

CARE Act Training & Technical Assistance

ROLE OF THE PEER IN THE CARE PROCESS

Equitable/Person-Centered Care



This session is presented by Health Management Associates. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, California Department of Health Care Services.



[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

This training on the role of the peer in the CARE process provides an overview of peer roles, benefits, and considerations for peer supports. We are also providing current examples of how peers may be supporting CARE Act processes. This is by no means the full list of potential peer roles within the CARE Act process.

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Agenda

Overview of the Role, Benefits, and Considerations for Peer Support

- Basics and the importance of peer support
- Evidence and outcomes of peer support
- Description of the core competencies and recruiting peers

Possible Roles for Peers in CARE

- Peer as a member of the behavioral health team
- Peer as a Volunteer Supporter
- Peer as a member of the court and counsel team
- Peer as a member of a Peer Organization

How to Integrate Peers in the CARE Process

- Strategies for providing support during the CARE process – engagement, court process, and developing CARE agreements/plans and Psychiatric Advance Directives

[Slide Image Description: This slide shows the major sections of this training on a light blue background.]

- Overview of the Role, Benefits, and Considerations for Peer Support
 - Basics and the importance of peer support
 - Evidence and outcomes of peer support
 - Description of the core competencies and recruiting peers
- Possible Roles for Peers in CARE
 - Peer as a member of the behavioral health team
 - Peer as a Volunteer Supporter
 - Peer as a member of the court and counsel team
 - Peer as a member of a Peer Organization
- How to Integrate Peers in the CARE Process
 - Strategies for providing support during the CARE process – engagement, court process, and developing CARE agreements/plans and Psychiatric Advance Directives

Objectives

At the end of the session, participants will have an increased ability to:

- » Identify best practices for incorporating peers in the CARE process.
- » Identify ways in which peers can be incorporated into CARE.
- » List strategies and resources available for peer support specialists.

[Slide Image Description: This slide shows the learning objectives for this training with a light blue background.]

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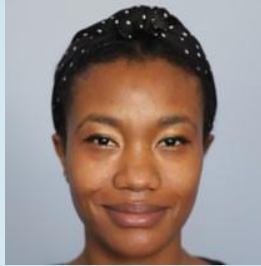
- Identify best practices for incorporating peers in the CARE process.
- Identify ways in which peers can be incorporated into CARE.
- List strategies and resources available for peer support specialists.

Presenters



DAVE LEON, LCSW

Co-Executive Director
Painted Brain



RAYSHELL CHAMBERS, MPA

Co-Executive Director & COO
Painted Brain



DEBORAH ROSE, PSYD

Associate Principal
Health Management Associates



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[Slide Image Description: This slide includes images of the presenters of this training on a light blue background.]

Dave Leon has been a social worker in Los Angeles for 20 years. He has extensive experience in front line social work within the public mental health system, psychotherapy within the college system and as an adjunct professor. Dave is also a musician. Now a Co-Executive Director of Painted Brain, he inaugurated the project with a group of artists in 2006 by launching issue one of The Painted Brain magazine.

Rayshell Chambers is the co-founder of Painted Brain, a mental health nonprofit based in Los Angeles that provides peer-based services and practice training. She is also an independent consultant that provides capacity building support and grant writing for small nonprofits that serve communities of color. She has dedicated over 20 years of her personal and professional pursuits to designing and advocating for comprehensive health and human service programs that enhance the human condition of the most vulnerable populations. Rayshell holds a bachelor degree in Sociology and Masters of Public Policy & Administration and utilizes both her cultural experiences and lived mental health challenges as a peer to design culturally-responsive programs.

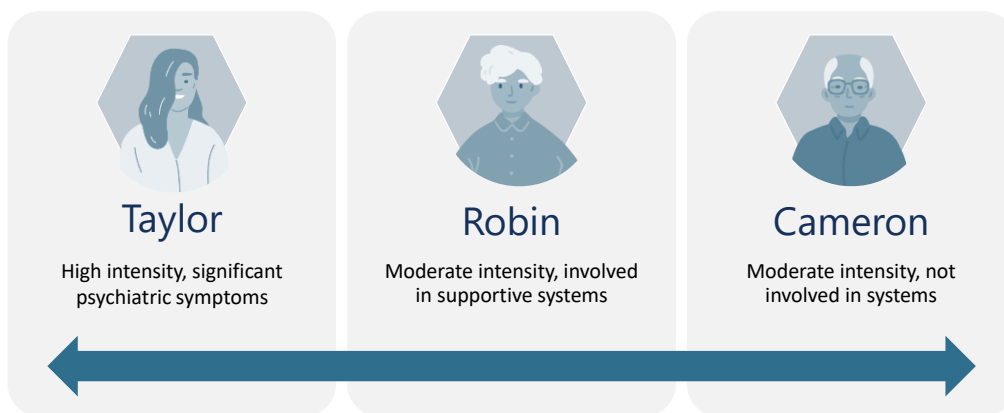
Deborah Rose, PsyD from Health Management Associates, is a licensed clinical psychologist with a history of designing and scaling new initiatives in behavioral health services. She has extensive experience working with social service agencies, behavioral health centers, care coordination, supported housing, and services for unhoused populations. Dr. Rose has broad clinical experience with a variety of underserved populations in human services and has held executive leadership positions in community-based agencies and carceral settings. Earlier in her career, Dr. Rose oversaw Kendra's Law, an Assisted Outpatient Treatment (AOT) program in NYC. She was also Deputy Director of Behavioral Health across the Rikers Island jail system. She has strived to improve access to and delivery of person-centered services for adults living with mental illness, substance use disorders, and cooccurring conditions.

Overview of the Role, Benefits, and Considerations for Peer Support

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

This first section will provide an overview of the role, benefits, and considerations for peer support. We will discuss the basics and the importance of peer support, evidence and outcomes, and distinguish between the different types of peers. We will also touch on some core competencies from SAMHSA as well as considerations for recruiting peers. We will begin this section by introducing some vignettes on the next slide.

Description of Vignettes



[Slide Image Description: This slide shows three blue vignettes of case examples Taylor, Robin, and Cameron.]

Throughout this training, we will reference three different case examples. These three vignettes illustrate differences in acuity level, connection, and relationship with services and systems and will suggest different paths and opportunities for peer support.

- Taylor is involved in risky situations and is mistrustful of systems with significant psychiatric symptoms; Taylor is representative of an individual in CARE that has “higher acuity,” meaning they are experiencing and exhibiting symptoms of their illness in such a way that puts their health and safety at a higher risk. the role of the peer supporter could be as a first line of contact, use of personal story for connection, identifying with the client and explore for possibility of improved relations with systems.
- Robin is already involved in supportive systems and needs new coping mechanisms and referrals; she is representative of an individual in CARE that has “moderate acuity,” meaning she is experiencing and exhibiting symptoms of her illness in such a way that puts her health and safety at a moderate risk. The role of peer could be to

develop rapport, help her expand her options for coping mechanisms, and offering referrals to programs that might help further.

- Cameron demonstrates moderate acuity, chronic mental health symptoms, and has difficulty communicating his needs. He is not involved in systems. The role of peer could be one of advocacy and translation, helping identify his needs and communicating these needs to the treatment team and court system through a supported decisionmaking framework.

As we talk about the role of the peer, we will reference how a peer could provide support to Taylor, Robin, and Cameron.

Background



What is a Peer?

A peer is an individual self-identified as having lived experience with the recovery process (either as a consumer of these services or as the parent or family member of the consumer) and can help others experiencing similar situations.

What is the role of a peer?

- » Prioritizes the development of a strong, supportive relationship.
- » Acts as a first line of connection, using cultural responsiveness, a person-driven approach of advocacy, mutuality and authenticity.
- » Maximizes elements of person-centered care by ensuring client choice and self-determination.
- » Represents the voice of the client.

For more information on the Peer Support Specialist role, visit [California Welfare and Institutions Code 14045.12](#). See SAMHSA's [Peer Support Workers for those in Recovery](#) for more information.

[Slide Image Description: This slide shows a picture of an individual talking in a group with a definition of a peer and an explanation of the role of a peer.]

We just introduced you to a few individuals along the spectrum that could benefit from having a Peer Support Specialist. Now let's talk about what a Peer Support Specialist is and how they can provide unique benefit.

- What is a peer?
 - A peer is an individual self-identified as having lived experience with the recovery process (either as a consumer of these services or as the parent or family member of the consumer) and can help others experiencing similar situations.
- What is the role of a peer?
 - Can prioritize developing a strong, supportive relationship.
 - Act as a first line of connection, using **cultural responsiveness, a person-driven approach of advocacy, mutuality and authenticity.**
 - Maximizes elements of person-centered care by ensuring client choice and self-determination.
 - Represent the voice of the client.

For more information on the Peer Support Specialist role, visit [California Welfare and Institutions Code 14045.12](#). See SAMHSA's [Peer Support Workers for those in Recovery](#) for more information.

Evidence for Peer Support



\$5,494 average cost savings
per person served



Reduction in inpatient services
and increase in outpatient treatment visits



27% increase in reported abstinence
by adding one nondrinking friend



Peers can help individuals
better access healthcare



Peers can help individuals
better manage their health and treatment



Peer Support in Respite reduced involuntary
hospitalizations by 32% leading to **\$1.99 million in savings**

Evidence gathered from Georgia Department of Behavioral Health & Developmental Disabilities; Optum External Peer Evaluation; Peer Support in Mental Health review; Peer-based health interventions review; Peer specialists on intensive case management teams article; Internal OptumHealth Analysis.



"Peer support improves quality of life, increases and improves engagement with services, and increases whole health and self-management."

– [Mental Health America](#)

"Telling the personal lived experience leads to...an identity transformation from being perceived as a victim or a patient to a person fully engaged in life with various opportunities ahead."

– [Peer Support in Mental Health](#)

[Slide Image Description: This slide shows evidence for peer support.]

There is evidence that peers can improve outcomes. Peer support has been demonstrated to save money in client care, reduce the need for inpatient services, increase abstinence, and help people with mental illness navigate the system more effectively. Let's take a look at some of that evidence.

- One study comparing consumers using a certified peer specialist as part of their treatment team for day treatment found an average costs savings of \$5,494 per person served vs. utilizing non-peer staff members for day treatment. ([Georgia Department of Behavioral Health & Developmental Disabilities](#))
- In one multi-site study, the New York Association of Psychiatric Rehabilitation Services (NYAPRS) found that patients who received peer support had a decrease of over 43% in inpatient services and a nearly 30% increase in outpatient treatment visits. ([Optum External Peer Evaluation for NYAPRS Peer Bridger Initiative](#))
- One study found a socially-focused treatment can impact someone's social network and hence increase commitments, in this case abstinence. The study found that increasing one nondrinking friend translated into a 27% increase in probability of reporting abstinence on at least 90% of days at follow-up visits, extending to 15

months. ([Peer Support in Mental Health: A Literature Review](#))

- A systematic literature review found that peer support can uniquely reduce barriers that prevent individuals with serious mental illness (SMI) navigating and using the healthcare system. ([Peer-based health interventions for people with serious mental illness: a systematic literature review](#))
- A study at the Veteran Health Administration found that patients receiving peer support had more improvement on the Patient Activation Measure—the knowledge, skill, confidence, and attitudes for managing health and treatment—than those that received usual care. ([A cluster randomized trial of adding peer specialists to intensive case management teams in the Veterans Health Administration](#))
- An Internal OptumHealth analysis revealed that using peer specialists in respite services in Pierce County Washington reduced involuntary hospitalizations by 32%, leading to a savings of \$1.99 million in one year. ([Internal OptumHealth Analysis](#))

[Mental Health America](#) talks about the value that peer support brings: "Peer support improves quality of life, increases and improves engagement with services, and increases whole health and self-management."

A literature review on [Peer Support in Mental Health](#) found that: "Telling the personal lived experience leads to a profound shift, from telling an 'illness story' to a 'recovery story.'" They go on to say, "This involved an identity transformation from being perceived as a victim or a patient to a person fully engaged in life with various opportunities ahead."

Evidence gathered from [Georgia Department of Behavioral Health & Developmental Disabilities](#); [Optum External Peer Evaluation](#); [Peer Support in Mental Health review](#); [Peer-based health interventions review](#); [Peer specialists on intensive case management teams](#) article; [Internal OptumHealth Analysis](#).



Peer Support Specialist

Adapted from [SAMHSA TAC Recovery Support Peers](#).

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Peer Support Specialist

- » May include the following activities
 - Advocating for people in recovery
 - Sharing resources and building skills
 - Building community and relationships
 - Leading recovery groups
 - Mentoring and setting goals
- » Role may extend to
 - Providing services and/or training
 - Supervising other peer workers
 - Developing resources
 - Administering programs for agencies
 - Educating the public and policymakers

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[Slide Image Description: This slide shows a red icon of a person with an explanation of the role of a peer support specialist.]

While we are discussing the peer support role more broadly today with regards to their potential scope of involvement in CARE, we want to take a moment to speak to the peer support specialist role, both non-certified and certified.

There are different terms for the peer support role – SAMHSA refers to this role as a “peer worker,” while “peer support specialist” is also a common term, specifically within peer organizations and BH agencies. Regardless, SAMHSA speaks to the broad range of the peer support role, that may include the following activities:

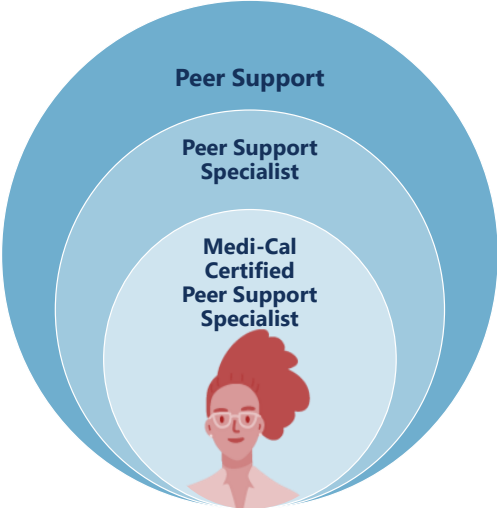
- Advocating for people in recovery
- Sharing resources and building skills
- Building community and relationships
- Leading recovery groups
- Mentoring and setting goals

SAMHSA also notes that peer support roles may extend to:

- Providing services and/or training

- Supervising other peer workers
- Developing resources
- Administering programs or agencies
- Educating the public and policymakers


Adapted from SAMHSA TAC Recovery Support Peers.



Medi-Cal Certified Peer Support Specialist

- » A Medi-Cal Peer Support Specialist is a peer that has been certified by a county peer support specialist certification program.
- » Requirements
 - At least 18 years of age with a high school diploma or equivalent degree
 - Experience with and dedication to recovery
 - Complete 80-hour training and pass the certification exam
 - Agree to a code of ethics
- » Benefits
 - Can use Medi-Cal billing codes
 - Baseline of competencies and code of ethics

See the DHCS website regarding [Medi-Cal Peer Support Services](#) and the [Certification page on the California Mental Health Services Authority website](#).


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[Slide Image Description: This slide shows a red icon of a person with an explanation of the role of a Medi-Cal certified peer support specialist.]

We'd also like to spend some time speaking to the Medi-Cal Peer Support Specialist role as well.

The Medi-Cal Peer Support Specialist is a peer that has been certified by a county peer support specialist certification program. Counties can voluntarily opt-in to provide this valuable resource, and as of January 2023, 50 counties in California include Medi-Cal Peer Support Services as a benefit in delivery systems.

Requirements

- Be at least 18 years of age.
- Possess a high school diploma or equivalent degree.
- Have experience with the process of recovery from a mental illness or substance use disorder, either as a consumer of these services or as the parent, caregiver, or family member of a consumer.
- Be willing to share their experience.
- Have a strong dedication to recovery.

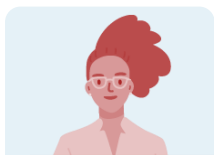
- Agree, in writing, to adhere to the Code of Ethics.
- Successfully complete the 80-hour training requirements for a peer support specialist through a [CalMHSA-approved training entity](#).
- Pass the certification examination.

Benefits

- Can use Medi-Cal billing codes
- Baseline of competencies and code of ethics

See the DHCS website regarding [Medi-Cal Peer Support Services](#) and the [Certification page on the California Mental Health Services Authority website](#).

SAMHSA's Core Competencies for Peer Workers in Behavioral Health Services



**Informed by the
following
Foundational
Principles:**

Recovery-Oriented
Person Centered
Voluntary
Relationship-focused
Trauma-Informed

- » Engages peers in collaborative & caring relationships
- » Provides support
- » Shares lived experiences of recovery
- » Personalizes peer support
- » Supports recovery planning
- » Links to resources, services, and supports
- » Provides information about skills related to health, wellness & recovery
- » Helps peers to manage crises
- » Values communication
- » Supports collaboration and teamwork
- » Promotes leadership and advocacy
- » Promotes growth and development

For more information, visit [SAMHSA's Core Competencies for Peer Workers in BH Services](#)

[Slide Image Description: This slide shows a red icon of a person with a list of SAMHSA's core competencies for peer workers. Additionally, an orange box is shown that lists the foundational principles that inform the core competencies.]

As we mentioned on the background slide, a peer can be someone with lived experience who has been successful in helping others experiencing similar situations. This slide illustrates the competencies that Peer Support Specialists should be trained on. These are provided by SAMHSA as core competencies for "peer workers." SAMHSA calls these out in 12 categories, which are informed by the 5 foundational principles of:

1. A recovery-orientation
2. A person-centered approach
3. A voluntary engagement
4. Focusing on the relationship
5. Most importantly, using a trauma-informed approach

These competencies fall into the following categories:

1. Engages peers in collaborative & caring relationships
2. Provides support
3. Shares lived experiences of recovery

4. Personalizes peer support
5. Supports recovery planning
6. Links to resources, services, and supports
7. Provides information about skills related to health, wellness & recovery
8. Helps peers to manage crises
9. Values communication
10. Supports collaboration and teamwork
11. Promotes leadership and advocacy
12. Promotes growth and development

There are more specific core competencies for the Medi-Cal Certified Peer Support Specialist, and these 12 categories and 5 principles clearly inform the more specific competencies and are in alignment with these. For more information on the competencies required for a certified peer specialist, please go to the [CAPEerCertification.org](https://www.capeer.org).

For more information, visit [SAMHSA's Core Competencies for Peer Workers in BH Services](#)

What is Cameron's situation?

- » Cameron, 72, has been off medication for ten years.
- » Cameron has lost his employment due to his unpredictable behavior and lost his housing shortly thereafter.
- » Cameron is participating in the CARE process but has expressed unease with the professionals involved in his CARE plan.
- » Disorganized thinking and speech has made communication difficult.

How can a Peer Supporter contribute?

- » For Cameron, the peer supporter role is one of empowerment and communication, helping navigate between Cameron's needs and the systems of care surrounding him.



Case Example: Meet Cameron



Disclaimer: This is a hypothetical case example.
Any resemblance to an actual person is purely coincidental,
including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Cameron and a description of Cameron's situation.]

Now let's meet and discuss Cameron.

- Cameron is 72 years old.
- Cameron is a person who is living with a chronic long term mental illness that has a moderate level of acuity. He has been off of medication for ten years.
- Cameron has lost employment due to his unpredictable behavior and lost his housing shortly thereafter.
- Cameron is participating in the CARE process but has expressed unease with the professionals involved in his CARE plan.
- Disorganized thinking and speech has made communication difficult.

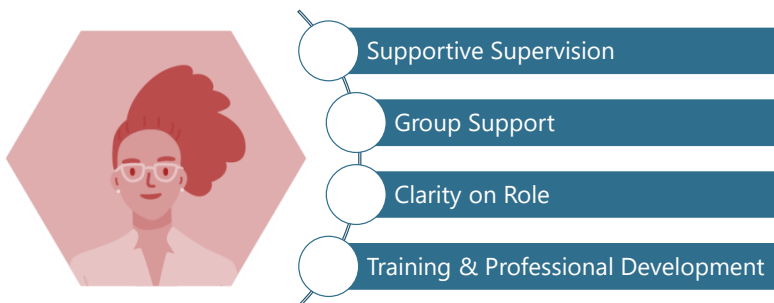
What stands out about Cameron is that he is quite disconnected from the service system. He has distrust and a lack of contact.

How could peer support help with Cameron?

- Has time, space, and understanding to help Cameron engage and navigate with the system.
- Can help increase empowerment (e.g., increase voice and choice in treatment and support needs) and communication (e.g., translating between Cameron's needs and the systems of care surrounding him).
- Help Cameron follow a person-centered, recovery-informed treatment plan and understand court processes/orders.

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Infrastructure for Peers to Thrive



For more information on certification of a Peer Support Specialist, see [CAPeerCertification.org](https://www.capeer.org/).

[Slide Image Description: This slide shows a red icon of a person with blue text boxes listing four levels of infrastructure needed for peers to thrive.]

In order to fully leverage the value-add of peers on your team, ensure workplace infrastructure provides a supportive environment for peers to thrive.

- **Supportive Supervision:** All individuals benefit from supportive supervision. Peers, especially, need supervisors that understand their value and their specific competencies; having a supervisor that also is a peer is ideal, but any supervisor should consider strategies for overseeing the work of peers specifically. Keep in mind that CalMHSA's website has a free 1-hour training in supervision of peer supporters. Though brief, this is a good place to start.

Supervisors of peers should keep in mind:

- Foster a culture with those supervised that encourages open communication, self-reflection, trust, and integrity.
- Maintain hope that Peer Supporters can find the person-driven answers within themselves to address challenges.
- Promote holistic wellness.

- Provide a supportive space. Many professionals are taught to keep their personal experience (including successes and struggles) out of their work. The unique value add of peers, however, is to really leverage that personal experience. This emotional labor can be demanding, and supervisors should help both provide a supportive space for sharing lived experience while emphasizing hope and problem-solving.
- **Group Support:** Because peer work is personal, emotionally challenging, and often ambiguous, it can be helpful for peers to learn and feel supported by other peers. Promote and coordinate group process meetings for Peer Support Specialists to focus on mutual learning, commiseration, shared sense of purpose, and dissemination of new skills and information
- **Clarity on Roles:** It's important to understand the specific value of peers and align roles with those strengths. Peers should not be thought of as "junior" team members and nor are they necessarily interchangeable with other roles, such as a community health worker or a case manager. It's important for teams to think through what the peer role looks like, and then treat that role as a co-equal on the team.
- **Training & Professional Development:** Preparing Peer Supporters with training on core competencies improves outcomes for participants by helping identify roles, skills, and practices vital to developing a connection with CARE participants.
 - Invest time for non-certified peers to receive Medi-Cal Peer Support Specialist Training and Certification, if the non-certified peer expresses interest.
 - Provide ongoing education related to cultural responsiveness, advocacy, confidentiality, respect and trauma-informed care.

For more information on certification of a Peer Support Specialist, see CAPeerCertification.org.

Recruiting Peers

- » Use core competencies as guidance and inspiration for recruitment for both non-certified and certified peers.
 - Competencies can inform job descriptions
- » There are a growing number of individuals that have their Peer Support Specialist certification.
 - California Department of Healthcare Access & Information (HCAI) funds programs that provide free Medi-Cal Certified Peer Support Specialist training and 6 months of job placement support.



For more information on peer supporters, view the [Supervision of Peer Supporters Training](#).



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[Slide Image Description: This slide shows a group of individuals holding a sign that says “Join us!” and a description of how to recruit peers.]

When thinking about how to recruit peers to teams, consider the following:

- Use core competencies as guidance and inspiration for recruitment for both non-certified and certified peers. The Core Competencies of Peer Support can offer examples for you to include in the job posting, determine the team structure that would help them thrive, identify interview questions, etc.
- There is a growing number of individuals that have their Peer Support Specialist certification. California Department of Healthcare Access & Information (HCAI) funds programs that provide free Medi-Cal Certified Peer Support Specialist training and 6 months of job placement support.

For more information on peer supporters, view the [Supervision of Peer Supporters Training](#).

Ideas in Action



- » Where are you seeing peer supporters working in your community?
- » How have you seen peer support implemented in your organization?
- » How have you found the work of peer supporters helpful?

[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Peers can work across the whole continuum of behavioral health care. From wellness centers, psychiatric hospitals, jails, and court setting, peers can bring their lived experience to support consumers with behavioral health needs. Some of the best strengths of a peer is the ability to initiate engagement, build rapport, ensure patient-driven care, and maintain therapeutic relationships within the treatment process.

Let's discuss briefly a few ideas that may prompt you to share your experience with this role:

First, where are you seeing peer supporters working in your community? We'd love to hear with which type of organization, and a little bit about the peer support role – even just the job title. For example, we are hearing about peers that are incorporated into ACT teams, into homeless outreach teams, and those that are staff at housing programs.

Second, how have you seen peer support implemented in your organization? We've

mentioned the array of locations, and will get more into specific roles, especially related to the CARE Act work shortly, but for now please share where you are seeing this important role implemented within your agency.

I want to discuss a specific example of what a peer leader brings to mental health care through the story of an art group that Painted Brain leads at UCLA's inpatient psychiatric unit.

An art group meets every Friday on the unit and for the first month it was led by a social work student. Then a Peer Support Specialist joined the group as a co-leader. His presence, and his brief disclosures about his own mental health history, including inpatient hospitalization had a clear impact on the group. The conversational content quickly changed, with participants sharing more of their own story and asking each other about their shared mental health journeys.

This is just one example that highlights the value of this role in a group setting, promoting engagement and sharing among the group.

Finally, how have you found the work of peer supporters helpful in your experience? For example, we are hearing about bringing peers into the area of family support, and the impact the peer can bring in providing the "peer in recovery" perspective to families, including bringing hope and understanding to the families. What are some other examples of how you have seen the impact of peer support in your work?

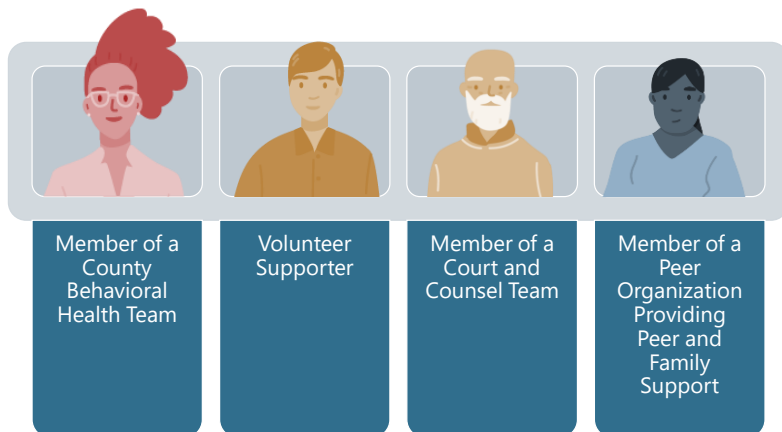
**Possible Roles for
Peers in CARE**

The slide features a dark blue square on the left containing the title. The background of the slide is light blue with a pattern of white hexagons on the right side. The DHCS and HMA logos are at the bottom left.

[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

This second section will provide an overview of the possible roles for peers in the CARE Act.

Possible Roles of Peers

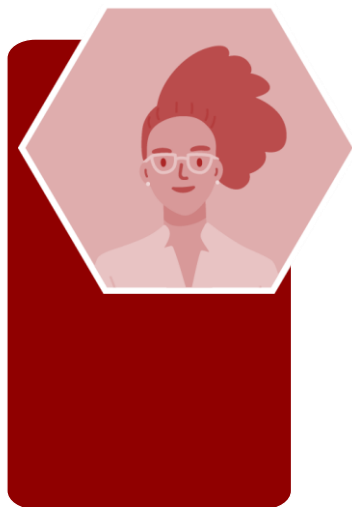


[Slide Image Description: This slide shows four colored icons of people that represent different types of possible peer roles.]

There are many possible roles for peers in CARE.

- Part of county BH teams, including crisis outreach, homeless outreach, and treatment teams
- Volunteer supporter (chosen/approved by the client)
- Embedded in courts and in public defender firms
- With a peer organization who provides services to both peers and families. This could include peer-run drop-in centers and peer-led advocacy organizations.

Peers can be volunteers, employed by organizations, or they can work with a contracted peer organization to embed peers. **As a reminder, we are providing current examples of how peers may be supporting CARE Act processes. This is by no means the full list of potential peer roles within the CARE Act process. Peers work to support the CARE client from a place of lived-experience, experience with recovery, and training in the provision of peer support services.**



Peer as a Member of the Behavioral Health Team

Possible Activities

- » Outreach activities to promote engagement
- » Individual one-to-one support
- » Plan and implement CARE agreement or CARE plan interventions
- » Attending hearings and other meetings with the client
- » Driving the client to appointments or assisting in travel
- » Coordination for the client
- » Dedicated time for notes and planning
- » Collaborate with other treatment team staff
- » Educational Skill Building Groups, Engagement and Therapeutic Activities

[Slide Image Description: This slide shows a red icon of an individual with an explanation of a peer as a member of the behavioral health team.]

Now let's get into some of the specifics of the role of the peer as a member of the county BH team.

Possible activities


- Outreach activities to promote engagement
- Individual one-to-one support
- Plan and implement CARE agreement or plan interventions
- Attending hearings and other meetings with the client
- Driving the client/respondent to appointments or assisting in travel
- Coordination for the client
- Dedicated time for notes and planning
- Collaborate with other treatment team staff
- Educational Skill Building Groups, Engagement and other Therapeutic Activities

Behavioral health teams also may partner with homeless outreach teams as well, and often these outreach teams have peers that are in coordination with the BH team,



including their peer staff.





Peer as a Volunteer Supporter

Possible Activities

- » Help the client understand, make, and communicate decisions and express preferences to the treatment team
 - » Use supported decisionmaking framework
 - » Maintain neutrality
- » Support the client in CARE proceedings, as requested by the CARE client

A volunteer supporter must be chosen by the CARE participant.

For more information about a volunteer supporter, see the Volunteer Supporter [brief](#) and [training](#) and the [Volunteer Supporter Toolkit](#).

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[Slide Image Description: This slide shows a dark orange icon of an individual with an explanation of a peer as a volunteer supporter.]

Remember that a volunteer supporter is someone chosen and approved by the CARE participant.


Additionally, once a peer becomes a volunteer supporter their role will change in the sense that they will not be in an advocacy role, that they have been used to playing as a peer supporter. The role of the volunteer supporter is clear that it is one of “support” rather than advocate.

Possible activities that that a peer could provide as a volunteer supporter:

- Help the client understand, make, and communicate decisions and express preferences to the treatment team
 - Use supported decisionmaking framework
 - Maintain neutrality
- Support the client in CARE proceedings, as requested by the CARE client

We have additional trainings and resources that provide guidance on the Volunteer Supporter role – pulled together in the Volunteer Supporter toolkit on the CARE-Act.org website.

For more information about a volunteer supporter, see the Volunteer Supporter [brief](#) and [training](#) and the [Volunteer Supporter Toolkit](#).



Peer as a Member of the Court and Counsel Team

Possible Activities

- » Assist defense counsel with developing trust and building rapport with the client
- » Explain the court and legal process, from the peer perspective
- » Assist the client with development of questions to relay to counsel
- » Help court and counsel understand the needs and preferences of the client
- » Promote a welcoming and trauma-informed court environment
- » Assist potential petitioners, including families, at Self-Help Centers

DHCS | HMA

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[Slide Image Description: This slide shows a light orange icon of an individual with an explanation of a peer as a member of the court and counsel team.]

Courts and counsel might consider having peers integrate into their teams.

Some possible activities include:

- Assist defense counsel with developing trust and building rapport with the client
- Explain the court and legal process, from the peer perspective.
- Assist the client with development of questions to relay to counsel.
- Help court and counsel understand the needs and preferences of the client.
- Promote a welcoming and trauma-informed court environment. This may include suggesting a different environment than an actual courtroom, and less formal dress.
- Assist potential petitioners, including families, at Self-Help Centers.

We are hearing from some counties that peer organizations are also coordinating with the court and counsel, as a resource for peer services, to answer questions, and overall provide general support to the CARE court.



Peer as a Member of a Peer Organization

Possible Activities

- » Accept referrals from BH Agencies and courts and counsel to provide peer support services –this could be also to families
- » Relationship-building with CARE partners to answer questions and support the court process
- » Communication regarding the CARE Act, eligibility and referral process, to community organizations who serve individuals living with mental illness

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[Slide Image Description: This slide shows a blue icon of an individual with an explanation of a peer as a member of a peer organization.]

Some activities that a peer as a member of a peer organization could:

- Accept referrals from BH Agencies and courts/counsel to provide peer support services –this could be also to families
- Relationship-building with CARE partners to answer questions and support the court process
- Communication regarding the CARE Act, eligibility and referral process, to community organizations who serve individuals living with mental illness.

For example, peer organizations have been reaching out to drop-in centers to inform them how to petition and inform their clients of CARE Act.

Ideas in Action

- » How have you seen peers working in these roles?
- » What other roles have you seen peers play in the CARE Act process?



[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Now back to Ideas in Action. **A couple questions for you to think about and respond in the chat if you would like.**

How have you seen peers working in these roles? Please share any examples of a peer in a volunteer supporter role, or on the treatment team, or helping the court or counsel. Any interesting insights to share in terms of what they are providing in these roles?

CHAT

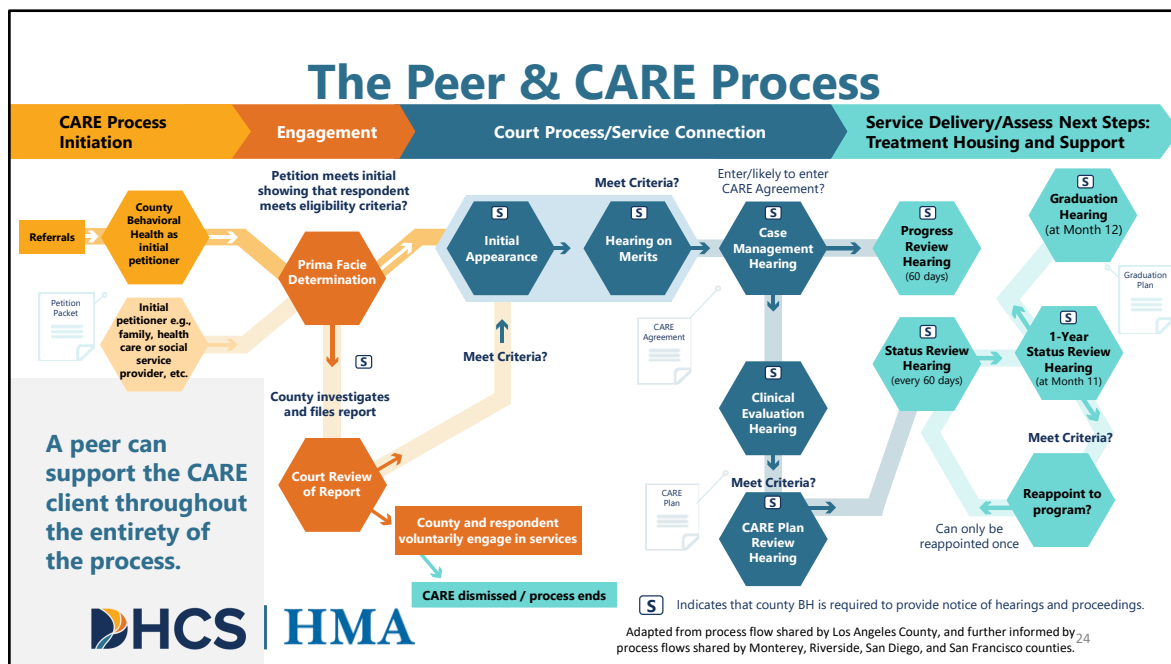
Also, what other roles have you seen peers play in the CARE Act process? What have we not mentioned or highlighted today with regards to the peer in CARE?

**Integrating Peers
in the CARE
Process**



[Slide Image Description: This is a section divider slide to indicate a major section of this training.]

So how do we integrate peers into the CARE Process? As a reminder, we are providing current examples of how peers may be supporting CARE Act processes. This is by no means the full list of potential peer roles within the CARE Act process.



[Slide Image Description: This slide shows a process flow with an example of pathways through the CARE Act process.]

This slide is a fairly detailed illustration of the CARE process that highlights the major points in the process, from beginning to end. What we're illustrating is that a peer can support the CARE client throughout the entirety of the process, including outreach & engagement, the court process including hearings and development of the CARE agreement or plan, and finally the peer's involvement in service delivery, connection and sustained engagement with the behavioral health team, and other resources such as housing and other services.

The peer can help the client understand the process and support them in expressing their choices and preferences throughout the process, as well as support with making decisions.

In a moment, we will call out the peer role during engagement in CARE, during the court process that includes the development of the CARE agreement and plan, as well as assisting with connecting with services, including housing. We'll also touch on the peer role in helping with the development of the psychiatric advance directive.

But first, let's discuss Taylor.

Description of flow:

1. Informal and formal referrals can be made to the county behavioral health (BH) agency.
2. Petitioner files a petition. This can be county BH or another initial petitioner.
3. There will be a Prima Facie Determination to see if the respondent meets the criteria.
 - If someone other than the county BH agency is the petitioner, and if the respondent is found to meet the criteria, the county BH agency will investigate and file a CARE report.
 - If they do not voluntarily engage in services and the county BH report finds that the respondent meets the criteria, they will progress to the initial hearing.
4. If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance).
5. If the respondent still meets the criteria, then there will be a Case Management Hearing.
 - If it is determined in this hearing that a CARE agreement is likely to be reached, then there will be at least one progress review hearing (but potentially there could be more).
6. If it is determined at the Case Management Hearing that a CARE agreement is not likely to be reached, the court will order a Clinical Evaluation and then a hearing to review. That evaluation is required to include an assessment of respondent's capacity to make an informed decision around psychiatric medications.
7. If the clinical evaluation finds that the respondent is eligible, a CARE plan will be developed and then reviewed in a hearing.
8. There will then be a status review hearing at least every 60 days.
9. At month 11, there will be a one-year status review hearing to determine next steps:
 - The respondent will graduate (and have a graduation hearing at month 12).
 - The respondent will be reappointed to the program, which can only happen once.

What is Taylor's Situation?

- » Taylor, 49, is newly engaging in the CARE process
- » Diagnosis of schizophrenia, currently untreated; not employed; recent 5150's
- » Taylor has been determined to be eligible and the county BH provider is currently outreaching and assessing Taylor, per the court's order.
- » While currently in housing, Taylor talks about the "spies" in their building. They also accuse the BH social worker of being "in league with big pharma."
- » Without a job or other supports, Taylor is likely to lose their housing.

How can a peer provide support?

- » Using mutuality, authenticity, and advocacy as guideposts



Case Example: Meet Taylor



Disclaimer: This is a hypothetical case example.
Any resemblance to an actual person is purely coincidental,
including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Taylor and a description of Taylor's situation.]

Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Let's take a deeper look at Taylor.

- » Taylor, 49, is newly engaging in the CARE process.
- » Diagnosis of schizophrenia, currently untreated; not employed; recent 5150's.
- » Taylor has been determined to be eligible and the county BH provider is currently outreaching and assessing Taylor, per the court's order.
- » Taylor is distrustful of the systems trying to support them and is experiencing increased paranoia and voices as noted by the BH team doing the outreach.
- » While currently in housing, Taylor talks about the "spies" in their building. They also accuse the BH social worker and psychiatrist of being "in league with 'big pharma.'"

How can a peer help provide support for Taylor? **The peer can use mutuality, authenticity, and advocacy** as guideposts, the peer may connect in a way the treatment team can't do on their own. For example:

- **Identify with Taylor** by sharing experiences with the system as well
- Talk directly about the impact of medications in the peer's own life and the **doubts** the peer has had about it
- **Represent to Taylor, in person first language, the intentions and processes of the treatment team and court system**

Like we mentioned, in the next few slides we will be going into specific parts of the CARE process in which a peer could provide support. Think of Taylor and how a peer could help provide support for them.



Role of the Peer in Outreach and Engagement

- » Peer strengths related to engagement
 - Competencies in trauma-informed care, motivational interviewing, building rapport
 - Particularly ideal time to build relationship of trust with the client
 - Brings insight of lived experience both to the CARE team and to the client
- » A few tips that peers may use for initial engagement with the CARE client:
 - Learn about the individual
 - Transparency in communication
 - Seek to understand
 - Withhold judgement

[Slide Image Description: This slide shows an image of outreach and engagement.]

Role of the Peer in Engagement

In the initial phase of CARE, the BH agency is working to engage the individual, which can be a particularly opportune step to include a peer.

- When participating in the treatment team, a peer can be a key player in engaging the client early on. We know that these individuals who may be unstable, symptomatic and suspicious of providers, may be difficult to engage. The peer could explain the CARE process in ways that can maximize engagement.
- The peer brings that unique approach to promote trust and building rapport, and ultimate engagement with the entire treatment team.

A few tips that peers may use for initial engagement with the CARE client:

- ✓ Learn about the individual
- ✓ Transparency in communication
- ✓ Seek to understand
- ✓ Withhold judgement

Consider how the peer can be used to help engage with Taylor. Remember that Taylor was recently found eligible for CARE and the BH team is ready to conduct outreach and engagement. Taylor is suspicious of the BH team. A peer can be a good bridge builder with the treatment team. Using mutuality, authenticity, and advocacy as guideposts, the peer may make contact in a way the treatment team can't do on their own.

Role of the Peer in the Court Process

Whether working as a member of the treatment team, as a volunteer supporter, or with a peer organization, peers can help the client understand and participate in the court process.

Work in coordination with the client's counsel to help the client prepare for and understand the court hearings:

- » Encourage the client to connect with their counsel with questions and preferences
- » Clarify that this is a civil, not criminal process
- » Assist the client with development of questions and treatment/service preferences to relay to the court
- » Support the court process and encourage adherence to the CARE agreement or CARE plan, adding compassion and collaboration to the experience



[Slide Image Description: This slide shows an image of the CARE flow process and an explanation of the role of the peer in the court process.]

We spoke briefly about the role of the peer if they are embedded or contracted with a court or counsel team, and some of the specifics of the support they can provide in supporting the court and counsel in this work. This slide refers to peers who are members of the treatment team, volunteer supporters, or peers who are working with a peer organization. Peers in these roles can also assist the client in understanding and participating in the court process.

- For example, as a member of the treatment team, a Peer can work in coordination with the client's counsel to help the client prepare for and understand the court hearings. The Volunteer Supporter can also provide this assistance. This can include:
 - Encouraging the client to connect with their counsel with questions and preferences
 - Assistance with clarifying that this is a civil, not criminal process, and a different kind of civil process with an emphasis on self-determination, choice to participate and connection to services. Reminder that consequences of non-participation do not automatically trigger more

restrictive alternatives (such as conservatorship). The only consequence of non-participation that this information may be included in future (within 6 months) LPS proceedings. The peer can also assist the client with development of questions and treatment/service preferences to relay to the court.

For Taylor, a peer could help them feel comfortable in the court room and explain how this process is different from when they were detained on a 5150. The peer could help Taylor voice their preferences to legal counsel.

Role of the Peer in Developing CARE Agreements or CARE Plans



- » The Peer can support the development of the CARE agreement or CARE plan that reflects the goals and preferences of the client.

Recommended Approaches

- ✓ Apply the spirit and principles of Motivational Interviewing
- ✓ Involve the client in treatment and recovery planning
- ✓ Ensure that their priorities, preferences and choices are heard and reflected in the CARE agreement or CARE plan
- ✓ Medications – promote coordination with the prescriber
- ✓ Adopt the supported decision-making approach

[Slide Image Description: This slide shows a graphic of with several papers, showing a CARE agreement, CARE plan, and graduation plan.]

Role of the Peer in Developing CARE Agreements & Plans

A peer in either role of the Peer or volunteer supporter can assist with the development of CARE agreement and plans, and even graduation plans as the client progresses through the CARE process.

- The peer can support the development of the **CARE agreement or CARE plan** that reflects the goals and preferences of the client.

Some strategies that the peer can apply during the development of the CARE agreement or CARE plan are:

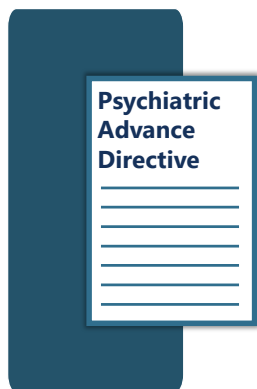
- **Applying the spirit and principles of Motivational Interviewing**, which is a nonconfrontational approach to build rapport based in active and reflective listening. Consider asking open-ended questions and withholding judgement.
- **Involving the client in treatment and recovery planning**. This can potentially be empowering to a client, in developing a plan to providing services and supports to

support their self-determination and goals.

- **Ensuring their priorities, preferences, and choices are heard.** It is about including the client's voice in the treatment planning work, reflecting their preferences, their priorities, and their goals.
- **Promote coordination with the prescriber.** Medications are a key component of the CARE agreement and plan. This is another area to ensure that there is coordination with the prescriber/psychiatrist related to ensuring that the client's preferences are heard, and they are able to ask questions with the prescriber.
- **Adopt the supported decision-making (SDM) approach.** The supporters have been offered trainings in supported decision-making – which is an approach that promotes the voice of the client, their self-determination, autonomy, and choice. Both the Peer Support Specialist and volunteer supporter should consider taking this approach when working with the client.

For Taylor, this can be engaging them in their housing preferences and making sure their gender preferences are respected. It could be helping Taylor voice their opinions regarding medications and what social supports they are interested in being connected with.

Role of the Peer in Developing a Psychiatric Advance Directive (PAD)



The peer can support these elements in the PAD

- ✓ Ensure the client's treatment preferences are reflected
- ✓ Incorporate the client's triggers to bring awareness to providers and first responders
- ✓ List activities that have worked to reduce stress levels
- ✓ Note preferred crisis and psychosocial approaches
- ✓ Incorporate any personal needs (e.g., pets, finances)
- ✓ Know that the PAD can be developed over time, and should be revisited regularly
- ✓ Help the client with other Advance Health Directive forms, including identifying a Power of Attorney

For more information, see the [Psychiatric Advance Directives training on the CARE Act Resource Center](#) and the [PADs MHSA Multi-county Innovations Project](#).

[Slide Image Description: This slides shows a paper icon representing a psychiatric advance directive (PAD) with the definition and background of a PAD.]

Role of the Peer in Developing a Psychiatric Advance Directive.

And finally, as the client progresses through the CARE process, and continues to engage in treatment and services, the peer can support sustaining the engagement and stabilization.

Statute refers to incorporating the Psychiatric Advance Directive (or PAD) later in the CARE process, during the graduation plan development, but it can be developed prior, depending on the client's readiness and desire to develop this. The peer can be an important support in PAD development. We have a specific training on our website that speaks to best practices related to PADs development.

For those in the audience new to PADs, it is essentially a:

- A legal document that details a person's specific instructions or preferences regarding future mental health treatment.
- Used to plan for the possibility that someone may lose the capacity to give or

withhold informed consent to treatment during acute episodes of psychiatric illness.

- And allows a person in a mental health crisis to retain their decision-making capacity by choosing trusted agents to help advocate for their choices.

The peer can play an important and effective role in developing this important tool that ensures the client's preferences for treatment are known to the individual's providers, possibly including first responders – both during a crisis, and outside of a crisis – supporting an approach that can not only prevent further escalation but also support a person-centered approach by being responsive to the individual's treatment preferences and priorities.

For Taylor, this could look like articulating what to do with their dog if Taylor experiences a psychiatric crisis. The peer can also help Taylor think through their potential triggers and preferences for de-escalation technique.

For more information, see the [Psychiatric Advance Directives training on the CARE Act Resource Center](#) and the [PADs MHSA Multi-county Innovations Project](#).

What is Robin's Situation?

- » Robin, 62, successfully began receiving CARE support 6 months ago, including services provided by a psychiatrist and a Certified Medi-Cal Peer Support Specialist.
- » Robin has told her peer supporter that it has recently been difficult to abstain from alcohol after the passing of a close friend.

How can a peer provide support?

- » A peer can provide individualized support identifying new ways of coping and, in coordination with the treatment team, and encourage connection to substance use treatment programs.



Case Example: Meet Robin



Disclaimer: This is a hypothetical case example.
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including race, nationality, and gender.

[Slide Image Description: This slide shows an image of an individual depicting Robin and a description of Robin's situation.]

We've talked about the CARE process through the lens of Taylor. Let's now take a look at Robin and explore ways in which she could benefit from peer involvement.

Let's take a deeper look at Robin.

- Robin is 62 years old.
- She successfully began receiving CARE supports 6 months ago, including services provided by a psychiatrist and a Certified Med-Cal Peer Support Specialist.
- Robin is an example of someone who is pretty stable and demonstrates a low-acuity of mental health symptoms.
- She is open with her peer supporter about the kinds of additional support she currently needs. For example, she told her peer supporter that it has recently been difficult to abstain from alcohol after the passing of a close friend.


How can a peer support specialist help Robin? A peer support specialist can provide individualized support. For example:

- Provide supportive listening to develop rapport
- Encourage Robin to develop her awareness of her needs and ask if there are other supports she might benefit from
- Help Robin identify and connect with a treatment provider or support service for her concerns about alcohol usage


Disclaimer: This is a hypothetical case example. Any resemblance to an actual person is purely coincidental, including race, nationality, and gender.

Ideas in Action


Let's think back to our three CARE participants and how peers can support them during the CARE process.




Taylor



Robin



Cameron



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[Slide Image Description: This is an Ideas in Action slide that provides an opportunity for participants to practice using the information. It contains a checkbox and an arrow.]

Let's think back to our three CARE participants and how peers can support them during the CARE process. Peer Professionals working with these three individuals will benefit from knowledge and practice skills in the core competencies in different ways.

For all three people, a peer could bring a focus on **hope, recovery, and wellness** from a **trauma informed perspective** all in the service of **advocacy** and **navigation of systems**. However, specific areas of competence come into play when thinking about supporting Taylor, Robin and Cameron.

- Taylor
 - 49, at the beginning of their CARE journey, at high risk of also losing housing
 - For Taylor, the peer can apply competence in **safety and crisis planning, conflict resolution, and connection to other services** and most importantly **self-awareness and self-care**.
- Robin

- 62, successfully utilizing CARE supports, at risk for substance use relapse because of the loss of a close friend
- For Robin, the peer can apply competence in **co-occurring disorders of mental health and substance use**, and possibly **group facilitation skills** to help Robin increase her social contact.
- Cameron
 - 72, apprehensive of clinical CARE staff and reluctant to engage
 - For Cameron, the peer can apply competence in the impact of **structural barriers**. To really connect with Cameron the peer will need to be very comfortable discussing topics like **confidentiality**, making it clear to Cameron that this is to his benefit and will help him reconnect and move towards his personal goals.

Objectives

At the end of the session, participants will have an increased ability to:

- » Identify best practices for incorporating peers in the CARE process.
- » Identify ways in which peers can be incorporated into CARE.
- » List strategies and resources available for peer support specialists.

[Slide Image Description: This slide recaps the learning objectives for this training with a light blue background.]

At the end of the session, participants will have an increased ability to:

- Identify best practices for incorporating peers in the CARE process.
- Identify ways in which peers can be incorporated into CARE.
- List strategies and resources available for peer support specialists.

Peer Support Billing Resources

- » [Medi-Cal Peer Support Services](#)
- » [Medi-Cal Peer Support Specialist Certification page on the California Mental Health Services Authority website](#)
- » [Specialty Mental Health Med-Cal Billing Manual](#) (Revised 4/2023)
- » [County Claims Customer Services Library on the DHCS website](#)
- » [Opting into, providing, and billing for the Medi-Cal Peer Support Services benefit FAQ page on the DHCS website](#)

[Slide Image Description: This slide shows a list of peer support billing resources.]

Additional Peer Support Billing Resources:

- [Medi-Cal Peer Support Services](#)
- [Medi-Cal Peer Support Specialist Certification page on the California Mental Health Services Authority website](#)
- [Specialty Mental Health Med-Cal Billing Manual](#) (Revised 4/2023)
- [County Claims Customer Services Library on the DHCS website](#)
- [Opting into, providing, and billing for the Medi-Cal Peer Support Services benefit FAQ page on the DHCS website](#)

Additional Peer Support Resources for CARE Participants and Peers

- » [Peer Support Groups - Schizophrenia & Psychosis Action Alliance \(sczaction.org\)](https://sczaction.org)
- » [Schizophrenia Peer Support](#)
- » [5 Best Schizophrenia Support Groups \(healthline.com\)](https://www.healthline.com)
- » [NAMI Peer-to-Peer | NAMI: National Alliance on Mental Illness](#)
- » [Painted Brain Services](#)

[Slide Image Description: This slide shows a list of additional peer support resources for CARE participants and peers.]

Additional Peer Support Resources for CARE Participants and Peers

- [Peer Support Groups - Schizophrenia & Psychosis Action Alliance \(sczaction.org\)](https://sczaction.org)
- [Schizophrenia Peer Support](#)
- [5 Best Schizophrenia Support Groups \(healthline.com\)](https://www.healthline.com)
- [NAMI Peer-to-Peer | NAMI: National Alliance on Mental Illness](#)
- [Painted Brain Services](#)

Next Steps

- » Visit CARE-Act.org for resources (including recordings of past trainings) and to submit questions/TA requests.
- » [Complete this form](#) to join the communication listserv.



[Slide Image Description: This slide shows bullets with next steps. It contains decorative arrows.]

Please let us know how we can best support your teams. Contact info@CARE-Act.org with questions, join the communications listserv, and submit requests and feedback for CARE Act TTA. Please also visit the CARE Act Resource Center website for training decks and recordings, which will be added two weeks after each training.

Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [**CARE-Act.org**](https://www.care-act.org) and our email address is [**info@CARE-Act.org**](mailto:info@CARE-Act.org).