



Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: Thursday, March 18, 2021 | Time: 1:00 p.m. – 3:00 p.m.

MHSOAC
1325 J Street, Suite 1700
Sacramento, CA 95814

****DRAFT****

Committee Members:

Staff:

Other Attendees:

Khatera Tamplen, Chair Tina Wooton, Vice Chair Hufsa Ahmad Rayshell Chambers Donella Hyrkas Cecrle Emery Cowan Claribette Del Rosario Kellie Jack Richard Krzyzanowski Rose Lopez Kontrena McPheter BeaJae North Susan Wynd Novotny Larisa Owen Jules Plumadore Jason Robison Sharon R. Yates	Kayla Landry Tom Orrock Matthew Lieberman Filomena Yeroshek	Steve McNally Ilana Rub Patricia Ruth Tiscareno
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All Committee Members present.

Welcome, Introductions, and Opening Remarks

Commissioner Khatera Tamplen, Committee Chair, called the meeting to order at approximately 1:00 p.m. and welcomed everyone. She asked everyone to introduce themselves. She reviewed the meeting protocols.

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and confirmed the presence of a quorum.

Agenda Item 1: Presentation – Peer Specialist Certification: Steps Toward Implementation

Presenter:

- Ilana Rub, Health Program Specialist II, DHCS

Chair Tamplen stated the Committee will hear an update on activities of the Department of Health Care Services (DHCS) for the Peer Specialist Certification and share how the CFLC can participate in future steps toward implementation.

Ilana Rub, Health Program Specialist II, DHCS, provided an overview, with a slide presentation, of the background, Senate Bill (SB) 803, timeline, and listening sessions for peer support specialist for behavioral health Medi-Cal services. She stated SB 803 establishes certain requirements that cannot be altered by the DHCS while other areas are not specified. She stated those areas were the focus of the Listening Sessions, which were held in January and March of 2021. She highlighted feedback received and stated a detailed feedback summary along with new FAQs can be found on the DHCS website.

Discussion

Committee Member Ahmad referred to Presentation Slide 11 and asked why individuals suggested that initial training should be more than 40 hours. She cautioned against putting up barriers to certification. She noted that learning happens out in the field that cannot be learned in the classroom. She cautioned against emphasizing hours of classes and suggested focusing on building fundamentals.

Ms. Rub stated the concern was that the core competencies could not be covered in a 40-hour training program. She stated she will add to the feedback received that the number of training hours should not act as a barrier to certification.

Committee Member Robison asked if each county will address its different wants and needs or if there is discussion about collaborative efforts that will make it easier to standardize the program statewide so counties will be working together rather than siloed.

Ms. Rub stated it is both. There is interest in designating an entity to conduct the certification program statewide, but, at the same time, this would be optional and counties may not elect that option.

Committee Member Robison asked about the timeline to make that determination.

Ms. Rub stated she will look into this and get back to staff with the answer.

Committee Member Cowan asked when the decision will be made around the core competencies, how much research will go into what has already been done nationally to keep from reinventing the wheel, and how to balance the differing opinions.

Ms. Rub stated the DHCS initially began collecting as much information from other states and from national certification programs as possible. The DHCS has also received input from Listening Sessions and from many groups. Much of that input has been put into the considerations for the recommendations.

Committee Member Yates asked if private insurance will embrace this program and if services will be billable.

Ms. Rub stated the DHCS is working to make billable services within the Medi-Cal system.

Mr. Orrock asked if this model includes a mechanism to reimburse peer supervisors.

Ms. Rub stated there should be room for reimbursement but the decision has not yet been made.

Vice Chair Wooton asked about peers who are already working in the system and what the grandfathering process will look like.

Ms. Rub stated the DHCS has received feedback on this area but more feedback is required.

Committee Member Robison asked about the billing trend being seen and if the DHCS is taking into consideration the fact that other states have peers who are qualified mental health professionals who supervise billing. He asked if stand-alone peer-run organizations can be certified to bill themselves as part of the process rather than being under the umbrella of an existing Medi-Cal provider.

Ms. Rub stated counties will establish billing within their programs. She stated she will look into these questions and get back to staff with the answers.

Committee Member Novotny asked if the DHCS will simultaneously look at peer certification training and areas of specialization.

Ms. Rub stated the areas of specialization will take more time for consideration.

Committee Member Jack asked if the DHCS is looking at peers signing off on Medi-Cal billing and supervision for peers.

Ms. Rub stated that is what the DHCS is working towards. One of the most common feedback comments on supervision is that peers should supervise peers.

Committee Member Ahmad stated concern that peers will be expected to meet productivity requirements. Burdensome documentation will be a barrier for excellent peers who would provide great services but cannot keep up with documentation standards. She asked if the DHCS is considering simplifying documentation, talking about productivity requirements for peers, and keeping in mind that barriers will be added if peers are made mini-clinicians.

Ms. Rub stated it will be an interesting balance. Certification requirements are statewide requirements and verification is needed that those requirements have been met. There will also be federal requirements for Medi-Cal billing. Any requirements that apply will be clearly articulated and the DHCS will offer technical assistance. The DHCS is looking at minimizing barriers as much as possible both for documentation and for the examination.

Public Comment

Ruth Tiscareno, past CFLC Member, suggested that parent peers also be trained and certified.

Ms. Rub stated the DHCS is currently looking at the best way to break out that unique identifier for the peer group. It is not a straight-forward issue.

Patricia stated the need to put a system in place to ensure data assessment and evaluation is done to collect meaningful information about the peer program and to allow changes to be made as needed.

Ms. Rub stated the DHCS received input at the last Listening Session about collecting a variety of demographics. More discussion is required to ensure meaningful program evaluation.

Steve McNally asked if there is a decision tree and if this will be made as valuable as possible for the peer. The speaker encouraged the DHCS to rely on mental health boards, the California Planning Commission, and the MHSOAC to be an information distribution arm since information does not always come directly from local agencies.

Chair Tamplen asked about individual county versus a statewide certifying body.

Ms. Rub stated it is possible that there will be a group representing several counties and counties that elect to have their own program. It is too early to provide specifics.

Patricia asked if the second Listening Session included education on the core competencies and the trainings to document the work.

Ms. Rub stated 16 core competencies were specified in legislation. The DHCS will review stakeholder recommendations to consider including anything beyond that.

Committee Member Chambers echoed Committee Member Ahmad's concerns and stated it has been noted in other systems that utilize peers that peers have been exploited, used in other modalities, and given larger caseloads rather than utilizing clinicians. She stated the need to protect peers from being used outside of scope.

Agenda Item 2: Review of the Bagley-Keene Open Meeting Act

Presenter:

- Filomena Yeroshek, Chief Counsel

Chair Tamplen stated the Committee will hear a presentation of the Bagley-Keene Open Meeting Act and how it relates to the work of the CFLC.

Filomena Yeroshek, Chief Counsel, provided a summary of the types of meetings, purpose, notice, and other requirements of the Bagley-Keene Open Meeting Act. Committee Members asked clarifying questions about the rules and procedures.

Agenda Item 3: Wrap-Up and Adjourn

Public Comment

Ruth Tiscareno suggested giving candidates more than one week to apply to serve on Committees.

Committee Member Krzyzanowski wished everyone good health and good fortune in the coming year.

Chair Tamplen stated the next CFLC meeting is scheduled for April 15, 2021. She asked everyone to come back to the next meeting with ideas about what this Committee should achieve in terms of a product around Peer Support Specialist Certification.

There being no further business, the meeting was adjourned at approximately 3:00 p.m.

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