



**California Health and Human Services Agency (CalHHS)  
988-Crisis Peer Supporter Workgroup, Meeting 1  
Meeting Summary  
June 11, 2024, | Virtual Meeting**

Meeting Materials and Recording are available on the [988-Crisis Policy Advisory Group website](#). Public Zoom chat from the meeting is included as an Appendix to this summary.

For additional information and resources, please see the following sites:

- [CalHHS Behavioral Health Crisis Care Continuum Plan \(CCC-P\)](#)
- [Presentation on the CCC-P](#) from February 16th, 2023 by Stephanie Welch, the Deputy Secretary of Behavioral Health at CalHHS. (Note: Stephanie’s presentation begins at 54:03 and ends at 1:30:30. The Q&A extends until 1:46:30.)
- [988-Crisis Policy Advisory Group Meeting Summary \(December 13th, 2023\)](#)

**Workgroup Members in Attendance:**

- **Co-Chair, Rayshell Chambers\***, Painted Brain
- **Co-Chair, Keris Jän Myrick\***, Inseparable
- **Deborah Diaz de Leon\***, NAMI
- **Gwen Schrank\***, Peer Connect, Collaborate Coalition
- **Jana Spaulding\***, MD, Setup4Success
- **Jason Robinson\***, SHARE
- **Kenna Chic\***, CA Healthcare Foundation
- **Lei Portugal Calloway\***, Telecare Corporation
- **Lori Fischer\***, Telecare AOT/CARE Act

**Non-Workgroup, Policy Advisory Group Members in Attendance:**

- **Michelle Cabrera\***, CBHDA

**Project Staff in Attendance:**

- **Ali Vangrow\***, CalHHS
- **Hailey Shapiro\***, CalHHS
- **Heidi Arthur\***, Health Management Associates
- **Rob Muschler\***, Health Management Associates

**Workgroup Members Not in Attendance:**

- **Michelle Tanner**, REI/Pacific Clinics
- **Stephen McNally**, Brain Health 247
- **Susan Gallagher**, Cal Voices
- **Tiffany Murphy**, Consumers Self Help Center
- **Tina Robinson**, Owning My Own Truth
- **Vanessa Ramos**, Disability Rights USA
- **Wendy Cabil**, Independent MH Professional

\*Attended virtually

**Review of Agenda and Session Objectives**

Rob Muschler, Senior Consultant, Health Management Associates, began the workgroup meeting by explaining Zoom functionality, noting Peer Supporter Workgroup Meeting 1 objectives, and introducing the co-chairs. He then provided an overview of how to submit public comments and discussed the meeting code of conduct.

**Level Setting on AB988 and Workgroups**

Rob Muschler provided an overview of The Miles Hall Lifeline and Suicide Prevention Act and the process for developing the legislatively required 5-Year Implementation plan. He then briefly highlighted the required recommendation areas and the focus for this particular workgroup, which is peer workforce-specific implementation considerations across the crisis care continuum.

**Discussion of Peer Supporters in the Crisis System**

Heidi Arthur noted that the aim of this workgroup is to discuss peer supporter roles that exist within the crisis continuum, and places where peer supporter

roles should be introduced to improve the system. She provided some background on the Certified Peer Support Specialist role, and several other related roles such as Community Health Workers (CHW) and Certified Wellness Coaches (CWC), that have been introduced in California. She also spoke to the distinctions between Peer Supporters and CHW/CWC roles.

### **Discussion 1: Suggestions for Changes to SAMHSA Advisory Information on Peer Workforce and Peer Supporters Services and Settings**

Rob Muschler presented SAMHSA's guidance related to peers supporters in the crisis continuum as a starting place framework to guide input regarding where the peer workforce may provide support in California's system. He asked if the group would propose any changes to the peer workforce categories, and if there were any additional settings in California where peer supporters either already do or should provide services.

- Schools and state hospitals were mentioned by the group as additional places where the peer support workforce could have a presence
- The workgroup discussed how it's been difficult to support individuals with private insurance, but that this resource shouldn't just be available to those with public insurance.
- Workgroup members talked about how its critical peer services be more deeply embedded in the system overall, and that they shouldn't just be part of teams but should also share/hold authority in teams, because they have insight that can guide critical decision-making and help clients articulate their goals, which is very important in getting them to engage and meaningfully make use of the services provided.
- Peer-run respites and recovery communities were mentioned settings to add.
- The workgroup brought up the need for peer support for families of individuals in crisis, and how the current system doesn't support families as well as it should. The importance of scaling family support specialists in the state was discussed.

## **Discussion 2: Targeted Questions Identifying the Role and Responsibilities of the Peer Supporter Workforce in the Crisis Space**

- The workgroup discussed how in the crisis space, individuals in crisis are often viewed as a threat, and this attitude tends to escalate the situation; the peer supporter workforce can play a meaningful role in discerning between things that are distressing and those that are dangerous, normalizing a person's experience, and avoiding escalating it through their response
- The importance of establishing trust and rapport with the individual you're working with as a peer supporter was discussed, through just being there with them, sharing some of your own story/relating to the individual, and having an attitude of 'let's get through this together'
- Workgroup members talked about the importance of peer supporters being clear on what their role did and didn't include (e.g., peer supporters don't make decisions regarding treatment or which facility the individual will be sent to). They also talked about the need for clarity regarding the peer supporter role across multidisciplinary teams, so other team members know what to expect, what falls outside of the peer supporter role, and how to support the peer supporter in being effective
- Published research studies showing that outcomes improve when peer supporters are included in teams were mentioned, and the importance of clinicians being familiar with this research
- There was discussion about how peer supporters can be invaluable in bringing together individuals and their case workers/others on the clinical side, especially when the individuals don't want to as they're afraid of being hospitalized again
- Peer supporters also support the client in advocating for themselves. They help them articulate their goals, identify questions, and prepare for their appointments so they can get the most out of them
- The workgroup also discussed how, while both roles are important those of Family Support Specialist and Peer Supporter are different, and the two shouldn't be used interchangeably as they employ different skills and approaches

### **Public Comment Period**

Rob Muschler shared instructions for how to make public comment and said that comments can also be submitted at any time via email at

[AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov).

There were no public comment sign-ups.

### **Meeting Wrap-Up and Next Steps**

Rob Muschler mentioned that the next workgroup meeting will be held on August 6<sup>th</sup>.

## **APPENDIX I: PUBLIC ZOOM CHAT**

12:06:06 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Sorry I can't be on camera until a little later.

12:22:43 From Kenna Chic - Project Lighthouse to Hosts and panelists:

Is that for lived experience?

12:22:59 From Kenna Chic - Project Lighthouse to Hosts and panelists:

From reading it, it seems like it's either educational or professional experience

12:26:49 From Lori Fischer - Telecare AOT/Care Act to Hosts and panelists:

Would there be a possibility to hold 2 different jobs in different companies or would you have to hold the same position at both companies

12:27:11 From Rayshell Chambers - Painted Brain to Hosts and panelists:

CHW has a wider scope of practice throughout Medi-Cal. Unfortunate that peers are a county opt in only.

12:31:07 From Rayshell Chambers - Painted Brain to Hosts and panelists:

How did CHW get that benefit?

12:31:32 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Wow

12:31:37 From Lei Portugal Calloway - Telecare Corporation to Hosts and panelists:

My understanding is that 50 counties are participating, I can provide a more comprehensive list of those counties

12:31:41 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Why not peers Michelle

12:35:09 From Keris Jän Myrick - Inseparable to Hosts and panelists:

Would change Crisis respite or add Peer Run Respite

12:37:36 From Rayshell Chambers - Painted Brain to Hosts and panelists:

I agree Keris -peer run and operated respite

12:39:57 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Peers can't practice in commercial plans yet

12:42:41 From Keris Jän Myrick - Inseparable to Hosts and panelists:

Would love to see supports (pre crisis) in the home as well especially for young folks and their family members (family and or parent for the family members and peer.youth peer support for the young person)

12:42:50 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Public workplace mental health

12:43:08 From Rayshell Chambers - Painted Brain to Hosts and panelists:

That is apart of the OAC's priority

12:44:14 From Gwen Schrank - Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

I agree with Jason 100%. Also with Rayshell and Keris

12:44:18 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:  
I think it is hard for peers to gain traction as being an equal partner in any organization

12:44:21 From Rayshell Chambers – Painted Brain to Hosts and panelists:  
Therapeutical hierarchy and roles must be a framework of training and practice on crisis teams

12:44:57 From Keris Jän Myrick – Inseparable to Hosts and panelists:  
The environment has to support the peer being able to operate under their scope of practice so agree with Jason

12:45:05 From Rayshell Chambers – Painted Brain to Hosts and panelists:  
PB has been implementing that model since our inception

12:46:27 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:  
I know when I started as a peer I was not able to work with members as closely as I can now due to the shift in focus on peer services and how we are utilized

12:47:53 From Rayshell Chambers – Painted Brain to Hosts and panelists:  
I agree Michelle. They are not in State hospitals which they should be

12:48:04 From Deborah Diaz de Leon – NAMI to Hosts and panelists:  
Peers in Emergency rooms are extremely helpful as individuals are being assessed and/or waiting for placement

12:48:09 From Jana Spaulding, MD – Setup4Success to Hosts and panelists:  
Are there peers working in inpatient hospital settings and/or psychiatric ER's in California?

12:48:47 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:  
it would have been awesome to have a peer working in the state hospital when I was there

12:49:11 From Rayshell Chambers – Painted Brain to Hosts and panelists:  
PB does it for free in UCLA

12:49:16 From Deborah Diaz de Leon – NAMI to Hosts and panelists:  
It is difficult to get Peers in OC in the inpatient setting

12:50:04 From Keris Jän Myrick – Inseparable to Hosts and panelists:  
NAMI also may have peer support groups in hospitals and ED but in LA Peers and CPS are not paid for the services they could provide there as it is not permitted

12:51:07 From Jana Spaulding, MD – Setup4Success to Hosts and panelists:  
Michelle, where in the state are there peers working in inpatient settings?

12:51:11 From Gwen Schrank – Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:  
I agree Michelle

12:51:25 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:  
general support like coping skills and groups within programs, community outings

12:51:35 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

The barriers for getting peers into ED's or hospital settings are contracts for HIPAA purposes as well as who would be paying for the Peer. Hospitals are not willing to pay for that or engage in the contract to allow peers into the organization

12:52:27 From Gwen Schrank – Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

Deborah, our hospital is.

12:52:31 From Keris Jän Myrick – Inseparable to Hosts and panelists:

Those should not be barriers at all as there are other states in which peers work in Eds and Hospitals and have been doing so for years— so is it a real barrier or political will

12:56:15 From Keris Jän Myrick – Inseparable to Hosts and panelists:

I need to take off to prep and get to my next meeting . Thanks all for your participation and work for this working group – super exciting!!

12:56:24 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

support between medical or therapy visits, to ensure they don't go into the ED

12:56:27 From Rob Muschler to Everyone:

Thank you, Keris!

12:56:50 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Support to build social network post discharge

12:57:48 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:

excuse me, my computer is going to die going to get my cord!

13:00:55 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:

Peer support when in a crisis is so important. Having someone who has been in a similar situation to talk to is so important. Coping skills, connection to outside supports, creating a safety plan is so important

13:03:18 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

sometimes people just need someone who has walked the journey and is NOT a clinician

13:03:58 From Kenna Chic – Project Lighthouse to Hosts and panelists:

+1 Lori, thanks for sharing

13:04:12 From Jana Spaulding, MD – Setup4Success to Hosts and panelists:

Thank you Lori!

13:08:21 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Show the value of peers to the clinical staff working by the side of the peer. Many clinical staff disregard the role of the peer because they are NOT clinical.

13:11:10 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Show outcomes and share stories of how they have impacted lives

13:11:55 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Case management staff sometimes feel peers are competition as they can



also provide resources

13:12:19 From Gwen Schrank - Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

Collecting the Data on the Recovery with Peers

13:12:34 From Lei Portugal Calloway - Telecare Corporation to Hosts and panelists:

This is why the growing trend of co-supervision and group supervision is so important, especially for peers who are supervised by clinical leaders/non-peer supervisors

13:13:04 From Rayshell Chambers - Painted Brain to Hosts and panelists:

In training protocol, explain the federal and state statute around our training and service provision; as well as scholarly reviewed research. Keris is one of the leading researchers that has been published.

13:14:32 From Lori Fischer - Telecare AOT/Care Act to Hosts and panelists:

case managers definitely have in the past in my experience seen me as competition for services. because we can work on some similar things. Lived experience is so important to help connect and I find by sharing my story and building rapport I can assist in providing that bridge to help the case manager build rapport as well

13:16:56 From Deborah Diaz de Leon - NAMI to Hosts and panelists:

building relationships are critical

13:17:49 From Rayshell Chambers - Painted Brain to Hosts and panelists:

I agree Lori! That's how I've been able to live and work in downtown LA. We are not that much different from the "client"

13:19:33 From Gwen Schrank - Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

yes yes yes, the person centered approach

13:20:00 From Lori Fischer - Telecare AOT/Care Act to Hosts and panelists:

omg exactly! Work with the team to help them recover their health hopes and dreams

13:20:58 From Rayshell Chambers - Painted Brain to Hosts and panelists:

I also think we need to acknowledge in peer practice how does the person center approach align with the new bx policy landscape and Medi-cal (medical) model.

13:22:54 From Deborah Diaz de Leon - NAMI to Hosts and panelists:

Absolutely support Lei on the importance of supervision of the peers

13:23:22 From Rayshell Chambers - Painted Brain to Hosts and panelists:

I agree Lei-- We need a statewide peer agency developed supervision training and pathway toolkit

13:24:39 From Rayshell Chambers - Painted Brain to Hosts and panelists:

Sorry I stepped away if you called on me

13:28:31 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

We will actually go out to organizations and groups to show what it is like to call a warm line. what does that call look and feel like

13:30:02 From Gwen Schrank – Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

Thats awesome Deborah and a good idea. love that.

13:30:08 From Rayshell Chambers – Painted Brain to Hosts and panelists:

I agree Lei- the family peer and peer are different roles. I have biases as a family member more

13:30:56 From Jana Spaulding, MD – Setup4Success to Hosts and panelists:

Amen, Lei! Since when does mental illness or sud correlate with functioning? That stigma within the system is atrocious. BTW how do we know a family member is high functioning?

13:32:19 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:

Family peer support is hugely important. the peer support specialist and family peer support specialist can work together to help the family and member connect. When I share my story with families, I share how I impacted my mom and dad and I share the same with the member

13:32:36 From Rayshell Chambers – Painted Brain to Hosts and panelists:

Can we get immediate referrals in 988 for family support

13:33:29 From Rayshell Chambers – Painted Brain to Hosts and panelists:

I called the County a couple of months ago and they were so rude because of HIPAA. At that point, we as the family was also in crisis.

13:34:47 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Absolutely Rayshell, family can often get pushed out when regulations come up. That creates great anxiety and concern. Peers are great to help support them

13:35:29 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:

even if there is no ROI, you can still support the family member by sharing your story, and general information about the program and what it can help with. Our program has a family night to support the families and although we don't talk about actual members to the families, we offer resources and support

13:36:19 From Lori Fischer – Telecare AOT/Care Act to Hosts and panelists:

We can still support the family without confirming or denying that the member is in the program

13:37:02 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

unfortunately ROI is often a barrier when implementing services such as this

13:49:02 From Deborah Diaz de Leon – NAMI to Hosts and panelists:

Thank you !!!

13:49:03 From Gwen Schrank – Schrank's Clubhouse/Peer Connect and Collaborate Coalition to Hosts and panelists:

Thank you all for what you do!  
13:49:09 From Lori Fischer - Telecare AOT/Care Act to Hosts and panelists:  
thank you!!!