Issue Brief

Expanding Peer Support and Supporting the Peer Workforce in Mental Health

Introduction

The United States is facing multiple mental health challenges, with increasing rates of depression and anxiety having been exacerbated by the COVID-19 pandemic.[1,2,3] At the same time, the country is also experiencing a growing shortage of behavioral health professionals. This shortage results in a lack of access to treatment and other services, such as substance use disorder (SUD) treatment, mental health counseling, and other behavioral healthcare services, for people who need it, particularly in under-resourced communities. To address this dual crisis, State Mental Health Authorities (SMHAs) are investing in programs that strengthen system capacity and performance through activities such as:

- Building the mental health workforce
- Piloting new approaches to training mental health paraprofessionals[3,4]
- Expanding the availability of evidence-based mental health services
- Investing in research on new practice models[1,2]

Other federal initiatives are connecting Americans to care and addressing social determinants of health as a part of a "whole society" effort.[1,2]

As a part of these initiatives, experts recommend expanding the peer workforce and the availability of peer support to strengthen the capacity of the mental healthcare system.[5] Peer support is an evidence-based practice (EBP) that improves outcomes and the quality of life for people who experience behavioral health conditions. For example, The Veterans Health Administration (VHA) has successfully implemented the inclusion of peer support in the workforce, as part of their efforts to enhance care for individuals with mental and/or substance use conditions.[6] The Centers for Medicare & Medicaid Services (CMS) endorses the VHA's effective use of peer support, which underscores the value of peer support and its potential to make a significant difference in the lives of veterans and their families.[7] Additionally, SAMHSA's 2023 Certified Community Behavioral Health Clinic (CCBHC) guidelines[8] include peer support as a required service. While peer support workers do not replace licensed clinicians and other credentialed behavioral health professionals, they offer evidence-based recovery supports that

strengthen and diversify the overall system. Peer support also decreases healthcare costs by reducing hospitalizations and the need for other expensive services.[9,10]

> ## IN 2022[11]
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> Approximately **21% of adults** aged 18 or older reported experiencing a mental health condition or substance use disorder in the past year.
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> **13.2 million adults** aged 18 or older reported serious thoughts of suicide in the past year, **3.8 million** made suicide plans, and **1.6 million** attempted suicide.
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> **Black, Hispanic** or **Latino,** and **Asian American adults** were less likely to report receiving mental health services in the past year than White or Multiracial adults.

The purpose of this brief is to: 1) describe peer support and how peer support workers function along the behavioral health continuum of care, 2) review current standards and best practices, 3) describe challenges facing the peer workforce, and 4) highlight exemplary practices and approaches to include peers and peer support as an essential component of services delivery for mental health and other co-occurring conditions like SUD.

What Is Peer Support?

Peer Support is described as "offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations".[12] Peer support draws on sharing one's own lived experience with others to guide them as they create goals and strive to reach their full

potential through mentoring, advocacy, and linking to community resources.[12,13] The concept of lived and living experience is the foundation of peer support. This lived and living experience creates a sense of shared trust and connection between a peer support worker and a person in or seeking recovery. Quite often, shared lived and living experience is the factor that inspires hope.[13]

> Peer support workers may be referred to by different names, depending on the setting they practice in. Common titles include peer specialists, peer recovery coaches, peer advocates, and peer recovery support specialists.[13]

In addition, peer support workers represent the diversity of the recovery community that includes representation from multiple pathways of recovery, and a wide range of identities and characteristics, including racially, ethnically, and culturally diverse communities.[14] These shared characteristics and experiences help to foster a more diverse behavioral health workforce and address inequities in care. Since it began, peer support has been incorporated into practice across a range of other disciplines beyond behavioral health that also deal with chronic conditions, such as asthma and diabetes.[15,16]

Peer support can be incorporated into a variety of services and settings along the behavioral health continuum of care,[17] including:

- Community-based and recovery community organizations
- Certified Community Behavioral Health Clinics
- Justice system settings
- Hospital emergency departments and inpatient care
- Education
- Housing
- Behavioral health and primary care settings[13,18]

Most recently, states have incorporated peer support into the continuum of crisis services in call centers, mobile mental health teams, facility-based programs, and other similar settings.[19] The Peer Support Services in Crisis Care Advisory provides guidance on the various models of peer support services that can be used to support individuals experiencing a crisis. Regardless of the setting, peer support workers can play a vital role in delivering nonclinical behavioral health services and helping people with mental health and/or substance use disorders achieve recovery.[20]

Peer support is an important complement to the continuum of care and the behavioral healthcare provided by an individual's care or treatment team.[13] Peer support workers may engage in a variety of activities, including:

- Mentoring and goal setting
- Navigating complex healthcare systems
- Sharing resources and building skills
- Advocating for people in recovery
- Other outreach and engagement activities[13,20]

Importantly, peer support is recognized as an EBP that yields improved outcomes.[10] Benefits of peer support can include:

- Decreased substance use and mental illness symptoms
- Reduced hospital readmission rates
- Increased social support and social functioning
- Improved self-esteem and confidence
- Greater sense of hope and inspiration
- Increased engagement in self-care and wellness[13,21–33]
- Increased sense of purpose and employment opportunities[34,35]
- Greater opportunities for safe and dignified housing options

Lower hospital readmission rates	Reduced number of days inpatient stay	Greater use of outpatient services	Improved quality-of-life indicators
Increased rates of provider engagement	Improved whole health	Lower overall costs of services	Reduced mental health and/or SUD symptoms

Adapted from: Mental Health America. (2019). *Evidence for peer support.* https://www.mhanational.org/sites/default/files/Evidence%20for%20Peer%20Support%20May%202019.pdf

Standards and Best Practices for the Peer Workforce

Training and certification requirements for peer support workers generally vary by state. This variation has led to inconsistencies in how peer support is implemented and delivered. Peer support workers typically need to go through some level of training, and states with certification programs may require peer support workers to be certified for billing purposes.[36] In addition to state certification programs, states may choose to adopt national certification programs through entities like the National Certification Board for Behavioral Health Professionals and NAADAC. A peer support worker must complete a state certification program when nationally certified.

Uniform certification standards and best practices may help reduce inconsistencies in the delivery of peer support and ensure that high-quality services are provided as well as promote reciprocity between states to enable peer workers to practice across state boundaries. SAMHSA has worked to ensure that information about standards and best practices is available to the peer workforce. In 2015, SAMHSA developed a set of Core Competencies for Peer Workers in Behavioral Health Services to guide the delivery of peer support and promote best practices. These competencies outline the knowledge, skills, attitudes, and abilities a person needs to have to successfully take on the role of a peer support worker.[37]

SAMHSA'S RECOMMENDATIONS AND NATIONAL MODEL STANDARDS FOR PEER SUPPORT CERTIFICATION[38]

Authenticity

Certification entities should include a self-attestation requirement that promotes statements of authenticity and lived experience across the peer workforce.

Training

Training requirements range from 40 to 60 hours for mental health, substance use, and family peer certifications.

Examinations

Examinations should relate directly to the peer role, focus on the competencies of peer support, and cover material from training resources.

Recovery

Recovery-pathway-specific requirements should be excluded from certification requirements and determined by the hiring organization and the needs of the population(s) served.

Work Experience

A maximum of 120 hours of supervised work experience should be required and any combination of paid, volunteer, virtual, and out-of-state hours should be accepted as a minimum.

Background Checks

Background checks should be the responsibility of the hiring organizations rather than part of the certification process.

Formal Education

Instead of meeting formal education requirements, prospective peer support workers should be able to demonstrate literacy and fluency in the language in which they will be providing services.

Diversity, Equity, and Inclusion

Diversity, equity, inclusion, and accessibility should be incorporated across peer certifications through training, education, and other general strategies.

Ethics

Certification entities should use an ethics committee to develop a code of ethics, implement a process for reporting and reviewing ethics violations, and provide annual education on ethics.

Costs and Fees

Certification entities should work with their state to offer scholarships or find resources to subsidize all costs for both certification and recertification and make associated reasonable accommodations.

Peer Supervision

Certification entities should consider developing and implementing a certification process for peer supervisors that requires direct experience, training and education, and diversity, equity, and inclusion.

After SAMHSA developed core competencies, in 2019 the National Association of Peer Supporters created the National Practice Guidelines for Peer Specialists and Supervisors, which include guidance for supervisors of peer support workers. These guidelines can help people who supervise peer support workers better understand how the core values of this role relate to those of traditional services. In addition, the guidelines show how to manage potential challenges that may arise in settings where these two sets of values and priorities compete.[39] Most recently, in April 2023, SAMHSA released a set of National Model Standards for Peer Support Certification,[38] which identify standards for lived and living experience, training, and supervision for the peer workforce. The 11 criteria are based on guidance from the peer workforce and existing practices used by state certification entities. The standards are meant to promote quality and

consistency across peer services and limit barriers to expanding the peer workforce. Adoption of these national standards will help to:[38]

- Encourage and support reciprocity and alignment among state certification entities

- Promote the quality of peer services being delivered across the country

- Protect the authenticity of peers through promotion of and emphasis on lived and living experience

- Support state certification entities in the development and/or revision of certification requirements that align with the needs of the peer workforce and the people they serve

- Cultivate the peer workforce by elevating the profession and bringing national attention to the critical services peer support workers provide

- Reinforce the scope of the peer role through distinct certification criteria

- Strengthen diversity, equity, inclusion, and accessibility efforts across the peer workforce

- Expand career pathways for certified peer workers and peer supervisors

Shortly after SAMHSA released the National Model Standards for Peer Support Certification, Blue Cross Blue Shield (BCBS) of Minnesota announced that peer support would be a covered service for members enrolled in their commercial insurance plans beginning in 2024. In their announcement, BCBS noted that covered peer support workers would be those certified in accordance with the newly released standards.[40]

Challenges to Expanding the Peer Workforce

To fully leverage the potential of peer support, access to peer support workers along the behavioral healthcare continuum needs to be improved and expanded. While the peer support sector of the behavioral health workforce has grown rapidly in the last 25 years,[41] this expansion has highlighted persistent problems. These challenges include a lack of clarity around the peer role by mental health clinicians and difficulties including this role in more traditional behavioral healthcare services.[42] In addition, peers may face stigma and discrimination, low pay, unclear expectations and boundary challenges with their responsibilities, and limited opportunities for training and/or advancement.[43,44] Many of these problems may be worsened when peer support workers are supervised by licensed clinicians or other non-peer staff. Other challenges include out of pocket costs to individuals seeking to attain certification and training as well as barriers related to histories of justice system involvement of individuals seeking these jobs.

Systems Challenges to Expanding the Peer Workforce[18,45]

Lack of Role Clarity	Workplace Inclusion	Funding
A lack of clear job descriptions and performance standards, as well as non-peer supervisors who may not understand and appreciate the role and responsibilities of the peer support worker may cause role confusion. This can lead to peer workers being assigned clinical or administrative tasks inappropriate to their role, impacting service fidelity and leading to burnout and loss of peer workers.	Problems with transitioning to a new care model may arise when peers are included in formal care settings. Difficulties may arise when trying to integrate clinical approaches with a strengths-based supportive approach.	Funding streams are complex and may require combining diverse funding sources. Peers working in community-based organizations may not have sustainable funding mechanisms or infrastructure.

Individual Challenges to Expanding the Peer Workforce[46]

Stigma	Career Development	Training
Non-peer staff may not value the positive impact of lived and living experience. Non-peer staff may hold negative attitudes toward peer support workers' lived and living experience.	Organizations may underpay peer support workers and offer little support. Often, organizations make few opportunities available for career advancement. Organizations may not offer wellness supports to peer support workers. Organizations may hire only one peer support worker, which adds pressure and expectations to the individual worker.	Training and certification criteria may differ by state in terms of required hours, work and/or volunteer experience, and curricula. Some states maintain criteria that exceed those recommended by SAMHSA's National Model Standards for Peer Support Certification and present a barrier to entry.[12] A lack of standardized training and certification criteria reduces the portability of services.

Key Strategies for Including and Expanding Peer Support Workforce Efforts

SMHAs and other state leaders can encourage the inclusion and expansion of peer support workforce efforts along the behavioral healthcare continuum by promoting several strategies. These methods reduce some of the primary problems that hinder the peer workforce and broad adoption of peer support. These key strategies fall into three categories:

Workforce Development	Integrated Settings	Novel Roles and Practices

Workforce Development

It is vital that the growth and advancement of these efforts are supported through workforce development initiatives to include and expand the availability of the peer support workforce. Adopting SAMHSA's recently released National Model Standards for Peer Support Certification may help to address some of the challenges regarding peer workforce development and related problems. It is important to note that while there are national standards and certifications, the specific structure and requirements for peer support certification can vary depending on the state and the certification entity. This variation can impact the implementation and effectiveness of peer support programs. Standardizing certification requirements for the peer workforce may help to eliminate existing problems related to workforce development. For example, standard certification requirements may increase the portability of services and help to ensure the uniform development of skills and knowledge that can facilitate and promote professional advancement. They may also promote the development of clear job descriptions and ethical guidelines for peer support workers that are necessary for role clarity. Reimbursement may also require certification, and this would provide access to more sustainable funding for peer support services.[38]

🔑 KEY STRATEGIES

- Incorporate SAMHSA's National Model Standards for Peer Support Certification into state requirements.
- Specify supervision requirements and consider eliminating clinical supervisory requirements, where applicable.
- Require organizations and systems that include the peer workforce to complete readiness assessments.

SMHAs can address challenges related to peer workforce development, including barriers encountered by peer support workers with prior justice system involvement. This may take place through volunteer opportunities for individuals who do not wish to seek certification or formal employment or through leadership opportunities for those who seek further professional advancement.[47] SMHAs may consider reviewing requirements that peer support workers be supervised by a licensed clinician or other non-peer staff, who may have limited knowledge and understanding of peer support.[48] Revising supervision requirements and

supporting the promotion of peer staff to supervisory roles creates a stronger career ladder for peer support workers and provides for supervision that may be more understanding of the peer role and supportive of growth and development among peer support workers. In addition, having people who have been trained as peer support workers supervise others in this role may be more effective and alleviate problems around role clarity, because they are more familiar with the scope of peer support work than clinical or other staff. It is important to incorporate input from people with lived experience as the organizational structure and career opportunities for peer support workers and supervisors are developed. Jurisdictions may wish to consider utilizing state recovery offices and funding dedicated peer support workers with lived and living experience who can oversee initiatives related to peer workforce development.[47]

Integrated Settings

Including peer support in other settings can drive sustainable change in health systems.[9] In general medical settings, such as primary care, peer support workers can provide services such as wellness coaching and systems navigation to people with both behavioral and physical health needs.[18] These services may improve treatment activation, self-

management, and access to additional services and supports through engagement, participation, and shared decision making. Including peer support workers in general medical settings may also result in superior health outcomes than would occur from providing physical healthcare alone for some populations.[49]

Peer support can also be included in other settings, such as:

- ***Justice system settings:*** Peer support workers are increasingly being included in the justice system as mentors or coaches. Typically, these peer support workers have lived experience with both a behavioral health condition and the justice system. While peer support is often offered through mental health or drug court and re-entry programs, roles for peer support workers span the Sequential Intercept Model. States should address policy barriers to hiring peers with lived experience of involvement with the justice system.[18]

KEY STRATEGIES

- Promote the inclusion of peer support in general medical and specialized settings.
- Encourage organizations that include peer support to prepare themselves through training and other practices.
- Identify training practices for peer support workers and other organization staff that are essential to inclusion efforts.

- **Supported employment programs:** Supported employment programs, such as the Individual Placement and Support (IPS) model, are vocational programs for people with diagnoses that qualify as serious mental illnesses to promote their success in the workplace.[50] Peer support workers can provide vocational coaching and other supports to participants in supported employment programs in their role and reinforce the importance of work in the recovery process.[18] Peers may serve a similar function in supported education programs, which help people pursuing higher education and may be a component of supported employment programs.

- **Supportive Housing programs:** Supportive Housing programs combine funding for affordable housing (such as vouchers) with community-based case management and mental health support services to help individuals with behavioral health challenges experiencing homelessness gain and maintain stable housing. Peers, especially those with a similar background, can be uniquely effective at building rapport, providing flexible, individualized support, and helping individuals transitioning from homelessness re-acclimate to the norms and demands of living in dense public settings such as apartment buildings.

- **Assertive Community Treatment (ACT):** ACT is a community-based practice model providing person-centered treatment, rehabilitation, and other services for people with serious mental illness. ACT may employ peer support workers to conduct outreach and engagement, connect participants to other community services and resources, counsel participants and their families, and perform related functions.[18,51] Organizations must take care to ensure that peer support workers only provide support that is voluntary and accepted by the individual.

Organizational readiness is a vital component of including peer support in any setting. Ensuring that an organization is prepared to include peer support can help mitigate potential challenges associated with inclusion efforts and peer support overall, such as those related to role clarity, hiring practices, stigma, and salary and retention.[43] The City of Philadelphia's Department of Behavioral Health and Intellectual Disability Services developed a comprehensive Peer Support Toolkit to support organizations as they incorporate peer support. The toolkit details several practices that help to ensure organizational readiness. Several other resources are available, such as this Organizational Self-Assessment Tool developed by the National Council for Mental Wellbeing. It is important to note that potential users of these or other resources should review them for relevance, because some materials may not be up to date or may need to be tailored to meet needs specific to a population.

Organizations can further enhance the inclusion of peer support services by ensuring peer support workers and all organizational staff receive the appropriate training, including on self-care and how to establish and maintain collaborative working relationships. Organizations should implement training before, during, and after the process of including peer support for:

- **Peer support workers:** Peer support workers should receive basic training tailored to their organization, role, and job function in the integrated setting. Depending on expected duties, peer workers may need additional training. Specialized training in areas such as self-care and providing trauma-informed care may reduce stress and burnout among peer support workers, possibly increasing retention.[43]

- **Other organizational staff:** Training for organizational staff, including administrators, supervisors working with peer support workers, and others will increase awareness of the concept, practices, and benefits of peer support. Initial training can highlight the need for change and make sure that all staff understand the purpose and essential functions of peer support workers. This improves organizational buy-in and reduces the likelihood of role confusion and potential exploitation of peer workers (e.g., paying them less to perform quasi-clinical functions or assigning them rudimentary tasks outside the proper scope of peer support).

Innovative Roles and Practices for Peer Support Workers

Traditionally, community settings offer peer support through peer-run or recovery community organizations or traditional behavioral healthcare organizations that include peer support workers. However, the role of the peer support worker is expanding into other settings and services. The transformation of crisis systems, both nationally and in individual states, has emphasized that peer support plays a significant role throughout the crisis continuum of care. This has led to the development of new roles that expand the reach of peer support into the areas of crisis prevention, crisis response, and crisis follow up. These new roles include serving on mobile crisis teams, crisis receiving and stabilization units and facilities, crisis respites, and warm lines.[18,45] Incorporating peer support workers along the crisis continuum of care not only expands the roles, opportunities, and reach of peer support workers but also may create additional sources of funding. For example, peer support workers who are members of mobile crisis teams that include a licensed clinician may be eligible for matched Medicaid coverage, and some states allow billing for crisis services.[19] The National Academy for State Health Policy has highlighted how some states have incorporated peer support along the crisis continuum of care, including funding and

service designs. Additionally, SAMHSA has recently published a report titled Financing Peer Recovery Support: Opportunities to Enhance the Substance Use Disorder Workforce. Although the report focuses on peers providing support to individuals with SUD, it also includes ample information related to reimbursement for the peer workforce in mental health.

KEY STRATEGIES

- Expand opportunities for peer support workers to support crisis systems.
- Promote the development of new roles for peer support workers and the use of novel technologies to deliver peer support.
- Include peer support workers in the development of innovative roles and practices.

Peer support workers have also begun to provide services in new roles such as digital health navigators and are using novel technologies to provide digital services (e.g., online videoconferencing or over the telephone using voice calls or text messages).[42,44] Digital Peer Support by itself can be used to expand the reach of services, for example, to serve rural areas and populations, or to supplement traditional in-person services. Digital peer support programs can be asynchronous or in the form of computer programs, smartphone apps, social media, video games, and even artificial intelligence, like chatbots.[52] Not only are there options for the peer workforce to provide these services, but peer support workers may also contribute to the development of digital and other innovative models of peer support. More organizations are likely to become interested in digital peer support, as legislation to increase the accessibility of virtual peer support was recently passed as a component of the 2022 Restoring Hope for Mental Health and Well-Being Act.

Opportunities for the role of peer support workers to expand further include:

- *Members of employee assistance programs (EAPs):* EAPs are internal or external (e.g., provided by a third-party organization) programs that offer free counseling, guidance, and resources to individuals experiencing personal challenges that may affect their job performance.[53] While a few models of peer- or coworker-based EAPs exist, more peers can be incorporated into these programs.[42]

- **Youth providers:** The national shortage of behavioral health providers is especially severe for children and adolescents.[54] Peer support workers can help address this crisis as youth peer support providers. Los Angeles County is implementing a new program that uses such an approach. The program is recruiting peer support workers between the ages of 18 and 24 and pays for training and certification. Once these young adults complete their training and certification, they will be eligible for hire by the county and can provide services to youth in community-based settings.[55]

- **Hybrid peer roles:** Many different roles for peer support already exist, and each has strengths and limitations. Supplementing a single model of peer support with a second model may increase the reach and effectiveness of the services provided. For example, using a mutual peer support model combined with a peer coaching model expanded the reach of services for veterans with cardiovascular disease. SMHAs could develop similar hybrid models in behavioral healthcare to expand the reach and effectiveness of services. This may be especially beneficial for people with co-occurring conditions.[56]

- **Family Support Providers:** Family Support Providers (FSPs) are caregivers with a child or youth with behavioral health concerns who offer guidance, advocacy, and assistance to other caregivers. Their role involves providing leadership and fostering an understanding among caregivers to effectively navigate the various systems of care. Their lived and living experience uniquely positions them to empathize with and support other caregivers in similar situations.[57,58]

State Spotlights

The list below contains examples from states that have championed the inclusion or expansion of peer support or are in the process of doing so.

Georgia	Georgia was one of the first states to reimburse for peer support under Medicaid[59] and is planning to further expand their initiatives, beginning with the development of a comprehensive, multiyear plan that emphasizes training and career development.[60] *Learn more:* • Georgia Department of Behavioral Health and Developmental Disabilities • Beyond Twelve Steps, Peer-Supported Mental Health Care • Promoting Health and Wellness Through Peer-Delivered Services: Three Innovative State Examples (Georgia)
Michigan	Michigan has expanded access to peer support along the crisis continuum of care, including through the use of a peer-run warmline for people experiencing mental health challenges in an effort to avert crises. They have also promoted the use of peers in crisis stabilization units, which provide a short-term alternative to emergency departments or psychiatric hospitals for people experiencing a mental health crisis.[61] *Learn more:* • Michigan Behavioral Health Crisis Services • Crisis Stabilization Units in Michigan • State-Wide Peer-Run Warmline
New York	New York State is funding a new technical assistance center for peer support services as well as allotting funds to expand their Intensive and Sustained Engagement Treatment program to include peer-based outreach and engagement.[62] *Learn more:* • PeerTAC • Intensive and Sustained Engagement Teams (INSET) • Announcement: Plan to Overhaul New York's Mental Health Continuum of Care
New Hampshire	New Hampshire developed a 10-year plan to strengthen the state's mental healthcare system, and one priority area was expanding the availability of peer support workers.[63] As a result, they created a set of actionable recommendations to develop the workforce for people with lived experience. *Learn more*: • New Hampshire Peer Workforce Advancement Plan • New Hampshire Primary Care Behavioral Health Workforce Portal

Oregon	Oregon is engaging in a slew of activities to expand access to peer support, including a proposed "prison to peer support" program, the creation of a statewide behavioral healthcare workforce initiative that includes incentives for the peer workforce, and legislation to fund peer respite centers. *Learn more:* • Prison to Peer Support: An Expansion of the Resilience and Recovery Program • The Pathfinder Network • Oregon's Behavioral Health Workforce Initiative • Funding for Peer Respite Centers
Pennsylvania	Pennsylvania sought to transform their mental healthcare system by developing services that support recovery.[64] One approach to achieve this was the creation of jobs for peer support practices within current provider agencies.[65] *Learn more:* • Pennsylvania Department of Human Services • Certified Peer Specialist Workforce: Pennsylvania's Systems Transformation Experience
Texas	Texas streamlined the certification process by designating two entities to certify peer support workers and supervisors. They also created a peer supervision track in response to problems that arose from having licensed clinicians and non-peer staff supervise those with lived experience.[48] *Learn more*: • PeerForce • Texas Health and Human Services • Texas Certification Board
Wisconsin	Wisconsin is promoting the mental health of the state's youngest residents through a range of youth-focused peer support efforts. These include school-based peer-led wellness programs and a certification program for parent peer specialists.[66] They are also starting a workgroup to further explore their youth and young adult peer support model.[67] *Learn more:* • Wisconsin Office of Children's Mental Health • Wisconsin Department of Health Services • Supporting Child Well-Being Through Peer Support

Summary

Increasing rates of mental health conditions and other co-occurring conditions like SUD, combined with a scarcity of behavioral healthcare providers, are driving major challenges in the United States. While employing peer support workers is not a substitute for adequate staffing levels of licensed clinicians and other credentialed behavioral health professionals, including and expanding access to peer support workers can add unique value and strengthen the overall capacity and effectiveness of behavioral health systems. Deemed by the White House a key strategy to strengthen the mental healthcare workforce and system capacity,[68] this EBP can transform systems by engaging people on their journeys of recovery in impactful and efficient ways.

Resources: *Websites*

SAMHSA

SAMHSA offers several resources that enhance understanding of peer support services and their role in recovery. These resources include:

- [SAMHSA'S Office of Recovery](#)'s role is to promote recovery nationwide by supporting people, families, and communities impacted by mental health issues and/or substance use conditions.

- [Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS)](#) offers information sheets, TA resources, and links to video trainings. BRSS TACS also provides resources for [Youth and Young Adults](#).

- [What Are Peer Recovery Support Services](#) manual provides explanations on the delivery of peer recovery support services.

- [TIP 64: Incorporating Peer Support Into Substance Use Disorder Treatment Services](#) helps community leaders and providers better understand the role of peer support services in recovery from problematic substance use.

- [Advisory: Peer Support Services in Crisis Care](#) provides guidance on how to implement peer support services in crisis care settings (i.e., crisis stabilization units, mobile crisis teams, and emergency departments).

Mental Health America

Mental Health America has compiled a variety of resources related to peer support for mental illness, including but not limited to [research and reports](#) on several topics as well as information about [training and certification](#). The Mental Health America website includes a [webpage dedicated specifically to peer support](#).

NAADAC

NAADAC has a variety of professional and educational resources specific to substance use and misuse available for peer support workers. NAADAC's [Peer Recovery Support Resources webpage](#) includes webinars, articles, and other materials designed to support peers.

The National Association of Peer Supporters

The National Association of Peer Supporters (NAPS) has collected a variety of online and printable resources for peer support workers, including resources specific to the [supervision of peer support workers](#). The NAPS website also provides [resources for peer support workers](#), including a [link to a job board](#) for peer support workers seeking employment and employers seeking to hire peer support workers.

The Peer Recovery Center of Excellence

Since 2020, SAMHSA has provided funding to the [Peer Recovery Center of Excellence (PR CoE)](#). The PR CoE is led by peer recovery leaders from across the nation and is primarily focused on providing training and technical assistance pertaining to recovery from substance use disorders. The objective is to facilitate the effective implementation of peer recovery support services within various organizations and communities.

Resources: *Reports*

Peer Support Services in Crisis Care

This advisory was developed by SAMHSA and discusses the role of peer support workers and models of peer support services that are available to assist people experiencing a crisis.

Enhancing the Peer Provider Workforce: Recruitment, Supervision, and Retention

This toolkit was developed by the National Association of State Mental Health Program Directors for community providers and state administrators to guide the inclusion or expansion of peer supports.

New Hampshire Peer Workforce Advancement Plan

This plan was developed by the New Hampshire Department of Health and Human Services' Bureau of Mental Health Services to present recommendations on how to advance the peer workforce. It can be used as a model by other states.

Peer Recovery Support Services in Correctional Settings

This technical assistance package was developed by the U.S. Department of Justice's Bureau of Justice Assistance to support the inclusion of peer support in correctional settings.

Peer Services Toolkit

The College for Behavioral Health Leadership partnered with Optum to develop this toolkit as a guide to advancing and implementing peer-run behavioral healthcare services.

The New York State Peer Integration ToolKit

This toolkit was developed by New York State's Office of Alcoholism and Substance Abuse Services to guide providers in the inclusion of peer services using the stages of change model. It can be used as a framework by other states.

The Peer Support Toolkit

This toolkit was developed by the City of Philadelphia's Department of Behavioral Health and Intellectual Disability Services and was designed to support organizations as they include peer support workers in traditional behavioral healthcare settings.

Workforce Integration of Peer and Community Health Worker Roles

New York City Peer and Community Health Workforce Consortium developed this needs-based toolkit to support and prepare organizations as they include peers in the behavioral healthcare workforce. A supplementary planning and implementation guide is also available.

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Issue Brief: Expanding Peer Support and Supporting the Peer Workforce in Mental Health

SAMHSA

Substance Abuse and Mental Health Services Administration

SAMHSA's mission is to lead public health and service delivery efforts that promote mental health, prevent substance misuse, and provide treatments and supports to foster recovery while ensuring equitable access and better outcomes.

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