

Date of Hearing: January 13, 2026

ASSEMBLY COMMITTEE ON HEALTH
Mia Bonta, Chair
AB 96 (Jackson) – As Amended January 5, 2026

SUBJECT: Mental health services: peer support specialist certification.

SUMMARY: Eliminates the minimum educational standard (possession of a high school diploma or equivalent degree) for a person applying for certification as a Medi-Cal Peer Support Specialist (PSS).

EXISTING LAW:

- 1) Establishes a state-defined and county-administered system for certifying PSS, at county option, for purposes of the Medi-Cal program, as follows:
 - a) Requires the Department of Health Care Services (DHCS) to establish statewide requirements for counties, or an agency representing counties, to use in developing certification programs for the certification of PSS;
 - b) Requires DHCS to define the qualifications, range of responsibilities, practice guidelines, supervision standards, curriculum, and core competencies for PSS certification; and,
 - c) Permits a county or agency representing a county to develop, oversee, and enforce a certification program. [Welfare and Institutions Code (WIC) § 14045.10, *et seq.*]
- 2) Defines PSS as an individual who is 18 years of age or older, who has self-identified as having lived experience with the process of recovery from mental illness, substance use disorder (SUD), or both, either as a consumer of these services or as the parent or family member of the consumer, and who has been granted certification under a county PSS certification program. [WIC § 14045.12]
- 3) Requires an applicant for PSS certification to meet all the following:
 - a) Be at least 18 years of age;
 - b) Possess a high school diploma or equivalent degree;
 - c) Be self-identified as having experience with the process of recovery from mental illness or SUD, either as a consumer of these services or as the parent or family member of the consumer;
 - d) Be willing to share their experience;
 - e) Have a strong dedication to recovery;
 - f) Agree, in writing, to adhere to a code of ethics;
 - g) Successfully complete the curriculum and training requirements for a PSS; and,

- h) Pass a certification examination approved by DHCS for a PSS. [WIC § 14045.15]
- 4) Requires DHCS to seek any federal waivers it deems necessary to establish a demonstration or pilot project for the provision of PSS in a county that opts to participate in a demonstration or pilot program to certify PSS and cover PSS services under the Medi-Cal program. Requires such a county to fund the nonfederal share of the program costs. Prohibits General Fund moneys from being used to fund the nonfederal share of program costs. [WIC § 14045.19]

FISCAL EFFECT: Unknown. This bill has not yet been analyzed by a fiscal committee.

COMMENTS:

- 1) **PURPOSE OF THIS BILL.** According to the author, this bill will strengthen California's behavioral health workforce and enhance care for those in need. The author argues requiring a high school diploma or equivalent may create artificial barriers to entry and limit access for individuals with the potential to excel in peer support roles. The author concludes that the lived experience of PSS in recovering from mental illness and substance use disorders is the crucial component of their role, enabling them to save lives and empower individuals with behavioral health conditions to lead fulfilling lives.

2) **BACKGROUND.**

- a) **Peer Services.** According to the federal Substance Abuse and Mental Health Service Administration, in the context of mental health and SUD services, a peer is a person who uses lived experience of recovery from mental illness and/or a SUD, plus skills learned in formal training, to deliver services in behavioral health settings to promote recovery and resiliency. This mixture of personal experience plus formal training is a distinguishing characteristic of peer support, as peers are specifically trained to use their own experience to help others recover from severe mental health conditions or SUD. PSS is the term formalized in California law to describe peers who work in this capacity.

Evidence suggests peer services can increase social support and functioning, decrease psychotic symptoms, reduce hospital stays, and decrease substance use and depression, among other positive outcomes.

- b) **PSS Certification and Services in California.** SB 803 (Beall), Chapter 150, Statutes of 2020, established PSS certification in state law. PSSs worked in various capacities in county-administered behavioral health systems prior to the passage of the bill, but Medi-Cal did not reimburse for these services and the state lacked consistent standards for certification. Prior legislative attempts in 2015, 2018, and 2019 to implement PSS certification at the state level were unsuccessful, leaving the “county opt-in” model as a viable path forward to establish a certification program and coverage of PSS as a Medi-Cal benefit. This structure is unusual compared to other states, which often certify and cover PSS at the state level. DHCS launched the Medi-Cal Peer Support Services benefit in July 2022, in compliance with SB 803.
- i) **Federal Authority.** California’s State Plan Amendment 21-0051 added PSS as a distinct provider type in Medi-Cal and added PSS services as a rehabilitative mental health service. However, the delivery of PSS services is approved under the state’s

“1915(b) waiver” authority, which allows the state to implement the “county opt-in” model. PSS services are covered as a Medi-Cal service at the option of each county under the federally approved 1915(b) waiver application.

ii) Certifying Entity. Although certification is a county responsibility, counties joined together to designate the California Mental Health Services Authority (CalMHSA), a joint powers authority, to operate the Medi-Cal PSS Certification Program. As the certifying body, CalMHSA is responsible for certification, examination, and enforcement of professional standards for certified Medi-Cal PSS, on behalf of participating counties.

iii) County Implementation. As of December 2025, DHCS lists 53 of 58 counties as participating in PSS services, most of which provide PSS services in both mental health and SUD treatment services. Since PSS is an optional service for counties, the nonfederal share of benefit costs is funded with local funds (non-General Fund).

c) High School Diploma Requirement Poses Barriers and Delays for Otherwise Qualified Applicants and Reduces Funding Opportunities for Counties. SB 803 established minimum requirements for PSS certification, including a requirement that applicants possess a high school diploma or equivalent.

In 2024, RAND released an evaluation report that was commissioned by CalMHSA on the early implementation of California’s PSS certification. To inform the evaluation, RAND interviewed a diverse group of stakeholders involved in PSS certification, including PSS themselves and people applying to be PSS. RAND found that interviewees described the requirement to provide a high school transcript as especially challenging for two reasons. First, many applicants who graduated high school encountered administrative obstacles and delays in receiving a transcript. For instance, interviewees described difficulty requesting diplomas from school districts that have unclear instructions or obtaining diplomas that are decades old or from out of state. Second, some individuals who suffer from addiction had their formal education derailed, either by the addiction itself or by other challenging life circumstances. These individuals may otherwise be qualified to work as a certified PSS but for the requirement for a high school diploma. These observations are consistent with anecdotes from organizations that train and employ PSS, including those supporting this bill. In fact, counties report that some peers they employ are highly capable in their roles but cannot meet the high school diploma requirement to become certified. Since certification is a requirement for Medi-Cal federal matching funding, counties are losing out on federal matching funding for peer services that would otherwise be available if the peer was formally certified as a PSS.

3) SUPPORT. Supporters of this bill, including CalVoices, the California Behavioral Health Directors Association, and other organizations who train or employ peers argue that the primary qualification for PSS is lived experience with mental health or substance use challenges, not formal education. They note a high school diploma or its equivalent is not essential to meeting the state-defined core competencies for Certified Medi-Cal PSS. Supporters note peers are evaluated on their ability to connect with consumers, facilitate recovery, and provide support, rather than on their academic achievements. Skills like communication, empathy, relatability, cultural competence, self-awareness, and conflict

resolution are crucial and can be developed outside traditional high school settings. Supporters conclude that requiring a high school diploma or equivalent may create artificial barriers to entry and limit access for individuals with the potential to excel in peer support roles, while this bill would do the opposite, eliminating barriers and expanding work opportunities and access to behavioral health treatment from qualified PSS.

4) PREVIOUS LEGISLATION.

- a) SB 803 (Beall) established the PSS certification program described in Existing Law, above.
- b) SB 10 (Beall) of 2019, SB 906 (Beall) of 2018, and SB 614 (Leno) of 2015 were prior legislative attempts to establish a state program to certify peers. SB 10 was vetoed by Governor Newsom, who stated that counties may currently opt to use PSS for the delivery of Medicaid specialty mental health and noted opportunities to include PSS in comprehensive mental health transformation plans. SB 906 was vetoed by Governor Brown, who stated PSS were currently used as providers in Medi-Cal without a state certificate, and SB 906 would have imposed a costly new program that would have permitted some individuals to continue providing services but shut others out. Governor Brown urged stakeholders and DHCS to improve upon the existing framework while allowing all PSS to continue to work. SB 614 was amended on August 18, 2016, on the Assembly Floor to a new purpose.

REGISTERED SUPPORT / OPPOSITION:

Support

Cal Voices (co-sponsor)
 California Behavioral Health Directors Association (co-sponsor)
 Be Mom Aware
 California Alliance of Child and Family Services
 California Association of Peer Professionals
 California Behavioral Health Association
 California Behavioral Health Planning Council
 California Democratic Socialists of America
 California Pan - Ethnic Health Network
 California Peer Watch
 California Senior Legislature
 Community Action Marin
 Community Living Coalition
 Disability Rights California
 Healthright 360
 Hmong Cultural Center of Butte County
 Los Angeles Recovery Connect
 Marin Center for Independent Living
 Mental Health Advocacy Services
 Mental Health Association of San Francisco
 Painted Brain
 Parents Anonymous, Inc.
 Peer Recovery Art Project

Project Return Peer Support Network
Racial and Ethnic Mental Health Disparities Coalition
Steinberg Institute
Sterling Solutions
Sunrays of Hope
The Arc and United Cerebral Palsy California Collaboration
The Purpose of Recovery Inc.
Therapeutic Play Foundation

Opposition

None on file

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