



September 18, 2023

Tyler Sadwith  
Deputy Director, Behavioral Health  
California Department of Health Care Services

Sent via email to: [Peers@dhcs.ca.gov](mailto:Peers@dhcs.ca.gov)

**Re: Recommendations regarding Draft BHIN 23-XXX Medi-Cal Peer Support Services, Medi-Cal Peer Support Specialists, and Certification Program Requirements**

Dear Deputy Director Sadwith:

The California Alliance of Child and Family Services (the California Alliance) would like to share our recommendations regarding Draft BHIN 23-XXX Medi-Cal Peer Support Services, Medi-Cal Peer Support Specialists, and Certification Program Requirements. The California Alliance represents 160 nonprofit organizations serving children, youth and families through behavioral health, education, foster care, prevention, and juvenile justice programs throughout the state.

We encourage DHCS to build on this important guidance for Medi-Cal Peer Support Services, and we offer the following recommendations:

**1) Add Lived Experience with the Child Welfare System and Juvenile Justice/Probation as Additional Criteria that Could Qualify an Individual to Become a Peer Support Specialist.**

We would recommend that the criteria for eligibility as a Peer Support Specialist (PSS) include lived experience with the child welfare system as well as the juvenile justice system and probation. Currently, the draft BHIN states that a PSS must have lived experience with “the process of recovery from mental illness” and/or substance use disorder, either as a “consumer” or a parent or family member of a consumer. (Draft BHIN, p. 6.) While we understand this definition stems from federal guidance<sup>[1]</sup> and state law,<sup>[2]</sup> we encourage DHCS to expand the types of relevant lived experiences for a PSS to also include experience with the child welfare system, either as a foster youth or as a parent, Resource Parent or other Significant Support Person for a foster youth. In addition, we recommend that lived experience could be with the juvenile justice or probation system. As CalAIM reforms have highlighted, the trauma of removal from one’s family creates a high risk of developing a mental health condition, and we feel strongly that lived experience with the child welfare system can provide an invaluable foundation for PSSs who support others facing similar challenges. Our members deeply value the work of our peer partner staff members, many of whom draw upon their experience with these systems.

We suggest in particular that DHCS add **experience with the child welfare system, juvenile justice system, or probation to the types of lived experiences that could qualify an applicant to be certified as a PSS with a specialization as a Parent, Caregiver, and Family Member PSS.**

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<sup>[1]</sup> [Clarifying Guidance on Peer Support Services Policy, May 1, 2013](#)

<sup>[2]</sup> WIC §14045.12(g).

**2) Expand the List of PSS “Therapeutic Activities” to Include Supports Tailored for Youth, including Those Involved in the Child Welfare System and the Juvenile Justice system.**

We recommend that the BHIN clarify that PSSs can provide services that are tailored for children and youth, including child welfare involved youth or juvenile justice involved youth. The current draft BHIN appears to focus primarily on supports for individuals with Substance Use Disorders (SUDs) and severe mental illness; for example, the description of PSS “Therapeutic Activities” focuses on activities to help the beneficiary “attain and maintain recovery.” To clarify that PSSs can also work with youth struggling with other types of trauma such as those associated with the child welfare system and/or juvenile justice system, we recommend the BHIN add the following types of “therapeutic activities”:

“skill-building activities to help the beneficiary achieve their behavioral health goals, such as practicing communication skills, self-soothing tactics, problem-solving techniques, and conflict resolution strategies; support for parents, caregivers, resource families and other significant support persons, such as assistance establishing household expectations and positive reinforcements for healthy behaviors.”

This language is consistent with similar language in the guidance from CMS, which includes the following peer services for parents and legal guardians of youth beneficiaries, “instilling confidence, serving as a . . . mentor, or facilitator for resolution of issues and skills necessary to enhance and improve the health of a child with emotional, behavioral or co-occurring disorders.”<sup>[3]</sup>

**3) Clarify that Resource Families (in Addition to Parents and Legal Guardians) May Receive PSS Services.**

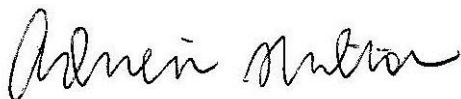
We were very pleased to see that PSS services are available to “parents/legal guardians” of beneficiaries aged 17 and younger (draft BHIN, p. 4). In order to ensure that foster parents could also receive these services, we recommend that the BHIN clarify that these PSS services are also available to Resource Families.

**4) County Reciprocity**

We strongly support the requirement in the draft BHIN that, if an individual is certified as a PSS in one county, all other counties must also recognize them as certified. (Draft BHIN, p. 12.) This policy will significantly reduce administrative and cost burdens for peer providers who work in multiple counties.

We appreciate the opportunity to share these recommendations.

Sincerely,



Adrienne Shilton  
Director of Public Policy and Strategy

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<sup>[3]</sup> [Clarifying Guidance on Peer Support Services Policy, May 1, 2013](#)