



Medi-Cal Peer Certification Stakeholder Advisory Council

Date: January 14, 2022

Time: 1:00-4:00p

Zoom link: <https://us02web.zoom.us/j/84361414645> or Dial In: 1-669-900-9128

Webinar ID: 843 6141 4645

Participants			
Name	County	Name	County
Karin Lettau	San Diego County	Susan Long	Kings
Kevin Freitas	Butte County	Iris Allen-Willis	Marin County
Jason Robison	Los Angeles County	Camille Dennis	Los Angeles County
Carrie Manning	Lake County		
Roberto Roman	Contra Costa County		
Martha Contreras	Los Angeles County		
Patricia Barrett	San Joaquin County		
Maria Arteaga	Santa Barbara County		
Rayshell Chambers	Los Angeles County		
Min Suh	Orange County		



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Topic	Notes
Housekeeping	We reviewed the ways to raise your hand once called on, how to mute/un-mute yourself when dialed in by phone. We also provided information regarding Spanish interpretation and live transcripts. Also, we reminded everyone to use the Q&A feature so that their questions will be recording in the notes. We also gave everyone the reminder to speak for a maximum of one minute to ensure everyone has a chance to speak.
Meeting Agreements	As a group, we reviewed the meeting agreements that have been previously established – no changes were made.
Advisory Council Introductions & Ice Melter	Please share: Name, Organization and County, & state which fruit best describes your personality.
Welcome CaIMHSA Peer Team	Welcome our Peer Program Specialist: Joanna Prabhu, Will Taylor, & Milan Fisher
Feedback Review from October Input Sessions	<p>We opened the floor to provide more input regarding the following sessions:</p> <p>Training Method:</p> <p>The Medi-Cal Stakeholder Advisory council members stated that a hybrid of virtual and in-person training needs to be available as a training method for Peers, to accommodate working schedules or family life. The Medi-Cal Stakeholder Advisory council members also identified the need to have trainings available in multiple languages to absorb the learning material, although course documentations, such as, a certification of completion will be in English. The stakeholder council members also stated that there should also be universal standards between counties to ensure that if you move from one county to another, your certification will still be valid in the new county. The stakeholder advisory council members also stated that peers is a county benefit, therefore, universal standards among counties are essential to avoid any certification confusions.</p>



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Examination:

The stakeholder advisory council stated that since a county can only be represented by one entity the topic of reciprocity needs to be discussed. The council members stated that there needs to be universal standards set within each county, to validate a Peer's existing certification and training. The stakeholder advisory council members also stated that the exam should also measure lived and professional experience. The council also stated that the exam should validate core competencies versus skills and practice. The stakeholder advisory council members feel that if a Peer continues to fail the exam, there should be a period to review the material, instead of continually failing and retaking the exam. A council member asked if work hours will count as experience and other council members stated that in order for there to be fair validation, working hours shouldn't count as experience.

Continuing Education 20 Hours:

The Medi-Cal Stakeholder Advisory Council members feel that if you work in the peer field, a refresher course is acceptable, but you shouldn't be required to start from scratch to complete the 80 hour requirement, if your previous trainings don't meet the CE requirements. The advisory council stated that training previously acquired for a job position should be recognized no matter how long ago the training was taken. The council members addressed the importance of backdating as far back as possible, in hopes to advocate for peers that are currently employed.

Training Curriculum Supervision Standard:

The stakeholder advisory council stated that the Substance Abuse and Mental Health Services Administration (SAMHSA) standards should be used to reference who can supervise peers. The advisory council members stated that confusion surrounding who can supervise peers should be addressed by SAMHSA standards since they already have guidelines set in



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	<p>place. The stakeholder advisory council also referenced the work done by Peggy Schwartzbart, which can also be used as a reference when setting the standards for supervision.</p> <p>Specializations: Parent, Caregiver, Family Member</p> <p>The Medi-Cal Advisory Council members stated the importance of caregivers and the challenges they are facing when raising children. The stakeholder council members stated that there is a need for advocacy for children that are struggling with adverse childhood experiences. The advisory council members also stated the importance of grandparents who are raising grandchildren and the limited understanding of addiction that they have. The advisory council members also identified the need to have education on how to deal with children that are dealing with emotional issues. The advisory council members also stated that there is a need for Individualized Educational Plan (IEP) training and the lack of advocacy in this realm. The advisory council stated that parents have a voice and a choice, and they should have someone to help them navigate the IEP meetings and help advocate for their children. The advisory council members also stated that children need development assets to create resilience that will help them in their future. A stakeholder advisory council member also addressed the importance of CaIMHSA to continue in robust consultation with organizations that represent the parent/caregiver/family member perspective in developing this specialization, such as United Parents and NAMI.</p> <p>Specializations: Justice Involved:</p> <p>Due to the lack of time, the advisory council members decided to revisit this topic, so we have ample time to discuss the details surrounding this specialization.</p>
<p>Public Comments and Feedback</p>	<p>The advisory council members stated it was a missed opportunity not to have obtained the demographic of the 551 individuals that participated in the October Input Sessions. The</p>



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	<p>advisory council members stated that there might not be enough racial representation.</p> <p>Questions regarding our current training vendor Request for Proposal (RFP) were asked, but due to the procurement process there wasn't a detailed discussion regarding the RFP, we directed the public to our website. The stakeholder advisory council members also identified the need for more updates regarding the Peer certification implementation plan and progress that is needed in order to build trust. The advisory council also stated that the comments made by regions should become part of our meeting agenda.</p> <p>Links shared in the chat:</p> <p>DHCS Peer Support Service: https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx</p> <p>Behavioral Health Information Notice 21-041(BHIN) https://www.dhcs.ca.gov/Documents/CSD_BH/BHIN-21-041.pdf</p> <p>Summary of Community Input Sessions Feedback: https://www.calmhsa.org/wp-content/uploads/Complete-Input-Summary-Report-October-2021.pdf</p> <p>Request for Proposal Links: www.calmhsa.org/the-future/bids-and-contracting-opportunities/</p>
<p>Appreciation and Wrap-Up</p>	<p>The advisory council members stated their appreciation for the continued dedication and hard work that is being put into the Peers. The stakeholder advisory council also appreciates the public's input and the voice that is being raised for racial equality and representation.</p>
<p>Thank-You!</p>	<p>Our next meeting:</p> <p>January 28th from 1:00p.m. – 4:00p.m.</p>