



# Peer Supporter Workgroup

**Meeting 2**  
**August 6, 2024**

# Webinar: Panelist View

The screenshot displays a Zoom Webinar interface in Panelist View. At the top, a horizontal bar contains six participant thumbnails, each with a unique background color (cyan, purple, lime green, orange, purple, lime green) and a white person icon. Below this bar, a 2x2 grid of larger thumbnails shows participants in a similar color-coded layout. The bottom of the screen features a control bar with icons for Unmute, Start Video, Participants (9), Chat, Share Screen, Record, Show Captions, Raise Hand, Apps, and Whiteboards. A 'Leave' button is located in the bottom right corner. On the right side, a 'Webinar Chat' window is open, showing a message from 'Betsy Uhrman to Hosts and panelists' that says 'Hello'. Two red arrows point upwards from the bottom left towards the 'Unmute' and 'Start Video' icons.



- Workgroup members will be able to utilize the chat function throughout the meeting. Chat messages cannot be seen by non-workgroup members, but they will be captured in the public meeting summary.
- Workgroup members will be asked to use the "raise hand" function when you would like to speak.

# Agenda

1. Review of Agenda and Session Objectives (5 min)
2. Review Meeting 1 Summary (5 min)
3. Review and Discuss Preliminary Recommendations and Implementation Activities (60 min)
4. Public Comment (15 min)
5. Next Steps (5 min)

# Workgroup Members

- **Co-Chair**, Keris Jän Myrick, *Inseparable*
- **Co-Chair**, Rayshell Chambers, *Painted Brain*
- Deborah Diaz de Leon, NAMI Orange County
- Gwen Schrank, Schrank's Clubhouse & Peer Connect and Collaborate Coalition
- Jana Spaulding, Setup4Success
- Jason Robinson, SHARE
- Kenna Chic
- Lei Portugal Calloway, Telecare Corporation
- Lori Fischer, Telecare AOT/CARE Act
- Michelle Tanner, Pacific Clinics
- Stephen McNally, Brain Health 247
- Susan Gallagher, Cal Voices
- Tiffany Murphy, Consumers Self Help Center
- Tina Robinson, Owing My Own Truth
- Vanessa Ramos, Disability Rights CA
- Wendy Cabil, Independent Mental Health Care Professional

# Public Comment Overview

- All comments—whether written or spoken—will be shared with the Work Group in the meeting minutes.
- We will take comments in the order in which we receive sign-ups.
- If you are on Zoom and would like to make a public comment, please raise your hand at any point throughout the discussion. We will then write down your name and call on you to speak during the public comment period.
- Each person will have 2 minute to speak. If you have a condition that may require an accommodation (such as additional speaking time), please notify the project team and we will do our best to provide that accommodation.
- If you would like to make a comment but prefer not to do it in front of a camera or microphone, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov).

# Code of Conduct

- Presume positive intentions
- Ask from a place of inquiry
- Be present and stay engaged
- Be brief and brilliant
- Be respectful and courteous

*Note: Meetings of the Work Group are open to the public and are subject to [Bagley-Keene Open Meeting Act](#) requirements*

# Meeting 1 Summary

- Reviewed AB 988 project structure, desired outcomes, and areas of focus
- Overviewed current definitions of Peer Supporter\* and related roles
- Highlight available data on the number of Medi-Cal Certified Peer Support Specialists
- Discussed settings and services for Peer Supporters in the crisis care continuum
- Discussed the Peer Supporter role, integration into multi-disciplinary teams, and Family Peer Support Specialists

*Note: The term “Peer Supporters” is intended to be inclusive of Certified Peer Support Specialists, Certified Family Peer Support Specialists, and other Peer Workforce roles.*





# Review and Discussion of Preliminary Recommendations

# What We Heard From You

**Peer Supporters should be integrated across the crisis care continuum to support person-centered, culturally responsive care.**

- *In reference to “crisis care continuum,” we need to be inclusive of peer-run community-based organizations*
  - *Need a responsive system regardless of insurance type; how do peer provided services translate in a commercial insurance situation? How do we ensure reimbursement of services (accountability for reimbursement)?*
1. The roles/responsibilities of Peer Supporters on multi-disciplinary teams should be clearly defined.
  2. All members of multi-disciplinary teams should be trained on the roles/responsibilities of Peer Supporters to preserve, protect, and optimize the role.
  3. Structures should be created within organizations to support Peer Supporters, such as supervision (ideally by another CPSS), post-event debrief protocols, ongoing training, etc.
  4. Opportunities for advancement should be created for Peer Supporters (e.g., promotion to supervisory roles, training, capacity building, etc.).
  5. Access to Family Peer Support Specialists should be expanded. Family Peer Support Specialists should not replace Peer Supporters, however, nor should one individual serve in both roles.
  6. The value of Peer Supporters should be articulated through research, stories, and testimonials to increase buy-in and utilization across systems.

# Implementation Plan Organizing Framework - Key Terms

- **Goals** = Describe the necessary components to realize an equitable, accessible, high-quality crisis system for all Californians
- **Recommendations** = Describe proposals aimed at guiding state actions relevant to AB988 and/or improvement to the broader crisis care continuum
- **Cross-Cutting Factors** = Key considerations that should be reflected in each of the pillars and/or implementation activities.
- **Implementation Activities** = Describe more specific actions that *state departments* can take to operationalize a given recommendation

Are we doing the *right things*?

Are we doing *things right*?

# Draft Implementation Plan Framework

**Vision**  
**Equitable, Accessible, High-Quality Behavioral Health Crisis System for All Californians**

Input: Integrate peers as cross-cutting factor

## Goals

**A. Public Awareness of 988 and BH Services**

Increase public awareness of and trust in 988 and behavioral health crisis services

**B. Statewide Infrastructure and Technology**

Connect help seekers to the appropriate call/chat/text takers

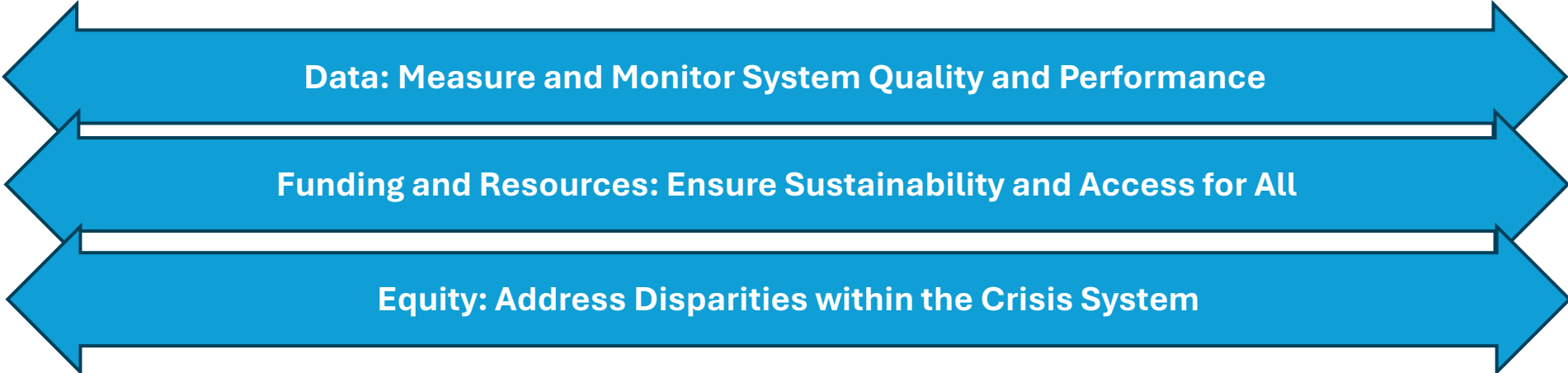
**C. High-Quality 988 Response**

Support the 988 system in delivering quality services for all Californians

**D. Integration of 988 and the Continuum of Services**

Increase equitable access to a coordinated system of behavioral health crisis services

## Cross-Cutting Factors



# Recommendation: Peer support should be integrated across the crisis care continuum to support person-centered, culturally responsive care

## Draft Implementation Activity - The state can...

- a. Assess spaces/places, per SAMHSA, where Peer Supporters currently offer services **within the crisis continuum** and explore additional spaces/places **to integrate** peers Peer Supporters
  - a. **Inclusive of alternative settings (e.g., Peer respite, Recovery/Care Cafes, homeless shelters, Tiny Home communities...)**
  - b. Promote best practices and opportunities to leverage Peer Supporters; **elevate models that are successful in other states** *[note: precedent in other states]*
- b. **Explore opportunities for increased and more expansive designation of peer roles across the continuum** *[note: precedent in other states for a variety of peer roles]*
- c. Gather and share information on billable Peer Supporter roles/activities and other funding/reimbursement opportunities, **notably through commercial and public managed care plans and through Medicare (emphasis on feasibility)**
  - a. **Clarity on Medicaid funding opportunities (e.g., can peers bill under mobile crisis?)**
  - b. **Review rates/variability** *[note: current report exists]* and make certain that adequate financing is available to cover the cost of service delivery
- d. **Gather and share timely data to provide a picture of the current state of the system and opportunities for improvement**
  - a. **Identify where there is divergence in practice across counties**
- e. Promote trainings, supervision models, and advancement opportunities for Peer Supporters (**inclusive of debrief time**)
  - a. **Encourage more organizations to take the peer training** *[note: current education requirements limit participation, explore what would be involved in amending those requirements]*
  - b. **Review and revisit existing regulations for peer supervision, including co-supervision and co-facilitation models (clinical and peer co-supervision); how state can compel counties**
  - c. **Also, peer to peer models**
- f. **Clarify the role Peers will play on 988 crisis lines (e.g., conduits to crisis lines, working as peer operators)**
  - a. **(Why would peers have a different role than anyone else? Operate at same level with same accountabilities)**
- g. **Ensure a robust and accurate list of peer run warm lines to support smooth transfers, when appropriate**

# Draft Recommendations & Implementation Activities

What other implementation activities would you like the state to consider as it relates to peer support?

Pillar	Draft Implementation Activity
<b>A. Public Awareness</b>	<ul style="list-style-type: none"><li>• Peer supporters to participate in the development of public awareness campaigns related to 988, help to target</li><li>• Increase consumer awareness of the availability of peer support (beyond public mental health arena); normalize understanding of “peers;” increase awareness beyond those already accessing services</li></ul>
<b>B. Statewide Infrastructure and Technology</b>	-- No additions--
<b>C. High-Quality 988 Response</b>	<ul style="list-style-type: none"><li>• Ensure definitions/expectations of “lived experience” don’t prohibit peer involvement (concern about peers not being included)</li><li>• Ensure that those that operate lines can relate to the communities; ensure robust representation among call takers</li></ul>
<b>D. Integration of 988 and the Continuum of Services</b>	-- No additions--



# Public Comment Period

# Public Comment Guidelines

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- If you prefer, you may email your written comment to the project email address: [AB988Info@chhs.ca.gov](mailto:AB988Info@chhs.ca.gov)
- Each speaker is allocated 2 minutes to speak unless adjusted by the meeting facilitator.
- A speaker may not share or relinquish any remaining time they have not used to another speaker.
- Speakers may share one time during the public comment period.
- If time in the agenda remains after all individuals who signed up to speak have been called, the facilitator may invite other members of the public to raise their hand to speak. The facilitator will call individuals in the order they raise their hand.
- Speakers shall be civil and courteous in their language and presentation. Insults, profanity, use of vulgar language, or gestures or other inappropriate behavior are not allowed.
- Speakers should not ask questions of Workgroup members or ask Work Group members to respond to their comments directly.



# Public Comment Sign-Ups

1. Name



# Next Steps

# Moving Forward

- All information from today's meeting will be posted on the CalHHS website on the 988-Policy Advisory Groups webpage: [Link to Website for CalHHS 998 Crisis Policy](#)



**Adjourn**