



ADVOCACY • RECOVERY • PEER SUPPORT

# Peer Toolkit



# for Workplace Success

Updated March 2025



The Certified Peer Support Specialist Leadership Liaison Program is a collaborative program of Cal Voices and Sacramento County Department of Health Services, Division of Behavioral Health Services, funded through the voter-approved Proposition 63, the Mental Health Services Act.

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# Welcome

Welcome to the 2025 Cal Voices Peer Toolkit for Workplace Success (Toolkit). This Toolkit is a handy reference guide for Peers to help them achieve workplace success in the Public Behavioral Health System (PBHS). In this Toolkit, you will find tools, resources, best practices, and workplace supports to help maintain peer employment within the PBHS. Both certified and non-certified peers can use these resources to succeed in their current positions.

This Toolkit contains information on the following topics:

- Peer Certification in California
- Peer Support and Recovery-Oriented Care
- Core Competencies for Certified Medi-Cal Peer Support Specialists (CMPSS)
- Ethics, Boundaries, and Confidentiality for CMPSS
- Tools and Tips for Maintaining Employment
- Documentation Tips
- Self-Care for CMPSS

This toolkit will be revised annually through 2026 based on feedback and reflections received and observed by Peer Support Specialists and Peer Employers. To provide feedback or to share training and informational needs, please email us at [peerleadership@calvoices.org](mailto:peerleadership@calvoices.org).

## About Cal Voices

Founded in 1946, Cal Voices is California's oldest peer-run mental health advocacy agency, with over four decades of experience in County Behavioral Health Systems. They employ peers across various programs, including wellness centers and advocacy training.

As of this writing 100% of their staff identify as consumers, family members, and/or parents/caregivers, including the entire Executive Leadership team and all program managers.

Since 2015, Cal Voices has trained, coached, and mentored thousands of Peers in California to build their knowledge and expertise. We have conducted key informant interviews, organizational assessments, training, and technical assistance for hundreds of counties and Peer providers in California's Public Behavioral Health System (PBHS).

## Recipient of Mental Health America's Platinum Bell Seal for Workplace Mental Health

Cal Voices is a proud recipient of the Platinum Mental Health America's Bell Seal for Workplace Mental Health.

The Bell Seal for Workplace Mental Health is a distinction awarded by Mental Health America (MHA) to companies that meet mentally healthy workplace standards. Cal Voices' status as a Platinum Bell Seal-certified organization demonstrates Cal Voices' outstanding commitment to employee mental health and well-being.



## Certified Peer Support Specialists Leadership Liaison Program

The Certified Peer Support Specialist Leadership Liaison Program works to support Sacramento County's BHS service providers. The Program works to:

- Expand the number of diverse Certified Medi-Cal Peer Support Specialists (CMPSS)
- Increase the tools and resources available to support Medi-Cal Peer Support Services in Sacramento County
- Increase the knowledge of CMPSS staff relating to the evidence-based practice of peer support
- Increase BHS providers' knowledge about developing, expanding, and retaining a diverse peer workforce

## Glossary of Terms

### California Department of Health Care Services (DHCS)

Finances and administers several individual healthcare service delivery programs, including Medi-Cal, which provides healthcare services to low-income people.

### California Mental Health Service Authority (CalMHSA)

CalMHSA is a Joint Powers of Authority formed in 2009 by counties in California to improve mental health services for all Californians. By sharing resources and working together, CalMHSA creates strategies and programs that enhance community mental health. They also focus on cross-county innovation and aim to address inequalities to serve vulnerable populations. Additionally, CalMHSA certifies Medi-Cal Peer Support Specialists.

### Certified Medi-Cal Peer Support Specialist (CMPSS)

A peer certified by the State of California who provides reimbursable peer support services.

### Code of Ethics

A set of guidelines a certified Medi-Cal Peer Support Specialist in California adheres to around their roles and responsibilities and levels of responsibility in which they function professionally.

### Consumer

An adult living with a behavioral health challenge.

### Family Member/Caregiver

A family member or caregiver of someone who has a behavioral health challenge. The family member or caregiver may provide/receives support from other family members or caregivers.

### Lived Experience

Refers to an individual's first-hand experience with a mental health and/or substance use challenge.

### Mental Health Service Act (MHSA)

The Mental Health Services Act (MHSA), passed by California voters in 2004, assesses a one percent income tax on personal income over \$1 million per year. It aims to improve California's behavioral health system for individuals with serious mental health challenges and their families. The MHSA addresses prevention, early intervention, and necessary infrastructure, technology, and training to support public behavioral health services.

### Peer

For this Toolkit, a peer is someone who has gone through the healing process of recovery from mental health issues, trauma, or substance use problems. This person can offer support to help another peer in their recovery journey. The peer support volunteer shares parts of their recovery experience appropriately and effectively.

### Peer Support

Peer support means helping each other recover from serious mental health issues, trauma, or addiction without clinical intervention. People who have successfully recovered use their experiences to assist others in starting and staying on their path to recovery. This support can enhance the quality of life for both individuals and their families.

### Peer Support Relationship

Mutual understanding, trust, and safety define the peer support relationship. Effective peer supporters meet the individual's needs by sharing cultural traits like age, gender, ethnicity, language, sexual orientation, and life experiences.

### Public Behavioral Health System (PBHS)

Publicly-funded behavioral health programs/services administered by the County, excluding those managed by correctional entities or provided in correctional facilities. The facility must be contracted with the County.

### Service Recipient

A general term for consumer or family member/caregiver who receives peer support services.

### Substance Abuse and Mental Health Administration (SAMHSA)

SAMHSA, a U.S. Department of Health and Human Services agency, leads public health efforts to improve the lives of individuals with mental and substance use challenges and their families.



The Recovery Research Institute created an online dictionary of strengths-based terms to help destigmatize addiction!







# Medi-Cal Peer Support Specialist Certification

## Background

Peers began working in the Public Behavioral System once California voters approved the Mental Health Services Act (MHSA) in 2004. The MHSA requires Counties to utilize funding to establish peer support and family education support services or expand these services to meet the needs and preferences of clients and/or family members (9 CCR § 3610(d)). The MHSA also mandates that organizations employ peers throughout the PBHS.

Despite the mandate, consumers and family members were underrepresented in county behavioral health departments and their contracted Community-Based Organizations. Peers who gained employment in PBHS were marginally employed in stagnant entry-level positions and struggled to make a living wage.

Training focused on the peer role and consumer movement values, providing limited practical skills and hands-on training. It also failed to address systemic barriers to peer job placement and career advancement. Peers were left in low-paying positions with minimal professional development, hindering long-term success.

To enhance peer role within PBHS and assist peers in achieving career goals, comprehensive training and support are essential. This helps peers develop core competencies, work-related skills, and foundational knowledge for effective peer support. While peer support is a recognized evidence-based practice, it only works if done correctly.

Quality educational resources help prepare peers effectively. PBHS organizations and staff need continuous evaluation, guidance, and support to foster a workforce that values peer contributions.

Peer support received further legitimization in California with the passage of SB 803 in 2020. SB803 recognized Certified Medi-Cal Peer Support Specialists (CMPSS) as a distinct Medi-Cal provider type. It also established CMPSS workers' Peer Support Specialist Services to Medi-Cal recipients are eligible for federal reimbursement.

The California legislature had specific goals in mind when **introducing SB 803**. Through this legislation, they aimed to accomplish the following goals:

(a) Support the ongoing provision of services for individuals experiencing mental health care needs, substance use disorder needs, or both, by certified peer support specialists.

(b) Support coaching, linkage, and skill building of individuals with mental health needs, substance use disorder needs, or both, and to families or significant support persons.

(c) Increase family support by building on the strengths of families and helping them achieve a better understanding of mental illness in order to help individuals achieve desired outcomes.

(d) Support collaboration with others providing care or support to the individual or family.

(e) Assist parents, families, and individuals in developing coping mechanisms and problem-solving skills in order to help individuals achieve desired outcomes.

(f) Promote skill building for individuals in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

(g) Encourage employment under the peer support specialist certification to reflect the culture, ethnicity, sexual orientation, gender identity, mental health service experiences, and substance use disorder experiences of the individuals the peer support specialists serve.

CMPSS certification in California also has potential to improve the experience of those working in peer support roles including:

- Legitimizing Peer Support Services
- Elevating the role of Peer Support workers
- Creating a distinct category of paraprofessionals that can collectively advocate for better pay, benefits, and working conditions for all Peers
- Improving the effectiveness of services and supports:
  - o Diversifying the behavioral health workforce
  - o Expanding the availability of Peer services (and job opportunities for consumers)
  - o Providing consistent core competencies, education standards, code of ethics, and scope of practice/services for Peer professionals
- Generating greater revenue for services that already exist

On the other hand, certification may mean higher wages and greater opportunities for advancement. Consider the trade-offs and your long-term career goals when considering certification.



CMPSS Peer Support Services



The State defines Peer Support Services provided by CMPSS workers as culturally competent individual and group services that promote recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching to set recovery goals and identify steps to reach the goals. Services aim to prevent relapse, empower beneficiaries through strength-based coaching, support linkages to community resources, and to educate beneficiaries and their families about their conditions and the process of recovery.

Specifically, CMPSS Peer Support Services include the following service components: Educational Skill Building Groups, Engagement, and Therapeutic Activity (Department of Health Care Services, 2022a). Each service is described below.

- Educational Skill Building Groups:** Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.
- Engagement:** Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.
- Therapeutic Activity:** A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary’s treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons

In addition, Peers are expected to follow their code of ethics. The principles of the Code of Ethics for Certified Peer Support Specialists in California were developed by the Department of Health Care Services to guide Certified Peer Support Specialists in their roles and responsibilities and levels of responsibility in which they function professionally. Ethics are further discussed later in this Toolkit.

Certified Medi-Cal Peer Support Specialists bill for Peer Services using two Procedure Codes:

- Behavioral Health Prevention Education Services (H0025): Educational Skill Building Groups
- Self-Help/Peer Services (H0038): Engagement and Therapeutic Activities

Becoming a Certified Peer Support Specialist

The California Mental Health Services Authority (CalMHSA) certifies CMPSS Specialists. Though counties may develop their own programs, the California Behavioral Health Directors Association appointed CalMHSA as the statewide administrator to ensure consistency. CalMHSA has established policies, procedures, and documents related to certification. Peers interested in certification must complete the Initial Certification process. Once they are certified by CalMHSA, a Medi-Cal Peer Support Specialist is recognized by all counties participating in providing Peer Support Services as a Medi-Cal benefit. As of this writing, 56 of 58 counties participate in the Peer Support Services Medi-Cal benefit.

**What Peers are Saying**

Watch this short video from CalMHSA to learn more about what peers are saying about getting certified.

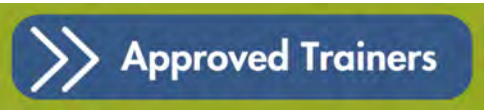
From  
Certification to  
Making  
Recovery  
Possible

A graphic with a dark teal background. On the left, the text "From Certification to Making Recovery Possible" is written in white and light blue. To the right of the text is a large yellow lightbulb icon with a white base and a small heart shape inside the filament. There are also some small yellow dashes around the lightbulb.

Eligibility Requirements

To become a Certified Medi-Cal Peer Support specialist, you must meet all of the following eligibility requirements:

- 1. Be at least 18 years of age.
- 2. Possess a high school diploma or equivalent degree.
- 3. Be self-identified as having experience with the process of recovery from a mental health or substance use challenge, either as a consumer of these services or as the parent, caregiver or family member of a consumer.
- 4. Be willing to share their experience.
- 5. Have a strong dedication to recovery.
- 6. Agree, in writing, to adhere to the Code of Ethics.
- 7. Complete the 80-hour training requirements for a peer support specialist (must be from an approved training vendor)
- 8. Pass the certification examination.



Once an individual fulfills all eligibility requirements and provides documentation of their compliance, such as a certificate that verifies successful completion of the 80-hour training requirement, they should submit their application for certification. If CalMHSA approves the application, they will inform the candidate of their eligibility to take the Certification Exam. After the candidate passes the Certification Exam, CalMHSA will issue a Medi-Cal Peer Support Specialist Certification.

Application Process

The Medi-Cal Peer Support Specialist application is available on CalMHSA’s website. There are 8 steps to apply. It is advisable to complete the 80-hour training requirement before applying so you have your training certificate available to upload.

- 1. Register for an account
- 2. Watch the mandatory orientation video.
- 3. Complete the online application. Make sure you have all your documents ready in digital format to upload to the website. The application cannot be saved and must be completed in one sitting.
- 4. Pay the application fee (see below for current fees at the time of this writing).
- 5. Your application is reviewed. Once approved, CalMHSA provides instructions for taking the examination
- 6. Pay examination fee
- 7. Schedule and take the examination
- 8. Receive your Certificate (within 14 days of passing the examination)



Fees

There are several fees related to the CMPSS Certification:

- Certification Application: \$100.00
- Certification Exam: \$150.00
- Certification Exam retake: \$150.00
- Certification Renewal Application Fee (every two years): \$80.00

Certification Renewal

Biennial Renewal

Certified Medi-Cal Peer Support Specialists (CMPSS) must renew their certification every two years. If your certification is not renewed by its expiration date is considered expired. California established the following renewal standards:

- Complete 20 hours of continuing education, including six (6) hours of Law and Ethics, before completing a renewal application.
- Certification must be in good standing. Expired, suspended, and revoked certifications are not considered in good standing and, therefore not eligible for renewal.
- Certifications are considered expired if not renewed by the expiration date (renewal after the expiration date is subject to a renewal fee).
- Applicants must read and re-sign the Code of Ethics for Medi-Cal Peer Support Specialists in California.

Fees must be paid at the time of application. Fees are non-refundable and non-transferable.

As a courtesy, CalMHSA will send a notification of certification renewal via email to eligible individuals 90 days before the date of expiration. CalMHSA uses the email address on file. Make sure you have your most current email address on file with Cal MHSA.



## Renewal Application Process

- Applications must be submitted online through the certification website.
- Applications may be submitted up to 90 days before the expiration.
- Applicant must attest to having met the 20 hours of continuing education requirement, inclusive of the six 6 hours of Law and Ethics.\*
- Applicant shall maintain records of continued education hours for at least two years from the date of certification renewal.

For step-by-step instructions, follow CalMHSA's instructions on the [How To: Certificate Renewal](#) page.



**\*Applicants are NOT required to submit proof of continuing education hours at the time of submitting a renewal application, but may be required to do so at a later date. More information available in the Continuing Education section of this Toolkit.**

## Certification Status and Renewal Periods (Behavioral Health Information Notice (BHIN) 25-010)

- **Current (Up to Expiration Date):**  
Certification is considered current if it is renewed on or before its renewal due date.
- **Lapsed (Within 1 Year After Expiration)**  
Certification is considered lapsed if not renewed by the renewal due date but is still within one year of expiration period.
- **Expired (Between 1–4 Years After Expiration):**  
Certification is considered expired if more than one year has passed since the renewal due date but less than four years.
- **Vacated (More Than 4 Years After Expiration):**  
Certification is considered vacated if not renewed within four years of the renewal date. To become certified again, individuals must satisfy certification requirements and reapply for a new certification.

## Policies for Late Certification Renewal

### 1. Lapsed Certification (Within 1 Year of Renewal Due Date)

A certification is considered lapsed if it is not renewed by the renewal due date. The certification remains in lapsed status for up to one (1) year from that date.

To bring a lapsed certification current, the applicant must:

- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements.
- Reaffirm the Code of Ethics; and
- Pay the biennial renewal fee and any applicable late fee.

#### Important Reminders:

- All renewal requirements must be completed within one (1) year of the original renewal due date to avoid the certification moving into expired status.
- Applicants may begin the renewal process up to 90 days prior to their certification expiration date.

### 2. Expired Certification (1–4 Years After Renewal Due Date)

A certification not renewed within one (1) year of the renewal due date is considered expired. It may be reinstated within four (4) years of that date. To reinstate an expired certification, the applicant must choose one of the following two options:

#### Pass the Certification Exam

- The applicant is allowed up to three (3) attempts to pass the exam.
- If the applicant does not pass after three attempts, they are no longer eligible to retake the exam during the expired period. The only remaining option for reinstatement is to complete the 80-hour refresher course.
- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements;
- Reaffirm the Code of Ethics, and
- Pay the renewal fee, late fee, and exam fee.



### Complete the 80-Hour Refresher Course

- This course may be completed in place of the exam or if the exam was attempted three times unsuccessfully.
- Complete 20 hours of continuing education (CE) that meets the Medi-Cal Peer Support Specialist continuing education requirements;
- Reaffirm the Code of Ethics, and
- Pay the renewal fee, late fee, and training fee.

### Important Reminders:

- All renewal requirements must be completed within four (4) years of the original renewal due date. After that time, certification is considered vacated.
- Exam requests must be submitted at least 14 days prior to the certification expiration or renewal deadline. Requests submitted with fewer than 14 days remaining cannot be processed.
- Certificates for the 80-hour training are valid for two (2) years from the date of completion and must still be valid if used toward reinstatement.

### 3. Vacated Certification (More Than 4 Years After Renewal Due Date)

A certification is considered vacated if it is not renewed within four (4) years of the original renewal due date. At this point, the individual is no longer eligible for reinstatement and must begin the certification process from the beginning.

To become certified, the individual must satisfy certification requirements and reapply for a new certification including but not limited to:

- Reapply as a new applicant;
- Complete an 80-hour initial certification training course through a CalMHSA-approved training provider;\*
- Pass the certification examination; and
- Pay all associated application and exam fees.

\*Training fees are paid directly to the training provider. CalMHSA does not collect training fees.

**Note:** A new certification number will be issued, and the previously assigned number will be permanently vacated and no longer valid.

### Continuing Education (CE) Requirement

To be eligible for renewal, a CMPSS must complete 20 hours of Continuing Education (CE) every two years from the date of the initial certification and thereafter for biennial renewal. Courses may be taken in various ways (e.g. asynchronous, in-person, and online) and through a variety of trainers. Keep the following in mind when taking continuing education courses:

- Six hours of law and ethics training are required during **each** two-year cycle.
- Applicants are responsible for taking CE courses within their scope of practice.
- Training courses must be non-repetitive (e.g., the same CE course cannot be claimed more than once per certification period, even if the course was taken annually).

Acceptable training, education, conferences, and coursework may include:

- Courses fundamental to the understanding or practice of peer support;
- Courses of the discipline of peer support in which significant recent developments have occurred;
- Courses in other disciplines that enhance the understanding of the practice of peer support specialists;
- Courses related to the treatment of the client population being served (e.g., theoretical frameworks of recovery and wellness; intervention techniques with individuals, families, and systems of care).
- Medi-Cal Peer Support Specialist certification training and training in areas of specialization (CalMHSA-approved training providers).
- Courses that cover pragmatic aspects of clinical practice (e.g., legal or ethical issues, consultation, record keeping, supervision training).

CalMHSA identified the following topic areas as acceptable for the Law and Ethics CE requirement:

- |  |   |
|--|---|
| • Law and ethics relevant to California  | • Insurance reimbursement   |
| • Treatment of minors                    | • Civil liability   |
| • State and federal confidentiality laws | • Disciplinary actions and unprofessional conduct   |
| • Record keeping                         | • Ethics complaints and ethical standards   |
| • Crisis support                         | • Standards of care   |
| • Client access to records               | • Relevant family law   |
| • Dual relationships                     | • Disclosures to clients  |
| • Child abuse                            | • The application of legal and ethical standards in different types of work settings, etc |
| • Elder and dependent adult abuse        |   |
| • Telehealth Services                    |   |

CalMHSA accepts CE hours towards certification renewal from the following providers:

- CalMHSA CE-approved training providers
- Pre-approved courses taught by CalMHSA-approved training providers
  - o Medi-Cal Peer Support Specialist Core Competency Training
  - o Peer Services Specialized Training
- Training offered by County Behavioral Health Departments, and its contracted network providers.
- Training courses completed through accredited schools, including vocational education.
- Training courses by professional certification and licensing boards (i.e., CAADE, CADTP, CAMFT, BBS, APA).
- Trainings from nationally recognized organizations in the field of behavioral health education and advocacy e.g., SAMHSA).

Specialization

Certified Peers may also become specialized. Specialization allows CMPSS to “build on the knowledge, skills, and abilities of Medi-Cal Peer Support Specialists” (CalMHSA’s Guidelines, Standards, and Procedure Manual p. 16). Currently, there are only 4 areas of specialization:

- Parent, Caregiver, and Family Member Peers
- Crisis Services
- Forensic (Justice Involved)
- Homelessness



Peers seeking specialization must apply through CalMHSA and hold a current Medi-Cal Peer Support Specialist Certification in good standing. Peers must complete a specialization registration form and specialization training. Specialization training must be taught by a CalMHSA-approved training vendor. There is no specialization exam and peers do not have to complete biennial Specialization CE hours.



Most specialization training programs take 40 hours to complete. Consider the following when choosing to become specialized:

1. Does your employer requires you to be trained in an area of specialization?
2. Will your employer provide you with the time and financial support to complete a specialization training?

**The Department of Health Care Services (DHCS) establishes areas of specialization (DHCS, 2022b).** Any new areas of specialization must receive approval from DHCS. If a Medi-Cal Peer Support Specialist Certification Program (CalMHSA) wishes to add additional areas of specialization, it must submit the curriculum and core competencies for that area to DHCS by May 1. This submission must occur before the start of the State Fiscal Year (SFY), which runs from July 1 to June 30, in which the new area of specialization will begin. Only Medi-Cal Peer Support Specialist Certification Programs can submit the necessary curriculum and core competencies for any supplemental area of specialization. This review process takes place every SFY for new areas of specialization.



Specialization Areas

Parent, Caregiver, Family Member Peer [Learn More](#)

Parent, Caregiver, and Family Member Peers play a critical role in the well-being of the families they serve. The Peer-to-Peer relationship focuses on the relationship between the parents, caregivers, and/or family member’s support on behalf of the person in care.

Core Competencies

1. Professional Responsibilities

2. Systems Knowledge and Navigation

3. Resources and Natural Supports
4. Wellness and Resiliency

5. Effecting Change

Peer Services in Crisis Care [Learn More](#)

Peer Services in Crisis Care can complement clinical services and help individuals in crisis. The inclusion of peer support workers in crisis care helps facilitate a trauma-informed response and recovery-oriented and strengths-based approaches. The curriculum for this specialization contains three areas of core competencies for peer services in crisis care. These are Prevention, During Crisis, and Post-Crisis/Recovery/Ongoing Peer Support.

Core Competencies

- Post Crisis/Recovery/Peer Support**

1. Pathways to Crisis

2. Prevention, De-Escalation, and Crisis Resolution

3. Engagement and Resource Connection/Navigation

4. Person-Centered Trauma-Informed

5. Co-occurring disorders of mental health and substance use
- During a Crisis**

1. Conflict Resolution

2. Person-Centered Trauma-Informed

3. Co-occurring disorders of mental health and substance use

4. Crisis and special populations
- Post Crisis/Recovery/Peer Support**

1. Crisis planning and support

2. Self-awareness and self-care

Peer Services for Justice-Involved [Learn More](#)

Having experience with the criminal justice system can impact an individual’s life in many ways. It is best understood by individuals who have similar lived experience. Peers may support individuals with linking to services that address their behavioral health needs and preventing further involvement in the criminal justice systems and ease reentry into their community after incarceration.

Core Competencies

1. Role of Advocacy

2. The role of consumers and family members

3. Engagement Skills and Interventions

4. Cultural Responsiveness

5. Trauma-Informed Support

6. Self-Awareness and Self-Care
7. Co-occurring disorders of mental health and substance use

8. Professional Boundaries and Ethics

9. Safety and Crisis Planning

10. Community Reintegration Support

11. Recidivism Risk Factors

Peer Services for Unhoused [Learn More](#)

Peer Services for Unhoused complements clinical services and help individuals who are unhoused or may become unhoused. Individuals and/or families may have unique behavioral health challenges and/or co-conditions. Peer support specialists with experience being unsheltered or unhoused offer a unique perspective in supporting others meet their needs, including behavioral health, housing support, and health conditions.

Core Competencies

1. Application of Lived Experience

2. Empowerment and Promotion of Recovery

3. Co-Occurring Disorders: Mental Health and Substance Use Disorders

4. Special Populations and Cultural Considerations

5. Trauma Informed Care
6. Self-Awareness and Self-Care

7. Conflict Resolution

8. Professional boundaries and ethics

9. Safety and crisis planning

10. Systems and Resource Navigation



# Peer Support and Recovery-Oriented Care

## Overview of Peer Support

To understand peer support, it is helpful to understand what is meant by common terms.

### Peer

For this Toolkit, a peer is someone who has gone through the healing process of recovery from mental health issues, trauma, or substance use problems. This person can offer support to help another peer in their recovery journey. The peer support volunteer shares parts of their recovery experience appropriately and effectively.

### Peer Support

Peer support means helping each other recover from serious mental health issues, trauma, or addiction without clinical intervention. People who have successfully recovered use their experiences to assist others in starting and staying on their path to recovery. This support can enhance the quality of life for both individuals and their families.

### Lived Experience

Refers to an individual's first-hand experience with a mental health and/or substance use challenge.

### How is Peer Support Different

Peer Support services differ from other behavioral health services in that they utilize personal lived experience and experiential knowledge to assist others. It is a relationship of equals. Peer Support Specialists share their lived experience to model recovery and motivate others through hope and inspiration. Peer support recognizes that recovery has many paths and progress is based on service participants achieving self-defined goals.

Peers can play many roles in supporting people living with mental health and/or substance use challenges.

Supporting roles include but are not limited to the following:

- Cultural brokerage
- Service referrals
- Health education/navigation
- Systems navigation
- Benefits acquisition
- Crisis intervention
- Natural support development
- Support groups
- Peer counseling
- Advocacy
- Personal plan creation
- Wellness Recovery Action Plan Facilitator
- Engagement
- Socialization

## The Peer Formula

Peers share their Lived Experience with others experiencing a similar life challenge. They use their Lived Experience to create an authentic connection and model how they overcame their challenge(s) to inspire and motivate others who are now going through it. Peers must have the same Lived Experience as the service participants they are serving. Consequently, certain relationships may conflict with the fundamental tenets of peer support. For example, parents or caregivers can't provide genuine peer support to Transition Age Youth because of the power imbalance between adults and youth.

**So what do we mean when we say a peer needs the same Lived Experience as the clients they are serving.**

1. Lived Experience of a specific life challenge
  - a. Consumers: Having a behavioral health condition
  - b. Family Members: Caring for someone with a behavioral health condition
2. Lived Experience of overcoming this life challenge
  - a. Consumers: Recovering from a behavioral health condition
  - b. Family Members: Achieving resiliency and self-care

## The Evidence for Peer Support

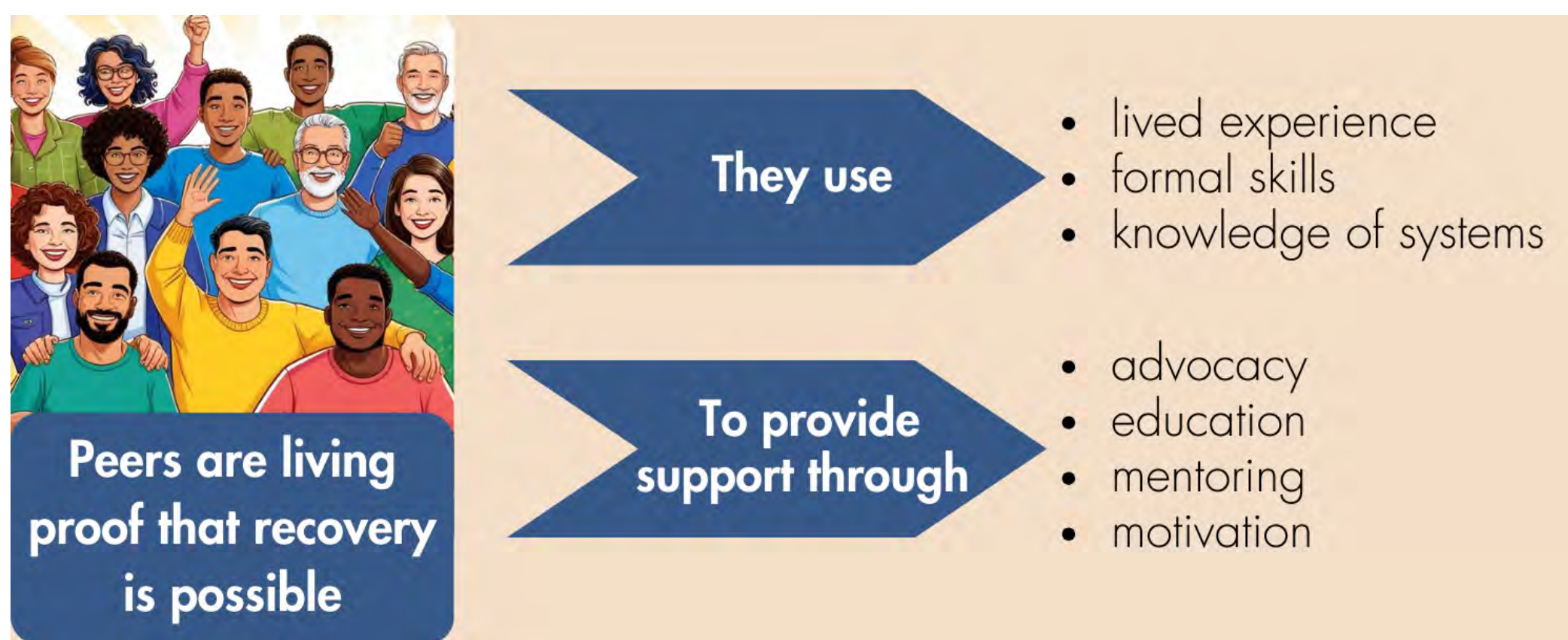
Evidence shows that Peer Support **reduces**:

- Number of admissions and days spent in hospitals
- Use of acute services (e.g., ERs/detox centers)
- Substance use
- Depression and demoralization
- Average service costs per person

Evidence shows that Peer Support **increases**:

- Time in the community
- Engagement in outpatient treatment
- Active involvement in care planning and self-care
- Hope, quality of life, and satisfaction with life
- Rates of family reunification
- Social functioning





## What is Recovery

In a general sense, recovery refers to the regaining of something lost or taken away. Regardless of context, each definition of recovery implies the loss of something that is later restored or regained. In the behavioral health context, recovery refers to the alleviation of ongoing mental or emotional distress or the undesired symptoms and impacts of a behavioral health condition. Recovery from a behavioral health condition looks different for different people. It is both a process and an outcome.

Congress established The Substance Abuse and Mental Health Services Administration (SAMHSA), an agency of the U.S. Department of Health and Human Services in 1992. SAMHSA aims to reduce the impact of behavioral health issues on American communities. The agency also provides access to information on substance use and mental health services and research.

In 2015, SAMHSA engaged key stakeholders from mental health and substance use recovery communities to develop the following working definition of recovery:

**Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.**

Throughout this Toolkit, the term “recovery” refers to this definition. This definition describes recovery as a process, rather than an end state. Complete symptom remission is neither a prerequisite of recovery nor a necessary outcome of the process. In addition, this definition of recovery allows for many pathways of recovery that may include “professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches” (SAMHSA, 2015).

The Recovery Model aims to improve lives. Recovery is subjective and driven by personal experiences of mental health challenges and wellness. It’s a journey. Recovery outcomes include empowerment, hope, self-advocacy, choice, self-identified goals, healing, well-being, and control of symptoms. Care is person-focused and diagnoses are not permanent; they can be cured.

This is in strong contrast to the Medical Model’s focus on a person’s illness. In this model, a person’s diagnosis stays with them and one’s recovery is dependent on objective measurements. The goal is to return the person to a former state of health or an absence of symptoms.

### What does a person need in their environment in order to recover?

Dr. Mark Ragins explains what a person needs in their environment to recover. (NAMI Los Angeles, 2012)

[Watch on YouTube](#)

What does a person need in their environment in order to recover?

## SAMHSA's 4 Major Dimensions of Recovery

In 2015, SAMHSA also identified 4 major dimensions that contribute to and support a life in recovery. These are Health, Home, Purpose, and Community.



### Health

Overcoming or managing one's disease(s) or symptoms—for example, abstaining from the use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction challenge—and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.



### Home

A stable, safe place to live



### Purpose

Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society.



### Community

Relationships and social networks that provide support, friendship, love, and hope

## SAMHSA's 10 Guiding Principles of Recovery

SAMHSA developed 10 Guiding Principles of Recovery essential to recovery from a behavioral health issue (SAMHSA, 2015). These principles promote healing and positivity during one's recovery journey.



### 1 Hope

Hope is the catalyst of the recovery process. People can and do overcome internal and external challenges, barriers, and obstacles. Hope is fostered by peers, family members, providers, and allies.

### 2 Person-Driven

Recovery is based on self-determination and self-direction. Clients define their own life goals and unique paths towards these goals. They exercise choice over services and treatments.

### 3 Many Pathways

Recovery occurs via many pathways. It is highly personalized and may include different treatments, services, and supports. The recovery process is not linear and may involve setbacks.

### 4 Holistic

Recovery encompasses the whole life, including mind, body spirit, and community.

### 5 Peer Support

Recovery is supported by peers and allies. Peers encourage one another and provide a vital sense of belonging, supportive relationships, valued roles, and community.

### 6 Relational

Recovery is supported through relationships and social networks. Positive relationships help clients engage in new roles, achieve a greater sense of belonging, and find new strategies for change.

### 7 Culture

Recovery is culturally based and influenced. Culture or background keys in determining a person's unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, congruent, and competent, as well as personalized to meet each individual's unique needs

### 8 Addresses Trauma

Recovery is supported by addressing trauma. Trauma is often a precursor to or associated with mental health challenges and related issues/ Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

### 9 Strengths/Responsibility

Recovery involves individual, family, and community strengths and responsibility. Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

### 10 Respect

Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems—including protecting their rights and eliminating discrimination—are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.



Eight Dimensions of Wellness

The Eight Dimensions of Wellness (Paxton/Patterson Learning Systems (2017))

Watch this short video about the eight (8) dimensions of wellness.

Watch on YouTube

The 8 Dimensions of Wellness

Recovery in Mental Health and Substance Use Cultures

Mental health and substance use prevention and treatment services are being integrated under the umbrella of “behavioral health.” Historically, these services have had different definitions of recovery that existed prior to this merger. Each definition emerged from unique understandings of the nature of illness, which have been reinforced over time within their respective fields, along with the systems, institutions, paradigms, and consumer cultures that developed around them. It is important to note that the culture in each area is distinct!

The following table highlights the key differences between the two recovery communities.

Mental Health Culture	Substance Use Culture
Psychosocial factors, social determinants, trauma	Individual behaviors, personal decisions
Mental illness is something that happens to you	Substance misuse is something that you cause to happen
"You are a product of your environment"	"You are a product of your choices and actions"
"Client/Consumer"	"Addict/User"

The traditional approach to substance misuse treatment and recovery falls somewhere between the Medical Model and Recovery Model. SAMHSA’s Working Definition of Recovery applies equally to mental health and substance misuse challenges. These recovery principles, concepts, and definitions are universal in that recovery-oriented services focus on a service participant’s individual goals, strengths, challenges, and barriers, not their diagnosis.



## PEOPLE RECOVERING FROM MENTAL ILLNESSES SAY IT FEELS LIKE:

A great big sigh of relief

A fog lifts from your mind and you can see the end of a thought

Having your motivation back

Freeing to realize that you don't always have to engage with what is going on around you, because not everything really matters

A weight being lifted from your shoulders, your muscles loosen, and you can focus

Happiness and joy can be a part of your life again

It's a little scary at first, because happiness and relief are so different than the hard times you've gotten used to. But you also don't want those hard times to come back

The more you face your illness, the easier it is to talk about it

Accepting your feelings and illnesses is a way of respecting and helping others who are struggling

There is hope for your life

Being alive again

Celebrating small victories

Getting a piece of your old self and your life back

You've made it out of a dark forest

Your life and your goals are worth fighting for

You can be satisfied with normal things

Having energy to do things again

You can let go of the small things and relax enough to live life

Realizing that you aren't as miserable as you were, but the same amount as everyone else

Ups and downs

Your soul has been rejuvenated





# Core Competencies for Peer Support Specialists

## What are Core Competencies

Core competencies are often described as clusters of the knowledge, skills, and attitudes a person needs to have to successfully perform a role or job or as the ability to integrate the necessary knowledge, skills, and attitudes. Training, mentoring, and supervision can help people develop the competencies needed to perform a role or job, (Hernandez & O'Connor, 2010; Sperry, 2010).

### Why do we need Core Competencies for Peer Workers?

Peers have become crucial in helping people manage mental health and substance misuse challenges. Community-based organizations led by individuals with lived experience and those in recovery support people in their communities. Both mental health consumers and substance use recovery communities recognized the need for Core Competencies and actively participated in developing them.

### Potential Uses for Core Competencies

Core competencies aid in delivering and promoting peer support best practices. They can create training programs, set certification standards, and describe job roles. Supervisors evaluate peers' performance, while peers assess their work and set improvement goals. Core competencies don't hinder peer workforce entry but support new and experienced peers in their crucial work and continuous improvement.

## SAMHSA's Values and Principles of Peer Support

Core Competencies for peer workers reflect certain foundational values and principles of support identified by members of mental health and substance use recovery communities.

The following were the principles and values identified by a SAMHSA working group in 2015 (SAMHSA, 2015b):

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

Each principle and value is defined below.

**Recovery-Oriented:** Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.

**Person-Centered:** Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.

**Voluntary:** Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.

**Relationship Focused:** The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

**Trauma-Informed:** Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

## California's Core Competencies for Peer Support Specialists

SB 803 (2020) established a set of seventeen (17) Core Competencies that every Peer Support Specialist must possess to obtain certification as a practitioner. These Core Competencies ensure that certified Peer Support Specialists provide quality care and anticipate the needs of service participants (CALMHSA, 2022)

## California's Core Competencies for Peer Support Specialists

The Core Competencies are as follows:

1. The concepts of hope, recovery, and wellness
2. The role of advocacy
3. The role of consumers and family members
4. Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices
5. Cultural and structural competence trainings
6. Trauma-informed care
7. Group facilitation skills
8. Self-awareness and self-care
9. Co-occurring disorders of mental health and substance use
10. Conflict resolution
11. Professional boundaries and ethics
12. Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment
13. Safety and crisis planning
14. Navigation of, and referral to, other services
15. Documentation skills and standards
16. Confidentiality
17. Digital literacy

Each core competency is reviewed over the next several pages. Reviews include the following:

- A description of each core competency
- Skills that are needed for each core competency
- Resources to help expand skills in each core competency



The information for each core competency review is sourced from CalMHSA's Landscape Analysis of the Peer Certification Training Curriculum Core Competencies.





## CORE COMPETENCY 1

### The concepts of hope, recovery, and wellness

Peer support services are founded on hope, recovery, and wellness. They're person-focused, self-determined, and voluntary.

#### Skills That Can Be Assigned To This Core Competency

- The ability to promote hope, the potential for change, and personal empowerment.
- The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility.
- How to foster individual choice and self-determination.
- How to establish and maintain relationships based on mutuality, respect, acceptance, and compassion.
- Understand the peer experience.
- Demonstrate consistent support to individuals during times of wellness as well as during challenging times.
- Demonstrate non-judgmental behavior.
- Apply principles of empowerment.
- Define the concept of a wellness-focused approach to recovery.
- Address internal and external stigma.
- Know the basic five stages in the recovery process and what is helpful and not helpful at each stage.
- Know the role of peer support services at each stage of the recovery process.
- Know the basic definition and dynamics of recovery.
- Identify beliefs and values individuals hold that work against recovery.
- Be Strengths-Based.
- Know the difference between treatment goals and recovery goals.
- Know the difference between focusing on the symptoms of mental health and substance use challenges and focusing on their impact on individuals and families.
- Understand the role of culture in recovery.
- Be trauma-informed.
- Promote a wellness-focused approach to recovery.
- Be able to identify the beliefs and values an individual holds that support and enrich their recovery.
- Be able to identify the beliefs and values an individual holds that work against their recovery.
- Know the five stages in the recovery process, what is helpful and not helpful at each stage, and the role of peer support services at each stage of the recovery process.
- Know the ten guiding principles of recovery as defined by the federal Substance Abuse and Mental Health Services Administration (SAMHSA).

#### Task Examples

- Apply the principles of individual choice and self-determination.
- Promote the development of recovery plans.
- Model wellness for individuals in recovery by maintaining one's wellness.
- Discuss ongoing personal efforts to enhance health, wellness, and recovery.
- Assist individuals to identify and take actions necessary to develop behaviors that support the achievement of their whole health goals.
- Use questions to help individuals get in touch with the life they want.

#### Resources

[The 4 Pillars of Recovery](#)

[Self-Determination](#)

[The Role of Peer Workers \(SAMHSA\)](#)

[Recovery and Recovery Support \(SAMHSA\)](#)

[Assessment of Practitioner's Values, Beliefs, and Biases](#)

[SAMHSA's Working Definition of Recovery Brochure](#)



CORE COMPETENCY 2

The role of advocacy

Peers encourage individuals to make their own choices (self-advocacy) and help clients develop communication and decision-making skills. Peers also advocate for the needs and desires of individuals in treatment team meetings, community services, living situations, and with family. In addition, participate in efforts to eliminate prejudice and discrimination towards people who have behavioral health conditions and their families.

Skills That Can Be Assigned To This Core Competency

- Develop a working knowledge of the terms “peer support”, “peer”, and “recovery” as established by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the International Association of Peer Supporters (NAPS).
- Develop a working knowledge of the SAMHSA and NAPS guiding principles, practice guidelines, and core values of peer support.
- Understand the basic structure of the state Mental Health System (MHS) and how it works.
- Know the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health.
- Know strategies to address internal and external stigma
- Understand how peer support is shifting care from an illness model to a recovery model.
- Use knowledge of legal resources and advocacy organizations to help an individual build an advocacy plan.
- Help Peers develop self-advocacy skills.
- Advocate for multiple pathways to recovery/wellness.
- Know how to teach advocacy strategies that promote self-determination.
- Model how to self-advocate.
- Have a basic knowledge of empowerment and the goals and objectives of the consumer movement.
- Understand relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peers’ rights are respected

Task Examples

- Teach individuals the skills needed to self-advocate.
- Assure that individuals know their rights and responsibilities.
- Model how to self-advocate
- Explain the importance of self-advocacy to individuals as a component of recovery/wellness.
- Educate colleagues about the process of recovery and the use of recovery support services.
- Advocate within systems to promote person-centered recovery/wellness support services.

Resources

- [SAMHSA Core Competencies for Peer Workers](#)
- [NAPS National Practice Guidelines for Peer Supporters](#)
- [Personal Bill of Rights](#)
- [Advocacy Toolkit](#)
- [10 Reasons Why Advocacy is Important](#)
- [Disability Rights California: Mental Health](#)
- [Your Employment Rights as an Individual with a Disability](#)
- [Health Information Privacy \(HIPPA\)](#)
- [Olmstead v. L.C.](#)
- [Sacramento County Patients' Rights & Privacy Rights](#)
- [Patients' "Rights for Individuals in Mental Health Facilities" Handbook](#)





CORE COMPETENCY 3

The role of consumers and family members

The role of consumer peer support specialists is to support other consumers through shared lived experience. Family peer support specialists support other family members through shared lived experience. Both use their experience to role model resiliency and recovery to their peers.

Skills That Can Be Assigned To This Core Competency

- The role of consumers or family members is to give permission to recognize when self-care is needed and to practice it.
- Use personal stories of lived experience to support and empower the person receiving services.
- To build community and a sense of meaning and fulfillment.
- Advocates for the needs and desires of individuals in treatment team meetings, community services, living situations, and with family.
- Connect people to independent social support networks, particularly self-help support groups.
- Recovery involves individual, family, and community strengths and responsibility.
- Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their self-care and journeys of recovery. Individuals should be supported in speaking for themselves.
- Relate to the individual as an advocate
- Advocate within systems to promote person-centered recovery/wellness support services.
- Describe the individual's rights and responsibilities.
- Explain the importance of self-advocacy as a component of recovery/wellness.
- Differentiate between the levels of advocacy.
- Demonstrate a working knowledge of relevant rights and laws to ensure that the individual's rights are maintained.
- Use knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that individuals' rights are respected.
- Use knowledge of legal resources and advocacy organization to build an advocacy plan.
- Describe the civil and human rights foundations from which the peer support movement arose, including issues related to prejudice, discrimination, and stigma associated with behavioral health

Task Examples

- Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health challenges and their families.
- Educates colleagues about the process of recovery and the use of recovery support services..
- Promote self-determination and person-centered services when communicating with other members of the individual's care team.

Resources

- [Mental Health Peer Support Workforce Designline](#)
- [Person and Family-Centered Care and Peer Support](#)
- [The Power of Sharing Lived Experience](#)
- [Sharing Your Story](#)
- [Making Effective Use of Your Recovery Story in Peer Support Relationships](#)
- [Share Your Story: A How-to Guide for Digital Storytelling](#)
- [Why Consumers and Advocates Must Work Together](#)



## CORE COMPETENCY 4

**Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices**

Peer recovery support services are always directed by the person participating in services. The primary responsibility of Certified Peer Specialists is to help individuals achieve their own needs, wants, and goals. Certified Peer Specialists will be guided by the principle of self-determination for all. Participation in peer recovery support services is always contingent on peer choice. Psychiatric Rehabilitation Skills and Service Delivery utilizes a strengths-based approach.

**Skills That Can Be Assigned To This Core Competency**

- Recognize the stages of change, recovery, and wellness.
- Recognize signs of distress.
- Understand the basic philosophy and principles of psychosocial rehabilitation and substance use recovery strategies.
- Be able to use dissatisfaction as an Avenue for Change.
- Be able to help a Peer articulate, set, and accomplish their goals, including whole health and wellness goals.
- Understand the role of healthcare professionals that may be members of an individual's care team, including psychiatrists, psychologists, therapists, primary-care doctors/nurses, specialty-care doctors/nurses, community health workers, case managers, and other professionals.
- Support individuals in defining spirituality on their own terms.
- Certified Peers Specialists will keep current with emerging knowledge relevant to recovery, and openly share this knowledge with their colleagues.
- Know how to assist other healthcare team members to learn about the process of recovery, the concept of resiliency, and the relationship between person-centered, self-directed care and achievement of whole health goals.
- Social Development
- Recovery Management skills.
- Knowledge of Addiction and the Stages of Recovery.
- Knowledge of Addiction and Brain Chemistry/Pharmacology.
- Recovery Management skills.
- Understanding of Co-occurring Disorders.
- Understand the Harm Reduction model.
- Lapse/Relapse Prevention tools.
- Motivational Enhancement tools.
- Identifying one's own strengths and help individuals identify theirs.
- Distinguishing between sympathy and empathy.
- Understand learned helplessness; what it is, how it is taught and how to assist others in overcoming its effects
- Understand the benefits of addressing mental health symptoms and substance use challenges at the same time.
- Know how to facilitate groups.
- Recognize that there are multiple pathways to recovery/wellness.
- Be able to help individuals combat negative self-talk, overcome fears, and solve problems.
- Be able to help individuals create a Person-Centered Plan.

**Task Examples**

- Help individuals identify beliefs and values that build on their recovery as well as those that work against their recovery.
- Use questions to help individuals get in touch with the life they want.
- Support the development of healthy behavior that is based on choice.
- Assist the individual with setting goals.
- Support the individual to identify options and participate in all decisions related to establishing and achieving recovery goals.

**Resources**

[SAMHSA's Working Definition of Recovery Principles](#)

[What is a Recovery Oriented Approach](#)

[What is Psychosocial Rehabilitation?](#)

[Motivational Interviewing, A Theory for Change](#)

[Wellness Recovery Action Plan](#)

[Action Planning for Prevention and Recovery](#)

[Whole Health Action Management: Training Participant Guide](#)

[Understanding Treatment of Substance Use Disorder \(CDC\)](#)

[The Science of Addiction \(National Institute of Drug Abuse\)](#)

[About Harm Reduction for Substance Use Disorder](#)

[\(SAMHSA\)](#)

[Stages of Change](#)

[Addictionary: Destigmatizing Language](#)

[The Importance of Patient Preferences in Treatment Decisions](#)





## CORE COMPETENCY 4

## Cultural and Structural Competence Trainings

**Learn how to be responsive to the unique cultural identities of others. Being responsive to others requires an understanding of your own cultural identities. Apply multicultural interaction skills to all your interpersonal interactions. These skills include being able to help people express and utilize positive aspects of their cultural identity to promote recovery.**

## Skills That Can Be Assigned To This Core Competency

- Cultural humility.
- Recognize and understand your own personal values, culture, and spiritual beliefs; how they may contribute to your own judgments, biases, and beliefs about others; and how to respond if they inhibit your ability to effectively serve another individual.
- Knowledge of cultural sensitivity and practice.
- Define culture, elements of culture, and its impact.
- Ability to communicate utilizing person-first and person-centered language.
- Recognize different types of cultures.
- Explain key recovery language and culture concepts.
- Knowledge of the influence of cultural heritage on individuals and groups.
- Knowledge of and sensitivity to how cultural identity can influence the dynamics in communication.
- Knowledge of and sensitivity to how cultural identity shapes the helping process.
- Appreciate, recognize, and respect the personal values, cultural, spiritual beliefs, and practices of peers and their families and how these play a role in achieving their whole health goals.
- Recognize the importance of a holistic (e.g., mind, body, spirit, environment) approach to recovery/wellness.
- Be able to describe successful multicultural interactions and explain why the topic is important to peer services.
- Understand the concept of 'seeking out common ground.'
- An understanding of structural racism and how it creates disparities in Wealth, Employment, Education, Housing Discrimination, Government Surveillance, Incarceration, Drug Arrests, Immigration Arrests, and Infant Mortality.
- An understanding of how structural racism impacts health and recovery outcomes for people of color.
- Recognize the Connections between Behavioral Health Conditions and Trauma, Health Disparities, and Social Inequity.

## Task Examples

- Advocate for multiple pathways to recovery/wellness.
- Assure that interpersonal relationships, services and supports, reflect individual differences and cultural diversity.
- Be able to interact sensitively and effectively with people of other cultures.
- Attend trainings on cultural competence and structural racism that highlight the impacts they have on health outcomes for people of color.
- Be able to help people express and utilize positive aspects of their cultural identity to promote recovery.

## Resources

[How Does Implicit Bias Influence Behavior?](#)

[Structural Racism and Health Inequities](#)

[Structural and Cultural Competency](#)

[Building Bridges: Cultural Humility Toolkit](#)

[Understanding Transference and Countertransference](#)



## What is cultural humility? (PsychHub, 2020)

Watch PsychHub explain the difference between cultural competency and cultural humility





## CORE COMPETENCY 6

### Trauma-Informed Care

Trauma-informed peer support can counter the impact of trauma on people in recovery by reducing the effects of unresolved and secondary trauma and supporting healing.

#### Skills That Can Be Assigned To This Core Competency

- Understand the core principles of trauma-informed care.
- Understand the prevalence of trauma and its impact on physical, behavioral, and emotional wellness.
- Be familiar with the ACE (Adverse Childhood Events) model.
- Understand cultural considerations and the effect of trauma on how we view our cultural experiences and the lens in which we view the world
- Recognize signs of distress.
- Assist the individual in identifying basic needs.
- Recognize risk indicators that may affect the individual's welfare and safety. Respond to personal risk indicators to assure welfare and safety.
- Identify examples of traumatic events and individual responses.

#### Task Examples

- Utilize principles of trauma-informed practices and their application in peer services that support recovery.
- Support the development of healthy behavior that is based on choice.
- Use patience and compassion in all interactions.
- Teach coping skills of mindfulness, stress reduction, anxiety management, and relaxation techniques.
- Be non-judgmental.
- Report suspicions of abuse or neglect to the appropriate authority.

#### Resources

[What are ACES?](#)

[Maslow's Hierarchy of Needs Explained](#)

[Signs and Symptoms of Distress](#)

[Trauma Informed Peer Support](#)

[Trauma Informed Peer Support: Center for Excellence in Peer Support](#)

[Fundamentals of Trauma Informed Care](#)

[Trauma-Informed Care Champions: From Treaters to Healers](#)

[Trauma-Informed Care 4Rs and 6 Principles \(video, 2025\)](#)

#### How Childhood Trauma Affects Health Across a Lifetime (2005)







## CORE COMPETENCY 7

### Group Facilitation Skills

**Understand how to facilitate peer support/self-help groups.**

#### Skills That Can Be Assigned To This Core Competency

- Understand the difference between treatment goals and recovery goals and be able to create and facilitate a variety of group activities that support and strengthen recovery.
- Describe, select, and appropriately use strategies from accepted and culturally appropriate models for group counseling

#### Task Examples

- Apply basic group facilitation techniques. Practice effective communication skills. Be non-judgmental.
- Support the development of healthy behavior based on choice.
- Apply instructional strategies and materials that reflect the needs of the target audience.
- Facilitate the entry of new members and the transition of exiting members.
- Facilitate group growth within the established ground rules by using methods consistent with group type.
- Describe and summarize individual behavior within the group to document individual progress and identify needs and issues that may require further assistance.

#### Resources

[Facilitation Skills: Definitions and Examples](#)

[Tools for Support Group Facilitators](#)

[Using Group Agreements in Engaging Events](#)

[Keep It Up, You're Doing Great!](#)

[Recovery Goals](#)

[Recovery-Oriented Language Guide](#)

[Active Listening – 7 Techniques](#)

#### Difference Between Therapy Groups and Support Groups (2019)





CORE COMPETENCY 8

Self-Awareness and Self-Care

Develop self-care skills and coping practices for helping professionals. Know resources to promote personal resilience; and, understanding burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.

Skills That Can Be Assigned To This Core Competency

- Recognize the importance of self-care.
- Develop self-care skills and coping practices for helping professionals.
- Know the importance of ongoing supports for overcoming stress in the workplace.
- Know resources to promote personal resilience.
- Understand burnout and using self-awareness to prevent compassion fatigue, vicarious trauma and secondary traumatic stress.
- Strengthen social skills and healthy social networks including peer and natural support systems.
- Be able to discuss their own tools for taking care of themselves.
- Learn to respond appropriately to personal stressors, triggers and indicators.
- Understand the concept of dual/complex relationships.
- Understand the dynamics of power, conflict and integrity in the workplace.
- Anticipate and avert or safely manage any re-experience of symptoms of their own challenge(s) to ensure continued wellness.
- Develop a working knowledge of the concepts of “activation” and “self-management” of whole health goals.

Task Examples

- Practice personal safety and self-care.
- Respond to any setbacks on their recovery journey as an opportunity for learning additional techniques or strategies to achieve and maintain their whole health goals.
- Provide access to a range of activation and self-care tools and resources that the individual may find useful in achieving their whole health goals.
- Develop decision-making strategies and function as an active member of their own recovery team, to include the selection of traditional and nontraditional recovery strategies, supports, and providers.
- Help individuals learn how to access and navigate formal and informal community resources and services.

Resources

- [Compassion Fatigue and Self-care for Crisis Counselors](#)
- [How and Why to Practice Self-Care](#)
- [The Importance of Wellness in Peer Support](#)
- [Burnout Prevention and Treatment](#)
- [Self-Care During Compassion Fatigue](#)
- [Family Peer Support: Self-Care](#)
- [RecoveryU: Self-Care and Recovery](#)
- [Wellness Recovery Action Plan](#)
- [Action Planning for Prevention and Recovery](#)
- [Whole Health Action Management: Training Participant Guide](#)
- [Creating a Healthier Life: A Step-By-Step Guide to Wellness](#)

“In dealing with those who are undergoing great suffering, if you feel ‘burnout’ setting in, if you feel demoralized and exhausted, it is best, for the sake of everyone, to withdraw and restore yourself. The point is to have a long-term perspective.”

– Dalai Lama





## CORE COMPETENCY 9

### Co-occurring Disorders of Mental Health and Substance Use

**Understand co-occurring disorders of mental health and substance use and the methods used to treat both conditions.**

#### Skills That Can Be Assigned To This Core Competency

- The ability to promote hope, the potential for change, and personal empowerment.
- The ability to create healing relationships based on respect, compassion, open and honest communication, active listening, and cultural humility.
- How to foster individual choice and self-determination.
- Use active listening skills.
- Use empathic listening skills.
- Communicate genuine emotion.
- Recognize and use person-centered language.
- Define the concept of a wellness-focused approach to recovery.
- Have a basic knowledge of treatment approaches such as Medication Assisted Treatment (MAT) and Medication Assisted Recovery (MAR).
- Understand the prevalence of trauma in the lived experience of people with co-occurring disorders.
- Meet people where they are.
- Understand Harm Reduction.
- Be able to communicate their lived experience in a way that is supportive.
- Peers support Peers in whatever their goal is.
- Understand the Stages of Change.
- Understand Recovery Capital.
- Understand Recovery Action Planning.
- Have a basic understanding of the Disease Model of Addiction and the difference between prevention, treatment, and recovery.
- Understand Recovery Management Planning to support individuals with life domains.
- Know the science of addiction and the history of addiction.
- Embrace all pathways to recovery.
- Be active in your own recovery.
- Identify your own triggers and actively manage your recovery.
- Develop and maintain your own support system.
- Conduct yourself in a manner that fosters your own recovery.

#### Task Examples

- Provide consistent support to individuals in both good and challenging times.
- Ask open-ended questions that connect a person to their inner wisdom.
- Use a trauma-informed approach.
- Address internal and external stigma.
- Help individuals identify beliefs and values individuals hold that work against their recoveries.
- Use questions to help individuals get in touch with the life they want.
- Use individuals' dissatisfaction as an avenue to setting recovery goals.
- Use questions to help individuals identify and move through their fears.
- Help individuals see how substance abuse affects their current challenges and its ongoing consequences.
- Educate about warning signs, symptoms, and progression of substance use disorders.
- Provide peer support services even if individuals are not engaged in treatment.
- Educate about how substance use challenges affect families and society.
- Educate on the continuum of care and resources for substance use challenges.
- Assist individuals in navigating the substance use system to access desired services.

#### Resources

[What is Dual Diagnosis](#)

[Overcoming the Stigma of Dual Diagnosis](#)

[Positive Self-Talk](#)

[Understanding Recovery Capital](#)

[Stages of Change](#)

[The Science of Addiction \(National Institute of Drug Abuse\)](#)

[Substance Use and Co-Occurring Mental Disorder \(NIMH\)](#)

[Understanding Treatment of Substance Use Disorder \(CDC\)](#)

[About Harm Reduction for Substance Use Disorder \(SAMHSA\)](#)



## CORE COMPETENCY 10

### Conflict Resolution

**Be able to personally deal with conflict and difficult interpersonal relations in the Workplace. Also be able to resolve conflicts in relationships with peers and others in their support network.**

#### Skills That Can Be Assigned To This Core Competency

- Develop effective communication skills.
- Develop conflict resolution skills.
- Develop problem-solving skills.
- Be able to use de-escalation techniques
- Understand the dynamics of power, conflict, and integrity in the workplace,
- Understand the concept of seeking out common ground

#### Task Examples

- Be able to personally deal with conflict and difficult interpersonal relations in the workplace.
- Resolve conflicts in relationships with peers and others in their support network.
- Utilize de-escalation techniques.
- Communicate to support network personal issues that impact the ability to perform job duties.
- Use organizational/departmental chain of command to address or resolve issues.
- Practice non-judgmental behavior.

#### Resources

[De-Escalation Techniques](#)

[Conflict Resolution Skills](#)

[Emotional Intelligence](#)

[The Center for Nonviolent Communication](#)

[Effective Communication](#)

[How to Navigate Conflict with Coworkers](#)

#### **What is Non-Violent Communication? What is NVC? (Happiness.com, 2017)**

**Nonviolent communication, developed by psychologist Marshall Rosenberg, is a method for resolving conflicts based on the idea that we all have the capacity for compassion. It highlights our innate ability to be compassionate and suggests that violence arises from a lack of effective means to meet our needs. Essentially, we resort to violence when we lack suitable alternatives.**







CORE COMPETENCY 11

Professional Boundaries and Ethics

Perform all job duties in accordance with federal and state rules and regulations and published code of ethics and professional conduct for certified peer support specialists.

Skills That Can Be Assigned To This Core Competency

- The role of consumer peer support specialists is to support other consumers through shared lived experience.
- The role of family peer support specialists is to support other family members through shared lived experience.
- The role of peers or family members is to use their experience to role model resiliency and recovery to their peers.
- Recognize situations outside the competencies of a Peer Support Specialist.
- Understand how to establish, negotiate, and maintain appropriate interpersonal limits and boundaries that are necessary to promote effective peer support services.
- Understand the Peer Support Specialists’ scope of service
- Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

Task Examples

- Maintain high standards of personal conduct.
- Respect the privacy and confidentiality of those they serve.
- Never enter into dual relationships or commitments that conflict with the interests of service participants
- Never engage in sexual/intimate activities with service participants.
- Never use unprescribed or illegal substances under any circumstance.
- Never accept gifts of significant value from service participants.
- Recognize and maintain professional and personal boundaries.
- Establish and maintain peer relationships rather than hierarchical relationships.
- Demonstrate respect and non-judgmental attitudes toward service participants in all contacts with community professionals and agencies.
- Maintain confidentiality of client information in written and oral communications under the code of conduct and government statutes.
- Never intimidate, threaten, harass, use undue influence, physical force or verbal abuse, or make unwarranted promises of benefits to service participants
- Use a range of supervisory options to process personal feelings and concerns about clients.
- Communicate personal issues that negatively impact their ability to perform job duties and utilize supervision and consultation regarding dual/complex relationships.
- Comply with professional code of conduct

Resources

[A Recovery-Oriented Approach to Professional Boundaries \(YouTube Video\)](#)

[Boundary Issues in Peer Support](#)

[California Code of Ethics for Peer Support Specialists and Ethics Violation Guidelines](#)

[NAPS National Practice Guidelines for Peer Supporters](#)

[A Framework for Ethical Decision Making](#)



CORE COMPETENCY 12

**Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment**

**Learn employment skills such as study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment. Utilize employment development resources such as job centers, community colleges, and others. Teach, coach, and model the skills and attributes needed to attain and maintain long-term, stable employment and housing.**

**Skills That Can Be Assigned To This Core Competency**

- Know community resources for employment skills development.
- Be familiar with how to transition from Social Security and other disability benefits.
- Peers assist, guide, and support in developing education and employment skills as a Peer.
- How to use shared experience to leverage social capital and networking.
- Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.

**Task Examples**

- Learn employment skills such as study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements for employment.
- Utilize employment development resources such as job centers, community colleges, and others.
- Teach, coach, and model the skills and attributes needed to attain and maintain long-term, stable employment and housing.

**Resources**

- [Interview Skills](#)
- [Resume Builder](#)
- [Sacramento Works](#)
- [Department of Rehabilitation](#)
- [Qualities of a Good Employee](#)
- [Test Taking Strategies](#)
- [Study Less Study Smart](#)
- [How to Learn Faster with the Feynman Technique](#)
- [CalMHSA Medi-Cal Peer Support Specialist Certification Preparation Guide](#)

- [How to Beat Test Anxiety and Take on Exams Without Stress](#)
- [Your Employment Rights as an Individual with a Disability](#)
- [Clearing a Criminal Record - Expungement](#)





## CORE COMPETENCY 13

### Safety and Crisis Planning

**Recognize various crisis and emergency situations and signs of distress and threats to safety among peers and in their environments. Recognize risk indicators that may affect the individual's welfare and safety. Respond to personal risk indicators to assure welfare and safety.**

#### Skills That Can Be Assigned To This Core Competency


- Understand basic de-escalation techniques.
- Recognize various crisis and emergency situations.
- Recognize and respond to risk indicators to assure welfare and safety.
- Recognize signs of distress and threats to safety among peers and in their environments.
- Understand basic suicide prevention concepts and techniques

#### Task Examples

- Provide reassurance to peers in distress.
- Assess individuals for behavior that may result in harm to self or others.
- Respond appropriately to risk indicators to assure welfare and physical safety.
- Recognize signs of individuals re-experiencing symptoms and suggest early interventions to prevent crises or the need for intensive services.
- Take action to address distress or a crisis using knowledge of local resources, treatment, services and support preferences of peers.
- Help individuals create and implement self-management plans, advanced directives, and crisis prevention strategies.
- Plan continuing care, relapse prevention, and discharge planning with client, family, and significant others.
- Use organizational / departmental chain of command to address or resolve issues.
- Immediately report suspicions if abuse or neglect are suspected.

#### Resources

- [Peer Support Services in Crisis Care](#)
- [Emotional CPR](#)
- [Mental Health First Aid](#)
- [Navigating a Mental Health Crisis: A NAMI Resource Guide](#)
- [Practice Guidelines: Core Elements in Responding to Mental Health Crises \(SAMHSA\)](#)
- [Suicide Prevention Interventions and Treatments](#)
- [Safety Plan Template](#)
- [How to Create a Relapse Prevention Plan](#)
- [Wellness Recovery Action Plan](#)
- [Action Planning for Prevention and Recovery](#)
- [Psychiatric Advance Directive](#)
- [California's Mandated Reporter Law](#)
- [Risk and Protective Factors for Suicide](#)
- [A Comprehensive Approach to Suicide Prevention](#)
- [988 Suicide and Crisis Lifeline](#)



CORE COMPETENCY 14

Navigation of, and referral to, other services

Develop a working knowledge of available community resources, services and healthcare benefits for individuals living with debilitating behavioral health conditions in order to help the individual navigate and choose between options.

Skills That Can Be Assigned To This Core Competency

- Develop and maintain up-to-date information about community resources and services.
- Have a basic understanding of mental health and substance use challenges and the behavioral health system.
- Develop tools for effective outreach and continued support.
- Have the ability to assist in establishing support systems and interfacing with agencies, organizations, and groups.
- Collaborate with individuals to identify, link, and coordinate choices with resources.

Task Examples

- Assist individuals in identifying needs.
- Partner with individuals to access the services and supports that help them attain their recovery goals.
- Collaborate with individuals to identify, link, and coordinate choices with resources.
- Provide information regarding community resources that support goal achievement.
- Accompany individuals to community activities and appointments when requested.
- Coach individuals in desired skills and strategies.

Resources

[SacMap](#)  
[Sacramento County Resource List: Substance Use Prevention and Treatment Services](#)  
[Sacramento County Resource Lists: Mental Health Providers](#)  
[211 Sacramento](#)  
[Greater Sacramento Resource Guide](#)  
[Findhelp.org](#)  
[California Network of Care](#)  
[Findtreatment.gov](#)  
[Supporting Patients' Decision-Making Abilities and Preferences](#)





CORE COMPETENCY 15

Documentation Skills and Standards

Demonstrate a basic knowledge of medical language and chart/record documentation standards to communicate effectively with members of the care team and help the individual understand clinical situations and/or terminology

Skills That Can Be Assigned To This Core Competency

- Understand current documentation requirements for submitting bills to Medi-Cal.
- Understand the concept of accountability.
- Understand and follow Mandatory Reporting requirements.

Task Examples

- Document information as required by program policies and procedures for billing and treatment purposes.
- Evaluate individual satisfaction with their progress toward recovery/wellness goals.
- Document Peer progress in relation to treatment goals and objectives, e.g., identify needs and issues that may require greater assistance.
- Document service coordination activities throughout the continuum of care consistent with Federal, California State, agency, and treatment program standards, rules, and regulations.
- Communicate Peer rights and responsibilities.

Resources

- [Strengthening Peer Support Documentation Practices Using Strength-Based Language](#)
- [How to Write Progress Notes](#)
- [Clinical Documentation Guide for Certified Peer Support Specialists](#)
- [Sacramento County Documentation Training \(Video Series\)](#)
- [Sacramento County Progress Note Policy](#)
- [Mandated Child Abuse Reporter Training](#)
- [Elder and Dependent Mandated Reporter Training](#)

What is Strength-Based Documentation? (Talent Mental Health Nursing, 2024)

**Mackenzie Brooks**  
Hons. B.A. Psych, Dip. Behav. Analysis  
Behaviour Therapist

What is Strengths-based Documentation?



## CORE COMPETENCY 16

### Confidentiality

Understand basic federal, state, employer regulations regarding confidentiality.

#### Skills That Can Be Assigned To This Core Competency

- Understand the Health Insurance Portability and Accountability Act (HIPAA)
- Understand Substance Abuse Confidentiality rules (42 CFR Part 2).
- Understand basic federal, state, employer regulations regarding confidentiality

#### Task Examples

- Maintain confidentiality in accordance with state and federal laws.
- Inform and explain to individuals their confidentiality rights, program procedures that safeguard them, and the exceptions imposed by regulations.
- Exchange relevant information with the agency or professional to whom referrals are being made in a manner consistent with confidentiality rules and regulations and generally accepted professional standards of care.

#### Resources

- [Health Information Privacy \(HIPPA\)](#)
- [HIPPA for Professionals](#)
- [Patient’s Rights and Privacy Rights: Sacramento County](#)
- [Sacramento County Privacy Practices](#)
- [Substance Use Confidentiality Regulations \(42 CFR Part 2\)](#)
- [Understanding Confidentiality and Minor Consent in California](#)
- [California Minor Consent and Confidentiality Laws](#)

#### HIPAA Training 101: What is HIPAA Compliance? The Compliancy Group (2021)

Medi-Cal Peer Support Specialists are required to follow the Health Insurance Portability and Accountability Act (HIPPA) to protect the confidentiality of their service participants' personal health information (PHI). This video short video shows you the basics.







# CORE COMPETENCY 17

## Digital Literacy

Be able to apply appropriate technologies to deliver peer support services education, training, technical assistance and other information.

### Skills That Can Be Assigned To This Core Competency

- Understand digital platforms that can be used for service delivery, benefits acquisition, and resource connections.
- Understand digital privacy protections.

### Task Examples

- Use online and virtual tools to provide access to a range of activation and self-care tools and resources that the individual may find useful in achieving their whole health goals.
- Apply appropriate technologies to deliver education, training, technical assistance and other information.
- Maintain familiarity with computer applications such as Microsoft Office Suite and Adobe Acrobat to develop recovery-focused resources for peers
- Maintain familiarity with online video conferencing platforms such as Zoom or WebEx to be prepared in the event of needed virtual services.
- Share digital privacy protections to individuals in order to protect health information and confidential conversations.
- Create online support groups.
- Effectively use technology to engage and provide peer support services to individuals living in rural or remote settings or experiencing other barriers to traditional “face-to-face” interaction.

### Resources

- [What is Digital Literacy](#)
- [Assessment Internet Basics \(34 questions\)](#)
- [Assessment: Information Literacy \(32 questions\)](#)
- [More free online digital literacy assessments](#)
- [Northstar Digital Literacy](#)
- [GCF Global E-Learning](#)
- [Health Policy and Privacy Challenges Associated With Digital Technology](#)
- [Why Health Privacy Online is a Myth](#)

Digital Literacy Explained in 3 Minutes! (Helpful Professor Explains, 2024)





# Ethics and Boundaries

## What are Ethics?

Ethics are moral principles that govern personal behavior. Ethical and legal issues arise in the performance of Peer Support Specialist services just like in any other behavioral health profession.

### Why do Peer Support Specialists need a code of ethics?

We are all vulnerable to errors in judgment, particularly when we find ourselves in situations we have not faced before. Ethical and legal issues may also arise in the performance of Peer Support Specialist services.

Peers need a Code of Ethics to:

- Set professional standards and expectations
- Increase confidence in and legitimize Peer profession
- Define acceptable behaviors
- Identify core values of Peer Support
- Create accountability through self-reflection and self-evaluation
- Establish and reinforce Peers' occupational identity

Peers need a Code of Ethics to:

- Prevent negative impacts on clients, providers, the system, Peers, and the Peer Profession;
- Support the competent delivery of Peer services; and
- Improve clients' wellness, recovery, and resilience outcomes

The California Department of Health Care Services (DHCS) has developed principles in the Code of Ethics for Medi-Cal Peer Support Specialists. All Medi-Cal Peer Support Specialists agree not to violate, assist in, or abet the violation of, or conspire to violate, any provision or term of this Code of Ethics. Certified peers who violate this Code of Ethics are subject to sanctions. Regardless of certification, peers should follow these principles when providing peer support services.

The Code of Ethics for Medi-Cal Peer Support Specialists includes the following ethical standards:

1. Values Hope
2. Person-Driven
3. Family Driven and Child-Centered
4. Holistic Wellness
5. Authenticity
6. Cultural Responsiveness and Humility
7. Respect
8. Integrity
9. Advocacy
10. Confidentiality
11. Safety and Protection
13. Education
14. Mutuality
15. Reciprocity
16. Strengths-Based
17. Wellness, Recovery, and Resiliency

Each ethical standard is described in the table on the next page.



## Code of Ethics for Certified Medi-Cal Peer Support Specialists

### 1. Values Hope

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1. Inspire hope in those engaging in services by living a life of Recovery and/or Resiliency.
2. Hold hope for someone having a hard time seeing it themselves.
3. Relate their own recovery stories.

### 2. Person Driven

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1. Support individuals receiving services and their support network within the context of the individual's worldview, to achieve their goals based upon their needs and wants.
2. Focus on self-determination, as defined by the person engaging in services, and support the person's participation in their own recovery.
3. Inform others about options, provide information about choices, and then respect peers' decisions.
4. Encourage people to look at the options, take risks, learn from mistakes, and grow toward healthy interdependence with others.
5. Uphold the principle of non-coercion as essential to recovery and encourage those engaging in services to make their own decisions, even when the person engaging in services is under mandated treatment.
6. Assist those they support to access additional resources.
7. Disclose lived experiences of recovery in a way that maintains the focus on and is beneficial to the person engaging in services.
8. Support the recovery process for the peer, allowing the person to direct their own process
9. Shall not force any values or beliefs onto the person engaging in services.
10. Recognize there are many pathways to recovery that can be very different than their own journey.

### 3. Family Driven and Child-Centered

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1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs
2. Respect and value the beliefs, opinions, and preferences of children, youth, family members, parents, and caregivers in service planning.
3. Promote the family members' voices and the articulation of their values in planning and evaluating behavioral health related challenges or concerns.
4. Support other family members as peers with a common background and history.
5. Disclose personal lived experiences of building resiliency in a way that focuses on and is beneficial to the child, youth, family member, parent, or caregiver engaging in services.
6. Build supports on the strengths of the child, youth, family, or caregiver.
7. Build partnerships with others who are involved in the care of our children, youth, or adult family members.
8. Communicate clearly and honestly with children, youth, family members, and caregivers

### 4. Holistic Wellness

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1. Promote the family member's ethical decision-making and personal responsibility consistent with that family member's culture, values, and beliefs.
2. Practice in a holistic manner that considers and addresses the whole health of those engaging in services.
3. Recognize the impact of co-occurring challenges (substance use, developmental and physical challenges) in the recovery resiliency journey and provide supports sensitive to those needs.
4. Recognize the impact of trauma on the recovery/resiliency journey and provide the support specific to those challenges.
5. Honor the right of persons engaging in services to choose alternative treatments and practices, including culturally specific traditional methods, healing arts, including acupuncture and meditation, spiritual practices or secular beliefs, and harm reduction practices.

### 5. Authenticity

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1. Practice honest and direct communication in a culturally relevant manner, saying what is on their mind in a respectful way. Difficult circumstances are addressed with those who are directly involved. Direct communication moves beyond the fear of conflict or hurting other people to the ability to work together to resolve challenges with caring and compassion.
2. Share own lived experience to provide hope and inspiration for recovery.
3. Practice healthy disclosure about their own experience focused on providing hope and direction toward recovery and/or resiliency.
4. Work within their scope of practice as defined by this Code of Ethics and their employing agency.
5. Remain aware of their skills and limitations, and do not provide services or represent themselves as an expert in areas for which they do not have sufficient knowledge or expertise.
6. Know that maintaining the authenticity and integrity of their role is critical to the effectiveness of peer support services.
7. Seek supervision, peer support services, and/or other contact with peer colleagues or other supports to stay within their scope of practice.

## 6. Cultural Responsiveness

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1. Acknowledge the importance of language and culture, intersecting identities, knowledge, and acceptance of dynamics of cultural differences, expansion of cultural knowledge, curiosity, and adaptation of services to meet culturally unique needs.
2. Strive to demonstrate cultural humility and provide culturally responsive and relevant services to those they support.
3. Respect cultural identities and preferences of those engaging in services and their families and respect the right of others to hold opinions, beliefs, and values different from their own.
4. Shall not discriminate against others on the basis of gender, race, ethnicity, sexual orientation or gender identity, age, religion, national origin, marital status, political belief, or mental or physical differences.
5. Shall not discriminate against others on the basis of any other preference, personal characteristic, condition, state, or cultural factor protected under Federal, State or local law.
6. Seek further information, education, and training in cultural competence as necessary to assist those they support.
7. Understand their own personal values and culture and how these may contribute to biases, judgments, and beliefs.

## 7. Respect

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1. Provide a welcoming environment for persons engaging in services.
2. Approach each person, youth, parent or family member with openness, genuine interest, and appreciation.
3. Accept each person/family and situation as unique.
4. Provide empathy and be able to “put oneself in the other person’s shoes.”
5. Will make an honest effort to empathize with the emotional connection and cultural context that the persons engaging in services bring to the recovery /resiliency relationship.
6. View everyone as having something important and unique to contribute.
7. Value and treat others with kindness, warmth, dignity, and without judgment.
8. Accept each other and are open to sharing with people from many diverse backgrounds including ethnicity, educational levels, socio-economic background, sexual preference, and religion/spirituality.
9. Honor and make room for everyone’s opinions and see each other as equally capable of contributing.
10. Demonstrate respect toward those supported, colleagues and the community.
11. Use language that is respectful, “person-first,” and culturally mindful to, and with, those supported, colleagues and the community.
12. Never use language that could be construed as, or is, derogatory, insulting, or demeaning in written, electronic, or verbal communications.
13. Communicate with co-workers and colleagues in ways that promote hope, compassion, and solution-focused interactions.

## 8. Integrity

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1. Act in accordance with the highest standards of professional integrity.
2. Avoid relationships or commitments that conflict with the interests of persons engaging in services, impair professional judgment, imply a conflict of interest, or create risk of harm to those supported.
3. Conduct themselves in a way that does not jeopardize the integrity of the peer relationship.
4. Seek supervision to handle any real or potential conflicts when and if a dual relationship is unavoidable.
5. Follow organizational policies and guidelines regarding giving and receiving gifts.
6. Consider the cultural context and other potential considerations related to gifts.
7. Do not lend, give, or receive money or payment for any services to, or from, persons they support.
8. Demonstrate accountability in fulfilling commitments.
9. Resist influences that interfere with professional performance.
10. Shall not commit fraud, waste or abuse in the delivery of Medi-Cal services.
11. Cooperate with complaint investigations and supply information requested during complaint investigations unless such disclosure of information would violate the confidentiality requirements of Subpart 2, Title 42, Code of Federal Regulations.
12. Shall not provide services under the influence of any amount of alcohol, marijuana, or illicit drugs. “Illicit drugs” means any substance defined as a drug in Section 11014, Chapter 1, Division 10, Health and Safety Code, except:
  - Drugs or medications prescribed by a physician or other person authorized to prescribe drugs, in accordance with Section 4036, Chapter 9, Division 2, Business and Professions Code, and used in the dosage and frequency prescribed; or
  - Over-the-counter drugs or medications used in the dosage and frequency described on the box, bottle, or package insert.
13. Shall not secure a certification by fraud, deceit, or misrepresentation. This includes, but is not limited to:
  - Making a false statement on any application for certification.
  - Withholding material information on any application for certification.
  - Impersonating another Medi-Cal Peer Support Specialist or permitting or allowing another person to use their certification for the purpose of providing peer support services.
14. Shall not engage in gross negligence or incompetence in the performance of peer support services. This includes:
  - Failing to maintain records consistent with sound judgement, the standards of the profession, and the nature of the services being rendered.



## 9. Advocacy

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1. Support the formulation, development, enactment, and implementation of public policies of concern to the profession.
2. Demonstrate and promote activities that respect diversity.
3. Support and defend human rights and freedoms regardless of nationality, national origin, gender identity, ethnicity, religion or spiritual persuasion, language, disability, sexual identity, or socio-economic status. Human rights include civil and political rights, such as the right to life, liberty, and freedom of expression; social, cultural, and economic rights including the right to cultural expression, the right to have basic needs met, and the right to work and receive an education.
4. Advocate for inclusion of those supported in all aspects of services.
5. Advocate for the full involvement of those supported in the communities of their choice and will promote their value to those communities.
6. Understand, encourage, and empower self-advocacy.
7. Recognize that all individuals/families have the right to live in the safest and least restrictive, culturally congruent environment.
8. Strive to eliminate stigma and discrimination.

## 10. Confidentiality

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1. Respect the rights, dignity, privacy, and confidentiality of persons engaging in services at all times.
2. Respect the right to privacy of those supported and shall not solicit private information from those supported unless it is essential. Once private information is shared, standards of confidentiality apply.
3. Respect confidential information shared by colleagues in the course of their professional relationships and interactions unless such information relates to an unethical or illegal activity. However, confidentiality should be honored when Peers are supporting clients with a substance use disorder where the illegal activity is limited to personal use of substances.
4. Comply with all applicable federal and state confidentiality laws and guidelines. (In accordance with Part 2, Title 42, Code of Federal Regulations and HIPAA requirements).
5. Discuss with persons engaging in services, and other interested parties, the nature of confidentiality and limitations of the right to confidentiality.

## 11. Safety and Protection

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1. Never engage in romantic or sexual/intimate activities with the persons engaging in services.
2. Shall not provide services to individuals with whom they have had a prior romantic or sexual relationship.
3. Shall not engage in exploitive relationships with coworkers or those they support to further their personal, religious, political, or business interests.
4. Follow applicable federal, state and local laws in the prevention of harm.
5. Inform appropriate persons when disclosure is necessary to prevent serious, foreseeable, and imminent harm to persons served or other identifiable persons. In all instances, Peer Support Specialists should disclose the least amount of confidential information necessary to achieve the desired purpose.
6. Never intimidate, threaten, harass, use undue influence, physical force, or verbal abuse, or make unwarranted promises of benefits to persons engaging in services.
7. Recognize the unique nature of the peer relationship and seek supervision and/or peer support services, as necessary, to maintain appropriate boundaries with persons engaging in services.
8. Treat colleagues with respect, courtesy, fairness, and good faith, and uphold the Code of Ethics. Strive to provide a safe environment that is respectful of the impact of trauma on persons engaging in services.
9. Strive to provide a safe environment that is respectful of the impact of trauma on persons engaging in services.

## 12. Education

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1. Remain current regarding new developments in recovery, resiliency and wellness theories, methods, and approaches of related disciplines/systems with whom those who are engaging in services interface.
2. Accept responsibility for continuing education and professional development as part of their commitment to provide quality services.
3. Become familiar with local resources for self-sufficiency, including benefits and employment opportunities and supportive resources for families, parents, and caregivers

## 13. Mutuality

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1. Engage in a relationship of mutual responsibility where power is shared and the Peer Support Specialist and the persons engaging in services are equally responsible for maintaining a peer relationship that is mutually beneficial.
2. Take responsibility for voicing their own needs and feelings and respectfully honor the voices of persons engaging in services.
3. Make decisions in collaboration with persons served and do not make decisions for persons engaging in services.
4. Ensure that people give and take the lead in discussions, everyone is offered a chance to speak, and decisions are made in collaboration with one another.

## 14. Reciprocity

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1. Ensure that the relationship is reciprocal. Every participant in the peer relationship both gives and receives in a fluid, constantly changing dynamic.
2. Act to ensure that peer relationships are not hierarchical. No one is more qualified, advanced, or better than another.
3. Learn from each other.
4. View asking for help as reaching across (not up nor down).

## 15. Strengths-Based

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1. Provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.
2. Focus on what is strong, not what is wrong.
3. Assist others to identify these strengths and explore how those identified strengths can be used for their benefit.

## 16. Wellness Recovery, and Resiliency

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1. Engage in and model regular self-care activities.
2. Communicate and behave in ways that promote wellness, recovery, and resiliency.
3. Use language that reflects wellness, recovery, and resiliency principles.
4. Shall not impose limitations on the possibility for wellness, recovery, and resiliency of those engaging in services.
5. Recognize the importance of supportive relationships and community in wellness, recovery and resiliency and encourage persons to identify and develop natural supports.
6. Promote self-sufficiency in the wellness, recovery, and resiliency journey.

## Ethical Violations

All Medi-Cal Peer Support Specialists agree not to violate, or assist in or abet the violation of, or conspire to violate, any provision or term of the Code of Ethics. Violations will be subject to the Code of Ethics Violation Guidelines.

CalMHSA established the [Code of Ethics Violation Guidelines](#) to address violations of the Medi-Cal Code Ethics for Certified Peer Support Specialists in California. The guidelines determine sanctions for various violations. They're not considered all-inclusive, as violations may not be addressed or sanctions described for specific violations. CalMHSA reserves the right to make modifications under circumstances in the absence of sanctions.

## Ethical Decision Making

When sorting through the complexity of a situation and determining the best course of action that one could take in that situation, ask yourself the following five questions:

1. Who is vulnerable to harm in this situation, and what is the degree of such harm?
2. What core recovery values and principles apply to this situation, and what action would they suggest be taken? (Refer to SAMHSA's recovery values and principles)
3. What Medi-Cal Peer Support Specialist core competencies apply to this situation, and what action would they suggest be taken? (Refer to the California Core Competencies for Medi-Cal Peer Support Specialists)
4. What Medi-Cal Peer Support Specialists ethical guidelines apply to this situation, and what action would they suggest be taken? (Refer to the Code of Ethics and Violations Guidelines)
5. What laws, standards, or historical practices could guide our conduct in this situation?



## Ethical Decision Making

When sorting through the complexity of a situation and determining the best course of action that one could take in that situation, ask yourself the following five questions:

1. Who is vulnerable to harm in this situation, and what is the degree of such harm?
2. What core recovery values and principles apply to this situation, and what action would they suggest be taken? (Refer to SAMHSA's recovery values and principles)
3. What Medi-Cal Peer Support Specialist core competencies apply to this situation, and what action would they suggest be taken? (Refer to the California Core Competencies for Medi-Cal Peer Support Specialists)
4. What Medi-Cal Peer Support Specialists ethical guidelines apply to this situation, and what action would they suggest be taken? (Refer to the Code of Ethics and Violations Guidelines)
5. What laws, standards, or historical practices could guide our conduct in this situation?

Clients, community members, relevant communities, and you, yourself can be harmed by what you do or fail to do. It is important to identify who may be harmed by the choices you make. When you have identified those who will be harmed, think about the worst-case scenario and how likely or unlikely it is to happen. If you can foresee a negative consequence, look for ways to avoid or mitigate it. If a Peer is supporting the client's wellness/recovery/resiliency, their actions and behaviors must align with these goals.

The actions of a Peer must align with core recovery values and principles, California's Core Competencies, and the Code of Ethics. Additionally, they must adhere to federal, state, and local laws, as well as any relevant organizational policies and procedures. It is important to remember that ethical standards extend beyond the peer relationship. Peers should conduct themselves as ethical employees, coworkers, citizens, and human beings. This responsibility includes off-duty and non-scope activities that could potentially harm the reputation of the individual, their employer, or the profession as a whole.

### Consider whether you can justify your actions:

- Would you behave this way in front of your parent, supervisor, religious leader, judge, or someone else you hold in high regard?
- Could you easily explain your behavior if required to?
- Would you tell your child, younger sibling, or someone who looks up to you that it's ok to behave this way?
- **If the answer to any of these is "no," don't do it!**

Use the Ethical Decision-Making worksheet on the next page to guide your decisions.

## Certified Peer Support Specialist Leadership Liaison Program (CPS-LLP) Ethical Decision-Making Worksheet

A model of ethical decision-making is simply a guide to sorting through the complexity of a situation and an aid in determining the best course of action that one could take in that situation. Those providing recovery support services ask five questions to guide their decision-making.

### **Question 1: Who is vulnerable to harm in this situation and what is the degree of such harm?**

Use this matrix to identify who is vulnerable to harm, what might be the harm, and the degree of such harm possible.

Vulnerable Party	Significant Risk of Harm ( √ )	Moderate Risk of Harm ( √ )	Minimal Risk of Harm ( √ )
Client			
Client's Family/Friends/Loved Ones			
Peer Support Specialist (You)			
Peer Support Specialist's Employer			
Peer Support Profession			
Recovery Community			
Community at Large			



**Question 2:** What core recovery values and principles apply to this situation and what action would they suggest be taken? (Note: Refer to [SAMHSA's Working Definition of Recovery](#).)

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Health (making informed, healthy choices that support physical and emotional well-being).</li> <li><input type="checkbox"/> Home (A stable and safe place to live).</li> <li><input type="checkbox"/> Purpose (Meaningful daily activities; income and resources to participate in society).</li> <li><input type="checkbox"/> Community (Relationships/social networks that provide support, friendship, love, and hope).</li> <li><input type="checkbox"/> Hope (Recovery is real; message of a better future).</li> <li><input type="checkbox"/> Person-Driven (Self-determination and self-direction, autonomy, independence).</li> <li><input type="checkbox"/> Many Pathways (Distinct needs, strengths, preferences, goals, culture, background).</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Holistic (Whole life, mind, body, spirit, and community).</li> <li><input type="checkbox"/> Peer Support (Sharing of experiential knowledge &amp; skills; sense of belonging; linkage).</li> <li><input type="checkbox"/> Relational (Involvement of people who believe in the person's ability to recover).</li> <li><input type="checkbox"/> Culture (values, traditions, and beliefs).</li> <li><input type="checkbox"/> Addresses Trauma (foster safety and trust; promote choice, empowerment, and collaboration).</li> <li><input type="checkbox"/> Strengths/Responsibility (Individuals, families, and communities; foster inclusion).</li> <li><input type="checkbox"/> Respect (Acceptance and appreciation; protecting rights, eliminating discrimination)</li> </ul> |
|---|--|

**Question 3:** What Medi-Cal Peer Support Specialist core competencies apply to this situation and what action would they suggest be taken?

(Note: Refer to the [Landscape Analysis for Peer Certification Training Curriculum Core Competencies](#).)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> The concepts of hope, recovery, and wellness.</li> <li><input type="checkbox"/> The role of advocacy.</li> <li><input type="checkbox"/> The role of consumers and family members.</li> <li><input type="checkbox"/> Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.</li> <li><input type="checkbox"/> Cultural and structural competence trainings.</li> <li><input type="checkbox"/> Trauma-informed care.</li> <li><input type="checkbox"/> Group facilitation skills.</li> <li><input type="checkbox"/> Self-awareness and self-care.</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Co-occurring disorders of mental health and substance use.</li> <li><input type="checkbox"/> Conflict resolution.</li> <li><input type="checkbox"/> Professional boundaries and ethics.</li> <li><input type="checkbox"/> Safety and crisis planning.</li> <li><input type="checkbox"/> Navigation of, and referral to, other services.</li> <li><input type="checkbox"/> Documentation skills and standards.</li> <li><input type="checkbox"/> Confidentiality.</li> <li><input type="checkbox"/> Digital literacy.</li> </ul> |
|---|---|



**Question 4:** What Medi-Cal Peer Support Specialists ethical guidelines apply to this situation and what action would they suggest be taken? (Note: Refer to the [Code of Ethics and Violation Guidelines](#).)

- |  |  |
|--|--|
| <input type="checkbox"/> Hope.                             | <input type="checkbox"/> Advocacy.                       |
| <input type="checkbox"/> Person Driven.                    | <input type="checkbox"/> Confidentiality.                |
| <input type="checkbox"/> Family Driven and Child-Centered. | <input type="checkbox"/> Safety and Protection.          |
| <input type="checkbox"/> Holistic Wellness.                | <input type="checkbox"/> Education.                      |
| <input type="checkbox"/> Authenticity.                     | <input type="checkbox"/> Mutuality.                      |
| <input type="checkbox"/> Cultural Responsiveness.          | <input type="checkbox"/> Reciprocity.                    |
| <input type="checkbox"/> Respect.                          | <input type="checkbox"/> Strengths-Based.                |
| <input type="checkbox"/> Integrity.                        | <input type="checkbox"/> Wellness, Recovery, Resiliency. |
- ☐ A Peer Support Specialist May Not:
1. Practice outside of their scope of competence
  2. Engage in any services requiring a license
  3. Falsify documentation related to application, training, testing, certification, or services [...].
  4. Retaliate against any person who, in good faith, makes a complaint [...].
  5. Engage in conduct that is prohibited by state, federal, or local law, including laws prohibiting the use, possession, or distribution of drugs and alcohol.
  6. Participate in, condone, or promote discrimination [...] as a peer support specialist.
  7. Violate law, rule, or policy related to a recipient's privacy and confidentiality.
  8. Have a dual relationship with a recipient of services.

**Question 5** What laws, standards, or historical practices could guide our conduct in this situation?

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**Follow up:** Where the risk of injury is great to multiple parties, document:

What I considered:

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Who I consulted:

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What I decided and did:

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The outcome of the decisions I made and actions I took:

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(adapted from Cal Voices' WISE U Medi-Cal Peer Support Specialist Program)

## Recognizing and Respecting Boundaries

Boundaries define acceptable behavior in a situation. They set limits for peers in peer support relationships. Healthy boundaries allow peers to say “no” and others to “in” when appropriate. Appropriateness depends on the relationship, setting, context, and cultural norms. Good boundaries protect you and your clients, establish clear roles and rules, and create a safe and respectful environment.

Boundaries are governed by:

- Federal, state, and local laws
- Professional codes of ethics
- Organizational rules of conduct, policies, and procedures

Boundaries are also informed by your values, beliefs, comfort, context, norms, and lived experience.

Peers must recognize they have the responsibility to manage and model healthy boundaries. Healthy boundaries are where most professional interactions should occur. A person with healthy boundaries

- Values their own opinions
- Doesn't compromise values for others
- Appropriately share personal information (does not over or under-share)
- Knows their wants and needs, and can communicate with them
- Accepts when others say “no” to them (UC BERKELEY/THERAPIST AID, LLC, 2016)

While client relationships with traditional service providers are more hierarchical and detached, peer support relationships rely on reciprocity and minimizing social distance. In peer support relationships, boundaries of inappropriateness may differ considerably. The relationship between a Peer and their clients exists on an intimacy continuum, with three zones of safety. The three zones of safety are:

- A zone of safety in which actions are always okay
- A zone of vulnerability in which actions are sometimes okay and sometimes not okay
- A zone of abuse in which actions are never okay

Peers and their clients must have open and honest conversations about boundaries and what is okay and not okay. Peers are responsible for managing boundaries.

### Setting Boundaries with Clients

**Watch a roleplay between Francis (Peer) and Pam (the client) in this video. Francis tries to explain and enforce a crucial boundary with Pam. Consider what boundary he's enforcing, how well he communicates it, and if he could do more to ensure Pam understands and respects it.**



**Source: Foundations for Community Health Workers, 2015**





# Maintaining Employment

## Why Do We Work?

Working provides protective factors and supports recovery and the maintenance of personal wellness. By getting a job and staying employed, you are contributing to your recovery. Working provides us with the following benefits:

### **Routine**

Work gives us a reason to get up in the morning. Sometimes, we may wish we didn't have to work, but this routine keeps us healthy.

### **Activity**

Work gives us something to do each day. The act of saying, "I have something to do today" protects our mental health.

### **Connection and Social Support**

We spend more daylight hours with the people we work with than those we live with. We are social animals who connect to others, and when we are away from work, we miss the social interaction. When people are away from work, they are socially isolated. Isolation is both a predictor and a risk factor for mental challenges.

### **Identity**

In our culture, we ask others about their work. Many conversations start with "So what do you do?". For many, the answer comes without thinking. But what if you have been off work for a year or more? Responding can become difficult. There are no easy ways to define yourself in true terms and by society's values and standards. You may have nothing to say because you are not "doing" something.

### **Resources, Independence**

Maintaining gainful employment helps people transition from disability to independence, providing financial security and essential skills for personal growth. It also fosters social capital and access to opportunities, contributing to healthier relationships and overall well-being.

## Common Workplace Challenges for Peer Support Specialists

Peers experience barriers to workplace success. Specific issues include role confusion, stigma, isolation, co-optation, and challenging work conditions. We will discuss each of these barriers and provide strategies to overcome them.

## Working Conditions

When Peer leadership roles are lacking and Peers are excluded from management and decision-making, their workplace needs go unaddressed. Many Peers experience low pay, non-existent or unaffordable benefits, job stagnation – lack of career growth, and job insecurity. Additional structural barriers include human resource departments that have rigid hiring practices for Peer positions. Additionally, there exists an institutionalized stigma that leads to distinct treatment and practices applicable exclusively to Peer staff (e.g., prohibiting Peer access to client data; walling off Peers from important activities and information because Peers are more "risky;" facing unsaid discrimination when applying for other non-Peer positions, etc.).

To overcome these barriers, peers must receive training, skill-building, and professional development opportunities. Peers need to be able to network and explore different careers. As a Peer you can also advocate for improved conditions.

## Role Confusion

Peers may experience role confusion when they are uncertain about their boundaries, expectations and responsibilities related to their position. In addition, their colleagues may view them as different because of their history as service recipients. This transition may lead colleagues and supervisor to assign menial tasks, restrict access to client data etc.

To overcome role confusion, Peers should:

- Model recovery at all times
- Educate others about your role
- Review your job description
- Review the Medi-Cal Code of Ethics
- Maintain appropriate interpersonal boundaries
- Understand the principles of peer support and key recovery concepts

## Stigma

Peers may experience stigma in the workplace due to mentalism, macro/micro-aggressions, low expectations, marginalization, and tokenism.

To overcome these challenges, Peers can:

- Model recovery and strength-based language at all times
- Raise consciousness
  - Name mentalism and microaggressions when they happen
  - Strategically respond to stigma, whether or not intentional
  - Inform and educate others about the Peer role
- Support and validate one another

## Isolation

Belonging to a team directly affects our commitment to tasks, clarity of roles, and effectiveness in collaboration. One implication of feeling lonely at work is that we may intentionally conceal parts of our authentic identity and start to pretend to be someone else. And when we pretend to be someone other than who we are, we emotionally withdraw. Isolation can occur when a peer is the only peer on a team, is not asked to share opinions, and is not encouraged to participate. Isolation can also occur when there is a lack of support for the peer role and no mentoring or networking opportunities.

To overcome isolation, peer workers should:

- Get out of your own head
- Engage in self-empathy and self-care
- Initiate interaction; make small gestures
- Speak up in group settings
- Seek out supportive coworkers
- Participate in group activities and community events
- Find support from Peers in other programs and agencies
- Participate in County Peer Committees

## Co-optation

Co-optation refers to the “professionalization” of the peer role. As peers acculturate into the treatment environment, they can drift towards more traditional (medical model) practices. They may adopt the values, attributes, and style of personal interactions associated with clinical providers.

Examples of co-optation may include:

- Not telling your story
- Going with the flow; not “rocking the boat”
- Using clinical language
- Not advocating for client/family member interests
- Misusing your position with clients/family members to push the clinical agenda

Peers can overcome co-optation by

- Creating a strong peer identity
- Knowing your role and understanding your scope of practice
- Knowing your code of ethics and ethics violation guidelines
- Creating a bubble that insulates you from clinical orientation.
- Maintain appropriate interpersonal boundaries
- Understand the principles of peer support and key recovery concepts

Organizations can limit co-optation by:

- Having more than one peer in the organization,
- Supervision of peers by peers,
- Educating clinical and treatment staff about the peer role
- Using recovery-based language
- Creating career ladders for peers



## Educating Others About Your Role

In the previous section, educating others about the Peer Role was given as a way to overcome each of the workplace barriers. Peers must be well-informed about their role and responsibilities to effectively educate others. They must clearly understand how their role is defined and their scope of practice.

Peer Support Services are defined by California as:

**“Peer support specialist services means culturally competent services that promote engagement, socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths. Peer support specialist services include, but are not limited to, prevention services, support, coaching, facilitation, or education that is individualized and is conducted by a certified Peer support specialist” (WIC § 14045.12(h) ).**

In addition, California law (see BHIN 22-026) only allows Certified Medi-Cal Peer Support Specialists to engage in the following services:

**Educational Skill Building Groups:** Providing a supportive environment in which beneficiaries and their families learn coping mechanisms and problem-solving skills in order to help the beneficiaries achieve desired outcomes. These groups promote skill building for the beneficiaries in the areas of socialization, recovery, self-sufficiency, self-advocacy, development of natural supports, and maintenance of skills learned in other support services.

**Engagement:** Peer Support Specialist led activities and coaching to encourage and support beneficiaries to participate in behavioral health treatment. Engagement may include supporting beneficiaries in their transitions between levels of care and supporting beneficiaries in developing their own recovery goals and processes.

**Therapeutic Activity:** A structured non-clinical activity provided by a Peer Support Specialist to promote recovery, wellness, self-advocacy, relationship enhancement, development of natural supports, self-awareness and values, and the maintenance of community living skills to support the beneficiary’s treatment to attain and maintain recovery within their communities. These activities may include, but are not limited to, advocacy on behalf of the beneficiary; promotion of self-advocacy; resource navigation; and collaboration with the beneficiaries and others providing care or support to the beneficiary, family members, or significant support persons. Non-certified are funded to provide these services by other means, such as grants or MHSA funding.

When educating others about your role, seek to remind them of these designated tasks. Remind them that other tasks are out of scope. Be specific when talking to colleagues and supervisors about your role. Use keywords from the scope of practice and the definition of peer support services.

In addition, you are expected to perform your role under the standards of the Code of Ethics. Call out any tasks you believe violate your Code of Ethics. For example, during a team meeting, if a clinician asks you to force a client to take medication, gently remind them that the Peer code of ethics emphasizes respecting the client’s voice and choice. Let them know you can ask the client to make a list of pros and cons, but you cannot force them to accept a specific treatment plan.

## Visual Tool to Help Explain Your Role to Colleagues

To explain your role, sometimes it is best to use illustrations and ask questions to show how different provider types work together to help people recover. The following is an example of one such visual tool.

### Ask your colleagues:

What do you wish your clients had (e.g., resources, tangible things, etc.) that you cannot support with, that would help them achieve and maintain wellness?

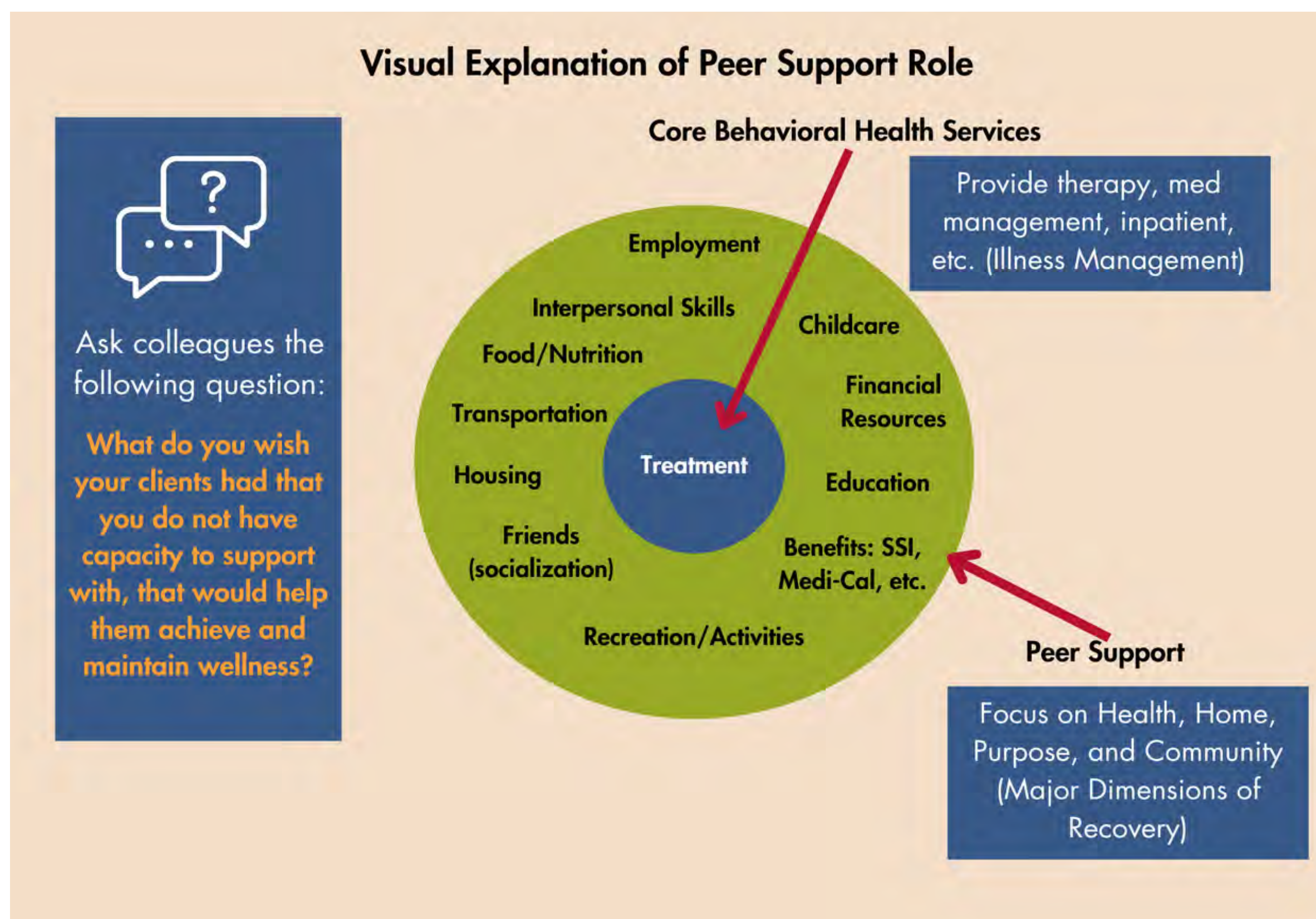
### Draw:

Create a large circle with an inner circle. In the inner circle write the word treatment. In the outer circle write a number of supportive services that Peer Support Specialists can refer service participants to.

### Explain:

Core behavioral health services focus on treatment and illness management (Therapy, med management, inpatient, etc.). Peer support services focus on Health, Home, Purpose, and Community (Major Dimensions of Recovery). Peers provide connection to resources and information, and support others with accessing them. For example, Peers are not transportation workers, but may occasionally provide transportation. More often than not they coach people in using available transportation methods (e.g., bus passes, support learning how to take public transportation, neighborhood shuttles, paratransit, ridesharing, etc.). It's all about long-term solutions.

### Example:





## How to be a Great Employee

There are many sources for information on how to be a great employee. There are also several sources of traits of good/great employees. In this section, we share our favorite qualities that contribute to an individual's success as a peer worker

### Four Traits of Great Employees

Great employees seem to have the following traits: Smart, Reliable, Work Hard, and Plays Well with Others. This section provides tips on achieving each of these traits.



#### How to Be Smart

##### Tip #1: Get to Know Your Agency

- Mission, vision, values
- Programs, services, activities
- Key people and partnerships
- Organizational structure
- Organizational culture

##### Tip #2: Figure Out Your Role in the Bigger Picture

- What your position does
- What is your role in the program
- Why it matters to the agency
- Why it matters to you
- Your unique contributions
- Understand the Behavioral Health Ecosystem

##### Tip #3: Always Meet or Exceed Expectations\*

- Performance
- Attitude
- Behavior

##### Tip #4: Demonstrate Enthusiasm and Take Initiative

- Show interest in your agency and what it does
- Understand the issues that impact your organization
- Stay informed about developments in mental health and peer support
- Don't grumble!

##### Tip #5: Develop Digital Literacy

- Know computer basics
- Be proficient with email, word processing, printing
- Practice proper email etiquette
- Know how to maintain client confidentiality
- Understand digital platforms that can be used for service delivery, benefits acquisition, and resource connections.
- Understand digital privacy protections.
- Be able to find, evaluate, and communicate information using typing or digital media platforms

##### Tip #6: Use Technology Appropriately

- Nothing on work equipment is private
- Maintain client confidentiality

\*Expectations can be found in your job description, performance evaluations, employee handbook, the Core Competencies and Code of Ethics for Medi-Cal Peer Support Specialists. Expectations also come from your boss, coworkers, and organizational culture. It is important to understand each expectation and meet or exceed those expectations.



#### How to Be Reliable

##### Tip #1: Maintain Regular Attendance and Punctuality

- Minimize unplanned absences
- Show up on time, ready, willing, and able to work
- Request time off or schedule changes as far in advance as possible
- Keep a minimum balance of leave/PTO

##### Tip #2: Create Trust

- Keep your word
- Under-promise and over-deliver
- If you said you'd do it, do it
- Be honest with yourself and others
- Don't hide your mistakes
- Take personal responsibility
- Ask for help (after you've tried to solve it yourself first)

##### Tip #3: Remain Consistent

- Commit to quality work
- People will learn what to expect from you – leave them with a good impression
- Meet your deadlines
- Step up when you are needed, don't wait to be asked
- Accept new tasks and responsibilities
- Do the little things, every day, that add up in the long run
- Pace yourself and try not to burn yourself out



## How to Be a Hard Worker

### Tip #1: Stay Motivated

- Minimize unplanned absences
- Show up on time, ready, willing, and able to work
- Request time off or schedule changes as far in advance as possible
- Keep a minimum balance of leave/PTO
- Focus on the outcome
- Avoid distractions
- Break up big projects into smaller tasks

### Tip #2: Do Quality Work

- Have high standards of work quality
- Act with purpose and intentionality
- Avoid time-wasting activities
- Spend your effort where it counts
- Get all your work done on time



## How to Play Well With Others

### Tip #1: Maintain Basic Etiquette

- Stay positive
- Assume good intent
- Ask questions
- Be nice
- Avoid gossip
- Enforce healthy boundaries
- Offer compassion, empathy, and support
- Use your personal wellness plan

### Tip #2: Diffuse Drama, Don't Fuel It

- Use self-empathy to understand your feelings and needs
- Take personal responsibility for meeting your own needs
- Use empathy for others to identify their feelings and needs
- Assume good intent (it's rarely about you)
- Enforce healthy boundaries!



## The Bare Minimum

Remember that you were hired to do a job. Your employer expects you to do this job consistently and to the best of your ability.

- Know how to do your job well
- Do your job to the best of your ability, every day, without reminders, threats, or cajoling
- Consistently show up and step up when needed
- Don't create more problems or unnecessary work for your boss or anyone else
- Reduce unproductive friction





# Digital Literacy

## What is Digital Literacy

With the increasing use of electronic health records, telehealth, and digital communication, the ability to use computers and other electronic devices has become an essential skill necessary for all professions in the behavioral health field. Digital literacy is a Core Competency for Certified Medi-Cal Peer Support Specialists. Peers, regardless of position type or certification status, need basic digital literacy skills and familiarity with common workplace technology. Digital literacy is “the ability to find, evaluate, utilize and create information using digital technology,” and involves:

- Using multiple forms of technology (computer, cell phone, printer, etc.)
- Finding, using, and critically evaluating online information
- Curating data and media sources
- Communicating, collaborating, and participating in online environments
- Managing data security and privacy
- Creating online content (not just consuming it)

### Ask yourself the following questions about your digital skills.

- Do you know how to use a computer?
- Can you use a tablet and a smartphone?
- Do you know computer functions like emailing and word processing?
- Do you know how to write professional emails and digital communications?
- How well can you use Microsoft Office programs (Word, Excel, PowerPoint), web-based apps, and virtual meeting platforms (e.g., Zoom, Teams, etc.)?
- Do you know how to save, retrieve, navigate server files, convert types, attach documents to emails, and share files?
- Can you perform basic online research?
- Can you use social media (responsibly)?
- Do you understand digital data security?
- Can you use a printer, copier, or fax?

## Digital Skills Assessment

Assessing and increasing your digital skills will make you more marketable in the workplace. This is particularly true now that our work world has become more dependent on technology.

A basic digital skills assessment is included on the next page. Consider what you need for your current employment. If you need additional training to accomplish your work tasks, ask your employer if they can pay for and/or provide time during your working hours to obtain training.

## Digital Learning Resources

[NorthStar Digital Literacy Assessments](#)

[Microsoft's Digital Literacy Courses](#)

[Adobe Training and Tutorials](#)

[GCF Free Microsoft Office Learning](#)

[Coursera: Web-based training site](#)

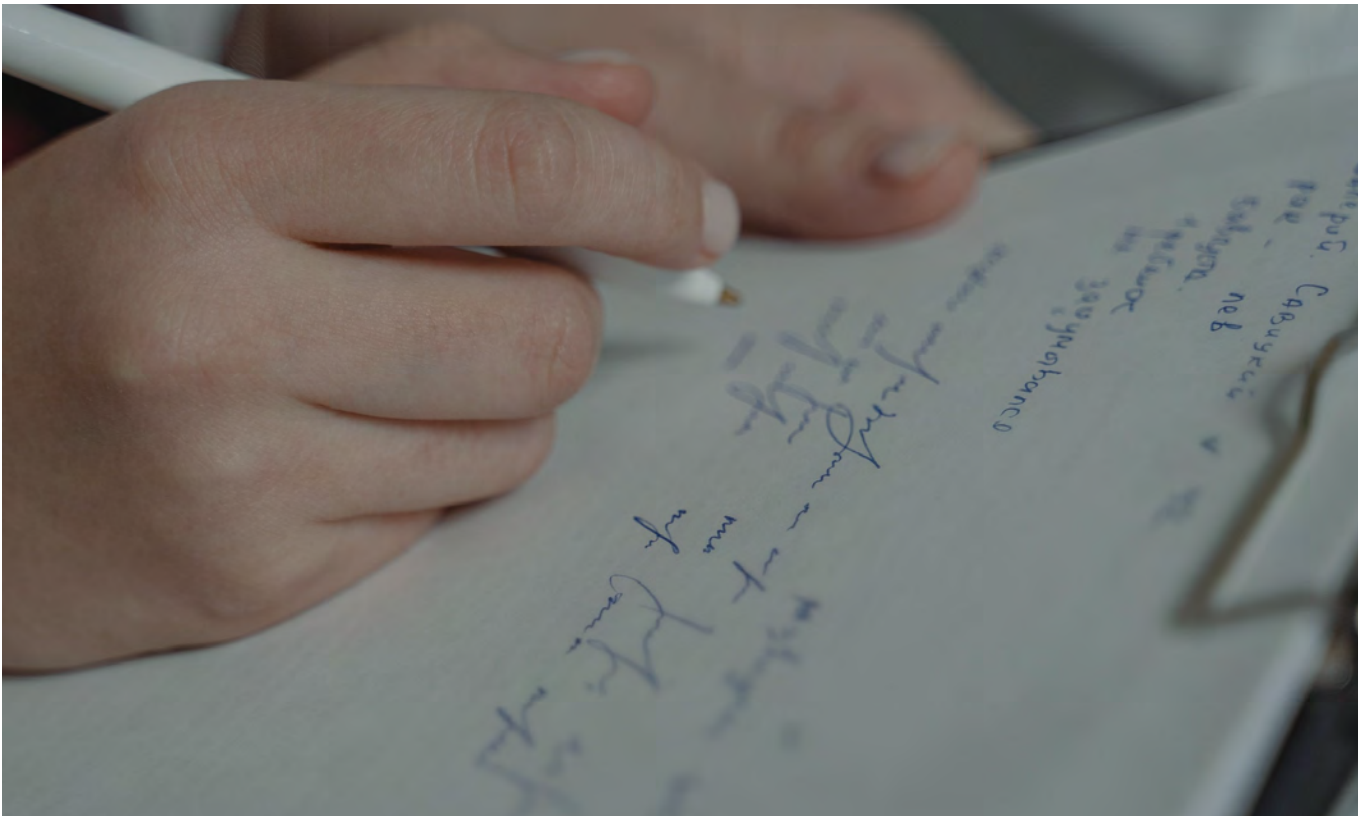
[Google Help](#)

Basic Digital Skills Self Assessment

This basic Digital Skills assessment helps you better understand where your skills lie in the most common digital needs for the working environment. As you take the assessment, consider what you need for your current employment. If you need additional training to accomplish your work tasks, ask your employer if they can pay for and/or provide time during your working hours to obtain training.

Skill(s)	Advanced	Intermediate	Beginner	None
Basic computer operations (using a desktop/laptop computer, accessing programs, saving and retrieving files, etc.)				
Internet searches and website navigation				
Digital record-keeping and documentation				
Electronic Health Record (EHR) systems				
Emailing/digital communications				
Typing/word processing				
MS Office (Word, PowerPoint, Excel)				
Copying, scanning, printing, faxing				
HIPAA/digital privacy and security practices				
Learning new devices/programs/apps				





# Documentation Skills

## Disclaimer

Different counties and providers use unique Electronic Health Record (EHR) systems and Medi-Cal billing software. We can't explain how Peers enter progress notes as there's no universal system. This training is usually employer-specific and provided upon hiring. This section offers general tips and resources for all Peers, regardless of county.

## Importance of Documentation

Documentation is crucial for Certified Medi-Cal Peer Support Specialists (CMPSS) as it effectively tracks service participant's progress and serves as a means of communication. Proper documentation also confirms that the service provided complies with all state and federal standards for reimbursement.

## Documentation and Ethics

Documentation must comply with relevant ethical standards for Peer Support Specialists. These standards focus on the prevention of Medi-Cal fraud, waste, and abuse.

The bottom line:

- Accurately and timely document the services you provide
- Don't pad your time or document a service you didn't provide
- Stay within your scope of practice

## Who Can See Participants' Records?

California allows service participants to view their medical records, including the notes and comments made by providers. Be sure your note is not judgmental, not inaccurate, not deceptive, not dishonest (expect the client will read it). An accurate and timely note is your best protection against grievances and lawsuits (and audit problems).

## Involving Service Participants

One way to involve service participants in note-writing, especially in groups, is to ask them: What should I say happened today? Parts of the note are yours alone, but remembering that this is their story helps us remember to ask them how to describe or frame the visit or activity. Involving your service participants can be particularly useful. It allows them to think about how things are progressing.

Asking service participants what happened in your meeting removes confusion about what occurred. Finally, it helps provide others with a more accurate representation of what occurred. Remember progress notes cannot only be read by you and your client, but also authorized treatment team members.

## Writing the Recovery Story

Documentation of services for service participants is like telling a story. It's a record of a person's time with your agency, a pivotal chapter in their life story that moves from despair to hope. Each paragraph is part of that chapter, fitting within it and with the whole story. All pieces must hang together and make sense. (Ann Rider, Whole Human Consulting).

Just like a good story, the "chapter" of this person's life story, seeking services, starts with a problem. This is the initial assessment's "presenting problem." Subsequent service plans outline goals and strategies to help the person overcome the problem. Each note shows steps toward problem resolution.

This is known as the Golden Thread. Peers connect an individual's recovery goals to every service offered to them. You want to note why the service participant came to see you, what they need (their goal), and how you help them get what they need (services). It is important to remember that Medi-Cal pays for Peer Support services as long as the individual served is taking concrete steps toward a measurable rehabilitation (recovery) goal.

## General Characteristics of Good Documentation

According to the CalMHSA 2023 Clinical Documentation Guide for Certified Peer Support Specialists, all documentation should include the following characteristics:

- Clear
- Consistent
- Descriptive
- Reliable
- Accurate/Precise
- Timely

## Required Elements of Documentation for Medi-Cal Certified Peer Support Specialists

The CalMHSA 2023 Clinical Documentation Guide for Certified Peer Support Specialist states the following required elements for progress notes:

- The type of service rendered
- A narrative describing the service, including how the service addressed the person's behavioral health need (e.g., symptom, condition, diagnosis, and/or risk factors).
- The date that the service was provided to the beneficiary.
- Duration of the service, including travel and documentation time, which should be documented separately.
- Location of the person in care at the time of receiving the service.
- A typed or legibly printed name, signature for the service provided and date of signature.
- ICD 10 code.
- Current procedural terminology (CPT) or Healthcare Common Procedure Coding System (HCPCS) code.
- The plan, or next steps, including but not limited to, planned action steps by the provider or by the person in care, collaboration with the person in care, collaboration with other provider(s) and any update to the problem list as appropriate.

## Common Documentation Formats

your employer may already have a system for how they want you to document your service encounters. The system likely includes many or all of the required elements above. That said, it's helpful for you to know about some of the common documentation formats for Peer Support Specialists. This part will provide you with information about DAP and GIRP which are more focused on recovery goals, instead of clinical evaluations. Information about the SMART Goal format is also provided to help you write goals with your service participants.

### DAP (Data, Assessment, Plan)

DAP is a structured, streamlined format that uses a clear and concise summary of the service participant's progress. The structure encompasses three sections: Data (D), Assessment (A), and Plan (P).

- Data: What happened? These are the facts of what occurred during your meeting with the service participant. This section should be short and include things like the reason for their visit, their presentation or appearance, their mental status as well as reports of issues and intervention results.
- Assessment: Your evaluation of what happened and to evaluate the participant's progress toward recovery goals.
- Plan: What's going to happen next – This section shows what the individual plans to do next to pursue the recovery goal

### DAP Example

D: Sam came in to discuss the previous week and future plans. Sam stated "I made dinner for the family one night but couldn't do it the next." Sam has been getting out of bed every other day and identified their successes and strengths. They think they might be ready to join a group and seemed less sad, showing occasional smiles and laughter.

A: Sam's goal for our work together is to find hope for a more meaningful life, and to find ways to communicate better with their partner. In getting out of bed more often and even cooking dinner, Sam has made some progress toward those goals.

P: Sam plans to see me again in two weeks. In the meantime, they will sign up for the WRAP group and will also consider vocational rehabilitation.



## GIRP (Goals, Interventions, Response and Plan)

GIRP is a four-section documentation format that focuses on Goals (G), Interventions (I), Response (R), and Plan (P). GIRP notes emphasize goal-setting, client responses, and future plans.

- Goal: document the participant's goal for a desired outcome or change.
- Intervention: describe the strategy or techniques being used to meet the goal
- Response: report the participant's progress or response to the interventions used
- Plan: document the next steps in the recovery plan. Include future interventions, homework assignments, and the schedule for the next session.

### GIRP Example

Client: John Doe  
Date: March 25, 2025

G (Goal): John wants to improve his social skills and build more meaningful connections with others in the peer support group.

I (Intervention): During the peer support group session, John was encouraged to participate in group activities, specifically a discussion about shared experiences. The peer support specialist facilitated the discussion, providing prompts and positive reinforcement for John's contributions.

R (Response): John initially hesitated to speak, but with encouragement and a supportive environment, he gradually shared his experiences and listened attentively to others. He seemed to feel more comfortable and engaged as the session progressed.

P (Plan): Encourage John to continue participating in group activities and to practice his social skills during the week. In the next session, we will explore specific social skills strategies, such as active listening and initiating conversations. Follow up with John to assess his progress and address any challenges.

## Other Recommendations for Documentation

### Use Verbs and Specific Facts

When writing your notes be sure to use verbs and specific facts. These will help you write clear and understandable notes that communicate something about the service participant's behavior and whether it was significant.

The following is an example of a note written completely with clinical jargon (DHCS, 2015):

**The patient was impulsive and aggressive during community meeting, and exhibited poor impulse control on at least three occasions. Following group, the patient approached the nursing station, posturing aggressively, and spoke to the charge nurse in a threatening manner. His mood was labile, his behavior unpredictable. When redirected, he returned to the day room where he was noted to be sullen. After approximately 15 minutes, the patient became sexually inappropriate and had to be asked to return to his room. He continued to be disruptive for the remainder of the shift.**

What do we know about this person's behavior from this note? It's not specific and uses highly subjective terminology. In addition, it is not clear whether this individual's behavior is clinically significant. Now read the same paragraph written without clinical jargon (DHCS, 2015).

**The patient interrupted the social worker leading the community meeting three times, and when asked to wait until the "Open Discussion" part of the meeting, he kicked at the empty chair in front of him. After group, the patient came to the nursing station and, pointing his finger at the refrigerator, asked if he could have his morning snack. When told that the snack would be ready in 10 minutes, he went to the day room and sat silently, staring toward the nursing station. After 15 minutes, an aide reported that the patient was rubbing his genital region with his hand. He continued to ask questions at the nursing station throughout the morning, usually regarding the next smoke break, snack or meal.**

In this version of the note the individual's behavior is not subject to interpretation. It focuses on the specific facts of the situation.

The following tables provide commonly used verbs used for referring to service participants along with examples of alternatives of specific facts.

Verbs	Specific Facts (clearer alternative)
Impulsive	Acts without anticipating consequences as exhibited by grabbing items from other patients' hands.
Aggressive	Shoved other patients out of the cafeteria line so that he could be served first.
Postured Aggressively	Shook a closed fist in the therapist's face.
Threatening	She said, "If you ask me another question I will slap you."
Hostile	He shouted, "Go to Hell" when he was asked to join the therapy group.
+DTO (danger to others)	What specific behaviors constitute "+DTO"?
+HI (homicidal ideation)	Describe the ideation. Is it active or passive? Is it directed at a particular person? Is it directed at an identifiable group of people? Is it accompanied by homicidal intent? Is there a specific plan? Opportunity? Means? Timing?
Labile	Describe the different mood states, how quickly they alternate, whether there are triggers for the alternations, etc.
Sullen	She said, "If you ask me another question I will slap you."
Sexually Inappropriate	The patient began masturbating in the dayroom.
Disruptive	She frequently interrupted the group leader and other participants, shouting her thoughts and reactions.
Suicidal or +SI	Ideation? Passive or Active? Intent? Specific Plan? Means? Opportunity? Timing?
+DTS (danger to self)	What specific behaviors constitute "+DTS"?



Term	Specific Facts (clearer alternative)
+SIB (self-injurious behavior)	Describe the specific types of self-injurious behavior. What were the medical consequences?
Despondent	The patient said, “I feel there is no hope for me. There is nothing I can do to change my life.”
Psychotic	Appears preoccupied with listening to voices. Frequently shouts in response to what she hears.
Disorganized	In what specific ways is the patient being “disorganized”? Example: “Patient smeared feces on the walls of his bathroom.”
+CAH (command auditory hallucinations)	What are the voices commanding him to do? Is he able to resist obeying the commands?
Poor ADLs (activities of daily living)	Refuses to brush their teeth. Has not showered X 2 days. Describe reasons for behaviors (e.g., are poor ADLs secondary to skill deficits, delusional beliefs, social phobia)?
Paranoid	Describe the specific behaviors/statements which cause the writer to describe the patient as “paranoid.”
Regressed	“Patient refused to put on clothing, and continued to sit, rocking back and forth, in the corner of his room.”
Unpredictable	Describe the specific ways has the patient exhibited “unpredictable” behavior (e.g., “The patient walked up to the counter at the nursing station and shoved the computer onto the floor”).
+Poor Coping Skills	Describe both the specific behaviors which lead to the inference that there are “poor coping skills,” as well as the circumstances in which these deficits have been observed.
+GD (gravely disabled)	What observable behaviors constitute “+GD”? Simply being unable to formulate and/or execute a plan for self-care does not constitute being gravely disabled.
Blowing Up	What exactly did the patient do? For example, “He overturned the medication cart and punched a mental health worker in the mouth with a closed fist.”



# Self-Advocacy in the Workplace

## Introduction

In this Toolkit, we identified several workplace barriers that peers encounter, including role confusion, stigma, isolation, co-optation, and challenging work conditions. Self-advocacy is one way peers can reduce these barriers. Effective advocacy skills empower individuals to represent themselves and others within the organization. This section provides a concise overview of advocacy and communication.

Self-advocacy in the workplace means that a peer speaks up for themselves and other peers within the organization. Effective advocates are

- Strategic
- An attentive listener
- Empathetic
- A good communicator
- Collaborative
- Observant
- Diplomatic
- Supportive
- Ethical
- Patient

**Remember:** Self-advocacy is not about having all the answers. An effective self-advocate asks the right questions.

## Three Qualities of Good Communicators

Effective advocates possess the three qualities of good communicators: credibility, confidence, and connection. All three qualities are interdependent.

### Credibility

Credibility hinges on your knowledge and understanding of your workplace. To enhance your credibility, make sure you're familiar with your workplace rules, policies, procedures, and processes. Additionally, grasp your agency's administrative structure, including the grievance, appeal, and issue resolution processes.

To establish credibility:

- Know your facts; take notes and document details
- Research the issue
- Make recommendations addressing the underlying issue(s)
- Offer solutions that are (relatively) easy to implement
- Take responsibility for helping to make it work

### Confidence

When you display confidence, you convey your point clearly and succinctly. Confident speakers are certain of their facts, practice their speech, quickly get to the point, explain their reasons, and handle pushback.

Ways to build confidence include:

- Verify facts, details, and information sources
- Write your thoughts, then simplify until you understand and can explain easily
- Practice, practice, practice
- Anticipate objections and how you'll respond
- Get feedback from a trusted source
- Advocate with other Peers and key allies
- Have a buddy present for moral support

### Connection

When effective communicators have strong relationships with others within the organization, they know who to approach to address the specific issue they are facing. They understand the listener's interests and can articulate why the issues are important. Moreover, they communicate effectively without resorting to judgment, criticism, or shame. They are receptive to new information and diverse perspectives.

Ways to establish connection

- Understand the issue from multiple perspectives
- Recognize what may be at stake for others (empathize)
- Advocate "with" not "for/against"
- Look for win-win solutions
- Focus on shared values and goals
- Make people want to say yes
- Avoid making negative assumptions
- Try to listen more than you talk; ask open-ended questions
- Redefine "winning"



### Getting Our Needs Met at Work

Every human being has inherent needs, desires, expectations, hopes, and values that are common to all. When we express our needs, we increase our chances of having them met. However, most of us have never been taught to think in terms of needs. Instead, we are accustomed to focusing on what's wrong with others when our own needs aren't being fulfilled. Judgments of others are often alienated expressions of our own unmet needs.

Many needs cannot be met solely through working. Yet, employees may unconsciously attempt to resolve personal needs through workplace behaviors and interactions. The workplace is not the appropriate place to resolve these needs. Trying to meet non-work needs at work creates and fuels workplace disharmony.

### Human Needs in the Workplace

The most common met or unmet needs in the workplace include:

- Appreciation
- Enjoyment
- Purpose
- Belonging
- Fairness
- Recognition
- Celebration
- Flexibility
- Respect
- Support
- Choice
- Contribution
- Mourning
- Psychological Safety

### Ways to Get Your Needs Met At Work

#### Self Advocacy

---

One way to get our needs met at work is by initiating conversations with the people whose actions, behaviors, and decisions impact us. These conversations can be difficult. As previously mentioned, learning to self-advocate helps you speak up for yourself and other peers within the organization. When engaging in conversations, be sure you have a good understanding of your workplace and its policies and structure. Be confident. Convey your point (s) clearly and succinctly. And finally, listen more than you talk and ask open-ended questions. You want to be able to understand the issue from multiple perspectives and recognize what may be at stake for others (empathize). Consider learning a communication strategy, like Nonviolent Communication, to help you express yourself with authenticity and compassion.

#### Social Capital

---

Another way to get your needs met at work is to increase your social capital. Humans consistently evaluate other people's behaviors and make assumptions about them based on subjective factors and criteria they find valuable or detrimental. Workplace relationships operate in the same way. Social capital refers to an individual's ability, capacity, and potential to engage in collaborative and positive interactions, as well as collective efforts. Relationships matter. They are fundamental to our daily lives and the success of any social endeavor. (Institute for Social Capital). Peers can actively increase their social capital in the workplace.

Work relationships are like social "bank accounts." One's "balance" represents the credibility, goodwill, grace, trust, and empathy that has been built up with others at work. Positive interactions, outcomes, and results earn "deposits," whereas negative interactions, outcomes, and results create "withdrawals". Having a low or zero social capital bank account can jeopardize employment.

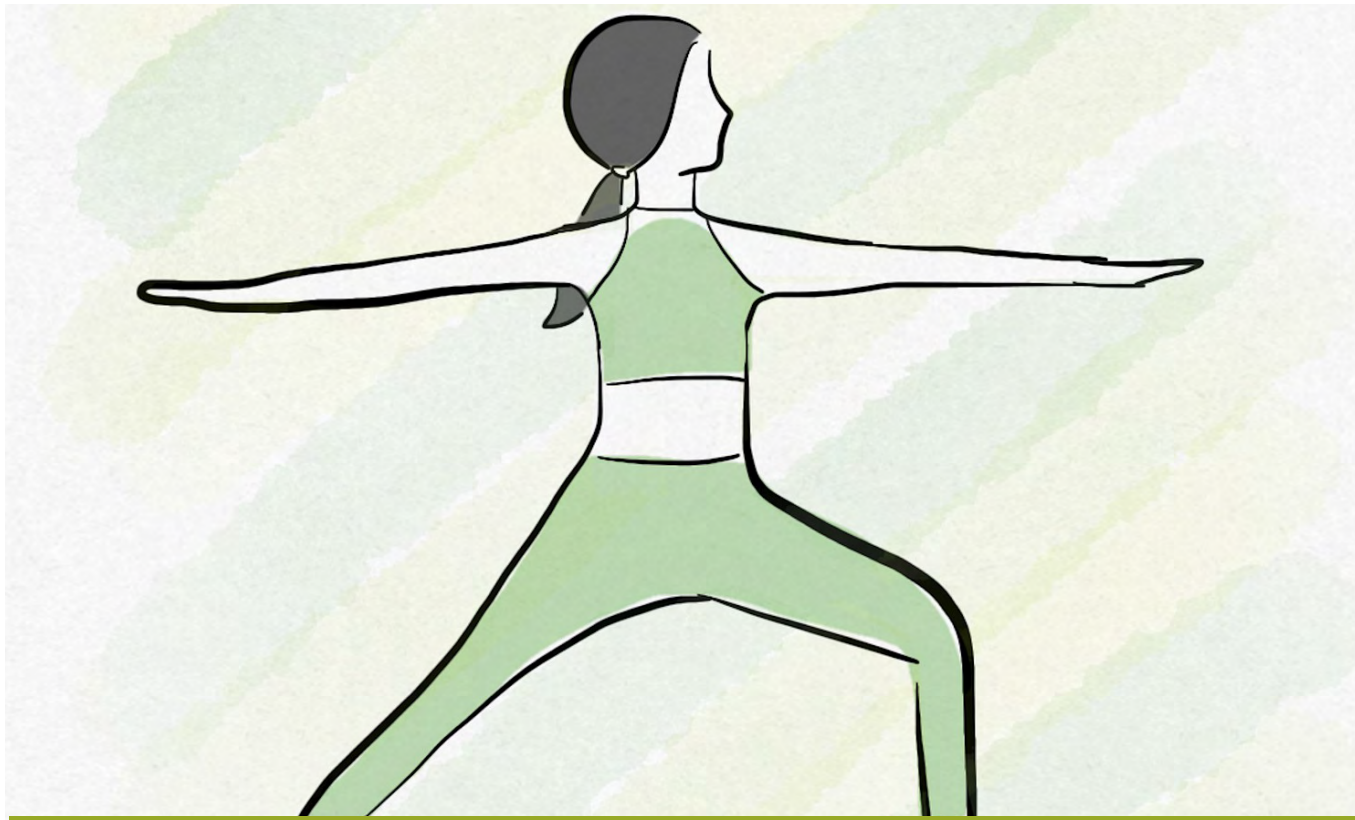
### Earning Social Capital

Earning social capital depends on what qualities, behaviors, and actions your agency, boss, and coworkers see as valuable (or detrimental), and how much value (or detriment) they assign to these qualities, behaviors, and actions. It is acquired through actions and behaviors that contribute to trust, reciprocity, information-sharing, cooperation, and harmony, that benefit an entire group or strengthen shared values. Opportunities to earn and spend social capital arise every day. Consistent contributory behaviors over time are the most common way to earn social capital. Both exceptional performance, and unique talents/skills also contribute to a social capital bank account.

Social capital bank accounts can also be improved through trust and consistency. To foster trust, always keep your word and be honest with yourself and others. Don't hide your mistakes; take responsibility for your actions. Trust can also be built through consistency. To build consistency, maintain high-quality work, meet your deadlines, and step up when needed. Consistency also comes when you continue to grow, develop, and add value to the organization.

### Spending Social Capital

A day will likely come when social capital must be spent. It is important to keep a high social capital balance to weather the negative event. We must remember that humans are hard-wired toward a negative bias. People are more likely to remember events linked to negative emotions than more positive experiences. Unless you have a strong social capital balance, people at work are more likely to recall negative events and interactions with you than positive ones. These negative events cost more social capital than positive events earn. In addition, mistakes become more "expensive" each time they are repeated.



# Self-Care for Peer Support Workers

## Why Do Peers Need Self-Care

Self-care is incredibly important for those who care for others and who may overlook themselves in the process. Peers may experience compassion fatigue due to ongoing and cumulative stress resulting from prolonged, continuous, and intensive contact with service participants. This can lead to burnout and secondary traumatic stress. In addition, peer staff are more likely to be affected by an unhealthy work environment.

Peer Support Specialists may be overexposed to risks such as:

- Stigma and discrimination
- Limited career prospects
- Low pay and poor benefits
- Demand-control imbalance
- Role confusion and conflict

## Dimensions of Self-Care

Self-care is about actively looking after your own mental health and well-being so you can more effectively support the people you work with. Self-care involves engaging in activities and practices that give you energy, lower stress, and contribute to your well-being. It is important to regularly engage in self-care to help buffer you through a crisis or stress at work. Commit to your health and well-being so that you can properly support others. Below are the seven dimensions of self-care. Find the ones that work best for you. There is a self-care assessment on Page 69 that can help you identify areas where you might want to improve your self-care.

### 1 Emotional Self-Care

**Allow yourself to safely experience your full range of emotions.** Examples include Journaling, using affirmations, meditating, talking with friends or family, and practicing gratitude.

### 2 Physical Self-Care

**Engage in activities to help you stay fit, healthy, and energized to get through work and personal commitments.** Examples include keeping a regular sleep routine, exercising, eating healthy foods, drinking lots of water, and having health checkups.

### 3 Intellectual Self-Care

**Engage in activities to help stimulate your brain.**

Examples include listening to a podcast, reading a book, taking a class, and starting a new hobby.

### 4 Social Self-Care

**Maintain healthy, supportive relationships outside of work to ensure you are not solely connected to work colleagues.**

Examples include prioritizing close relationships in your life, attending special events for friends and family, snuggling with your pet, and calling someone you care about.

### 5 Spiritual Self-Care

**Having a sense of perspective beyond the day-to-day of life.**

Examples include spending time in nature, praying or attending religious services, meditating, doing yoga, and listening to inspiring music.

### 6 Practical Self-Care

**Ensuring day-to-day activities are accomplished.**

Examples include catching up on housework, getting groceries, paying bills, and meal prep.

### 7 Occupational Self-Care

**Activities and actions that support feeling balanced and fulfilled in your career.**

Examples include setting manageable goals, engaging in career planning, saying no and unplugging after hours, and connecting with coworkers.



## Self-Care at Work

It is important to take a little time throughout your workday to prioritize yourself. The following are self-care examples you can engage in at work

- Practice deep breathing for at least 5 minutes each day
- Organize your workspace
- Complete a task you have been putting off
- Take an activity break every hour
- Attend workplace social events
- Build pauses into your work schedule
- Regular supervision with a supervisor
- Consultation with more experienced colleagues
- Engage in regular supervision
- Attend or set up a support group with other peer workers
- Maintain boundaries with clients
- Read journals and articles about Peer Support work
- Engage in professional development opportunities

## Creating a Self-Care Plan

**Self-Care Planning: Working Towards Wellbeing (Black Dog Institute, 2021)**



Most people find it difficult to incorporate self-care into their lives. Barriers to self-care include

- |                              |                                     |
|------------------------------|-------------------------------------|
| 1. Lack of energy            | 4. Not prioritizing self            |
| 2. Too many responsibilities | 5. Unrealistic expectations of self |
| 3. Fear of vulnerability     | 6. Under-earning                    |

Creating a self-care plan can help you identify what you need and value as part of your day-to-day life. There is no one-size-fits-all self-care plan, but generally, it is a commitment to attend to all the domains of your life. Self-care plans help you enhance your health and well-being, manage stress, and maintain professionalism in the workplace.

At the start of creating your Self-Care plan, you will

- |                                       |  |
|---------------------------------------|--|
| • Take inventory                      | • Identify signs of when you may need help |
| • Identify sources of stress          | • Identify personal resources and supports |
| • Identify sources of positive energy | • Take your time in developing your plan   |

After you complete your assessment, reflect on the following questions:

1. What areas do you want to work on?
2. What is the best possible outcome?
3. What is important about this to you?
4. What qualities do you need to bring out of yourself to accomplish this? What is the first step?

Use the self-care assessment and template on the next few pages to help you create a self-care plan.

## Self-Care Assessment<sup>1</sup>

As a professional, you need to practice self-care in all aspects of your life so you can perform at your best when working with people. A good place to start is with assessing where you're at and then making a plan to improve your self-care. Complete the self-care assessment to find out how you're managing your self-care at the moment.

### Physical Self-Care

Involves activities that help you to stay fit and healthy, and with enough energy to get through your work and personal commitments. Physical self-care includes getting adequate sleep, healthy and regular eating, and regular exercise. It also includes rest and nurturing yourself if you do get sick.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Eat regularly (e.g., breakfast, lunch and dinner)					
Eat healthily					
Exercise regularly					
Access medical care when needed (both preventative and acute)					
Take time off when sick					
Regular physical activity that I enjoy					
Get enough sleep					

<sup>1</sup> Self-Care Assessment | © ReachOut.com | Cal Voices' WISE U Surviving and Thriving Training (2022)



## Emotional Self-Care

Involves activities that allow you to safely experience your full range of emotions. This means having work and non-work friends, doing enjoyable activities, debriefing at the end of challenging days, and prioritizing supportive relationships.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Spend time with non-work friends, family and acquaintances					
Stay in contact with important people in your life					
Acknowledge when you have done well					
Value yourself					
Identify energizing/positive activities people and places, and actively seek them out					
Allow yourself to cry or be upset					
Find things that make you laugh					
Express your opinion on social issues outside of work					

## Intellectual Self-Care

Involves activities that help you to feel clear-headed and able to intellectually engage with the professional challenges that are found in your work. It may also include strategies for your own personal life, outside work, but that remain relevant for your working career (e.g., if a partner, or your child, becomes ill).

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Take time out (trips out of town, to the beach or a weekend away)					
Take time away from telephones, email, social media and the internet					
Make time for self-reflection					
Notice your inner dialogue (listen to your thoughts and feelings)					
Have your own personal development and/or external supervision					
Write in a journal/diary					
Read, watch or engage with interests unrelated to work					
Do something at which you are not an expert or in charge (different to your work role)					
Actively minimize stress in your life					
Engage in new ways of thinking (e.g., attend a sports event, theatre, gallery, library, public talks)					
Be curious about life					
Say no occasionally					



## Social Self-Care

Closely related to emotional self-care. It is about maintaining healthy, supportive relationships, and ensuring you have diversity in your relationships so that you are not only connected to work people.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Schedule regular time with significant others (e.g., partner, kids, friends, family)					
Stay in contact with mates, acquaintances and networks					
Make time to reply to personal correspondence					
Allow others to do things for you					
Meet new people					
Ask for help when you need it					
Share your feelings: good, bad or other with someone you trust					
Maintain a healthy physical space or home					

## Spiritual Self-Care

Involves having a sense of perspective beyond the day-to-day of life. For some people this means engaging with organized religion, for others it is more about ensuring a sense of possibility and optimism.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Do some form of reflective practice (meditate, pray or reflect)					
Spend time in natural environments					
Connect to a community or network with shared values					
Be open to feeling inspiration, awe and other positive emotions					
Nurture your optimism and hope					
Be open to not knowing					
Identify what is meaningful to you and notice it's place in your life					
Contribute to causes in which you believe in outside of work					



## Practical Self-Care

Involves activities that fulfill core aspects of your life in order to prevent future stressful situations. Practical self-care includes catching up on chores, buying groceries, and paying bills.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Catch up on chores					
Get groceries					
Fix things around the house					
Meal Prep					
Do laundry					
Pay bills					
Prepare for holidays or family events					
Get your vehicle serviced (if applicable)					

## Occupational Self-Care

Involves activities that help you to stay focused, organized, and have enough energy to get through your work day. Occupational self-care includes taking your breaks, connecting with coworkers, and setting boundaries.

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Take your breaks					
Organize/declutter your workspace					
Set manageable goals					
Say "no" and unplug after hours					
Connect with your coworkers					
Ask for help when you need it					
Schedule personal time off					
Do career planning					



## Overall Balance

How well do you balance the demands of work life and your personal life?

To what extent do you do these activities? Select "Never" if you have never thought about it or do not know what it is.

	Never	Rarely	Sometimes	Often	Always
Strive for balance within your work-life and work-day					
Strive for balance among work, family, relationships, play and rest					

Now that you have completed your survey, identify areas where you would like to make a change.

## My Self-Care Plan

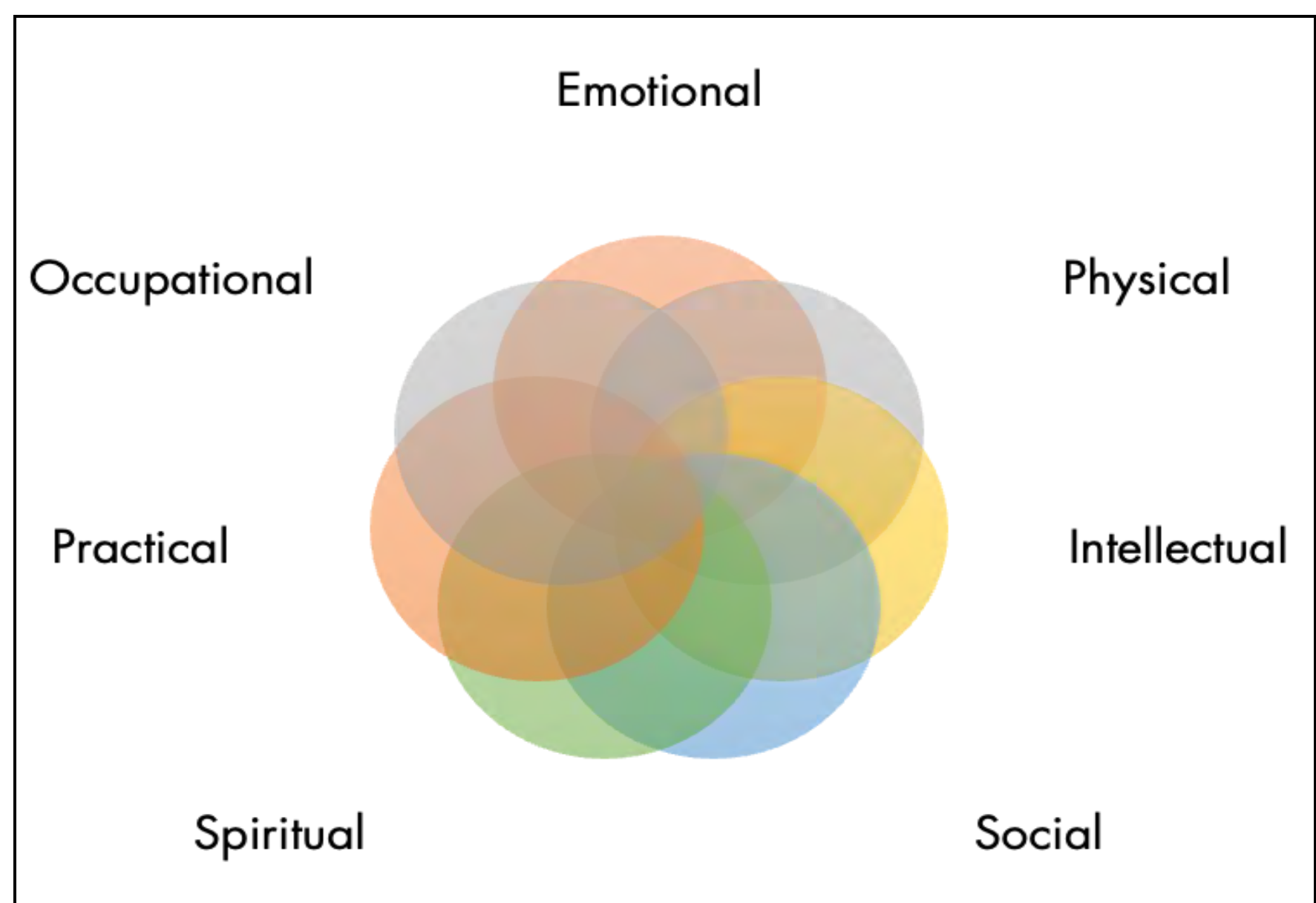
There is no one-size-fits-all when it comes to self-care plans. Each of us has different needs and strengths. Establishing a self-care plan may help you prevent burnout, build self-esteem, reduce anxiety and stress, and increase productivity. Self-care may also help you prevent future diseases.

To complete your Self-Care plan, first complete the Self-Care Assessment on pages 69-72. The Self-Care Assessment lets you know how you are currently managing your self-care at the moment. Then, use what you learn from the assessment to help you complete your Self-Care plan.

Your Self-Care plan will focus on seven dimensions of self-care.

1. Emotional: The actions we take to connect with our emotions and process them in a healthy way.
2. Physical: Any activities used to enhance your physical well-being.
3. Intellectual: Activities that help you understand and develop a loving relationship with your mind.
4. Social: Activities that nurture relationships with others.
5. Spiritual: Any activities that help you connect with and nurture your soul.
6. Practical: Any actions taken to fulfill your core needs and reduce stress.
7. Occupational: Activities and actions that support feeling balanced and fulfilled in your career.

### Dimensions of Self Care







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### My Self-Care Plan

Area of Self-Care	Current Practices	Practices to Try	How Will Implementing These Practices Make You Feel?
Physical (e.g., eat regular and healthy meals, good sleep habits, regular exercise, medical check-ups, etc.)			
Emotional (e.g., engage in positive activities, acknowledge my own accomplishments, express emotions in a healthy way, etc.)			
Intellectual (e.g., listen to a podcast, watch educational videos, practice a new hobby, read a book, take a class, etc.)			
Social (e.g., healthy relationships, make time for family/friends, schedule dates with partner/spouse, ask for support from family and friends, etc.)			



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Area of Self-Care	Current Practices	Practices to Try	How Will Implementing These Practices Make You Feel?
Spiritual (e.g., read inspirational literature, self-reflection, spend time in nature, meditate, explore spiritual connections, etc.)			
Practical (e.g., Do homework, catch up on chores, do some financial planning, get groceries, meal prep, etc.)			
Occupational (e.g., Take your breaks, set manageable goals, say no, unplug after hours, get support etc.)			





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Identify barriers to maintaining your Self Care strategies.

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How will you overcome these barriers?

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Identify negative coping strategies you would like to target for change and how you will change them.

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