

Listening to the Peer Support Workforce

Top Ten Priorities: An Action Agenda

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Executive Summary

The emphasis at the highest U.S. governmental level on the necessity of transforming the behavioral health system and the relevance and role of peer support workers in this endeavor underscore the importance of strengthening the peer support workforce. The Action Agenda is intended to support and enhance this essential undertaking.



President Biden's 2023 Unity Agenda offers a "comprehensive national strategy to transform how mental health is understood, accessed, treated and integrated in and out of health care settings." Biden also announced SAMHSA's release of National Model Standards for Peer Support Certification to "improve the consistency and promote the growing number of peer workers across the nation" (The White House, 2023). The U.S. Department of Labor is considering the addition of a new Peer Support Specialist Standard Occupational Classification (SOC) (U.S. Bureau of Labor Statistics, 2024).

Peer workforce stakeholders have identified and advocated for many years for the Action Agenda priorities. The priorities are drawn from a series of workshop responses from 2018 to 2023, including in-person listening sessions at New York City 2022 and 2023 Conferences for Working Peer Specialists, and Annual New York State 2022 and 2023 Conferences of the recently renamed Alliance for Rights and Recovery (formerly NYAPRS). Additional action recommendations were suggested by attendees from 14 States at the 2023 National Association of Peer Supporters (N.A.P.S.) Conference in Norfolk, VA. In addition to Canada, U.S. States represented were California, Colorado, Iowa, Massachusetts, Minnesota, Montana, North Carolina, New Jersey, New York, Oklahoma, Pennsylvania, Texas and Virginia. The Action Agenda shares the collective results of these sessions.

The Top Ten Priorities, as articulated by the peer support workforce, are offered as a working agenda uniting peer workforce advocates and practitioners, service providers and administrators. The priorities are not listed in order of importance. We view the priorities as interrelated and connected and encourage stakeholders to consider them systemically as well as individually.

Note: Action Recommendations were recorded as participants expressed them. We have made minimal language revisions consistent with peer support values, while aiming to maintain an accurate representation of participants' workforce realities and suggestions. The Action Agenda authors undertook this work in hopes of stimulating lively and constructive discussion among peer support workforce stakeholders and recognize that these stakeholders hold a wide array of viewpoints. The project was conducted independently, under no specific organizational auspices.

To facilitate an implementation focus for each priority, we have listed the respective Action Recommendations following the narrative section for each Top Ten Priority.

Top Ten Priorities: An Action Agenda

- 1 Value peer specialists' roles and perspectives as disruptive innovators; empower peer specialists as essential drivers of systemic change throughout human services.
- 2 Raise peer specialist wages to equivalence with comparable supportive and service roles, considering cost of living in different geographic areas.
- 3 Increase the number of, and respect for, peer specialist jobs, fields of practice, and roles throughout the human services sector.
- 4 Intentionally create and promote career opportunities for members of historically marginalized communities, including BIPOC and LGBTQIA+ communities.
- 5 Establish designated funding for the creation of supervisory and advanced leadership roles for peers, not dependent on having advanced degrees or another license, certificate, or similar credential.
- 6 Expand training opportunities for peer specialists to build skills in supervision, management, and leadership.
- 7 Assure that all peer specialists are supervised by a person who either identifies as a peer themselves or has extensive training in peer values and practices.
- 8 Provide trauma-informed workplaces, as well as trauma-informed services.
- 9 Elevate and emphasize wellness as a necessary component in successful workplaces; grant peer specialists time and resources to support their personal wellness needs.
- 10 Increase opportunities for peer specialists to develop technological skills and provide resources necessary to utilize and access tools for providing telehealth support.

Stakeholder Groups

The Action Recommendations are listed in stakeholder groups of peer specialists, supervisors, employers, and policy makers as described below.

- **PEER SPECIALISTS** – people with lived experience of mental health, trauma, or substance use challenges who are trained and supervised to provide peer support services
- **SUPERVISORS** – individuals who supervise peer specialists who may be “peer” supervisors (people who are peer specialists themselves) or “non-peer” supervisors (usually licensed professionals who are not peer specialists, and who are assigned to provide supervision)
- **EMPLOYERS** – includes the organizational leadership team and operational management of organizations that offer peer support services
- **POLICY MAKERS** – individuals or groups within local, state, or national government; academic or research institutions; insurance corporations; funders; or others who make or influence policy related to behavioral health

Top Ten Priorities Development Timeline

2018 - 2019

Workshops and discussions on peer specialist career development, supervision, and how to create career ladders.



2020 - 2022

Virtual workshops and discussions on how the pandemic has affected the overall peer workforce.



2022 - 2023

Development of an article for publication.



2020

COVID-19 pandemic begins, leads to major shifts in how peer services are delivered.



2022

10 Recommendations presented at peer workforce conferences for discussion.



2023

Solicited action items from the peer workforce at conference workshops.





Priority 1

Value peer specialists as
disruptive innovators
empowered as essential drivers
of systemic change

Priority 1

Value peer specialists' roles and perspectives as disruptive innovators; empower peer specialists as essential drivers of systemic change throughout human services.

Peer providers in behavioral health are broadly defined as individuals with a lived experience of a psychiatric disability who provide services or interventions to others with a lived experience. Peer support specialists are one subset of peer providers who intentionally use and share their lived experience of a psychiatric disability and their recovery story to provide support and services to help others with a similar lived experience (Cronise et al., 2016). According to the Peer Recovery Center of Excellence (2024), the most recent total count of U.S. Mental Health (MH) and Substance Use Disorder (SUD) Certified Peer Specialists is 82,286 (Integrated MH and SUD = 52,413; MH only = 18,057, SUD only = 11,816).

Peer specialists are critical in stimulating, supporting, and sustaining systemic change in behavioral health, health, and

human services. Peer staff are the “evidence for recovery, they blur the boundaries between sickness and health, and peers can help peers, disrupting the traditional assumption that help must be ‘professional’” (Ibid.) Systems may push back with mentalism and micro-aggression against changes peer staff represent (Deegan, 2011). Peer specialists must remain “peer,” not become “junior clinicians” (Deegan, 2017). Byrne emphasizes that peer lived experience must be recognized as a distinct discipline with a valid and valuable knowledge base. Leadership roles are essential, with peer staff fully empowered in agency leadership and decision-making. Peers and lived experience leaders must find ways to connect, define and refine peer support discipline from distinct communities and perspectives (Byrne, 2023).

Peers and clinicians can have differing and potentially complementary skills and roles. When they work collaboratively with mutual respect, they can offer essential support to individuals in their recovery journey (Deegan, 2023).

Peer role implementation must be ad-



ressed at all levels, including socio-cultural, regulatory, political, economic, and financial. Organizational culture, leadership, supervision, change management, workplace strategy, and human resource management are essential, as are positive relationships among team members and attention to well-being of all staff, including peer support workers (Mirbahaeddin and Chreim, 2022, Corrigan, 2021). Peer support is a profession (Corrigan, *ibid.*) with defined competencies and practice guidelines (SAMHSA, 2018; N.A.P.S., 2019), and peer providers may work in a variety of settings (SAMHSA, 2017). Handbooks, by Davidow (2015) and Legere (2015) offer guidance for successful implementation of peer roles.

Priority 1 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Believe in the value of your lived experience and ability to advocate for change Build emotional strength and ask for support when challenging the status quo Invite others into the “peer support world” by sharing gratitude and hope Ask open ended questions, listen carefully, and practice cultural humility Provide relevant experientially-based, non-clinical (recovery-focused) perspectives for colleagues to consider, especially when working on multidisciplinary teams Allow people receiving peer support services choice (a peer value), including whether to use services and how their perspectives will be shared with other members of a multidisciplinary team Reframe stigmatizing language (educate as well as advocate) Help all staff, particularly those on clinical multidisciplinary teams, to unlearn old stigmatizing practices and learn newer recovery language and approaches; educate, don’t villainize them Draw attention to non-medical needs of service users beyond treatment 	<ul style="list-style-type: none"> Create job descriptions based on competencies of peer support work rather than duplicating work of case managers, counselors, or care coordinators Encourage peer specialists to embrace their ability to change the organization from within as disruptive innovators Train non-peer staff about the advocacy and system change role of the peer specialist on a multidisciplinary team Prompt peer specialists to share change agent perspectives with organizational leaders, managers, supervisors, non-peer staff, and people receiving services Offer peer specialists professional development, career advancement, and leadership opportunities based on their role as a change agent Compensate peer specialists according to the complexity of the change agent position, not the academic credentials of the applicant 	<ul style="list-style-type: none"> Ensure all members of the organization understand the role of change agent and support the concept of peer specialists as “disruptive innovators” Choose a champion within the leadership team who is responsible for the implementation of peer services who will recognize and support disruptive innovations that come from those in the peer specialist role Revise or write policies and procedures acknowledging , supporting, and upholding individual and system advocacy that challenges the status quo Work with HR, hiring supervisors, and peer support advisors to define and develop the unique peer specialist role within the organization Make peer support a choice for all people receiving services 	<ul style="list-style-type: none"> Recognize contributions made by peer specialists who serve on advisory boards or work toward changing the system for their valued role as change agents Read the writing of Pat Deegan, "Peer Staff as Disruptive Innovators" Use communication channels to funders, researchers, insurance companies, providers, and other key stakeholders, describing the efforts of peer specialists and help them connect with local, regional, state, and national advocacy centers that can assist them as agents of change Consult Bazelon Center Resource Center: Review National Association of State Mental Health Directors (NASMHD) Change Agent Series Be familiar with the Core Qualities of a Change Agent Include in requests for proposals (RFP) for human service grants that involve services to people with mental health, trauma, or substance use conditions a minimum required number for staff and advisory positions to be people with lived experience (peer specialist preferred)

A hand is holding a document, possibly a check or a form, with a blue overlay. The document has some text, including "Or Order" and "January 10, 2013".

Priority 2

Raise peer specialist wages to levels equivalent to comparable supportive and service roles, considering cost of living in different areas.

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The 2014 INAPS survey and Daniels et al. (2016) indicated part-time peer workers' hourly wages averaged \$15.42 and full-time average was \$16.42. Wage rates varied among organizational types, and compensation rates differed geographically. Compensation inequities showed men averaging over \$2.00 more per hour than women. While peers were positive about their work, adequate compensation was then and remains today a significant concern.

The federal Occupational Outlook Handbook by the U.S. Bureau of Labor Statistics (2017) compared peer workers to Community Health Workers, whose median 2021 pay was \$46,500.

Recent comparisons showed the average hourly wage for entry-level peer specialists in New York City and New York State about \$7 less than entry-level case managers. Indeed.com listed behavioral health

case manager salaries as an average of \$20.77 per hour, ranging from \$24.47 to \$28.01, while peer specialist salaries averaged \$16.76 per hour, with a range from \$12.26 to \$22.93. Among a sample of 689 peer specialists, only 37% were satisfied with their salaries (Indeed.com, 2023).

Matthews et al. (2023) report median May 2021 peer specialist wages ranging from \$23,000 to \$46,590. Median clinical psychologist annual wage was \$99,640; social worker, \$50,390; and substance abuse and behavioral health counselors with a bachelor's degree, \$48,520 (Matthews et al. 2023). A research report based on a sample of 448 employed adults with a recently completed Certified Peer Specialist (CPS) credential indicated peer specialist jobs are lower wage with shorter tenure and lower financial well-being. "CPS are at risk of financial hardship." Working in CPS jobs

was not associated with higher wages or greater financial wellbeing compared to CPS working in other jobs (Ostrow, Cook, Salzer, Pelot, & Burke-Miller, 2023).

"We still need to work together to advance working conditions, wages, and benefits for service users/survivors" (Costa, Walter, & Aird, 2022). Efforts are underway to establish a Peer Support Specialist federal Standard Occupational Classification (SOC) category (U.S. Bureau of Labor Statistics, 2024). This will enable collection of national compensation data and support promotion of effective advocacy for professional identity and adequate compensation (Gilbert et al., 2022)

Financing Peer Recovery Support (SAMHSA, 2024) identifies impacts of problematic Medicaid peer specialist billing rates and also suggests solutions.

¹ Peer support values are grounded in a long history of advocacy and rights promotion and protection. Two suggested sources are History of the Consumer/Survivor Movement (Bluebird, 2017) and the Mental Health Peer Workforce Designline (Wolf & Harrold, 2020).

Priority 2 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> • Believe in your self-worth and embrace financial wellness • Research the local standard for a “living wage” • Learn about the billing rates and compensation constraints of your organization • Negotiate a wage (and/or added benefits) that respects what your work is worth within the compensation limitations of your organization • Consult a Social Security benefits advisor about part time work if you are receiving benefits that limit your earnings to provide the best option for working while receiving benefits 	<ul style="list-style-type: none"> • Ensure peer specialist compensation meets local standards for a “living wage” • Work with leadership to establish a career ladder and competitive compensation; low salary is the number 1 reason peer specialists leave their positions • Base performance evaluations on the number, intensity, and difficulty of tasks performed by peer specialists 	<ul style="list-style-type: none"> • Negotiate with funders for parity in billing rates for peer specialist roles with comparable “specialized” fields of practice • Recognize the value of lived experiences that match the populations served (lived or living in poverty, disability, justice involvement, military, homeless, BIPOC, LGBTQIA) when determining salary, pay raises, and advancement opportunities • Compensate the peer specialist position according to the intensity of the work and complexity of the tasks, not the level of academic training of the applicant • Provide pay equity for peer specialists in supervisory or leadership positions without requiring additional academic credentials or clinical qualifications 	<ul style="list-style-type: none"> • Reevaluate the billing rate for peer support services based on the complexity of the work and the value of lived expertise as an area of “specialization” • Compare actual job tasks performed by peer specialists to tasks performed by other behavioral health (clinical) service and support roles to determine whether there is equivalence in the complexity of the work that warrants comparable compensation • Advocate with Medicaid and other funders for parity in billing peer specialist hours with other “specialized” fields of practice • Establish “lived experience” endorsements of verifiable lived experiences (e.g.: lived or living in poverty, disability, justice involvement, military, homeless) that can be added to certification as a “relevant specialization” for working with specific populations in lieu of academic credentials when seeking employment or advancement • Include financial wellness as a critical dimension in grants and policy decisions



Priority 3

Increase the number of peer specialist jobs, fields of practice, and roles throughout the human services sector.

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It is critical to expand peer support throughout behavioral health (mental and substance use) sectors as well as primary care and other health and social services, including justice systems, public safety, and emergency departments (Earhart & Crisanti, 2019) and assure that peer support specialists and team members from other professions are adequately trained and knowledgeable about each other's roles so authentic collaboration is possible.

"Peer support has demonstrated effectiveness in helping people with behavioral health conditions to connect to, engage in, and be active participants in treatment and recovery support services across all levels of care" (Gagne et al., 2018). Peer support workers contribute to interdisciplinary teams by improving engagement and retention in care and promoting recovery and health (SAMHSA, 2019). Organizational readiness for peer support



workers' inclusion, anticipating and overcoming barriers, and sustaining change are essential.

Challenges exist in defining peer roles in organizations. "Even within a single program, peer support workers are often not defined by one role, but multiple roles." This raises important questions about the relative tradeoffs between specificity and flexibility of the peer workforce. Clearer definition of the peer worker role can help legitimize the profession and increase the ability to measure peer support workers' impact in systematic and quantifiable ways. The versatility of peer support workers can also help programs fill service gaps

to better meet client needs. (Matthews et al., 2023). For successful inclusion of peer roles and values, necessary training and preparation for peer specialists and other team members must be assured by committed leadership (Byrne et al., 2022; Jones et al., 2020; Opie et al., 2022). Viking and Nilsson (2022) suggest peer support workers, as newcomers, bring a perspective that can change other behavioral health professions' views and stimulate interprofessional learning in teamwork. Deegan suggests that by appreciating and understanding differences, peer support workers and clinicians can offer complementary resources to benefit recovering individuals (NWMHTTC Webinar, 2023).

Priority 3 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Offer to speak in public to share your recovery, core values of peer support, and the difference support has made in peoples' lives Meet with prospective employers to discuss the value peer support can bring to the organization and the community the employer serves In addition to peer specialist positions, also seek supervisory, management, and organizational leadership positions 	<ul style="list-style-type: none"> Commit to offering peer specialists full-time positions with benefits; not just part-time or volunteer openings for those receiving social security benefits Simplify job descriptions consistent with peer values Assign workloads that don't overload the peer specialists Help peer specialists find opportunities to gain recognition inside the organization and out in the community 	<ul style="list-style-type: none"> Include recovery values in the mission statement of the organization Provide training about recovery and the peer support role for all staff Seek additional funding for peer positions Empower working peer specialists to educate funders about the benefits of peer support not only to individuals and the organization but to the entire system Ensure experienced peer specialists are involved in the development, definition, peer specialist staffing, and selection of supervisor for the peer service program Offer competitive wages to attract and retain experienced peer specialists Promote peer specialists to supervisory, management, and organizational leadership positions Add lived experience as a preferred criteria for all (not just peer specialist) jobs to increase the number of people with lived experience Reduce turnover by creating a culture of recovery and wellness (for all staff) 	<ul style="list-style-type: none"> Recognize systems of care that reinvent their organizations and treatment teams to require peer specialist (change agent) positions Provide minimum standards and offer grants to peer-led organizations to provide peer specialist and advocacy training approved by the peer specialist community as upholding fidelity to peer values Require supervisors of peer specialists to take the same training peer specialists receive for certification Change policy so that peer specialists, whenever possible, are supervised by more experienced peer specialists Encourage provider organizations to promote peer specialists to positions of power and authority such as management, organizational leadership, and governance positions



Priority 4

Intentionally create and promote career opportunities for members of historically marginalized communities, including BIPOC and LGBTQIA+ communities.

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To enhance credibility and inspire trust, workforce providers should look like those served. To recruit and retain peer specialists from diverse ethnic, cultural and gender representative communities, organizational support and community linkages are necessary, with financial incentives, mentorship, and self-care (U.S. GAO, 2022; National Academies, 2020).

Strategies include culturally inclusive workplaces for BIPOC and LGBTQIA+ communities through outreach, requiring culturally competent continuing education and supervision, and investing in diverse workforce (National Academy for State Health Policy, 2021).

Strategies to recruit and hire more diverse staff include listing positions as bilingual; testing job descriptions in ad-



vance; reaching out to target communities to recruit and hire individuals reflective of communities; seeking assistance from local companies experienced with diversity. Additional strategies include providing onboarding by peer coaches and mentors so new workers understand organizational values and vision, emphasizing diversity and intersectionality; knowledgeable educators offering training and support to Board, staff and volunteers; and offering healing resources for staff members when triggered. Organizational policy and procedures, budgeted funds, and identified champions should demonstrate commitment, develop recruitment pipelines and promote retention (Hammond et al.,

2020; Cavanagh, Wang, et al., 2022; Yale Innovations in Women's Health, 2022).

Assure peer specialists assist those they serve in diverse, equitable and inclusive ways with cultural humility. The comprehensive Peer Cultural Cooperative Cultural Humility Primer (2020) offers scenarios of diversity issues and questions for learning and discussion. Other resources for implementing diversity, equity, and inclusion programs include Cultural Competency in Mental Health Peer-run Programs and Self-help Groups: A Tool to Enhance Your Services (STAR Center, 2010), REACH (Racial Equity, Advocacy, and Community Health) (Bauer et al., 2022), and Tools

Priority 4 (Cont'd)

for Transformation: Becoming Accessible, Culturally-Responsive, and Trauma-Informed Organizations – An Organizational Reflection Toolkit (Warshaw et al, 2018). These resources can help organizations assess cultural competency. Action plans are suggested for all organizational levels.

All peer specialists must have access to in-discipline career advancement opportunities. Employer commitment to advancement ladders within and outside organizations is essential in increasing diversity and equity in recruiting and training. For example, internal career ladder options may include progression from recovery support navigator to recovery coach to lead recovery coach to recovery coach supervisor. Apprentice and training roles can strengthen pipelines. Management, lateral moves, and increased responsibility can add career ladder rungs. Available continuing education enhances career advancement qualifications (Gingerelli, Pukelis, & Liu, 2022).

New Hampshire's Peer Workforce Ad-

vancement Plan (2021) recommended peer services orientation for clinical providers; concise "Fundamentals of Peer Support Training" for all new hires; peer practices co-learning communities; education, wage and compensation standards; peer and employer surveys; lived experience career ladder/tree; peer support mentorship network; Medicaid billing standards development; recovery-informed documentation; recovery-focused supervision, performance support, accommodations training; and a Peer Advancement Advisory Council (New Hampshire Department of Health and Human Services Bureau of Mental Health Services, 2021).



Priority 4 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Seek employers that demonstrate a commitment to being trauma aware and culturally responsive Explain to those who ask (or expect) you to speak on behalf of an entire race, religion, ethnic background, gender identity, age group, or any other marginalized community (including those who have mental health or substance use challenges). that you do not represent an entire identity group or marginalized community. Your identity is unique and the opinions you express are your own. Be culturally humble, even when supporting people within your own community Demonstrate how to share power (a core peer value) with all levels in the organization, from leadership to entry level staff and especially the people receiving services and their families Advocate for, participate in and/or provide training on power differentials, strengths-based, trauma-informed, and culturally responsive approaches Coach staff on recovery language that eliminates stigma Remind people about the use of pronouns 	<ul style="list-style-type: none"> Ensure all staff receive training on power differentials, trauma-awareness and cultural responsiveness, particularly regarding members of marginalized communities Encourage peer specialists to help educate staff about recognizing and eliminating stigma through the use of recovery language Remind staff about the use of pronouns Rate staff on strength-based, trauma-informed, culturally responsive approaches; include ratings in performance reviews Allow peer specialists to draw on lived experiences to give concrete examples that can increase staff capacity to provide trauma-informed, culturally responsive services to marginalized communities Recognize that while peer staff (and all staff) have a particular set of identities they do not represent an entire race, religion, ethnic background, gender identity, age group, or any other marginalized community (including those who have mental health or substance use challenges). In supervision coach them in situations where they are asked to speak on behalf of a whole group to remind others that their identity is unique and their opinions are their own 	<ul style="list-style-type: none"> Examine historical data for disparities in hiring and promotion of staff from marginalized communities such as BIPOC, LGBTQIA Promote the peer specialist role to clinical positions as “different and equal”, and celebrate the value of cultural differences peer specialists can offer Create a hiring plan to match the demographics of peer specialists on staff with the demographics of people served Market peer specialists from BIPOC and LGBTQIA groups and their ability to “go into their communities” to provide services Recruit and elevate people with lived experience from marginalized communities to leadership positions Realize that while peer staff (and all staff) have a particular set of identities they do not represent an entire race, religion, ethnic background, gender identity, age group, or any other marginalized community (including those who have mental health or substance use challenges).. Their identity is unique and the opinions they express are their own. 	<ul style="list-style-type: none"> Change policies that cause barriers for people from marginalized communities to become peer specialists Offer incentives for hiring peer specialists from marginalized communities Recognize members of marginalized communities, such as BIPOC or LGBTQIA, through added endorsements on the peer specialist certification Require funded programs to identify how staff match the demographic or otherwise demonstrate trauma-awareness and cultural responsiveness with members of the marginalized communities they serve Require funded programs to demonstrate how institutional trauma, racism, and the marginalization of different communities is being eliminated throughout all facets of the organization or behavioral healthcare system

Priority 5

Establish designated funding for the creation of supervisory and advanced leadership roles for peers, not dependent on having advanced degrees or another license, certificate, or similar credential.

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Borkman (1990) describes experiential knowledge as distinct from academic knowledge. Experiential knowledge cannot be learned in a classroom or a book. The experiential credential earned by someone's relevant lived experience is both the cornerstone of being a peer and the capstone of peer support practice.

In 2007, the Centers for Medicare and Medicaid Services (CMS) identified peer support as an evidence-based practice and issued guidelines to the state Medicaid Directors to establish Medicaid-billable peer support programs, which included state-approved training and supervision by a "competent mental health professional" (CMS, 2007; Forbes et al., 2022). Although peer support services are not clinical, most state programs have



interpreted this guidance to require supervision by a licensed behavioral health professional (Peer Recovery Center of Excellence, 2023).

The Center for Medicaid and CHIP Services (CMCS) recently issued a clarification giving states discretion in including substance use treatment specialists as well as experienced peer support workers as qualified supervisors of peer support providers (CMCS, 2024).

"Competent peer support professionals" who wanted to become supervisors either went on to become licensed professionals or left the peer support profession. Those who stayed were surrounded by clinical providers, and they tended to drift away from peer principles. At one time, peer support was rooted in grassroots advocacy, calling attention to needed changes, but peer support staff in many behavioral health organizations became afraid

to speak up, afraid they might lose their jobs, and eventually peer support providers became indistinguishable from the clinical providers (Penney, D., 2018).

Funders, systems of care, and organizations that establish leadership and supervision positions specifically for competent peer support professionals with relevant experience, not dependent upon academic achievement, create the conditions needed for a stronger peer workforce restoring practices based on sharing hope, recognizing strengths, and mutual support. Redefining "competent mental health professionals" as inclusive of competent peer support professionals will help those with extensive experience in the discipline who have previously been prevented from achieving this level of career recognition. It will also restore peer support practice to its experiential roots and help restore its integrity.

Priority 5 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> • Gather data on the benefits of peer support within the organization • Determine the costs for developing and delivering peer-led leadership training • Tell real world stories to researchers, leaders, legislators, and funders about peer support and the practical knowledge that comes from lived expertise that can translate to leadership of organizations • Include data, real world stories, and the cost of leadership training in grant writing and other advocacy efforts to reach policy makers and funders • Advocate with your state Medicaid program to interpret “competent mental health professional” to include experienced peer specialists, which will provide the opportunity for peer specialists to achieve supervisory positions within the Medicaid system. 	<ul style="list-style-type: none"> • Gather data on the benefits of peer specialists in recovery oriented service delivery for leadership to use in seeking funding for training • Request funding or seek scholarships for peer specialists to attend peer conferences where the latest innovations are being shared by recognized peer practitioners and supervisors of peer specialists; require them to share what they learn • Ask peer specialists to share ideas and innovative practices from conferences with others in the organization and develop a lived-experience leadership program • Advocate with your state Medicaid program to interpret “competent mental health professional” to include experienced peer specialists, which will provide the opportunity for peer specialists to achieve supervisory positions within the Medicaid system. 	<ul style="list-style-type: none"> • Gather data on the benefits of lived experience leadership in organizational transformation toward recovery oriented services • Recognize how peer specialists can inspire organizations to shift toward a recovery-oriented culture and make a commitment to growing peer roles • Negotiate with funders or technical assistance centers to provide training for peer specialists on lived experience leadership to assist in the shift to a recovery culture • Separate the importance of academic credentials from the practical wisdom offered by those with lived (living) expertise • Base advancement within the organization on demonstrated competencies rather than academic credentials only • Encourage qualified peer specialists to seek leadership positions (see new CMS guidance regarding the interpretation of competent mental health professional to include peer specialists as supervisors added in June 2024) • 	<ul style="list-style-type: none"> • Advocate with your state Medicaid program to interpret “competent mental health professional” to include experienced peer specialists, which will provide the opportunity for peer specialists to achieve supervisory positions within the Medicaid system. • Establish grant funds for the development and delivery of leadership training led by peer specialists to train supervisors and trainers • Provide funding for academic institutions to give credit for lived experience equivalent to college level courses so peer specialists can more quickly qualify for college level credits when college credentials are required for hiring or advancement • Require grant funded behavioral health programs to have a minimum number of people with lived experience in leadership positions, with preference given to peer specialists if the program includes delivery of peer support services

A group of diverse people, including a woman with long braids in the foreground and several men in the background, are seated in a classroom or meeting room. Some individuals have their hands raised, suggesting an interactive session. The background features a whiteboard and a framed picture on the wall.

Priority 6

Expand training opportunities
for peer specialists to build
skills in supervision,
management, and leadership.

Priority 6

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In 2023, SAMHSA issued National Model Standards for Peer Support Certification with a recommendation that state certification entities consider the development and implementation of a certification process for peer supervisors that requires prospective certified peer supervisors have direct experience as a peer worker, relevant lived experience, and a deep understanding of the skills, values, and principles of the peer role (SAMHSA, 2023).

To make up for the lack of career advancement opportunities peer specialists without professional licenses in Medicaid reimbursable settings previously had, due to the 2007 CMS determination, the move toward establishing competent supervisors with peer support experience can best be accomplished by establishing recognized mentorship, leadership, and supervision training that builds upon peer



specialists' relevant lived experience and provides added competencies essential to create culturally responsive, trauma-informed organizational climates balancing organizational needs with core peer support values (Warshaw et al., 2018).

SAMHSA's National Model Standards recommend that state certification entities require supervisors of peer specialists to complete the same training as peer specialists; reduce barriers imposed by requirements for formal education; include training on diversity, equity, inclusion and accessibility; adhere to the code of ethics,

and partner with peer and family-run organizations to implement supervisor-specific career pathways for certified peer specialists (SAMHSA, 2023).

By offering supervision and leadership training to competent peer specialists, organizations can implement a long overdue peer specialist career ladder that demonstrates a commitment to promoting those with peer support values and competencies to guide future peer specialist generations.

Priority 6 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Bring the peer viewpoint to every facet of the job; describe job to people; recruit new members to the peer workforce Help general public learn more about peer support (share your own recovery story in public places; talk about how people benefit from peer support without breaking confidentiality) Discuss different aspects of your lived experience (lived or living in poverty, trauma, homeless, justice-involved, crisis, etc.) with team members Demonstrate what trauma-responsive means; educate supervisor and interdisciplinary team Identify continuing education needed to best serve the population or the organization (when assuming a leadership role) Advocate to attend peer conferences where the latest innovations are being shared by peer practitioners and supervisors 	<ul style="list-style-type: none"> Develop or bring peer-led leadership training into the organization Recognize peer specialists and non-peer leaders that graduate from the peer-led leadership training with increased compensation Provide on-the-job opportunities for peer specialists to receive mentorship, learn skills, and demonstrate practical leadership in supervision, management, and/or leadership Give peer specialists the opportunity to attend Social Security benefits advisement training to support people in who receive benefits to determine best options for work and advancement opportunities 	<ul style="list-style-type: none"> Make a commitment to grow the peer specialist role and workforce Invest in younger peer specialists as leaders Create an “in house peer specialist” position to work with anyone anywhere within the organization dealing with stress who is in need of peer support (as a fellow employee of the organization) to develop recovery and self-care strategies Sponsor internship or apprenticeship opportunities for peer specialists or volunteers (including those receiving services) seeking employment as peer specialists Work with Vocational Rehabilitation or Supported Employment programs to recruit and support people who are seeking employment with an interest in becoming peer specialists 	<ul style="list-style-type: none"> Promote organizations that have made the commitment to leadership through lived expertise as exemplary programs Provide scholarships for peer specialists and supervisors to attend peer conferences where the latest innovations are being shared by recognized peer practitioners and supervisors Work with funders on the development of peer-led programs to train supervisors and trainers Establish apprenticeships or internships that allow peer specialists in training to earn while they learn

A photograph of two women sitting and talking in an office setting. The woman on the right is smiling and has curly hair, while the woman on the left is seen from the side. The image is overlaid with a blue tint and contains text.

Priority 7

Assure that all peer specialists are supervised by a person who either identifies as a peer themselves or has extensive training in peer values and practices.

Priority 7

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Supervision of peer specialists by non-peer licensed professionals “is out of alignment with supervision as it is practiced in other areas of behavioral health care in which newly hired staff are trained within their own discipline, and it defies the principles of an apprenticeship model. At this stage in the evolution of the peer support workforce, the lack of a true apprenticeship (with more experienced practitioners guiding those with less experience) within behavioral health systems has fundamentally changed the practice of peer support.... In many of these settings, peer support services are unrecognizable ... by the peer-run and peer-savvy organizations where peer support is the core business of these organizations” (Foglesong et al., 2021).

To correct for the current lack of fidelity



to peer support values and practices, we recommend creation of an apprenticeship program. Mentors and supervisors in peer-run organizations can collaborate with staff in behavioral health organizations to realign current approaches with authentic peer support practices. The apprenticeship experience can model authentic peer practices in behavioral health settings, and ideally demonstrate the strengths and benefits of both peer and clinical complementary approaches.

Where possible, promoting experienced peer specialists into organizational leadership positions and/or inviting them to serve on agency boards of directors can

provide enough organizational authority to end peer drift and co-optation. These steps can also help restore authentic peer support organizational practices locally and nationally in a profession defined and controlled by peers rather than the peer workforce being defined by non-peers.

As evidence that recovery is possible and accessible for all, peer support practitioners should be trained and given responsibilities that match their experience, promoted to positions as supervisors and managers, and compensated fairly for their dedication to inspiring hope and giving support to the people they serve (N.A.P.S., 2019).

Priority 7 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> • Invite supervisors to regularly share relevant aspects of their own lived experience • Ask what is most important to and for the supervisor during co-reflective supervision • Use supervision as an opportunity for sharing values and practical approaches to peer specialist competencies • Ask the supervisor and non-peer staff to shadow the peer specialists on the job 	<ul style="list-style-type: none"> • Demonstrate having an attitude of appreciation for the opportunity to work with (and learn from) peer specialists; not view it as “extra work” • Create a “handbook” for peer specialists about getting the most out of supervision • Create a network for supervisors to regularly meet with other supervisors • Seek feedback from experienced peer professionals on essential skills for peer specialists to grow into the supervisor role • Work with peer specialist staff to create supervision co-reflective practices • Develop a succession plan for peer specialists who are moving into the supervisory role (help the next person achieve all they can) • Develop “best practices” for the supervision of peer specialists and share them with other organizations that provide peer support services • Assure adequate supervisory time for supervision of peer specialists • Gather stories from peer specialists (organize them for the leadership team, board, web site, newsletter, public relations, grant funding, reporting, etc.) to share hopeful, uplifting communications to promote peer support services 	<ul style="list-style-type: none"> • Commit to hiring or advancing supervisors with prior experience as peer specialists (Refer to new CMS Guidance regarding the interpretation of supervisor qualifications as a competent mental health professional to include experienced peer specialists added in June 2024) • Require current non-peer supervisors (within a reasonable time) to complete the same training as the peer specialists took to become certified • Contract with peer-run organizations to provide supervision for non-peer supervisors • Create a succession plan for peer specialists to take on supervisory roles traditionally filled by non-peer supervisors • Establish a “peer-run division” within the organization and prioritize supervision for peer specialists by peer specialists • Provide incentives for non-peer supervisors to attend peer conferences to better understand the core values and “peer ethos” from recognized peer practitioners • Create a work environment that is safe for clinicians and other service providers to disclose their own lived experiences without negative career consequences • Exchange supervisors with other organizations (trade places with other supervisors to learn about how supervision is done in different locations) 	<ul style="list-style-type: none"> • Establish and require supervisors of peer specialists to complete a state-approved “supervision certification” before peer support services supervised by the person can bill Medicaid • Create minimum standards for a “supervision certification” training to be 1) in person– not just “book knowledge”, 2) facilitated by peer specialists, 3) informed by those who created the state certification program for the peer specialists with required re-certification (every 2 years) • Create infrastructure and fund the coordination of regional, state, and national networks for supervisors of peer specialists to regularly meet with other supervisors • Continue to fund technical assistance centers like SAMHSA’s Peer Recovery Center of Excellence (PRCoE) and Doors to Wellbeing as resources for supervisors • Fund research and development of best practices for supervisors, including how they support peer values and competencies, create role definitions and job descriptions, manage multidisciplinary teams, determine and train on the tools peer specialists use, and promote recovery practices, trauma awareness, and cultural responsiveness • Establish workforce development teams between government (federal, state, local) and academic institutions to offer opportunities for peer specialists to receive college credit for relevant lived experience to expedite professional advancement (governmental entities have the capability to establish workforce development programs) • Create an exchange program for supervisors of peer specialists (traveling supervisors who trade places with others to learn how supervision is done in other locations)

A group of diverse people, including a woman with blonde hair, a man with a beard, and a woman with dark hair, are gathered around a table, looking at a document. The image is overlaid with a semi-transparent blue filter.

Priority 8

Provide trauma-informed workplaces, as well as trauma-informed services.

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The human services sector has increasingly focused on providing trauma-informed services to recipients of care, described in SAMHSA's guidelines for a trauma-informed approach (SAMHSA, 2014) and promoted by the Centers for Disease Control (CDC) in a public infographic (CDC, 2020). For peer specialists to work with full effectiveness, the setting and culture of their workplaces must be equally trauma-informed.

As the COVID-19 pandemic recedes, considerable evidence indicates that trauma-informed workplaces are needed more than ever, due both to the fear and loss associated with COVID-19 itself, and as well as significant increases in exposure to racial violence, political upheaval, environmental disasters, war and other trauma (Manning, 2022). Individuals are increasingly facing anxiety, depression, and related challenges (Panchal, et al. 2021).



Undoubtedly trauma survivors work in all human services professions, as trauma experiences cut across all of society. The experience of trauma is an especially important consideration for the peer specialist workforce, as most peer specialists have experienced significant trauma as part of their lived experiences. For some, their trauma includes not only presenting issues, but also the treatment and services they received. Many peer specialists identify trauma experiences as their primary qualification for the role. It is critically important, therefore, that organizations employing peer specialists examine their policies, procedures, and practices to assure they are sensitive and responsive to individuals with trauma histories. Employers might identify flexible sched-

uling, employee wellness programs, time and space for processing and debriefing, and encouraging staff to set good boundaries between personal and work lives. Additionally, just as an organization might take steps to ensure their environment feels warm and welcoming to individuals served, leadership should assure the workplace feels comfortable and safe for all staff, especially considering diverse peer specialists' histories. (Mead, et al., 2001; Blanch, Filson & Penney, 2012).

The transformation to becoming fully trauma-informed requires a significant commitment of time and resources. Administrators and staff must share top-to-bottom responsibility to create an organizational self-understanding process: if it

Priority 8 (Cont'd)

is to be safe for service recipients, it must also be safe for its personnel (Bloom, S.L., 2010). Additionally, peer specialists' work has the potential to be traumatic in and of itself, either by retraumatizing a worker with similar past experiences or newly traumatizing staff who witness extremely challenging situations. Examples may include interacting with individuals who have attempted suicide, are experiencing acute psychiatric symptoms, have overdosed on a substance, have been forcibly hospitalized or restrained, or are victims of abuse. An organization seeking to become trauma-informed must consider these factors, as well as proactive strategies for addressing them, not only through responsiveness to service recipients, but also by assuring a positive internal culture. Given their experiences with trauma, peer specialists should play a key role in advising on organizational trauma-informed initiatives.



Priority 8 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Believe that “real change starts from within” Acknowledge that trauma healing first occurs at the individual level Pay attention to your own use of recovery-focused and trauma-aware language, and asking what happened, not what’s wrong Use strength-based, culturally responsive approaches particularly with those who are from the BIPOC and LGBTQIA+ communities Talk to people from marginalized communities about their experience of receiving (or not receiving) trauma-informed, culturally responsive peer services When necessary, remove yourself from traumatizing situations for personal wellness and self-care 	<ul style="list-style-type: none"> Be aware that some (but not all) peer specialists are trauma-informed Recognize that being trauma-informed and achieving workplace wellness are closely linked Create visual reminders to encourage all staff to ask “what happened” instead of “what’s wrong with you” Discuss how generational trauma impacts individuals and the whole team Recognize that “belonging is different than being included” Offer staff paid time off (PTO) after high stress or traumatic work situations; don’t require staff to use PTO for self-care after extremely stressful situations Support staff returning to work after being out for some time regardless of the cause (whether personal or family leave) Include trauma awareness and cultural responsiveness on performance evaluations Educate all staff how peer specialists can be (often are) retraumatized by their work Teach peer specialist staff how to avoid being retraumatized when sharing their own stories or hearing others’ stories 	<ul style="list-style-type: none"> Recognize that “trauma is about power and power dynamics” Create trauma-informed architecture (safe and comfortable spaces) for members of marginalized communities Train all staff on being trauma-aware and culturally-responsive Support trauma recovery for all staff; address toxic or hostile work environments Seek feedback on how well leadership messages about the organization’s culture match the actual practice of staff giving and receiving recovery-oriented services 	<ul style="list-style-type: none"> Create listening forums and feedback sessions that give all participants equal power and the opportunity to share their ideas Make public meetings safe spaces (trauma-informed architecture) inviting members of marginalized communities such as BIPOC and LGBTQIA to have leadership roles Offer members of marginalized communities opportunities to share trauma-informed, culturally responsive practices that organizations can bring back to all staff Provide HR and supervisors model policies for peer specialist staff who are returning to work after being out regardless of the cause (personal or family leave) Fund the development of training by peer specialists (or a team of peer specialists and non-peer providers) from marginalized communities that demonstrate (show) not just talk about how to be trauma-aware and culturally-responsive Research the development of a standardized (generic) set of indicators about how well staff are providing trauma aware and culturally responsive services, with ratings that can easily be used on staff performance evaluations and competency-based training Fund the development of a toolkit about how well leadership messages about the organization’s recovery culture match the actual practice of giving and receiving recovery-oriented services Develop best practices that contain examples of trauma-informed and culturally responsive practices in mutual support / peer run organizations and programs



Priority 9

Elevate and emphasize wellness as a necessary component in successful workplaces; grant peer specialists time and resources to support their personal wellness needs.

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Elevate and emphasize wellness as a necessary component in successful workplaces; grant peer specialists time and resources to support their personal wellness needs.

As trauma-informed workplaces are critical to a thriving peer workforce, so too are work environments enabling and promoting wellness. In recent years, the effects of employee wellness have been recognized in improved public health and tangible business benefits (Mattke et al., 2013). During the COVID-19 pandemic, worldwide focus on health and wellness increased, including workplaces attempting to help employees feel more supported and valued (American Psychological Association, 2022). Peer specialists can model wellness promotion to service recipients and employees in early personal recovery stages (Klee, Chinman, & Kearney, 2019; Kundra & Salzer, 2019).

Company initiatives to improve worker wellness have increased employee retention, reduced sick days, decreased health-care costs, and maintained a healthier

bottom line (Mattke et al. 2013, Pronk, 2014). The benefits of wellness initiatives stretch beyond individual organizations and contribute to strengthening their communities' growth by enhancing the local economy and leading to its growth and increased prosperity (Pronk 2014). Service provision is also likely to improve as worker wellness increases, which can be attributed to reduced burnout and more consistent staffing patterns, with fewer disruptions (Yang & Hayes, 2020; Herschell et al., 2020). Additionally, peer specialists may be able to share positive results of personal wellness efforts to motivate individuals they support.

Organizations may take numerous steps to promote improved wellness for peer specialists and other employees. For example, the *Recovery-Ready Workplace Toolkit* (2024) is a federal resource to assist employers in developing a recovery-supportive culture. Supervisors may take a flexible approach to scheduling

that allows staff to attend medical appointments without fully depleting their allotted sick time or allow remote work when it does not interfere with the provision of quality services. Organizations may offer wellness incentives to employees, such as free or reduced-cost gym memberships. Other employers may be able to promote improved wellness in-house, for example providing opportunities to participate in wellness-enhancing activities during the day (e.g., exercise, meditation, yoga), allowing times and spaces for staff to connect and engage beyond their work responsibilities, or by creating designated spaces for quiet reflection. In these cases, employers must ensure that staff workloads are adjusted to allow time for the activities. In addition to voluntary efforts to promote wellness, employers must provide reasonable accommodations as required by the Americans with Disabilities Act (1990), including for those disabilities that may be less evident at first glance (Syma, 2019).



Priority 9 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Recognize that peer work can be draining, take time for breaks (formal or informal) Step away from challenging situations Discuss the role of faith in your recovery with your supervisor for guidelines on how to use it within your peer support practice Remember, as a peer specialist you are already a standard bearer in terms of supporting your own wellness – be mindful that you demonstrate recovery in action Promote the use of peer-developed and peer-led evidence-based wellness training for all staff such as the Wellness Recovery Action Plan (WRAP), Swarbrick and SAMHSA's 8 Dimensions of Wellness, and Deegan's Certified Personal Medicine Coaching Promote the use of peer-delivered practices, tools, and technologies such as Icarus Project Transformative Mutual Aid Practices (T-MAP) Don't expect yourself to "heroically sacrifice wellbeing" in service of your job; practice work/life balance Ask for flexible scheduling to engage in self-care, such as therapy 	<ul style="list-style-type: none"> Discuss and review HR policies on workplace wellness activities during regular supervision or performance reviews Create ways for peer specialists to avoid burn out that can result from intensity of job and lack of understanding of their role from clinical team Offer opportunities for peer specialists and all staff to attend retreats and other stress reduction and team-building activities Create mentoring opportunities for peer specialist staff Acknowledge that peer specialists are not the only ones who burn out from the intensity of the work; many clinicians also experience burnout Provide support for all staff to take care of their own wellness; design policies and procedures that "make it okay to not be okay" and eliminate stigma that may be associated with getting help as needed Create time and ways for staff to address personal wellness during breaks or lunch in the workday such as designated wellness spaces Don't expect peer specialists (or any staff) to "heroically sacrifice wellbeing" in service of their jobs Allow peer specialists (and all staff) to bank hours or receive compensation time if they are required by the job to work extra hours Provide small incentives to do self-care or for achieving wellness milestones Offer flexible scheduling to all staff to engage in self-care Include wellness "tasks" during supervision Take (for yourself) and provide peer-led evidence-based training and peer-developed practices, tools, and technologies for all staff 	<ul style="list-style-type: none"> Address the factors that impact workplace wellness not acknowledged or addressed by the clinical team (look to the Eight Dimensions of Wellness for guidance) Include the role of faith in recovery and how peer specialists can integrate it in the work they do Establish a culture of wellness that offers equity between peer and non-peer staff and to members of all marginalized communities Provide access and encourage all staff to take peer-led evidence-based wellness training such as the Wellness Recovery Action Plan (WRAP), Swarbrick and SAMHSA's 8 Dimensions of Wellness, and Deegan's Certified Personal Medicine Coaching. Also provide access and training on other peer-developed practices, tools, and technologies such as Icarus Project Transformative Mutual Aid Practices (T-MAP) for all staff Create attractive wellness benefits such as YMCA membership for peer staff and all staff 	<ul style="list-style-type: none"> Investigate alternatives to "billable hours" for funding peer specialist positions to allow greater flexibility in the demands of the role Create measures of performance that incorporate social determinants of health Consider cost saving to the overall systems created when service users achieve recovery goals (returning to work, coming off Social Security, paying taxes), or reduced recidivism for justice involvement, fewer hospitalizations, or reduced health care costs for people who become physically and mentally fit.... What is individual wellness worth to society? Subsidize peer-led wellness training and practices within non-peer-led organizations toward more of a recovery orientation in workplace wellness and peer support values. Examples include WRAP (Wellness Recovery Action Plan), Swarbrick and SAMHSA's 8 Dimensions of Wellness, Deegan's Certified Personal Medicine Coaching, Icarus Project Transformative Mutual Aid Practices (T-MAP) Research the role of faith in recovery and highlight ways it can be incorporated into recovery plans for people receiving services (often cited as the most overlooked approach to healing from mental health issues) Create statewide online peer specialist support group (funded by the state) Create statewide wellness learning collaborative and/or community of practice (funded by the state)

Priority 10

Increase opportunities for peer specialists to develop technological skills and provide resources necessary to access and utilize tools for providing telehealth support.



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Digital technology was already widely used in peer support services prior to the COVID-19 pandemic, particularly in documentation and communication. However, its utilization has greatly increased since 2020, particularly the provision of direct services via telehealth (Spagnolo et al., 2022; Molfenter et al., 2021). While in-person services have largely resumed as the pandemic recedes, telehealth, including peer-provided telehealth, will continue to be a widely utilized service method (Molfenter et al., 2021). In addition to convenience and cost, a growing body of research demonstrates that digitally delivered peer support is an effective intervention strategy (Fortuna et al., 2020, Torous et al., 2020). Peer specialists will therefore continue to need adequate skills, training, and access to technology in their roles.



Even before the pandemic, many peer specialists needed improved technology skills compared to their counterparts in more established professions. This “digital divide” may be attributed to multiple factors, including peer specialists having lower formal educational requirements compared to other professions, or the possibility that their personal lived experience included major life interruptions at the time in their personal development when they would otherwise have been acquiring and building technological skills (Spanakis et al., 2021). With the accelerated use of technology during the past several years, it is vital that discrepancies in peer specialists’ technology skills be narrowed to provide the highest quality services. Recent surveys have found that many peer specialists feel they need more training in the delivery of telehealth services (Spagnolo et al., 2022, Tourous et al., 2020).

Access to technology is also critical for peer specialists. A recent survey found

that nearly one quarter of peer specialists lacked the hardware or software to adequately perform their jobs (Spagnolo et al., 2022). Organizations must be funded for and provide equipment to peer specialists such as smartphones, computers with high-speed internet access, and tablets with hotspots for mobile staff. Additionally, peer specialists must have access to secure, easily accessible telehealth platforms, remotely accessible electronic health records, encrypted email systems, and secure text platforms. Given significant hardware and software costs, organizations must advocate for funding, especially during start-up periods. Employers should also ensure that peer specialists receive the same level of training as clinical staff regarding the use of provided technology, as well as in-depth training on HIPAA and cybersecurity. Furthermore, peer specialists will benefit from additional guidance and support on best practices for providing telehealth support to program participants, including positive engagement strategies.

Priority 10 Action Recommendations

PEER SPECIALISTS	SUPERVISORS	EMPLOYERS	POLICY MAKERS
<ul style="list-style-type: none"> Ask people receiving peer support services if they are interested in telehealth Learn technical skills required to provide telehealth Assist people receiving services to acquire technology required to receive telehealth Instruct people receiving services the technical skills required to use the technology Stay up to date on policies, technology and skills for offering telehealth services 	<ul style="list-style-type: none"> Evaluate what peer specialists need to learn to provide telehealth peer support, including what people receiving services need to access and use the technology Train (or acquire training) for peer specialists to learn the technical skills required to set up, use, and teach technology to those receiving telehealth peer support Create incentives (overtime pay; extra benefits) for peer specialists (and all staff) to stay up to date on the technology, policies, and practices in providing telehealth 	<ul style="list-style-type: none"> Stay current on the policies around providing telehealth (for all staff) Purchase or acquire the required technology to provide telehealth (for all staff) Support training in technical skills needed (for all staff) 	<ul style="list-style-type: none"> Evaluate the benefits and drawbacks of telehealth specific to providing peer support when updating policies for telehealth Provide funds for technology (Internet, computer, phone), particularly in rural and digitally underserved populations Fund regular updates to the training on technical skills required to set up and use telehealth technology as technology changes Establish online and technical support groups specific to the delivery of telehealth peer support

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Rehabilitation
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Rehabilitation
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