Peers in Courts

All courts should consider hiring peers into their programs, services, and operations. This Court Leadership Brief describes different types of peers in court settings, the roles peers can play in court, lessons from the field with examples of peers in the courts and links to additional resources.

TYPES OF PEERS IN COURTS

Many types of peer specialists work throughout court systems nationwide. For some, it is the same court system where they became justice-involved themselves. This “lived” experience with the justice system is preferred, but not required. In the most general sense, peer specialists in court settings provide peer support services to justice-involved individuals using a person-centered, strength-based support system (GAINS Center, 2017; PMHCA, n.d.).

Lived experience refers to having firsthand experience with the subject such as mental health, trauma, justice system involvement or substance use. The word “lived” is used to differentiate from others who may have experience working with these conditions but not have personally lived with those challenges. Typically, those with lived experience who work in the healthcare and justice systems have been successful in their recovery process. Their shared understanding provides a unique perspective to their peers and their clients (SMIadviser.org).

Forensic Peer Specialist (FPS) is a term often used to describe peers working in the court system. In fact, there are many FPS programs and certifications throughout the country. Peers who are certified and employed are in professional positions like others in the courts, requiring supervision and management. However, there is growing discussion about the stigma associated with the term “forensic” related to persons with mental health issues who are also justice-involved (Baron, 2011). In this brief, we choose to use “peers in courts” as a less stigmatizing term describing all peer specialists working in court settings.

ROLES OF PEERS IN COURTS

Generally, the goal of peers in courts is to support people in court-based programs by:

- Providing person-centered, strength-based support to build recovery and resilience
- Providing relationship-focused support and role-modeling based on lived experience
- Advocating for the individual in stressful and urgent situations and in respect for their rights
- Assisting individuals with understanding and navigating the Justice System
- Supporting individuals to achieve their goals, live a self-directed life, and strive to reach their full potential (Abdenour & Sepulveda, 2022)
**District of Columbia’s Total Family Care Coalition**

Total Family Care Coalition (TFCC) is a 501(c)3 nonprofit and designated Lead Contact for Children and Families in the District of Columbia. TFCC partnered with the Department of Behavioral Health to host informational sessions with judges, prosecutors, defense counsels and guardians ad litem. These sessions focused on how peers can be professional and effective partners in DC courts.

In the juvenile justice system, TFCC peer specialists coach parents in supporting a child with behavioral health challenges and assist courts in identifying opportunities of restorative justice. In family courts, TFCC encourages reunification to biological parent(s)/caregivers, helps individuals meet social service and court requirements, and mediates on behalf of families and/or individuals to demonstrate that they are not alone.

**Florida Criminal Mental Health Project**, the Eleventh Judicial Circuit Miami-Dade County

“*Every court participant has different situations and circumstances, but they all have to be treated with love and kindness. This starts their recovery.*”

- Walter Thompson, Peer Support Specialist

Recovery Peer Specialists are individuals diagnosed with mental illnesses who work as members of the jail diversion team. Due to their life experience, they are uniquely qualified to perform the functions of the position. The primary function of the Recovery Peer Specialist is to assist jail diversion program participants with community reentry and engagement in continuing treatment and services. This is accomplished by working with participants, caregivers, family members, and other sources of support to minimize barriers to treatment engagement, and to model and facilitate the development of adaptive coping skills and behaviors. Recovery Peer Specialists also serve as consultants and faculty to the CMHP’s Crisis Intervention Team (CIT) training program. There are currently eight peer specialists on staff.
New Mexico Treatment Courts, Administrative Office of the Courts

“The blessing for me is learning that my lived experience is valuable in helping others and a gift I can give and receive from others.”

- Carlos F. Gonzales, LADAC, Statewide Program Manager

The New Mexico Office of the Courts has a department of therapeutic justice and a statewide program manager — a peer himself — focusing on alumni and peer support initiatives for treatment courts. The program manager supports and develops tools for alumni groups to get started and become sustained.

Oklahoma’s Specialty Courts
Certified Peer Recovery Support Specialist (PRSS)

For years, Oklahoma Department of Mental Health and Substance Abuse Services has reaped the benefits of Certified Peers within Oklahoma’s Specialty Courts as evidenced by the following: increased engagement rates, decrease in recidivism, reduced substance use and higher recovery rates, increased employment, decreased arrests and incarcerations, and increased consumer satisfaction (100% of those reported to “Strongly Agree” with service satisfaction surveys received support from a certified peer).

Testimonial by Carrie W., Drug Court Graduate:

My Peer Recovery Support Specialist helped me feel welcomed in a way that made me comfortable to be honest about my problem. Most folks go in with the mindset 'I'm a screw up, these people are gonna tell me what to do' chip on their shoulder. The PRSS helped me realize it isn't 'Me vs. Them,' but that it was 'Us' working together to make my life better. He helped tear down more barriers than I can list and inspired hope. He planted the seed that led me to becoming a Certified Peer Recovery Support specialist myself.

Peer Recovery Support Staff in Abuse and Neglect Dockets

Peer Recovery Staff’s Role in Engaging Families and Supporting their Recovery Journey

This new four-part video series from the Center for Children and Family Futures (CCFF), along with the National Center for State Courts, features Peer Recovery Support staff from Quality Improvement Center’s Collaborative Community Court Team (QIC-CCCT) demonstration sites. Staff with lived experience discuss their personal journeys — from program participants to program staff and court team members — and how they support families in their own recovery journey.

Pennsylvania’s Allegheny Family Network

PA Parent and Family Alliance (Statewide Family Org.)

Allegheny Family Network (AFN) is a “Family Run” non-profit organization where staff members are skilled at negotiating the child-serving systems, including child welfare, behavioral health, juvenile justice, substance abuse, and the education system. AFN’s direct service staff are called Family Support Partners (FSPs).

FSPs are an important part of the courtroom team and use their lived experience and professional training to support families. They collaborate with courtroom staff and provide insight to possible barriers and offer strength-based options to promote family success. Court
can be a stressful time for families and the FSP prepares families for what may happen and what next steps might be required. They help deescalate heightened emotional situations, explain mandates and expectations, and offer resources and support in meeting goals for better outcomes. Family Support Partners help families well after court, encouraging them to focus on their objectives, seek assistance when needed, to support improving their quality of life. Family Support Partners provide encouragement and hope!

**Texas’ Houston Recovery Center**

The Houston Recovery Center, a sobering and recovery center for low income and uninsured individuals has peer specialists from their Partners in Recovery program placed in the Responsive Interventions for Change (RIC) Docket and also work with participants in the STAR Drug Court and Felony Mental Health Court.

The Partners in Recovery program offers Peer-to-Peer conversations that build trust and foster growth. Some clients prefer to begin with a more informal program before they are ready to commit to treatment. Some simply need to talk things over with someone who’s walked in their shoes. State certified peer recovery support specialists coach clients to define their personal goals, develop a plan to achieve them, and assess progress. Different than 12-step programs, peer coaching looks 360 degrees at the client’s life so he/she can define the most important next steps of their recovery and continue rebuilding their social and community life. Every recovery path is unique, and they receive six months or more of peer support. Follow them on Twitter.

In late 2021, Lieutenant Commander Traci Murray, SAMHSA’s Assistant Regional Administrator for the HHS Region VI office in Dallas, recognized behavioral health leaders were interested in learning more about how to incorporate peers into court systems. LCDR Murray connected with Patti Tobias, a Principal Court Management Consultant for the National Center for State Courts, who saw similar interest among state court partners. Together, they initiated a partnership with subject matter experts to create brief resource guides to inform behavioral health and state court leaders about Peer Specialists working in court settings. Project partners include Roxanne Castaneda MS, OTR/L, FAOTA, Public Health Advisor at SAMHSA, Chan Noether, MA, Director of SAMHSA’s GAINS Center, and SAMHSA’s Peer Recovery Center of Excellence represented by Patricia (Pat) Stilen, MSW, Program Director; Shannon Roberts, MPH, Sr. Program Manager, and Haner Hernandez, Ph.D., CPS, CADCI, LADCI, Steering Committee Member.
Staff Working Within the Court System


This 2011 policy brief describes the developing role of forensic peer specialists (FPSs) in helping to meet needs related to jail diversion and other reentry programs. A history of certified peer specialists is also provided, and the need for specialized peers in courts is highlighted. Although this brief includes limited data on the effectiveness of peers in courts, the authors note that “anecdotal evidence from the array of responses to [their] survey is routinely positive.” The brief indicates the need to develop training, job expectations and requirements, as well as supervision and support to ensure that peers in courts are successful in their roles.


A survey was developed “to identify peer-run programs/services that serve individuals with behavioral health conditions who are returning to the community from jails and prisons.” Based on the survey results, 12 peer-led programs were selected as exemplary programs. A program description—including the scope of services, staffing, and points of contact—is provided, and barriers such as funding limitations and the need for more cross-system collaboration are discussed.


This brief provides local government leadership with policy and funding resources. It also presents community examples of the successful utilization of peer support across the intercepts of the Sequential Intercept Model to reduce the use of jails and enhance engagement and retention in treatment and support among justice-involved individuals with behavioral health needs.


The Pennsylvania Mental Health Consumers’ Association developed this Forensic Peer Support Project “to help state and county governments, along with related service providers, divert individuals with mental illnesses and/or co-occurring substance use disorders to trained Certified Peer Specialists in their local areas to begin Forensic Peer Support to start them on their mental health recovery journeys rather than entering them into the criminal justice system.” Peers within this project work with individuals living with mental health and substance use disorders throughout the different points of the Sequential Intercept Model, from initial contact with law enforcement to community reentry from jail/corrections.
Policy Research Associates. (2020). *Peer Support Roles Across the Sequential Intercept Model*. This two-page resource, from Policy Research Associates, identifies a host of roles that peers can play, both as staff and volunteers, across the Sequential Intercept Model. In addition to a broad outline, local examples are provided to highlight peers who are working with law enforcement, courts and attorneys, jails and prisons, reentry services, and community corrections and supports across the United States.

Portillo, S., Goldberg, V., & Taxman, F. S. (2017). *Mental Health Peer Navigators: Working with Criminal Justice-Involved Populations*. The Prison Journal, 97(3), 318-341. This is an in-depth case study of peer navigators employed in a non-profit focused on assisting formerly incarcerated individuals who have mental health diagnoses with reentering their communities. The findings indicate that peers in courts operate as a role model, legitimizer, and resource broker. The individuals served relate to recovery navigators with similar circumstances, and their engagement validates the organization’s mission to help justice-involved individuals with mental health and substance use disorders.

Substance Abuse and Mental Health Services Administration. (2017). *Guidelines for Successful Transition of People with Mental or Substance Use Disorders from Jail and Prison: Implementation Guide*. U. S. Department of Health and Human Services. Published by the Substance Abuse and Mental Health Services Administration (SAMHSA) in 2017, the purpose of this document is “to provide behavioral health, correctional, and community stakeholders with examples of the implementation of successful strategies for transitioning people with mental or substance use disorders from institutional correctional settings into the community.”

Substance Abuse and Mental Health Services Administration. (2019). *Principles of Community-based Behavioral Health Services for Justice-involved Individuals: A Research-based Guide*. U. S. Department of Health and Human Services. The principles outlined in this document provide a foundation for realizing a high-quality, community-based behavioral health treatment system. The document includes eight principles and 26 frequently asked questions to assist community-based behavioral health providers meet the needs of justice-involved individuals living with mental health and substance use disorders. Among the promising and evidence-based practices identified in this guide are peer-provided services, with program examples and research findings highlighted throughout.

**Working with Mandated People**

Hachtel, H., Vogel, T., & Huber, C. G., (2019). *Mandated Treatment and Its Impact on Therapeutic Process and Outcome Factors*. Frontiers in Psychiatry, 10, 219. This narrative review “provides an overview of research assessing the effects of mandatory treatment on therapeutic process and outcome factors.” It concludes that legally mandatory treatment does not necessarily result in perceived coercion and reduced satisfaction with treatment; instead, a caring and authoritative treatment style boosts motivation and aids in securing favorable therapeutic alliances and therapy outcomes.
Motivation for change is a key component in addressing substance misuse. This treatment improvement protocol (TIP) reflects a fundamental rethinking of the concept of motivation as a dynamic process rather than as a static client trait. Motivation relates to the probability that a person will enter into, continue, and adhere to a specific change strategy.


This primer summarizes scientific information related to the treatment of offenders with substance use disorders. It summarizes the latest thinking on the subject, drawn from the authors’ own experience and the experience of criminal justice and addiction treatment personnel from around the country. The authors hope the primer “will serve as a helpful orientation for new and long-tenured personnel working in the criminal justice system.”

### Supervision


Peer support services now include a wide variety of behavioral health environments in a range of program models, and organizations that provide peer support services need to develop their ability to supervise and integrate peer workers into their workforce. As such, the resources featured in this document help supervisors “understand how to supervise peer workers in behavioral health services.”


This competency analysis uses a series of investigative protocols to study substance use disorder peer supervision protocols, including a systematic review of the literature, a Developing A Curriculum (DACUM) workgroup, a quantitative peer and supervisor validation survey, and a managerial and administrative validation review.

**NAADAC, the Association for Addiction Professionals. (2020, April 24).** *Peer Recovery Support Series, Section V: Supervision and Management* [Video].

This webinar describes how properly equipping supervisors of peer recovery programs increases job satisfaction and retention, reduces miscommunication, and results in better outcomes for served individuals. Specifically, this involves providing supervisors with “knowledge of the day-to-day functions, including practice boundaries specific to the peer role.” Such supervision typically has two components—administrative and supportive—and this webinar outlines the various aspects of both components that supervisors must be aware of in order to “create a supportive and safe environment for peers to do their best, most effective work.”

This is a growing list of digital resources, provided with the aim of equipping peer support workers for success. These resources include podcasts, reports, videos, and training programs related to a variety of aspects of the peer support journey.

National Association of State Mental Health Program Directors. (2014). Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention.

This document was produced by the National Association of Consumer/Survivors Mental Health Administrators, with the aim of increasing the capacity of the peer provider workforce in the areas of behavioral health systems and authorities. This is done by providing insight into recruitment and hiring, and supervision and retention efforts, building on “the larger policy and practice work of a recovery oriented and evidenced based mental health model of care for recipients of mental health services.”


This toolkit aims at “helping people who are supervising and implementing peer roles to better understand peer support and its unique value proposition for mental health and addiction agencies so that they can support peer workers in unlocking the potential of this nascent profession in our communities.”

Multiple Pathways of Recovery


In 2018, the National Council on Alcoholism and Drug Dependence developed this guide to promote and explore the varied pathways of recovery. It serves as an accessible resource for individuals, families, and treatment professionals by “describing different pathways to recovery, sharing personal experiences of individuals who have found recovery in different ways, and demonstrating the diversity of recovery.”


From the Recovery Research Institute, this resource page outlines the various pathways to recovery from substance use disorders, including clinical, non-clinical, and self-management pathways; the provided resources define and explore examples of each.


The Rocky Mountain Tribal Leaders Council developed this tool to “help peer-driven service programs adopt an approach that accepts and supports many paths to recovery in order to reach more people with recovery supports, enhance services, and reduce stigma.”
Understanding Disparities and Building Equity

Addiction Technology Transfer Center Network. (n.d.). Building Health Equity and Inclusion.

From the Addiction Technology Transfer Center Network, this page offers a large collection of resources for building health equity and inclusion. These resources are sorted by topic, including such categories as “implicit bias / unconscious bias,” “health equity,” and “cultural humility and inclusion.”

Healthy People. (2020). Disparities, Office of Disease Prevention and Health Promotion.

This resource first provides a definition of the term health disparities, which involves many dimensions, including race or ethnicity, sex, sexual identity, age, disability, socioeconomic status, and geographic location. Essentially, there is disparity “if a health outcome is seen to a greater or lesser extent between populations.” The resource also includes a tool that displays data related to changes in health disparities over time according to measurable, population-based objectives.


This TIP uses a multidimensional model for developing cultural competence to “address cultural competence across behavioral health settings.” It further “serves as a framework for targeting three organizational levels of treatment: individual counselor and staff, clinical and programmatic, and organizational and administrative.”


This document presents a systematic qualitative assessment of the effective strategies and lessons learned from the implementation of the annual training of the National Network to Eliminate Disparities in Behavioral Health (NNEDLearn). The aim is to provide a better understanding of the long-term outcomes of NNEDLearn. The findings “highlight community-based organizations’ tactics in overcoming the inherent challenges of instituting new practices as well as the strategies used to sustain and scale up practices over time, particularly in the context of implementation within their racial and ethnic-specific communities.” By highlighting such strategies, improvements can be made to promote the wider adoption of effective behavioral health care models in underserved communities.


The National Culturally and Linguistically Appropriate Services (CLAS) Standards is a set of 15 steps that can be used “to improve the quality of services provided to all individuals, which will ultimately help reduce health disparities and achieve health equity.” By implementing these standards, individuals and healthcare organizations can “advance health equity, improve quality, and help eliminate health care disparities.”
Additional Resources

Center for Behavioral Health Services & Criminal Justice Research. (2011). *Forensic Peer Specialist: An Emerging Workforce*. This Policy Brief defines what was known about the Forensic Peer Specialist workforce and to establish a research agenda for the future.

National Quality Improvement Center for Collaborative Community Court Teams. *Peer Recovery Staff’s Role in Engaging Families and Supporting their Recovery Journey*. This four-part video series, by Children and Family Futures, highlights Peer Recovery Support staff from the National Quality Improvement Center for Collaborative Court Teams.


Pennsylvania Peer Support Coalition. This coalition supports the people and organizations doing the work of peer support by facilitating networking opportunities and education on recovery.

Peer Recovery Center of Excellence. (2022). *Peers 101*. This guide contains practical information on peer recovery support services and specialists including a video library, peer support toolkit, and additional useful resources.

Noah Abdenour
Director, Peer and Recovery Services Programs, Planning and Policy
Texas Health and Human Services Commission
Medical & Social Services Division | Behavioral Health Services
www.MentalHealthTX.org

Bob Sepulveda
Program Specialist V, Peer and Recovery Services Programs, Planning and Policy
Texas Health and Human Services Commission
Medical & Social Services Division | Behavioral Health Services
www.MentalHealthTX.org

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