CARE Act

Community Assistance, Recovery, and Empowerment Act

Effectively Integrating Peer Support Workers into the CARE Process

The **Community Assistance, Recovery, and Empowerment (CARE) Act** process is a civil court process that offers multiple pathways to treatment for **eligible adults**. As counties build and refine their CARE teams, peer support workers are trusted as essential contributors whose lived experience and recovery-oriented approach strengthen engagement, trust, and person-centered care. This toolkit offers practical guidance and examples regarding how counties are integrating peer support workers throughout the CARE process.

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES HMA

What Is a Peer Support Worker and Why Are They Effective?

What Is a Peer Support Worker?

In the realm of social service, a peer is an individual who self-identifies as having lived experience with the recovery process and lives with a mental health or substance use disorder (SUD). A peer support worker uses this lived experience as the foundation in supporting others who are navigating similar circumstances. There is a long history of utilizing peer support workers within behavioral health across many states.

For more information, see the **Role of the Peer Support Worker in the CARE Process** training and Substance Abuse and Mental Health Services Administration (SAMHSA)'s **What Are Peer Recovery Support Services?**

Peer support workers are trained and distinguished by their ability to provide uniquely supportive relationships, employ cultural responsiveness, and advocate for person-centered care. They serve as authentic connectors, promoting choice and self-determination, and frequently represent the voice of the person being served within multidisciplinary teams. Importantly, peer support workers are not mini-clinicians or clinical extenders; they operate within a distinct scope of practice grounded in lived experience, mutuality, and non-hierarchical support rather than clinical assessment or treatment delivery.

While many treatment and recovery team members may have lived experience, peer support workers are distinct in that this lived experience is purposefully and ethically used as the foundation of their role in supporting individuals receiving services. Their work complements clinical and case management functions and is most effective when peers are supported to practice within their defined scope and valued for the unique expertise they bring to behavioral health teams.

Is there a difference between a peer support worker and a family peer supporter?

Peer support workers generally provide direct support to individuals experiencing a mental health condition or SUD, drawing on their own lived experience of recovery. *Family* peer support workers, by contrast, bring lived experience as a family member or caregiver and primarily support families navigating the behavioral health system. While these roles are complementary, they are not interchangeable. Both bring distinct and significant value to behavioral health teams by strengthening engagement, promoting understanding, and supporting recovery-oriented, person-centered care.

When an individual holds both peer support worker and family peer supporter experience, it is important that they are able to intentionally shift into the role that best aligns with the needs of the person they are supporting at that time. This requires strong self-awareness, clear role boundaries, and an ongoing commitment to mitigating the impact of personal bias so that support remains non-judgmental, recovery-oriented, and responsive to the goals and preferences of those served.

What is a Medi-Cal Peer Support Specialist?

Many people with lived experience complete a specialized training process to become a **Medi-Cal Peer Support Specialist,** which is a credentialed professional within California's public behavioral health system. This role is codified in **California Welfare and Institutions Code section 14045.12** and structured under Medi-Cal's Peer Support Services benefit.

To qualify, an individual must complete a state-approved training program (minimum 80 hours) and pass a certification examination. They must also agree to a **Code of Ethics** and demonstrate **core competencies** that every peer support specialist is required to know, including recovery orientation, person-centered engagement, cultural responsiveness, trauma-informed care, advocacy, and self-care.

Certification confers:

- A defined scope of practice under Medi-Cal.
- Eligibility for reimbursement for peer support services.

In addition to core certification, there are four optional **areas of specialization** for certified Medi-Cal Peer Support Specialists—Parent, Caregiver, and Family Member Peer; Peer Services in Crisis Care; Peer Services for Unhoused; and Peer Services for Justice Involved—with each requiring an additional 40 hours of accredited training.

See the California Department of Health Care Services (DHCS) website regarding **Medi-Cal Peer Support Services** and the **peer certification page** on the California Mental Health Services Authority website.

Why are peer support workers effective?

Peer support workers contribute unique value to behavioral health interventions for several reasons:

- **Validation of Experience:** Normalizing feelings of fear, ambivalence, stigma, and distrust by sharing their own recovery narratives promotes a sense of psychological safety.
- **Reduction of Stigma:** Disclosure of lived experience reframes behavioral health issues from being shameful to being a shared experience, mitigating stigma and promoting connection and empowerment.
- **Modeling Recovery:** Examples of real-life recovery journey provides hope and tangible evidence that improvement and stability are attainable.
- **Facilitation of Trust:** Individuals who may distrust clinical or judicial systems often engage more readily with peer support workers, who have often navigated both behavioral health conditions and treatment pathways. This often creates a space where trust can be more easily fostered.
- **Cultural Responsiveness:** Peer support workers frequently reflect the cultural and social contexts of the populations they serve. This familiarity can help inform approaches to recovery and improve rapport.

Evidence for Peer Support Workers

This value is reinforced by evidence demonstrating that peer support involvement improves service engagement, decreases cost, and improves self-management. Recent findings summarized in an **issue brief on peer support** show that evidence-based peer support services are consistently associated with improved outcomes and reduced utilization of high-cost care, including emergency department visits, hospitalizations, inpatient care, and readmissions. Additional analyses highlight measurable financial impact, including significant reductions in total cost of care and strong returns on investment.

One **study at the Veteran Health Administration**, for example, found that patients receiving peer support had a marked increase in knowledge, skill, confidence, and attitudes for managing their own health and treatment. This is especially promising for CARE participants, as the goal is to sustain self-management after the CARE process.

California counties implementing CARE echo these findings, reporting that peer support workers consistently enhance engagement and facilitate smoother transitions across programs. Together, this research and real-world experience highlight why peer support workers are essential contributors to recovery-oriented, person-centered behavioral health systems.

Supporting the Peer Support Workforce

Recruitment

> See a sample job description and interview questions in the **Sample Peer Support Worker Recruitment Resources.**

Effective recruitment of peer support workers is a strategic process that should clearly communicate the prioritization of peer support integration into the treatment team. County behavioral health (BH) agencies can leverage the **Medi-Cal Peer Support Specialist standards** and **Core Competencies** to ensure that recruitment reflects the principles peer support workers will embody in their work.

To effectively recruit and retain peer support workers, it is important to:

- **Define competencies and expectations.** Position descriptions should explicitly reference direct lived experience, stability in recovery, and comfort with authentic disclosure as essential qualifications. Incorporate SAMHSA domains—recovery orientation, cultural responsiveness, trauma-informed care, and advocacy—into job postings and interview questions. The role and responsibilities of the peer support workers should also be defined in the job description, policies, and procedures.
- **Diversify recruitment channels.** Move beyond generic job boards. Develop meaningful, mutually beneficial partnerships with peer-run organizations and advertise through statewide peer networks, conferences, and community-based organizations. Some counties have reported that the most successful hires often come through internal networks and referrals from current peer support workers. Many organizations that provide the Medi-Cal peer support training also offer placement services. Check in with **these organizations** to see if they have networking opportunities or a place for county BH to advertise job postings.
- **Structure inclusive selection processes.** Include experienced peer support workers on interview panels to validate lived expertise and to identify applicants whose experiences align with those commonly seen among CARE participants (e.g., serious mental illness, court processes, etc.). Frame questions around competencies (e.g., "Describe a time you supported someone without directing their choices"). Make it clear that certification is a goal, not a barrier, and offer pathways for candidates to obtain Medi-Cal certification post-hire.

- **Ensure transparency and equity.** Provide clear timelines for hiring, training, and advancement. Outline salary progression and criteria for promotion. Transparency fosters trust and retention.
- **Center recovery narratives.** Invite candidates to share appropriate disclosures of their lived experience and reflect on resilience. These narrative prompts align with an emphasis on self-awareness and authentic disclosure, modeling the relational approach peer support workers will use in practice.
- **Define expectations related to evidence-supported treatment.** All team members should be aware of research-supported best practices for individuals with a mental health condition or SUD. Peer support workers are not expected to be clinical experts, but they play a key role in supporting multiple pathways to recovery. Interviews for all team members should include respectful questions that explore familiarity with evidence-supported treatments, openness to multiple pathways to recovery, and a willingness to incorporate support for medication (including Medications for Addiction Treatment (MAT) or Medication-Assisted Recovery (MAR)), psychosocial supports, and harm-reduction practices. At the same time, leadership and clinical staff should ensure all team members understand the unique value of peer support and that peer support workers are integrated into teams as behavioral health experts in their realm of practice.

Counties such as Alameda, Los Angeles, and Sonoma embed peer values into recruitment by:

- Partnering with peer-run organizations for candidate pipelines.
- Including peers in selection panels.
- Advertising at peer conferences and community forums.
- Offering structured career progression and Medi-Cal certification support.

Recruitment, when approached as a values-driven process, becomes the first act of cultural transformation—affirming that peers are indispensable partners in delivering person-centered, recovery-oriented care.

Supervising Peer Support Workers

Effective supervision is a critical component of retaining peer support workers and supporting high-quality peer practice. Similar to the supervision of other behavioral health professionals, supervision of peer support workers should extend beyond administrative oversight. Best practices emphasize fostering a culture of trust, open communication, and emotional safety, while reinforcing clear role boundaries and expectations.

> For additional resources on the supervision of peer support workers, see **The Supervision of Peer Support Specialists** training workbook and the **Supervisor of Peer Workers Self-Assessment**.

Supervision should focus on the professional practice of peer support, not clinical treatment or therapy for the peer support workers. They should emphasize practical skill development in areas including:

- Leadership
- Goal setting
- Problem solving
- Communication (e.g., use of structured frameworks such as Situation, Background, Assessment, and Recommendation (SBAR))
- Evaluation and performance feedback
- Ethics
- The recovery-oriented peer support model of care and trauma-informed practices
- Modeling hope and resilience while promoting holistic wellness

Supervisors should be trained in peer support competencies and understand the distinct scope of peer support worker practice. Whenever possible, supervision should be provided by senior peer support workers who have been trained as supervisors, as they are best positioned to support peer support workers in navigating role clarity, boundaries, and the emotional demands of the work.

For counties that do not currently have senior peer support workers in supervisory roles, partnering with peer-run organizations may be an effective strategy to support supervision, recruitment, and workforce development while maintaining fidelity to peer support principles.

Best Practices for Retention

Keys strategies for retaining peer support workers on county BH teams include:

- **Preparing the organization.** Organizations need to recognize the value of peer support workers and the recovery model of care complimenting clinical services.

- **Fully integrating peer support workers into teams and processes.** Peer support workers should be treated as experts in behavioral health, equal partners, and assets to the team. Their role on a treatment team and opportunities for professional contribution should be defined for all team members and supported by leadership. Examples of responsibilities include:
    - Attending team meetings and care and recovery planning sessions.
    - Opportunities for input related to the CARE participant's care based on the participant's wishes.
    - Defined responsibilities related to intervention provision and CARE participant engagement.
- **Establishing realistic support capacity for peer support staff.** Appropriate ratios are critical given the emotional intensity of behavioral health work and help prevent burnout while supporting high-quality peer support worker engagement.

FAQ: **What resources are available to peers who are interested in supporting CARE respondents?**

- **Determining the most appropriate approach for supporting peer support staff.** Peer support worker roles are most successful when they have access to senior peer support workers, peer networks, consultation, and training. Counties should assess whether they have sufficient peer support staff capacity to provide the subject matter expertise internally, or whether partnering with an external, peer-run organization is necessary to ensure consistent, high-quality peer support services.
- **Promoting ongoing training and professional development.** Retention improves when peer support workers have access to:
    - Continuing education on **peer support competencies**, trauma-informed care, and cultural responsiveness.
    - Medi-Cal certification pathways and refresher courses.
    - Specialized training on motivational interviewing, crisis planning, and supported decisionmaking.
- **Building peer-to-peer support networks.** Create forums for mutual learning and professional support:
    - Regular peer support worker huddles or lunch-and-learns.
    - Peer support worker mentorship programs.
    - Access to statewide peer support networks and conferences, especially if there is a limited number of peer support workers in your county.
- **Integrating secondary trauma support into organizational structures.** County BH teams should proactively train all staff on trauma-informed care practices

including secondary trauma and transference through training, supervision, and organizational practices that promote emotional well-being.

- **Offering career pathways and advancement opportunities.** Programs can define progressive roles such as Senior Peer Support Supervisor, Peer Support Coordinator, Trainer, and Program Manager to create a structured trajectory for professional growth. In addition, organizations should invest in leadership development initiatives and succession planning to ensure that experienced peer support workers can transition into other supervisory and managerial positions. These measures enhance retention and reinforce the value of lived experience as a cornerstone of behavioral health systems.
- **Providing fair and equitable benefits.** Programs should leverage Medi-Cal reimbursement to fund certified peer support positions, ensuring that the credentialed status translates into a sustainable revenue stream and competitive salaries. Consider the expectations for other treatment and recovery team roles and ensure that these are matched for peer support workers. For example, how professionals are recognized and expectations for time spent in training, workshops, and continuing education. This also includes fair compensation.
- **Educating partners on the value of peer support.** By educating public defenders, courts, behavioral health providers, and other partners on the importance and value of peer support workers in the CARE Act, peer support workers can be more successful and effective in their role.

Roles Peer Support Workers Can Play in CARE

Peer support workers may be employed directly by county BH departments, through contracted providers, and/or by other partners.

- **County Behavioral Health Teams:** Peer support workers work alongside clinicians in Full-Service Partnerships, crisis response, homeless outreach, and treatment and recovery planning units to support the recovery process. They assist with outreach and engagement, explain CARE processes, problem solve with the CARE participant on barriers to participation in services, and contribute to developing CARE agreements, CARE plans, and graduation plans based on the voice and choice of the CARE participant.
- **Court and Legal Settings:** Peer support workers may be embedded in CARE courts, public defender offices, or court service units. In these roles, they help CARE participants understand proceedings, provide emotional support, and advocate for person-centered approaches during hearings.

- **Peer-Run Organizations:** Counties can also partner with peer-led entities to facilitate recovery groups, mentor and train peer support staff, build community connections, provide ongoing continuing education, and link CARE participants and families to resources beyond the formal CARE structure.

> FAQ: **How is the volunteer supporter role different from a peer worker on the county behavioral health team?**

Note that natural supports and volunteer supporters are distinct from peer support workers. A volunteer supporter is an adult chosen by the respondent to provide support throughout the CARE process and to promote the respondent's preferences, choices, and autonomy. The volunteer supporter may be a family member or friend, and may or may not have lived experience. It is not recommended that a peer worker serving on the CARE team also act as a volunteer supporter, as it may compromise their ability to serve as a neutral advocate in the volunteer supporter role.

Leveraging Peer Support Workers throughout the CARE Process

Peer support workers can play a critical role at each point in the CARE process, as their lived experience and recovery-oriented approach make them uniquely suited to build trust, foster engagement, and ensure person-centered care. Consider reviewing the **CARE Process Flow for County Behavioral Health** and your county's internal processes to consider where you can incorporate the unique skills of a peer support worker.

Initiation and Early Engagement

> Consider using the video **How the CARE Act Can Help You Access Support and Treatment: A Peer's Perspective** in initial outreach efforts to a CARE participant.

Before a petition is filed, peer support workers can lead outreach and education efforts. For example, they can:

- Explain CARE eligibility and process to potential CARE participants and families.
- Answer questions from petitioners about participation.
- Begin outreach and engagement to build rapport and lay the foundation for trust.
- Gather strengths, barriers, and preferences from a CARE participant in a non-judgmental setting.
- Lead or accompany team members as they serve notice of proceedings, explaining what the CARE process is (and isn't) and translating technical documentation.

Court Proceedings

Peer support workers can provide emotional and practical support during hearings throughout CARE by:

- Educating CARE participants on what to expect in court.
- Encouraging engagement and explaining the process.
- Accompanying CARE participants to be of support and help explain courtroom procedures.
- Translating legal jargon into plain language.
- Helping CARE participants formulate questions and express preferences.
- Advocating for trauma-informed accommodations (e.g., less formal settings).

CARE Agreement and CARE Plan Development

Peer support workers can co-create CARE agreements and CARE plans with the CARE participant and all other members of the CARE team by:

- Engaging the CARE participant about their goals, priorities, and treatment preferences.
- Suggesting culturally responsive and trauma-informed strategies.
- Facilitating conversations with natural supports and volunteer supporters.
- Ensuring plans reflect recovery values identified by the CARE participant.

Ongoing Engagement

Peer support workers can maintain ongoing connection and accountability by:

- Sending reminders and check-ins via text or phone.
- Accompanying CARE participants to appointments and meetings, with their consent.
- Hosting recovery groups and sharing coping strategies.
- Helping the CARE participant build, repair, or foster natural supports.
- Participating in multidisciplinary team meetings to share updates on progress.
- Working with the CARE participant to develop a **psychiatric advanced directive** (PAD).

Crisis Response

When setbacks occur, peer support workers can use the rapport and connection with the CARE participant to:

- Provide de-escalation and emotional support during crises.

- Support the CARE participant with expressing their wishes, if a PAD has not been developed.
- Help re-engage CARE participants with their CARE agreement or CARE plan.
- Prepare individuals for reappointment hearings if needed.

Graduation and Transition

Peer support workers can support CARE participants through graduation by:

- Leading and/or participating in conversations around reappointment and graduation.
- Celebrating achievements and reviewing goals.
- Encouraging CARE participants to build a natural support network.
- Ensuring PADs are created and updated.
- Drafting transition plans linking to community resources and connecting individuals to ongoing supports beyond CARE (e.g., peer-run organizations, wellness centers, peer respites, clubhouses).

Administrative Claiming for Work Done by Peer Support Workers

Peer support staff may be included in CARE Act administrative claiming in the same manner as other members of the treatment team when performing CARE-related administrative activities. CARE Act administrative claiming is based on the activity performed, not employee type, and counties may claim for administrative work related to court hearings, court reports, outreach and engagement, providing notice (required legal notices related to CARE proceedings), and data reporting. This includes ancillary activities related to primary administrative functions, such as preparation time, internal meetings, and appropriate supervisory oversight.

As with all staff, counties must ensure that time claimed for CARE administrative activities is not also billed to Medi-Cal or commercial insurance for the same activity. Activities must be claimed or billed only once, using the most appropriate and non-duplicative reimbursement pathway.

For more information on CARE administrative claiming, see the **Claiming for Administrative Activities Related to CARE** brief.

Practical Tips

- **Build bridges with peer-run organizations.** Partner with peer-led entities that have expertise in supporting peer support workers. These organizations can provide a wide range of support including:
    - One-on-one and group peer support services.
    - Recovery communities.
    - Pipelines for recruitment.
    - Capacity building.
    - Training and technical assistance resources (e.g., leadership skills, psychoeducation, recovery and empowerment, peer support certifications).
    - Networking and conference opportunities.
    - Peer-to-peer spaces that acknowledge both the professionalism and the recovery journey of peers.
    - Other community-based supports that extend beyond the CARE framework.
- **Think through how peer support workers can develop professionally.** Signal from the outset that peer support workers will be supported, not left to navigate their professional performance and advancement on their own. Inform peer support worker candidates that onboarding includes mentorship, supervision by a peer support worker or trained supervisor, and access to continuing education. Highlight career ladders (Peer Support Worker → Senior Peer Support Supervisor → Trainer → Coordinator) and benefits such as paid professional development and sabbaticals for trauma recovery. Provide structured supervision that fosters professional development, open communication, self-reflection, and holistic wellness.
- **Reconceptualize the team to elevate the lived experience**. Integrating peer support workers into CARE teams is most successful when the whole team recognizes the contributions of a peer support worker as co-equal members of the CARE team. Frame organizational charts, meeting protocols, and decision-making processes to reflect this equality. Educate all team members on the evidence-based practice of peer support and embed that expectation into policy and practice.
- **Distinguish the responsibilities of the peer support worker vs. the volunteer supporter.** Differentiate roles clearly: natural supports and volunteer

For more information, see the introductory video on the role of the volunteer supporter and the **Volunteer Supporter Toolkit**.

supporters are distinct from peer support workers, and role clarification should be documented upfront.

- **Address funding and billing.** Use Medi-Cal reimbursement to fund certified peer support specialist positions and understand claiming and billing. Explore grant opportunities and use CARE **administrative claiming** to maximize the coverage of a peer support worker's services as applicable.
- **Celebrate successes and monitor burnout.** Help all staff recognize milestones the CARE participant experiences—successful engagement, development of CARE agreements and CARE plans, graduation—and build formal opportunities for acknowledgment. At the same time, monitor for compassion fatigue and burnout. Schedule regular check-ins, provide access to wellness resources, and adjust workloads as needed to sustain the workforce.

County Practices for Integrating Peer Support Workers in CARE

This section provides an overview of how California counties are operationalizing the inclusion of peer support staff in their CARE teams, highlighting concrete examples from counties actively using peer support workers. The goal is to surface promising models, emerging norms, and practical lessons that counties can use to replicate successful approaches and strengthen CARE implementation statewide.

If your county would like to hear directly from peer support workers and learn how other counties are successfully integrating peer support into the CARE process, we can help make that connection. Consult the **CARE Act Website Directory** or email **info@care-act.org**.

Team Integration

Many counties have embedded peer support workers as full members of CARE teams, including **Alameda**, **Fresno**, **Los Angeles**, **Madera**, **Merced**, **Riverside**, **San Bernardino**, **San Diego**, **San Joaquin**, **Santa Barbara**, **Santa Clara, Stanislaus**, and **Ventura**.

For example, **Santa Barbara County** fully integrates peer support workers across Assisted Outpatient Treatment (AOT), CARE, and Full Service Partnership (FSP), treating them as equal team members who participate in meetings, carry caseload responsibilities, and provide continuity as individuals move between programs. **Santa Clara County** also has integrated peer support workers throughout county BH, including on CARE teams. One way they reinforce the importance of peer support

workers in their teams is by avoiding hierarchical titles like "lead" or "primary" for clinicians.

These and other counties report that integration works best when peer support is built into the structure of the team from the start.

Outreach and Engagement

Peer support workers often serve as the first point of contact for individuals and families. Peer support workers are an integral part of outreach for **Alameda** and **Butte.** In **Fresno**, peer support staff often make the first contact and set the tone for future engagement. **Placer** sends trained peer support workers into the community to build relationships, foster trust, reduce barriers to access, and introduce CARE services before formal program engagement begins. **Santa Barbara** uses peer support workers to support continuity and smooth transitions between programs. Peer support workers in **Merced** support engagement efforts by assisting with transportation, check-ins, and ongoing encouragement with CARE participants. **Madera** and **San Diego** report hiring peer support workers specifically to enhance engagement, build trust, and provide lived-experience recovery perspectives that complement clinical work.

Court Support

Many counties also report the importance of including peer support workers in the courtroom. **Fresno**, **Los Angeles**, **San Diego**, and **San Francisco** all prioritize having peer support workers attend court with CARE participants. Peer support workers in **Fresno** and **Los Angeles** often support CARE participant transportation needs, including transportation to court. **Placer** peer support workers provide supportive assistance and linkage for court hearings, using their lived experience to help reduce CARE participants' anxiety and fears about the court process.

Training and Education

Counties recognize that successful integration requires training for peer support workers and the broader system. **Santa Clara** offers extensive training for peer support workers, including interactive video simulations. In **San Franscisco**, peer support workers are certified and receive advanced Wellness Recovery Action Plan (WRAP) training, as well as training in motivational interviewing and basic cognitive behavioral therapy (CBT). **Santa Barbara** supports peer support workers in getting certified as Medi-Cal Peer Support Specialists. **Los Angeles** likewise supports the certification of peer support workers, including providing structured training during the certification process, exam scholarships, and exam preparation coaching.

Supervision, Policy, and Human Resources

Counties are building structural supports to sustain peer support roles. **Riverside** has embedded structural supports for peer support workers directly into organizational policy that outlines how peer support staff can be involved. **Santa Barbara** has cultivated a strong peer support infrastructure, including a dedicated Peer Empowerment Manager. **San Francisco** follows a similar model where peer support workers are supervised by experienced leaders with lived experience. **Alameda** uplifts the leadership of peer support workers and family peer supporters through their Office of Peer Support Services and Office of Family Empowerment. **Los Angeles'** Chief of Peer Services urges counties to involve peers in program design and adjust hiring policies to include applicants with nontraditional backgrounds such as peers.

Other counties recommend creating committees to draft interview questions that surface authentic lived experience, write clear job descriptions, and define boundaries between peer support workers and volunteer supporters. Supervisors are trained to provide trauma-informed oversight, and policies explicitly include peers to ensure accountability and clarity.

Partnerships with Other Organizations and Programs

Counties are also leveraging other programs and external networks to strengthen CARE implementation. **Santa Barbara** coordinates CARE, AOT, and FSP teams to share peer support resources. **Calaveras** integrates peer support workers into existing mental health and SUD programs, allowing them to support CARE participants as needed. **San Francisco** partners externally with a peer-run organization, Mental Health Association of San Franscico, to provide peer support for CARE participants.

Funding and Billing

Counties acknowledge that sustainability hinges on funding. **Los Angeles** and **Riverside** have emphasized the importance of billing for peer support and note that many peer support staff activities are billable.

We extend our sincere appreciation to all the counties that participated in discussions and shared their best practices for integrating peer support workers into CARE. Your insights and experiences are invaluable in shaping effective, person-centered approaches across California. By contributing your knowledge, you are helping build a

stronger, more collaborative system that honors lived experience and promotes recovery.

We also thank our partners, **Painted Brain**, a peer-run organization that provides technical assistance and peer support training.