Client and Family Leadership Committee (CFLC) Teleconference Meeting Summary
Date: Tuesday, September 28, 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 Rayshell Chambers Kylene Hashimoto Richard Krzyzanowski Susan Wynd Novotny Jason Robison	Toby Ewing Kayla Landry Tom Orrock Lester Robancho	Hannah Bichkoff Jessica Camacho Duran Steve Leoni Karin Lettau Steve McNally Kristen Mungcal Elizabeth Stone

Committee members absent: Hufsa Ahmad, Donella Hyrkas Cecrle, Emery Cowan, Claribette Del Rosario, Kellie Jack, Rose Lopez, Kontrena McPheter, BeaJae North, Larisa Owen, Jules Plumadore, and Share Yates

Welcome and Opening Remarks

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

Tom Orrock, Chief of Stakeholder Engagement and Commission Grants, called the roll and stated that a quorum was not yet achieved.

Chair Tamplen reviewed the meeting protocols.

Agenda Item 1: Action – Approval of Meeting Minutes

Not completed because of the absence of a quorum.

Agenda Item 2: Peer Certification Implementation Guide Component Identification

Presenter:

- Tom Orrock, Chief of Stakeholder Engagement and Grants

Chair Tamplen noted that each component of the guide was intended to include helpful resources. The CFLC Committee, with input from knowledgeable members of the public, would no doubt be able to produce something very useful for the counties and organizations either starting to provide peer support services, or preparing for certification of Peer Support Specialists.

Mr. Orrock began with his own story of how he became a Licensed Marriage and Family Therapist; he outlined the steps that were required for certification. Help from supervisors had been key for him to be able to understand and do his job in the areas of cognitive and behavioral therapy, solution-focused approaches, family strategies, etc. Over the years he has collected resources and shared them with interns he has trained; these kinds of resources help county and agency staff learn to navigate the field.

Mr. Orrock stated that the task today was to identify the subject areas where we will include resources in order to create a practical guide for the teams of peer providers, supervisors, and administrators. These might include information for building career ladders, supervision models, essential trainings, navigation of systems such as the juvenile justice system, and co-supervision models.

He continued that we should consider whether the four specialty areas – parent caregiver, crisis intervention, services for the homeless population, and justice and law – should have specific resources supplied for peer providers.

<u>Discussion</u>

Committee Member Krzyzanowski noted that technically, peer workers are workers who have disabilities; it is essential that people entering the workforce who have lived experience, to know about the Americans with Disabilities Act (ADA) as well as state protections of a similar nature.

Chair Tamplen added that a section on rights could include Psychiatric Advance Directives.

Committee Member Robison cautioned that we need to be careful of internal stigma: the ADA applies to every profession, not just peer workers. We should focus on competency in practice, hiring, supervision, and training. What is the specific scope of practice and how do we get there? In the Substance Abuse and Mental Health Services Administration's (SAMHSA's) core competencies, only two actually apply exclusively to the practice of peer support: peer listening and peer disclosing of one's own lived experience. The CFLC Committee needs to create something specific to the scope of peer practices and peer services.

Committee Member Robison continued that regarding the recruiting, hiring, training, and employment practices, he hoped that we get away from a mental health system that refers

to people receiving employment services as "peers." Employment should be as broadly defined as possible.

Chair Tamplen agreed that there is a need for addressing a category around stigma and discrimination. ADA applies to anyone and everyone, not just peer employees. As well, HR policies in an organization apply to all those in the organization. Peer employees and counties both need to know about resources to combat stigma and discrimination that comes up in the workplace.

Committee Member Robison noted that he had participated in a specific training on stigma and "other-izing" for administrators and supervisors in the public mental health system, so that they could confront stigma when they saw it directed toward peer providers. Chair Tamplen requested him to supply the learning objective for that training.

Committee Member Hashimoto suggested that for the format of the guide, it would be helpful to divide headings into categories of stages such as Onboarding and the Recruitment Process. Resources could be listed under each individual category. Roles and responsibilities that peer specialists can play in their organization could be presented through examples. To make the guide readable, we need to ensure that the content is not too lengthy. A section for evaluation or feedback would be helpful as well.

Chair Tamplen noted that the California Association of Mental Health Peer Run Organizations (CAMHPRO) has put together a link to many job descriptions that would be useful to have for the category highlighted by Committee Member Hashimoto.

Committee Member Wynd Novotny stated that in her agency, HR was trained in how to bring people into employment and to cover everything equally across the board. They were trained to be sensitive from the moment of an employee's hire about providing accommodations from a privacy standpoint. For staff, the more tools they were aware of in the toolbox, the more successful they were in doing their jobs – from licensed clinician to peer specialist. Training was done across the board. The agency also looked at productivity standards and advocated maintaining a balance of life and work. The agency looked at making money versus the health of the agency environment overall. This makes a healthier environment for anyone coming into recovery and providing service. Lastly, the agency honored peer experience as a gift of understanding.

Chair Tamplen affirmed the value of self-care as a key component of success in the workplace, especially in fields where employees see trauma happen. Compassion fatigue comes up amongst all employees in health care. She also agreed that leadership training – not just HR, but all leaders in an organization and the Board of Directors – is something counties can support. EOP can also be a path to consider for any employee.

Committee Member Robison agreed that part of dealing with stigma is a redefinition of a system to support well-being, in which we recognize that all human beings have mental health issues. Wellness is part of the human experience. Peer services specifically use one's lived experience to connect with people who are going through an acute experience.

Chair Tamplen suggested that our Wellness in the Workplace initiative could be a resource in this piece. Mr. Orrock agreed to talk with Anna Naify to see what resources she can provide.

Public Comment

Kristen Mungcal, San Bernardino County, commented regarding productivity: the key advocacy in her county during implementation is making sure they build in space for nonbillable peer support. In the guide, there may be a way to incorporate different ways to utilize peers, or blending funding such that you can do both matched and unmatched services. Ms. Mungcal also suggested adding a section to the guide regarding the importance of certified peers networking with others in their occupation. Organizations for doing this could be identified as a resource.

Elizabeth Stone, Ventura County, encouraged the committee to take a step back and determine the audience for the guide. Implementation looks different from different points of view. In this situation you are looking at the development of the infrastructure around ideological or attitudinal support toward peer work. Within the stakeholders, there is a larger macro-county dynamic of how peers and people labeled as having lived experience are perceived. Ms. Stone also pointed out that when people have some allocation of resources, they are extremely protective of that allocation and are not always open to new players or growth. There are many factors that are going to contribute to or hinder the success of bringing peers on. These dynamics within the county environment influence implementation, which will affect the people who are using this guide.

Chair Tamplen stated that for this toolkit, we are implementing Medi-Cal Peer Support Specialist certification. The counties are the key entities that will help make that happen for the population we want to serve.

Ms. Stone responded that if the target audience is the county departments, they are quite clinically trained. Conveying peer values in language that a clinician can hear, and not react dismissively to, is important, as is having the peers understand in language that is meaningful to them. The language and communication for these varied audiences about the values we hold needs to be clear so that it is received correctly.

Chair Tamplen stated that the toolkit will consist of first its purpose, then the history of the field to acknowledge that this is not new – it has been a long time coming.

Vice-Chair Wooton commented that it is important to talk about the ADA and stigma/ discrimination. She liked Committee Member Robison's idea of having training to recognize stigma. There are still many who feel insecure or have been discriminated against in the workplace because they are peers. She also felt that there should be some kind of advisory council or board where people can check in with other peers. Last, Vice-Chair Wooton felt that as we try to get recovery values infused into billing practices, having peer support included in recovery values as a philosophy would be beneficial.

Vice-Chair Wooton noted that regarding advisory boards, the Center for Bioethics and Human Dignity (CBHD) used to have one for state representation as well as CAMHPRO and other entities. The local piece is also hugely important that needs to be available as a resource. For billing, there are tools that show how a clinician and a peer would document, which can guide them in how to move forward.

Steve McNally, Orange County, commented that in his county, the term "peers" doesn't always mean the same thing depending on where they are employed. Nothing stops any of

the behavioral health directors from funding full-blown peer programs. Who really supports peers in the quantities that are needed? On the County Behavioral Health Directors Association (CBHDA) there are 59 people who control a lot of money that goes unspent. If they really believe in peers, they could be stepping up a lot more. You should think about opting in your own peer community and controlling the e-list, not relying on counties or states to give it to you. Try relying on your local boards and commissions; give them work to do on your behalf.

Chair Tamplen responded that MHSOAC is connected to the California Mental Health Services Authority (CalMHSA), who will be present at the committee's October meeting. They have an application out right now for their Advisory Stakeholder Committee. Their focus is Medi-Cal and the Medi-Cal Peer Support Specialist position.

Jessica Camacho Duran, Health Program Specialist, Council on Criminal Justice in Behavioral Health (CCJBH), asked when the committee might have a first draft of the toolkit ready. Chair Tamplen answered that the goal is to have at least a draft version by the end of this calendar year to take to the full Commission.

Ms. Camacho Duran asked to whom the CCJBH should send resource information for the toolkit. Mr. Orrock responded that it should be sent to mhsoac@mhsoac.ca.gov. Staff will then get the information to Matt Lieberman and Mr. Orrock. Use "Peer Certification" in the Subject line.

Steve Leoni commented that we are no longer an entirely county-run system. The counties only handle those people deemed severely mentally ill, and private managed care plans handle those deemed mild to moderate. Yet peer certification is entirely a county system. How do you work with a person who shifts between categories, going between a private company/managed care plan and the county – what about the peer programs?

Chair Tamplen responded that the committee would look into bringing someone from the California Advancing and Innovating Medi-Cal (CalAIM) program to the next meeting.

Mr. Leoni pointed out that managed care plans are not covered by consumer/family member stakeholder processes in terms of the services they deliver.

Chair Tamplen responded that in Alameda County, for example, not everything is under Medi-Cal billable services; they have a long history of peer-run organizations that may not be part of the billing component piece but will still be part of the training for Peer Support Specialist.

Hannah Bichkoff, Cal Voices, commented on the value of including employee readiness in the guide, making it a resource for counties, employers, and HRs. She noted that the CalMHSA Advisory Board opportunity is unpaid. She also noted that it has been confusing to understand what is going on behind the scenes among the public entities who are implementing this peer services effort. As we all convene to produce resource guides and materials, we are seeing a lack of transparency behind the scenes in the way peer services are being implemented. Groups such as this committee can advocate for more transparency. The Department of Health Care Services (DHCS) has a peers website, but the information is extremely limited.

Committee Member Wynd Novotny commented that there is a community education piece regarding understanding when and how to refer to a peer provider. Peers need to know how to reach out to the community and educate them.

Chair Tamplen responded that when talking about the billing of peer services, it will go through the county system for referrals. However, there are services funded by the county but not tied to the criteria of mental health category. She noted that advisory boards could be brought together, not only to share information, but also to provide a services navigation tool – including in different languages.

Ms. Mungcal suggested that the hiring section could include what counties should look for when hiring peers. She plugged clubhouses for peer support and social support.

Chair Tamplen responded that Ms. Mungcal had highlighted another category: program model. This includes clubhouses, peer respite, programs for navigating the system, and so on. Chair Tamplen mentioned including resources for interview questions.

Karin Lettau, CAMHPRO, stated that she has many, many resources that she will be happy to send.

Committee Member Robison commented that in terms of hiring questions, his agency provides orientation to everyone interested in employment that includes a small segment of training. The agency hires people who demonstrate that they can implement the training they received.

Committee Member Chambers commented on the need to include Psychiatric Advance Directives in the resource guide. It would cover the importance of helping peers plan before a crisis, and having a legal document that informs your will to medical professionals and law enforcement as well as to housing providers. Committee Member Chambers noted that we should also include resources for mentorship. At her agency they get people straight out of school as well as peers.

Mr. Orrock stated that the applications for CalMHSA's Advisory Committee are available on their website, calmhsa.org. Also, this week they are going to be announcing listening sessions they will hold on the website.

Chair Tamplen stated that the applications for CalMHSA's Advisory Committee are due on October 1. If they do not fill all the seats, they will extend the deadline.

Mr. Orrock asked about building in space for nonbillable support. Are there any resources associated with this subject? Committee Member Robison answered that one method, particularly with a clubhouse model, is to use the physical space of a clubhouse to bring in self-help support groups in which those attending are also connected to DVSA, Recovery International, or a 12-step program. This results in the clubhouse becoming a community and programmatic hybrid with activities happening besides just billable activities.

Committee Member Krzyzanowski explained his earlier comments about ADA: everyone has issues, and an issue becomes a disability when it starts to interfere with you doing what you want to do. We need to remember that in the workplace, the peer community does not necessarily have a unified voice and a unified experience. We are going to be sending people into all these venues who are on the lower rungs of very hierarchical

organizations with deeply entrenched, systemic power differentials. Peers need information on their rights, not just as peers, but also as workers where other people hold more of the cards. Peer values may not be getting upheld in the workplace.

Chair Tamplen agreed on the importance for every one of us to be successful in our career goals. People need to be aware of their employee rights. The toolkit is a guide not only for the counties but also for the Peer Support Specialists.

Committee Member Robison distinguished the difference between an employment program that brings people new to the workforce into employment, and developing competency in peer support and who we are recruiting into that. All labor law and ADA applies; what is important in the practice of peer support is the anti-stigma work within the system.

Dr. Ewing thanked everyone for being here at such an important time in our work with all the needs currently out there. On the Commission side, we are all exhausted but continuing to work hard to address so many urgent needs.

Chair Tamplen emphasized the importance of policies, even while the actual practice is important. If counties are struggling to create their policies, the toolkit could be a place to share example policies from other counties. Further, having infrastructure – Offices of Peer Support Services or Consumer Empowerment – enables the counties to partner with the community and the peer-run organizations to do this work together. We value the practice of community engagement no matter where we work.

Agenda Item 3: Discussion of Future Agenda Items

During the previous agenda item, Chair Tamplen had heard ideas such as inviting CalMHSA to a meeting; a presentation from a CalAIMH expert; the managed care plans and our roles with them; and a dive into our implementation guide.

Chair Tamplen gave a heads-up that the committee may be scheduling an additional meeting after the October meeting because of the amount of work to be done on the guide to get it ready by the end of the year.

She stated that the next meeting is scheduled for October 19.

Agenda Item 4: Wrap-Up and Adjourn

Chair Tamplen thanked the attendees for all their contributions and sharing. She encouraged them to send their information on resources to the MHSOAC.

She ended the meeting at approximately 3:00 p.m.