONSORS

California Association of Mental Health Peer Run Organizations (CAMHPRO)
County Behavioral Health Directors Association of California (CBHDA)
County of Los Angeles Board of Supervisors
Steinberg Institute