

Expanding Peer Support Roles in Homeless Services Delivery: A Toolkit for Service Providers

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**HOMELESS &
HOUSING
RESOURCE
CENTER**

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Disclaimer

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Welcome

Peer support is a fast-growing occupation in the behavioral health sector,¹ and homeless service organizations can also benefit from its value. Using trained peer workers to provide additional services and support has become popular and effective in improving overall housing and treatment outcomes. This is especially true when a peer is on a unified team and paired with a supportive, collaborative clinician in a recovery-oriented, trauma-informed organization.² Integrating peer services into an existing homeless services agency requires careful review of current policies and procedures and retraining and redirecting current staff toward a recovery orientation.³

Individuals currently and formerly experiencing homelessness and behavioral health conditions were content experts on this toolkit to provide their perspectives regarding the benefits, challenges, and value of peer support. They also helped provide implementation strategies to ensure seamless integration, excellent peer support services, and a sustainable and thriving peer support program. We hope the ideas presented in this toolkit inspire and result in new strategies and methods of expanding peer support worker roles in homeless service delivery.





I. Understanding Peer Support

“Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called ‘peerness’—between a peer support worker and person in or seeking recovery promotes connection and inspires hope.”

—Peer Support, Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) Bringing Recovery Supports to Scale Technical Assistance Center Strategy⁴

What Is Peer Support?

Peer support workers have lived experience of mental illnesses, substance use, or co-occurring conditions and are formally trained and employed to help others who are experiencing similar situations.⁵ While “individuals with lived experience” is used interchangeably with “peer worker,” an important distinction separates the two. Peer workers have received formal training and, in many cases, state certification to practice peer support. Individuals with lived experience may provide highly valuable input and guidance, but without this formal training, they are not filling the specific role of peer support.

“So, the girls, once they find out that I used to be a resident here and then a staff member now, it gives them hope.” —Peer Staff

The concept of empathic sharing and nonjudgmental support between people with common challenges has flourished for hundreds of years. For people with histories of alcohol or substance use, the birth of mutual aid groups such as Alcoholics Anonymous or Narcotics Anonymous provides an opportunity to exist within a supportive community of similar individuals. The term “mutual aid” highlights the supportive nature and exchanges between two or more individuals with similar issues and challenges. Typical features of mutual aid models rely on an individual with stable and sustained recovery willing to provide experiential knowledge and strategies to facilitate the recovery journey. Others learn from the expertise of the person who successfully navigated common challenges associated with recovery.

Individuals who experience homelessness find significant value in engaging with peer workers in recovery from similar circumstances and conditions. Peer-delivered homeless services may reduce overall morbidity, mortality, and costs associated with homelessness and improve access to and engagement with available

supports and services.⁶ Studies on homelessness and substance use found positive outcomes for peer-led interventions, including reduced substance use-related harm and increased housing stability.⁷ Significantly, benefits extend to peers as they may grow and advance within their own recovery journey while providing services. This may also lead to new roles with increasing responsibility and intensity, providing options for potential new career paths.⁸

LEARN MORE

[Value of Peers \[PDF\] | SAMHSA](#)

The [Mental Health Peer Support Workforce Designline \[HTML\]](#) is a 10-page graphical look back at the growth of the peer support workforce over the past century | [SAMHSA Central East Mental Health Technology Transfer Center](#)

Peer Support Roles

Peer specialists provide nonclinical, strengths-based support using a whole-person care framework. They build trust with individuals seeking services by sharing key pieces of their successful recovery journey and modeling life in recovery. With this relationship, peer workers can lend credibility to the service delivery system and assist individuals in trusting the process, which is a critical step in facilitating long-term engagement and sustaining recovery. For example, a peer specialist with lived experience of behavioral health conditions and homelessness may share their own housing challenges and strategies they found helpful.

The types of support peers offer fall into four general categories: emotional, informational, instrumental, and affiliational. This table provides examples of each type of peer support.⁹

Examples of Peer Recovery Support Services

Type of Support	Description	Examples
<i>Emotional</i>	Demonstrates empathy, care, or concern to bolster a person’s self-esteem and confidence	• Peer mentoring • Peer-led support groups
<i>Informational</i>	Exchanges information or provides life or vocational skills training	• Parenting class • Job readiness training • Wellness seminar
<i>Instrumental</i>	Provides concrete assistance to help others accomplish tasks	• Childcare • Transportation • Help accessing community health and social services
<i>Affiliational</i>	Facilitates connections with others to promote social and recreational skills, create community, and acquire a sense of belonging	• Recovery centers • Sports league participation • Sober social events

Over 30,000 peer supporters in the United States work across traditional and nontraditional behavioral and primary healthcare and homeless services. Roles specifically designated for trained peers continue to grow in number and expand into specializations within the field of peer support.

Generally, peers fall into two cohorts based on the primary focus area of their training and lived experience:

“Peer support is designed to help a person in crisis find ways to live the life they choose to live.”

—[#CrisisNow](#)

Peer recovery coaches are typically people whose primary lived experience is related to substance use, although they may also have experience with co-occurring mental and physical health conditions. They generally seek work with traditional treatment or community service providers and fully peer-run organizations, recovery community organizations (RCOs), or other peer-based services and support providers.

Peer support specialists are often people with lived experience of mental health conditions. They are employed within clinical and peer-run mental or behavioral health programs, providing support and care coordination to others with mental, substance use, and co-occurring disorders.

The peer workforce is well suited to providing homeless service delivery because significant numbers of currently practicing peer workers have experienced periods of unstable housing or homelessness themselves. Through this, they may share their expertise in overcoming the barriers and challenges of ending homelessness. A sample of job titles used to refer to people working as peers include but are not limited to the following:

- Certified Peer Support Provider
- Certified Recovery Specialist
- Family Peer Specialist
- Forensic or Reentry Peer Specialist
- Peer Bridger
- Peer Mentor
- Peer Navigator
- Peer Recovery Support Specialist
- Peer Support Specialist
- Youth Peer Support Specialist

The demand for peer staff from the healthcare and homelessness fields continues to provide increased opportunities for peers to grow professionally and work in areas that typically require supplemental training to support specialized needs. Peer workers may provide more technical support by focusing on specific subpopulations, such as family members and caregivers, Veterans, transition-age youth, or justice-involved persons. They may also specialize in services such as housing navigation, employment support, or assistance with accessing Social Security disability benefits using the [SSI/SSDI Outreach, Access, and Recovery \(SOAR\)](#) [HTML] model.

Here are several examples of peer support specializations. Most examples feature a link to more information.

- [Veterans peer support](#) [HTML]
- [Older adult peer support](#) [HTML]
- [Emergency rooms and hospitals](#) [HTML]



- [Criminal legal system and specialty courts \[HTML\]](#)
- [Community reentry for justice-involved individuals \[HTML\]](#)
- [Parenting and postpartum peer support \[HTML\]](#)
- [Prenatal care and certified doula peer recovery specialists \[HTML\]](#)

This list is not exhaustive, and readers should note that certified peers successfully perform and work at all organizational levels in various positions and roles, including in executive leadership and on governing boards.

Although comprehensive demographic data are unavailable, anecdotal and qualitative data indicate the peer workforce does not fully reflect the composition of the communities they serve. Increased recognition of this has prompted recovery champions, leaders, advocates, and peer workers to focus on the need for more representative peer support workers to provide culturally competent services.

LEARN MORE

[Office of Recovery \[HTML\]](#) | SAMHSA

[Center for Addiction Recovery Support \[HTML\]](#) | SAMHSA

[Peer Support Workers for Those in Recovery \[HTML\]](#) | SAMHSA

[Philadelphia Peer Support Toolkit \[PDF\]](#) | City of Philadelphia Department of Behavioral Health and Intellectual Disabilities Services

Core Competencies and National Practice Guidelines for Peers and Organizations

Significant variations in peer practices across organizations have arisen as the recovery-oriented approach has become more widely adopted in healthcare. SAMHSA recognized this growing challenge over a decade ago and began working to standardize peer practices by establishing core competencies for peer workers with input from people with lived experience.

Training programs for peers develop and enhance these core competencies required for success at work. Core competencies reflect a person's ability to integrate standard training and skills with lived experience, an open attitude, and a mindset with these characteristics:

- | | |
|---------------------|---------------------------------|
| → Recovery-oriented | → Relationship-focused |
| → Person-centered | → Strengths-based |
| → Voluntary | → Trauma-informed ¹⁰ |

We encourage organizational leadership to carefully review these resources when creating or expanding peer support roles:



→ [Core Competencies for Peer Workers in Behavioral Health Services \[PDF\]](#)

Developed by SAMHSA, this document details twelve categories of competencies deemed essential for a person working as a peer to hone and master. Working peers can also use self-assessment tools for each competency to set goals for professional development.

→ [National Practice Guidelines for Peer Specialists and Supervisors \[PDF\]](#)

Produced by the National Association of Peer Supporters (NAPS), these guidelines review the core values and purpose of peer support and the importance of providing intentional, structured supervision to peer staff equally grounded in peer values.

Reviewing the core competencies can help organizational leaders develop position descriptions and operating procedures based on the focus areas. The NAPS National Practice Guidelines provide a deep understanding of how peer workers use competencies and ways supervisors can be supportive while ensuring accountability and performance goals are met.

Comparison of Competencies for Peer Workers^{11,12}

SAMHSA Core Competencies	NAPS National Practice Guidelines
Engages peers in collaborative and caring relationships	Voluntary Practice: Support Choice
Provides support	Hopeful Practice: Share Hope
Shares lived experiences of recovery	Open-Minded Practice: Withhold Judgment about Others
Personalizes peer support	Empathetic Practice: Listen with Emotional Sensitivity
Supports recovery planning	Respectful Practice: Be Curious and Open to Differences
Links to resources, services, and supports	Facilitate Change: Educate and Advocate
Provides information about skills related to health, wellness, and recovery	Honest and Direct Practice: Address Difficult Issues with Care and Compassion
Helps peers to manage crises	Mutual and Reciprocal Practice: Encourage Peers to Give and Receive
Values communication	Equally Shared Power Practice: Embody Equality
Supports collaboration and teamwork	Strengths-Focused Practice: See What's Strong, Not What's Wrong
Promotes leadership and advocacy	Transparent Practice: Set Clear Expectations and Use Plain Language
Promotes growth and development	Person-Driven Practice: Focus on the Person, Not the Problems

SAMHSA's [Office of Recovery](#) released [National Model Standards for Peer Support Certification \[PDF\]](#) in 2023 to assist states, territories, and tribes in developing their certification criteria and process. The standards include promoting the quality and consistency of peer services nationwide, increasing partnerships between certification entities, and expanding peer career pathways.¹³ These standards can be helpful for organizational leadership as they review their operating policies and procedures to onboard peer workers appropriately and successfully.



Training and Certification

Standardized training and certification of peers prepare them to enter the workforce in entry-level roles for people with lived experience and higher-level positions based on other relevant work experience. People with lived experience seeking paid employment as a peer support worker complete formal training programs and, in most states, a certification process that includes an exam and practice hours. A person can sometimes begin employment in a peer capacity while working toward their peer certification. Once certified, peers are expected to continue their education by attending webinars and training that support their proficiency in content and growth within their field.

Specialized training to deliver peer support is available in almost every state for today's aspiring peer workers. Generally, training consists of approximately thirty to eighty hours of didactic coursework, with additional practical requirements that varies from state to state. Although core competencies and national guidelines are available, only the [International Certification and Reciprocity Consortium](#) offers a standardized certification regardless of the peer support worker's employment location. Currently no official national training and certification is in place. States can widely vary on eligibility for training, including types of diagnoses and personal lived experience, training requirements and required hours needed for certification, and specific educational content.¹⁴

LEARN MORE

[Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States](#) [HTML] | [SAMHSA Center for Addiction Recovery Supports](#)



II. Orienting Organizations toward Recovery

Evidence indicates that recovery-oriented models of care that integrate peer-delivered services show longer-term success with participant-level service engagement, a sense of control and ability to bring about changes in their lives, and sustained hope.¹⁵ This section provides a brief overview of the recovery-oriented model of care and key recovery concepts homeless service agencies should embrace when integrating peer specialists into the workforce.

Recovery-Oriented Model of Service Delivery and Recovery-Oriented Systems of Care

A recovery-oriented model of care should do the following:

- Assume people can care for themselves with proper supports and services
- Give control to the participant and emphasize personal responsibility
- Use a collaborative, person-centered approach and regard the participant as being an expert by experience
- Integrate evidence-based strategies, respect choices, and not require abstinence as a condition of assistance
- Focus on a person's strengths and provide multiple recovery pathways
- Support graduated independence over time
- Assume trauma is inherent to the experience of homelessness

A recovery-oriented system of care (ROSC) coordinates treatment, recovery, prevention, and overdose prevention supports from a trauma-informed, person-centered perspective. Within an organization, a ROSC approach capitalizes on the strengths and perseverance of individuals and their families. A recovery-oriented model recognizes mental and substance use disorders are chronic conditions often requiring long-term support and whole-person care to address other challenges.¹⁶

Identifying recovery champions in the workplace creates a driving force that facilitates the shift to a recovery-oriented, person-centered, and trauma-informed approach. Recovery champions may include anyone passionate about and dedicated to peer integration and driving system change. The following play a role in advocating for the inclusion of peer services: organizational leadership, staff members, volunteers, and key stakeholders; people with lived experience and/or in recovery; people representing marginalized communities; and/or family members and friends of individuals experiencing a mental condition.¹⁷ A recovery champion at a homeless services agency may help raise awareness of the value of peers and their services to reduce stigma and bias related to homelessness, substance use, and mental conditions.

Recovery champions can also help identify and clarify peer worker contributions. At the same time, they strive to ensure the focus remains participant driven from outreach and engagement to connection with housing and recovery supports. While peer workers themselves can be, and typically are, recovery champions, in this context we are identifying organizational staff and stakeholders who are supportive of adding and providing peer services before onboarding a new peer workforce.



LEARN MORE

[Recovery-Oriented Systems of Care \[HTML\]](#) | [New York State Office of Addiction Services and Supports Recovery Friendly Workplace Initiative \[YouTube\]](#) | [SAMHSA Great Lakes Addiction Technology Transfer Center Webinar Series](#)

Dimensions and Principles of Recovery

SAMHSA identifies recovery as a primary goal for behavioral health care. It defines recovery as “a process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.”¹⁸ People can—and do—recover from many life challenges, including substance use, serious mental illness, and trauma from homelessness.

SAMHSA’s Four Major Dimensions of Recovery¹⁹

Dimension	Examples
Health	Overcoming or managing one’s disease(s) or symptoms and making informed, healthy choices that support physical and emotional well-being.
Home	Having a stable, safe, and affordable place to live.
Purpose	Conducting meaningful daily activities, such as through a job, school, volunteerism, family caregiving, or creative endeavors; and possessing the independence, income, and resources to participate in society.
Community	Having relationships and social networks that provide support, friendship, love, and hope.

Using input from people with lived experience of recovery, SAMHSA developed 10 guiding principles built upon the framework of the 4 dimensions of recovery.

SAMHSA’s 10 Guiding Principles of Recovery²⁰

 <i>Recovery emerges from hope</i>	 <i>Recovery is person driven</i>	 <i>Recovery occurs by many pathways</i>	 <i>Recovery is holistic</i>	 <i>Recovery is supported by peers and allies</i>
 <i>Recovery is supported through relationship and social networks</i>	 <i>Recovery is culturally based and influenced</i>	 <i>Recovery is supported by addressing trauma</i>	 <i>Recovery involves the individual, family, and community’s strengths and responsibility</i>	 <i>Recovery is based on respect</i>

Homeless or behavioral health services providers are likely to see the most success when they take a recovery-oriented and participant-driven approach to organizational orientation and service delivery.



LEARN MORE

[SAMHSA's Working Definition of Recovery \[PDF\]](#) | SAMHSA

Focus on Whole-Person Care

Whole-person health illuminates the intersecting challenges, strengths, and multitude of life experiences that make up an individual in their entirety. A whole-person care framework, when guided and influenced by lived experience, recognizes inherent trauma resulting from experiences of homelessness and takes a holistic approach to addressing challenges.

Homeless services providers have increasingly embraced the approach to meeting people where they are and pursuing a committed, thoughtful, and sustained journey together that includes these elements of whole-person care and approaches:

- Person centered
- Trauma informed and healing centered
- Recovery oriented
- Non-stigmatizing
- Housing focused

“I respect this place a lot because they always came at the same level, they never came from a place of above where they were looking down at you. They always made you feel equal, and they showed that they had sincere and genuine concern to help you too.” —Person in shelter

Trauma-Informed Practices

A shift toward recovery-oriented service delivery includes a parallel effort to integrate an organization-wide, trauma-informed approach to service delivery and overarching agency operations. Accomplishing this transformation requires modifying the organizational culture and operating policies to align with key trauma-informed principles and approaches. Implementing trauma-informed care is a marathon, not a sprint to the finish line, and it requires a deliberate, inclusive, and methodical process. Because each setting is unique, there is no standard approach to implementation, but guidelines, recommendations, and trainings are all available for organizations undergoing the transition.

LEARN MORE

[Trauma-Informed Organizational Toolkit for Homeless Services \[PDF\]](#) | U.S. Department of Health and Human Services

[TIP 57: Trauma-Informed Care in Behavioral Health Services \[PDF\]](#) | SAMHSA



III. Internal Opportunities When Establishing New Peer Roles in Homeless Services

Peers delivering care or codesigning homeless service delivery options are beneficial and important for both the service recipients and homeless services organizations. Organizations must approach hiring peers holistically and consider changes in organizational culture and practices.

Securing Organizational Commitment and Leadership Buy-In

The organizational leadership team's sustained and visible promotion of peer support is critical in developing a strong commitment to providing peer-delivered services. Actively extolling the value of peer support to increase staff buy-in helps build the foundation, trust, and confidence for a recovery-oriented transformation effort.

A best practice and early step for all organizations, especially those unaccustomed to using peer support, is convening an all-staff orientation to discuss the need for and use of peers within the organization and to respond to related questions and concerns from staff members before implementation and onboarding.²¹ Leadership, clinicians, and care coordinators can educate one another and raise awareness about the value of peer support.²² To accomplish this, consistency of the message and steady, incremental increases in knowledge are key.

Leadership might consider initiating a recovery transformation team of peer allies or identifying recovery champions within the organization to provide ongoing education and discussion about the value integrating peers will bring to the organization and those it serves. Recovery champions within the organization can also independently help amplify the message, priority, and sense of organizational urgency for peer integration by repeating examples from the transformation team. Advocating for peer integration from trusted and respected staff can powerfully strengthen the message from leadership and cement buy-in.

Identifying Funding

Organizations must consider how they will fund peer support workers. Funding for homeless services and behavioral health providers is competitive and can be challenging to obtain and sustain. Reimbursement rates for services provided can be low in homeless and behavioral health services, restricting access to needed resources. Many states dedicate funds to reimbursing peer support services from the states' SAMHSA Substance Abuse and Prevention (SABG) or Community Mental Health Services (MHBG) block grants. In some states, agencies can bill Medicaid for adult peer support services.²³ Major commercial health insurance companies are increasingly paying

“I don’t think the pay always matches the value a good peer brings to the table. Peers keep [people] engaged and motivated to come back on their own accord. Hard to put a price on that.”
—Peer Worker



for peer support services for covered members. Some states are allocating [Opioid Settlement Funds](#) [PDF] to increase recovery services such as peer support.

LEARN MORE

[*Funding Supportive Housing Services for People with Behavioral Health Needs: Federal Resources*](#) [HTML] | SAMHSA Homeless and Housing Resource Center

[*Applying New COVID-19-Related Funding to Address the Housing Needs of Individuals with Serious Mental Illness, Substance Use Disorders, and Co-occurring Disorders*](#) [HTML] | SAMHSA Homeless and Housing Resource Center

Updating Policies and Procedures

When creating or expanding peer support roles, a good first step is to review and revise or create new organizational policies that align with and reflect the recovery-oriented care model's core values, vision, and competencies. Target areas for review and inclusion include the following:²⁴

- Staff training
- Organizational mission and vision
- Staff orientation manual
- Hiring and onboarding protocols
- Dress code
- Code of conduct
- Disciplinary or corrective action and termination process
- Reasonable accommodation requests
- Organizational ethics, boundaries, and operations
- Stigma and bias identification and reduction
- Supervision models

As part of this preparation, homeless services providers seeking to integrate peer support workers must set clear standards and role or position expectations for both peer and non-peer staff. This helps reduce role confusion and inappropriate tasking and assists in maintaining role clarity for peers within the organization. Appropriate tasking of peer support workers helps improve organizational outcomes, ensures consistency and equal application of policies, and attempts to minimize any risk of conflict or challenges that may arise due to peer integration.²⁵

Employers may choose to have a written policy regarding alcohol or nonprescription drug use during work hours in the workplace and the specific consequences should any employee breach this policy, not just people known to have past challenges with alcohol or substance use. Additionally, supervisors should not monitor the behavior of peer support workers differently than other staff. For example, the workplace should not subject peer workers to more frequent or unnecessary drug testing simply due to past substance use. Training staff in policy and procedural updates once revised is strongly recommended.



LEARN MORE

[Peer Support Toolkit for People Living with HIV and/or Hepatitis C. Part 4: Peer Mentor Policy and Procedure Handbook \[PDF\]](#) | Canadian Mental Health Association

[The Drug-Free Workplace Toolkit: Develop a Policy \[HTML\]](#) | SAMHSA

Promoting a Welcoming Environment

Ensuring that organizational culture, policies, and practices are ready to welcome an expanded workforce is critical to avoid the pitfall of expecting current or newly hired staff members to lead the charge of shifting agency culture, beliefs, policies, and procedures in an agency that hires them.

Providing a working environment for peer workers that is supportive is a key component in the successful integration of people with lived experience. It is equally important to attract and retain peer support workers representing the communities they serve.

Shifting organizational culture, policies, and practices takes time, support, resources, and a deep commitment from agency leadership. Creating a welcoming culture must be the work of everyone. Review existing policies and practices, ensure that staff are representative of the communities they serve, and support staff in showing up with authenticity in the workplace.

Review your program's intake process to assess the following:

- Is it trauma-informed, culturally responsive, and welcoming?
- Does the person accessing services see themselves in the staff and environment?
- Are there messages, music, or images that can make a person more at ease and feel welcomed?
- Has staff received training to avoid stigmatizing behaviors?
- How can we change our intake process to not start the interaction by giving the person a form to fill out?

Addressing Stigma and Bias in the Workplace

Stigma and bias toward service recipients and peer workers is pervasive but can be addressed and reduced. Stigma labels, devalues, and discriminates against an individual²⁶ and is a known, primary barrier to accessing, engaging in, and following through with treatment and sustained recovery. Both peer and non-

"I had to prove myself. While working, if I had a bad or an 'off' day they'd be suspicious and ask for urine samples as a result of my previous history." —Peer worker



peer staff and the individuals they serve also carry an unconscious collection of thoughts, stereotypes, and attitudes developed over a lifetime known as bias.²⁷ Bias is triggered unconsciously and in milliseconds²⁸ and can unknowingly and negatively affect behaviors, judgments, and decision-making. It may also lead to a lower quality of care for people experiencing homelessness and behavioral health conditions.²⁹ All staff must understand bias and its potential impact on treatment and services.

Any preparatory effort to integrate peer support workers should ensure that the agency uses person-centered, recovery-oriented language, and provides stigma reduction training annually to staff, preferably by a member of the group who has been stigmatized.³⁰ Once employed and onboarded, include peer workers in relevant organizational training. Training should be coupled with a thorough language review of current policies and procedures, position descriptions, program components, service delivery approaches, and all public-facing documents.³¹ The *Addictionary*, produced by the Recovery Research Institute, is a good source of terms and updated language.

An overt, sustained, and continuous effort across the organization to identify and eradicate stigma can help lower staff resistance to peer integration, remove barriers to care, and improve collaborative, complementary working conditions for everyone.³²

This table offers strategies individuals and organizations can use to address and reduce bias.

Examples of Strategies for Addressing Bias³³

Acknowledging we have biases and intentionally practicing cultural humility	Hosting or participating in trainings about the effect of stigma and implicit biases	Building positive relationships with members of groups outside your own	Considering attributes of the individual apart from their group
Partnering with peers and people with lived experience whenever possible	Using trauma-informed, strengths- based, person-first language that conveys respect and dignity	Offering services that are evidence-based best practices	Continually working to identify and remove or replace negative and pejorative labels and language

LEARN MORE

- [The Addictionary](#) [HTML] | Recovery Research Institute
- [Can Stigma Prevent Employment?](#) [HTML] | National Alliance on Mental Illness
- [Cultural Humility vs. Cultural Competence—and Why Providers Need Both](#) [HTML] | *HealthCity Newsletter*, Boston Medical Center

Enhancing Employee Assistance and Supports

Ideally, organizations prioritize physical and mental health wellness for all employees and offer supportive programs for employees experiencing a health challenge that may affect their work. While peer support work is extremely valuable, it can also be emotionally challenging. Supportive policies help employees continue their commitment to work while sustaining their wellness.

Peer workers are likely not the only staff members experiencing behavioral health challenges requiring flexibility and, possibly, assistance. A strengths-based approach to organizational management involves employers having strong universal support for all employees. Support can look like routinely monitoring workload, training supervisors, and conducting regular supervision sessions where any employee could disclose health challenges if they feel comfortable doing so. The employer may also have an employee assistance program to help employees identify resources available to them outside of work to address their health needs.



IV. Recruiting and Hiring Peer Support Workers

This section briefly overviews recommendations for recruiting and hiring people with lived experience to join your team as peer support workers. For more detailed information, the [Peer Support Toolkit](#) [PDF], published by the City of Philadelphia, is an online, interactive toolkit that contains strategies, self-assessment tools, sample documents, and tips for successfully integrating peers.

“... the zeal and enthusiasm of helping others are far too often replaced by the personal toll that this highly demanding work takes on our peers.”
—Social worker

Additionally, no-cost technical assistance (TA) and expert guidance are available to all organizations, including homeless service agencies, to support the agency’s transformation and peer onboarding. Sources of training and TA include SAMHSA’s [Opioid Response Network](#) [HTML] and [Center for Addiction Recovery Supports](#) [HTML].

Job Descriptions

While each organization will have its own approach to developing a position description, it should include the following components:^{34,35}

- Position title
- Job summary or position description
- Specific duties
- Salary range
- Qualifications and certifications
- Required skills (e.g., computer literacy, interpersonal skills, and familiarity with Microsoft Office)

In all job descriptions, including those for peer workers, you can explicitly include wording that reflects your commitment to including lived experience in your work.

When recruiting peer workers, clear, concise position descriptions are essential when planning to integrate them into an organization or as part of an interdisciplinary or crisis team. Position descriptions can minimize or eliminate potentially inappropriate or misaligned tasking and provide clear responsibilities that help reduce role confusion for the peer worker. This may increase the opportunities for successful participation and performance on the team and the long-term sustainability of employment for the individual.

Pay Rates

Like all employees, peer support workers seek a livable wage with career and salary growth opportunities. While peer support work can be personally satisfying, it must pay the bills. Offering competitive pay from the onset decreases the likelihood of frequent turnover with people leaving for better-paid work elsewhere.

Pay rates for peer work can fluctuate considerably based on geographic location. Still, in 2023, the average salary for a certified peer specialist in the United States is approximately \$41,036 annually or \$17.60 per



hour.³⁶ Pay increases when peers have additional training and experiential qualifications, such as military backgrounds, reentry from jails or prisons, or completing drug court. We recommend increased pay for challenging peer roles requiring additional on-the-job training such as practicing in hospital emergency rooms or working on crisis response teams. Organizations will want to periodically review pay rates to ensure consistency agency-wide.

Recruiting Peer Workers

People seeking peer support roles often conduct traditional job searches using online search engines and performing Google inquiries to identify job postings on organization's websites. There are job banks for peer support workers, such as the one maintained by the [Pennsylvania Peer Support Coalition](#) [HTML], that list peer roles at organizations throughout the state or the [National Association of Peer Supporters' job board](#) [HTML], which compiles jobs for members to access and view. Many communities have recovery community centers and RCOs. The Center for Addiction Recovery Support maintains a list of peer recovery organizations [by state](#) [HTML].

“... middle class mindsets can't solve the poverty problem without input from people who are actually experiencing poverty. Since I am fluent in trauma, poverty, and substance abuse, I relate well with the people who will benefit the most from our program. Someone in an executive position, from [the] middle class, without lived experience, would not be able to relate as well, and engagement would take much longer. Humans are very intuitive, people in recovery and who have faced adversity, especially. They know if you're legit or not.” —Peer worker

Limited Work Histories

Some candidates for peer work may have limited employment history because of the impact of pre-recovery homelessness, mental health, or substance use conditions on their ability to obtain and maintain employment.³⁷ However, their unique skill set and passion for recovery can be an asset to the organization's work.

Organizational flexibility in determining or assessing qualifications and cultural fit will be valuable when considering hiring a peer support worker. Sometimes the best peer candidate for the position may not even apply if the organization uses traditional resume review and hiring processes. Organizations may miss them entirely if they do apply because their application was rejected at submission or during an initial qualifications review.³⁸

Length of Time in Recovery

The length of recovery time is not the best indicator of whether an individual can perform the tasks required as a peer support worker.³⁹ The concern and focus should be whether this person will be able to function as a credible role model and coach and perform the other functions of the job.



State- and national-level certifying entities for peer support worker designation have their own eligibility requirements, including the completion of specific training and practice hours and sometimes a minimal length of time in active recovery. If an applicant is certified for peer support work, there is no benefit to an employer imposing additional “length of recovery” requirements because recovery is a personal journey and inherently difficult to measure or compare with others.

Former Legal System Involvement

While there are laws about how employers can and cannot lawfully consider past criminal convictions during the hiring process, it is still common practice to run background checks on potential hires to identify past legal system involvement. People who have experienced homelessness are more likely to have faced criminal penalties for violations related to loitering, camping, asking for resources, or taking care of basic needs.⁴⁰ Employers seeking new hires with lived experience including substance use, mental illness, or housing challenges will want to strongly consider removing questions from the application process about criminal convictions. Employers should update all policies about how they weigh the results of background checks, if at all, in their decision to offer employment.

“Always ask for the peer’s input. Don’t just assign menial tasks to peers. Let them be a part of the creative, logistic, and executive processes. Peers have an education that cost them more than anyone ever paid for a master’s degree. That life experience is valid, and it would be a shame to not make good use of it.” —Peer worker

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[*Substance Use Disorders Recovery with a Focus on Employment* \[PDF\]](#) | SAMHSA’s Evidence-Based Resource Guide Series

Supporting Peer Workers: Supervision Strategies

Supervision is a collaborative, professional activity to which all workers need regular access. And for early-career workers, both peer and non-peer, supervision should occur regularly, preferably once a week. A key role for supervisors is ensuring the successful integration of peer support workers in the workplace. It should also provide guidance and support to the peer worker to facilitate ethical practice and delivery of peer services. Supervisors also understand and promote good ethical practices; core competencies and best practices; the historical progression of peer services; and typical or common concerns, challenges, and barriers related to peer work.⁴¹ Supervisors should support the professional development of peers while establishing an environment where workers providing peer-delivered services can thrive.

Eight major themes specific to recovery are central in the supervision of peers:

- ➔ **Supervisor attitudes**—important to be welcoming, open-minded, nonjudgmental, and willing to listen objectively, mutually learning together



- ***Desire for supervisor with peer support experience***—peer workers appreciate reporting to and learning from someone who does similar work with a similar background
- ***Trauma-informed supervisory techniques***—effective supervision practices can mitigate and minimize workplace trauma triggers and compassion fatigue for peer workers
- ***Opportunities for peer networking***—promoting and providing peer conference and training access and supporting various opportunities to meet with other peer workers
- ***Facilitative or supportive environment***—roles include opportunities for peer interactions, mutual learning, and perspective-taking
- ***Role integration***—requires clarity and clear definition of peer role, with opportunities for additional definition as said role evolves
- ***Perspective-taking***—supervisor understands and affirms the differences between peer-delivered services and traditional services concerning perspectives, values, and interventions
- ***Mutual learning***—eliminates the power differential and identifies the duties, role, skills, and work-related tasks that both the peer and supervisor engage in to increase knowledge for both⁴²

Because peer workers fill unique organizational roles, non-peer supervisors may need additional training to provide appropriate supervision and address these themes. While either a peer or non-peer can deliver effective supervision with appropriate training, the overwhelming preference among peer support workers is for peers to supervise peers.⁴³

These are typical benefits of supervision for both peer and non-peer workers:

- Implementation of increased cultural or linguistic competence
- Increased support for mission, vision, and goals to boost retention and morale
- Increased objectivity and problem-solving skills
- Improved interpersonal communication, performance, conflict resolution skills, and ethical practices
- Reduction in internalized stigma
- Increased equity and fairness in the workplace⁴⁴

Supervisors also play a critical role in creating an environment for equity, specifically ensuring that inclusion practices are paramount at all levels of the organization and thoughtfully part of the daily practice.

LEARN MORE

[*Supervision of Peer Workers* \[PDF\]](#) | SAMHSA BRSS TACS

[*National Practice Guidelines for Peer Specialists and Supervisors* \[PDF\]](#) | NAPS

[*Program Development Guide* \[PDF\]](#) | Peers for Progress



V. Conclusion

“I was having difficulties with an abusive relationship, and I’m still having some little hiccups, but just offering, just showing me that there’s another way to deal with this. Letting me know, letting their guard down and telling me their experience and letting me know that they’re not speaking just as someone out there offering service, but they’re speaking from their own experience and relating to what I was going through And just basically letting their guard down and being vulnerable . . . telling me their personal stories . . . that was definitely a game changer. A light came on because I’ve seen that there was hope and there is a way, and that it was difficult for them. And it’s still something that I deal with, but not on that same level at all. I see a light at the end of the tunnel.” —Person Living in Shelter

Although informal person-to-person mutual aid societies span more than two hundred years, the past two decades have witnessed a high demand for peer support workers. Acceptance across primary and behavioral health care domains, the rapid and relatively easy implementation of peer services, and an expansion of service reimbursement areas and rates have accelerated peer support nationally.

Employing peer support workers is more than adding a skill set to increase the capability of a team. Numerous studies have shown peer interventions with individuals who are homeless led to an overall reduction of hospitalizations, crisis services, drug and alcohol use and return-to-use rates and led to decreases in the number of days spent homeless and the rate of return to homelessness.⁴⁵ Peer support makes significant differences in recipients’ lives by engaging in and providing insight and culturally relevant assistance. Peer support workers are also rapidly becoming indispensable to primary and behavioral healthcare treatment teams, crisis response systems, homeless services, law enforcement and corrections, and constantly emerging new areas.⁴⁶



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