

PROJECT REPORT

# Southern Oregon Peer Workforce Project

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**CORE**

Center for Outcomes  
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## Table of Contents

<b>Acknowledgements .....</b>	<b>3</b>
<b>Project Overview .....</b>	<b>4</b>
<b>Project Background .....</b>	<b>4</b>
A Growing Peer Workforce .....	4
Additional Project Information .....	4
<b>Project Summary .....</b>	<b>5</b>
About the Southern Oregon Peer Workforce .....	5
Understanding the Peer Role .....	5
<b>Recommendations .....</b>	<b>6</b>
Organizational Recommendations .....	6
Regional Recommendations .....	7
<b>Additional Priorities for Peer Services .....</b>	<b>8</b>
<b>Using this Report .....</b>	<b>8</b>
<b>Peer Training &amp; Certification .....</b>	<b>9</b>
Introduction .....	9
Key findings .....	9
Recommendations .....	12
<b>Supervision &amp; Support .....</b>	<b>14</b>
Introduction .....	14
Key findings .....	14
Recommendations .....	18
<b>Professional Development and Career Pathways .....</b>	<b>20</b>
Introduction .....	20
Key findings .....	20
Recommendations .....	22
<b>Additional Priorities for Peer Services .....</b>	<b>24</b>
Introduction .....	24
Culturally & Linguistically Responsive Peer Services .....	24
Collaboration & Coordination .....	26
Next Steps: A Call to Action .....	27
<b>Appendix A- Participating Organizations .....</b>	<b>28</b>
<b>Appendix B- Methods .....</b>	<b>29</b>

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# Project Overview

## Project Background

In 2022 the Center for Outcomes Research & Education (CORE) worked in partnership with interested parties in Southern Oregon (So. OR) to develop collaborative recommendations to strengthen the peer workforce. This work grew out of an acknowledgement by behavioral health leaders in the region that there was some ambiguity about how to best support and sustain a successful peer workforce at time when that workforce was experiencing rapid growth.

## A Growing Peer Workforce

Since 2007, when the Centers for Medicare and Medicaid Services recognized peer support services as an evidence-based model of care for mental and behavioral health and approved coverage for the provision of peer services, there has been a proliferation of peer programs within



healthcare and community-based settings in Oregon, including in So. OR. Recent state investments in behavioral health and substance use programs have been coupled with requirements and additional resources for peer services providing the region

with ample opportunity to grow and expand the peer workforce. Measure 110, perhaps one of the most significant of these investments, has already allocated \$25.5 million dollars to organizations in Jackson, Josephine, Douglas, and Curry Counties.<sup>1</sup> Given this recent and anticipated growth, many behavioral health leaders in the region feel that strategic investments in the workforce now will ultimately lead to improved behavioral health and recovery services and outcomes for the So. OR community.

## Additional Project Information

The Southern Oregon Peer Workforce project aims to cultivate and support:

- Shared learning across peer programs
- Increased ability to advocate for funding and workforce improvements
- Strengthened capacity to evaluate what is working within and across peer programs

For the purposes of this project peers are **individuals who have lived experience and additional training to support others experiencing similar challenges with mental health conditions, substance use disorders, or both.** “By sharing their own lived experience and practical guidance, peers help people develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves”.<sup>2</sup>

## What is the Peer Role?

Peers have different names and job titles depending upon where they practice. In So. OR common titles included: Peer Support Specialist, Certified Recovery Mentor, Peer Mentor, Family/Youth Mentor, Family/Youth Support Specialist, Peer Facilitator/Coach.

Peers included within this definition fell into four focus areas:

- Adult Addictions/Recovery
- Adult Mental Health
- Family Support
- Youth Support

Peers engage in a wide range of activities. The Peer Support Specialist Scope of Practice, as defined by the Oregon Health Authority includes:

- Care Coordination
- Outreach & Direct Services
- Coaching & Social Support
- Advocacy, Organizing, & Cultural Mediation
- Education
- Assessment, Evaluation, & Research

The specifics of any individual’s role may vary depending on the population of focus, the setting in which they work (clinical, community, residential), the size and culture of the agency, and whether they are working within a particular peer model of support.

<sup>1</sup>Oregon.gov. *Measure 100 Formula for County Set Aside*. <https://www.oregon.gov/oha/HSD/AMH/docs/M110-Formula-Share.pdf>

<sup>2</sup>Substance Abuse and Mental Health Services Administration. 2017. *Value of Peers Infographics: General Peer Support*. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tac/peer-support-2017.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peer-support-2017.pdf)

## Project Summary

Through interviews, focus groups, and community meetings, peers and peer supervisors provided insight into the strengths and challenges they encounter in their work, the strategies they utilize to address those challenges, and identified opportunities to strengthen the **peer workforce infrastructure** -that is the **training, supervision, support, and professional development** to support current and future peers in their roles. We also identified two additional priorities to improve **peer services and outcomes** in the region. We have presented the findings and recommendations within four different briefs.

- Training & Certification
- Supervision & Support
- Professional Development & Career Pathways
- Additional Priorities for Peer Services
  - Cultural & Linguistically Responsive Peer Services
  - Coordination & Collaboration

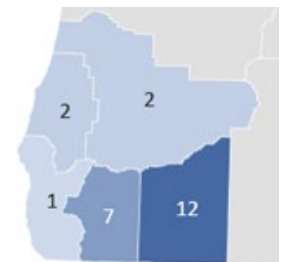
The Southern Oregon Peer Workforce Project also included an initial [evidence review of peer outcomes](#), a data scan and review of peer programs in the region, and regular consultation with peers, supervisors, and other BH/SUD leaders in Southern Oregon (see Acknowledgements). The peers and peer supervisors who participated in this project have shared clear and actionable steps to address current barriers and strengthen support for peers and peer services. We hope this project can be a tool to cultivate increased understanding among peer services and partners in So. OR and guide intentional planning and actions to support them in their work to support the So. OR community.

## About the Southern Oregon Peer Workforce

Fourteen peer organization across So. OR participated in the project and helped shape our understanding of the peer workforce in the region (see Appendix A for a list of participating organizations). While there is a clear concentration of peer programs in Jackson and Josephine counties, several organizations provided peer services in Douglas, Coos, and Curry counties.

As of July 2022, participating organizations reported:

- Employing **110** peers
- Confirmed funding to fill 31 additional peer positions by the end of 2022 which equates to a **28% increase in the workforce in just 6 months**
- **59%** of peers working primarily in substance use disorder (SUD)/recovery, **25%** working in behavioral health, and **15%** working in family and youth-serving programs.
- Peer starting wages of **less than \$19/hr** or \$39,520 annual salary at 11 of the 14 organizations



The map above is the number of peer organizations providing services in each county. Some organizations are counted more than once because they provide services in multiple counties.

## Understanding the Peer Role

A central theme from our conversations is that the **peer support model's power to heal and empower people is grounded in shared experience and mutuality** (distinct from the clinical care team model that many peers are integrated into). As organizations continue to expand peer services and peer workforce infrastructure, it is critical to do so with an **authentic understanding of the peer model** and

*"It's not about what you do with people, but it's about how you treat people and how you are with them, you're not in a power role." – Peer Employee*

*"Peer work is [the] most important part of treatment right now- people need people they can relate to and engage with –[our leadership] calls peers' work 'the secret sauce'" –Peer Supervisor*

approaches to developing trainings, supervision structures, and career pathways that are designed to support peers to fully leverage their unique contribution to client recovery and support.

### Who Do Peers Work With? (A Note about Terminology)

The individuals that peers work with are referred to in many ways (e.g., clients, consumers, participants, peers, individuals, patients, residents). The most common term heard during this project was **clients**. We acknowledge that this may not be the preferred terminology used by all organizations (e.g., some organizations may prefer to use non-hierarchical language), but due to the wide variety we defaulted to the term that we heard the most from our project

We heard from organizations across the region that ambiguity about the peer role within a team or organization often leads to peers being “under or over-utilized,” with examples of peers working primarily as receptionists, or on the other end of the spectrum, taking on too many high needs clients without adequate support or preparation. Feeling pressured or being asked to perform tasks outside of a clearly defined peer role not only can lead to frustration and burn-out, but also raises safety and ethical issues.

While there is broad enthusiasm for the potential for peers to advance behavioral health and recovery for So. OR, that enthusiasm needs to be coupled with peer-specific workforce infrastructure to fully realize this potential. **Peer-specific workforce infrastructure includes approaches, standards, practices, and investments that are grounded in a clear understanding of what the peer role is (and what it is not) and recovery-oriented values, practice, and culture.** Peers who reported that their organizational leadership understood and valued the peer model tended to report high levels of satisfaction about their training, supervision, professional development opportunities, life/work balance, contributions to the care team, as well as confidence in their capacity and impact with clients.

## Recommendations

The recommendations below were identified by peers and/or peer supervisors through interviews and focus groups conducted during the summer of 2022. They were vetted by the Peer Support Community of Practice facilitated by the Traditional Health Worker (THW) Liaisons of the region’s coordinated care organizations (CCOs) and by attendees of the Behavioral Health Workforce Group facilitated by Southern Oregon Success. We have grouped recommendations into those calling for organizational action vs. regional action, and each recommendation is discussed in depth in three topic-specific briefs on [Training & Certification](#), [Supervision & Support](#), and [Professional Development & Career Pathways](#).

### Organizational Recommendations

A peer’s experience as an employee is significantly impacted by their direct employer’s policies, practices, and organizational culture. Many of the peer organizations that we spoke to have taken efforts to support the peer workforce through refining job descriptions, updating hiring practices, and investing in improved training, and supervision practices for their peers. These efforts work to advance the professional growth and skills of their peer employees, boost peer morale and retention, and ultimately improve the experience and outcomes of their clients.

The following recommendations in the table below were crafted for peer employers at the organizational level.

TOPIC	RECOMMENDATIONS
Training & Certification	<ul style="list-style-type: none"> <li>Develop enhanced onboarding protocols to support peers entering the workforce</li> <li>Dedicate funding and organizational budgeting specifically for peer supplemental trainings</li> </ul>



	<ul style="list-style-type: none"> <li>• Cultivate a general culture of support for professional development and continuous learning</li> </ul>
<b>Supervision &amp; Support</b>	<ul style="list-style-type: none"> <li>• Hire and promote peers into supervision and management positions</li> <li>• Provide more extensive training and onboarding support for peer supervisors</li> <li>• Ensure that supervisors have time and encouragement to meet individually with each of their peer reports at minimum 1x/month</li> <li>• Educate leadership and other decision-makers within the organization about the peer role and scope of practice</li> </ul>
<b>Professional Development &amp; Career Pathways</b>	<ul style="list-style-type: none"> <li>• Increase opportunities for growth and leadership within the peer role that are aligned with individual peer employee's goals.</li> <li>• Link peers to training or skill development for future roles as supervisors/managers</li> </ul>

### Regional Recommendations

From the inception of this project, we heard from partners that they were not just interested in learning about what an individual agency can do, but what they can do collectively. There are already multiple regional efforts underway to strengthen behavioral health and SUD efforts across the region, including a new Peer Support Community of Practice, currently facilitated by the THW Liaisons at AllCare and Jackson Care Connect. Regional trainers, funders/payers, and partners also have a significant role to play to support the peer workforce in the region. For example, funders/payers can promote many of these recommendations by integrating some (or many) of these best practices within their contracts along with sufficient funding to implement them. Partners invested in a successful peer workforce in So. Oregon can support efforts by providing in-kind and financial resources or assisting with coordination and collaboration. Regional efforts will be especially beneficial to smaller or newer organizations who otherwise may struggle to develop the infrastructure and best practices on their own.

The following recommendation in the table below are at the regional level and can be implemented to support and expand upon the previously listed organizational recommendations.

TOPIC	LIST OF RECOMMENDATIONS
<b>Training &amp; Certification</b>	<ul style="list-style-type: none"> <li>• Expand access to and promotion of trainings such as Crisis Prevention, Medically Assisted Treatment, Mental Health Awareness/Mental Health First Aid and ASIST</li> <li>• Support the development of a "Smart &amp; Safe" documentation training to help peers across organizations learn tips to be efficient and protect themselves and their clients.</li> <li>• Support access to culturally specific Spanish language peer certification</li> <li>• Provide more support and clear pathway for peers to become trainers/facilitators of peer trainings.</li> </ul>
<b>Supervision &amp; Support</b>	<ul style="list-style-type: none"> <li>• Support access to supervision training for peer organizations across the region</li> <li>• Encourage direct supervision by peers themselves and/or co-supervision models so that all peers have access to supervisors have experiential knowledge of peer services.</li> <li>• Funders should include sufficient funding and explicit budget line items for supervision within grants and contracts for peer services.</li> </ul>

### Professional Development & Career Pathways

- Consider the creation of regional standards for tiered peer roles with salary increases for each tier (e.g., Peer I, Peer II, Peer III, Lead Peer, Peer Supervisor or Manager)

## Additional Priorities for Peer Services

The focus of the Southern Oregon Peer Workforce project was on opportunities for organizations and regional partners to strengthen the *peer workforce infrastructure*. However, two other important challenges related to peer programs and outcomes emerged that urgently need attention and prioritization by peer organizations and partners: culturally & linguistically responsive peer services and cross-organization collaboration & coordination. We did not develop or vet specific recommendations for these topics. In the case of **Culturally & Linguistically- Responsive Peer Services**, the combination of our own positionality as white cis-women and limited participation from BIPOC peers and peer supervisors in this project overall constrained our ability to generate adequate recommendations. Some ideas did emerge to support **Collaboration & Coordination**, but we did not have an opportunity to vet formal recommendations with the Peer Community of Practice. However, we have included our initial findings within the [Additional Priorities for Peer Services](#) brief to seed both the urgent need and future action to address these challenges for successful peer services and outcomes in the region.

## Using this Report

This report is formatted to be used in two distinct ways:

- 1) The full report which can be used in its entirety to broadly share findings and recommendations related to the So. OR Peer workforce.
- 2) Topic-specific briefs (e.g., Training and certification; Supervision and support; Professional development and career pathways; Additional priorities for Peer services) which can be shared individually as “tear away” items and can be used to guide more focused Peer workforce conversations or initiatives.





# Peer Training & Certification

## Introduction

Trainings are an integral part of preparing any workforce for their role. They provide employees with an understanding of their role, their responsibilities, and the knowledge and skills needed to do their job. Ongoing trainings allow for continuous education, shared learning, and ongoing connection with other people in the same role. Ideally, there are multiple types of trainings including, opportunities for new hires to learn about their role and the organization during onboarding, and recurring trainings for employees to gain a greater understanding of their role and to retain knowledge.

In this report we refer to certification trainings and/or supplemental trainings which are needed for peers to understand their role.

**Certification trainings** are those required by the Oregon Health Authority (OHA) for peers to become “Certified”. The OHA certifies peers for the Peer Support Specialist (PSS) role, and the Mental Health & Addiction Certification Board of Oregon (MHACBO) certifies peers for the Certified Recovery Mentor (CRM) role.

**Supplemental trainings** are those provided by organizations so peers can meet continuing education unit (CEU) requirements and gain additional experience and knowledge that is useful in their role.

## Key findings

- 1 **Certifying peers through state-approved programs has become standard practice in the region.**

Peer certification is required by the OHA for organizations to be able to bill Medicaid for peer services; however, in the Southern OR region almost all organizations require certification whether the organization bills Medicaid for peer-delivered services or not. Today, thirteen out of 14 organizations interviewed require their peers to complete a PSS or CRM certification training. **Ensuring peers are certified has helped support a shared understanding among peers and many supervisors about the peer role, scope of practice, and skills needed.**

## Southern Oregon Peer Workforce Project Background

In 2022 the Center for Outcomes Research & Education (CORE) collaborated with interested parties in Southern Oregon (So. OR) on a project to develop collaborative recommendations to strengthen the peer workforce. The project aims to cultivate and support:

- Shared learning across peer programs
- Increased ability to advocate for funding and workforce improvements
- Strengthened capacity to evaluate what is working within and across peer programs

**Project activities** included:

- An initial evidence and data review
- Interviews and focus groups with peers and peer supervisors from a total of 14 agencies
- Consultation with peers, supervisors, and other BH/SUD leaders in So. OR

This brief on **Peer Training & Certification** is one of several products from this project. The others are linked below and include:

1. An [Evidence Review](#) about the impact of peer programs and services.
2. A full [Project Report](#) and three additional briefs highlighting promising practices related to [Supervision & Support](#), [Professional Development & Career Pathways](#), and [Additional Priorities for Peer Services](#).
3. A [PowerPoint presentation](#) highlighting information from the project.

The timely availability of certification trainings can be a challenge, especially for peers in behavioral health. The lack of availability can cause delays in peers working directly with clients, and therefore impact an organization's ability to bill for those services. The schedule for certification training (generally Monday-Friday between 9am-5pm) can also be a barrier particularly for individuals who are volunteer peers or interested in taking the training prior to being hired. Some peers suggested hosting occasional trainings over two weekends (Friday-Sunday) for individuals that are interested but unable to dedicate an entire week to the training.

*"We're a small community and so it was really a challenge because we would sometimes have peers that would go many months without being certified just because we couldn't get them into a training. So, we're not billing for their services because they're not certified yet and we can't get them certified."—Peer Supervisor*

## PEER CERTIFICATION

In 2013, the Oregon Traditional Health Worker (THW) Commission was established to support and promote the roles, engagement, and utilization of the traditional health workforce (THW). Peer support specialists (PSS) and peer wellness specialists (PWS) are two types of peer worker types under the THW designation which also includes personal health navigators, community health workers, and doulas. Peer classifications require shared lived experience as a requisite for certification. Within the PSS and PWS classification, peers choose a specific focus for their work such as, adult addictions, adult mental health, family support specialist, or youth support specialist.

The THW Commission is responsible for approving THW certification training programs. After completing the certification, applying, and completing a background check, a THW is certified and eligible to provide billable services through Medicaid. Peers may also seek certification as a Certified Recovery Mentor (CRM) through the Mental Health & Addiction Certification Board of Oregon (MHACBO). THWs must complete 20 continuing education units every three years to maintain certification.

## 2 The 40-hour Peer Support Specialist/Certified Recovery Mentor certification training is a useful introduction to the peer role but is not sufficient to prepare peers for their day-to-day work with clients.

**Most supervisors and peers agree that additional training beyond the initial 40-hour requirement is necessary to prepare peers for their role.** While the certification training includes critical topic areas such as motivational interviewing and peer ethics, peers report that it only "scratches the surface" on each topic area.

Ethics, appropriate boundaries, safety planning, documentation practices (especially for peers that interface with clients in the justice system), and strengths-based approaches were commonly mentioned as topics necessary to understand to begin the role and for continuing education.

There is an 80-hour PWS certification training available in Oregon that could potentially provide additional training hours for the peer workforce, however, neither the title or certification type came up during our conversations with peer supervisors and employees. We would like to note that none of the peer training programs in Southern Oregon offer a PWS certification which could be one possible reason why we did not hear about it.

*"It just seems like 40 hours isn't enough to go through really thoroughly, HIPAA and some of the important pieces and I almost wish it was a little bit longer or that maybe they had boosters. You know, you do your 40 hours and then every quarter maybe a booster... I guess it's just, wow, sending a peer out with a client after 40 hours of training when anything could happen."—Peer Supervisor*

### 3 Peers desire advanced and supplemental trainings that are designed specifically for the peer role.

Peers expressed that they want access to advanced and supplemental trainings but that **trainings should be designed specifically for the role to allow peers to gain more knowledge pertaining to the role itself and how best to provide peer services**. Peers can find advanced trainings in topics that they desire, but these trainings are frequently designed for clinical roles such as, a Certified Alcohol and Drug Counselor (CADC). Many times, advanced trainings aren't accessible to peers unless they want to move into a different role (e.g., CADC I, II, or III training).

Advanced trainings designed for the peer role could provide peers:

- A deeper understanding of their role
- More information on how to provide optimal services to their clients
- The opportunity to attain more knowledge while remaining in the peer role

*"I think that more training specific to peers would be really beneficial. It could be specific to the way that we document things, the way that we work with peers, the way that we help them, setting boundaries, just more peer-specific focused training."—Peer Employee*

According to peers and supervisors, there are several high-quality supplemental trainings currently available and accessible for peers, including ACES and Motivational Interviewing; however, other supplemental trainings have limited/inconsistent availability (e.g., Crisis Prevention, Medically Assisted Treatment). In other cases, the training may be widely available but not widely promoted (e.g., Mental Health Awareness/Mental Health First Aid and ASIST), resulting in a lack of awareness among interested parties. These factors create barriers for peers when they want to receive supplemental training and education regarding their role.

#### TOP FIVE RECOMMENDED SUPPLEMENTAL TRAININGS\*

- ASIST (Applied Suicide Intervention Skills Training)
- Trauma/Trauma-informed care
- Motivational Interviewing
- Collaborative Problem Solving
- Mental Health Awareness/Mental Health First Aid

\*Suggested by peers & supervisors

### 4 There is a wide range of organizational infrastructure, training budgets, and onboarding practices in the region.

While all organizations that we spoke to support peers to attend supplemental trainings, we found that there exists **a wide range of training resources, organizational infrastructure, and onboarding practices amongst organizations**. The range of organizational practices impacts the extent to which peers can receive training on topics important to them.

Several factors are associated with differing organizational practices and include:

- Budgets for peer trainings
- Organizational support for peers to access training dollars
- Development of internal trainings on critical topics

*"Unfortunately for peer staff, I don't think there's really any assistance with training dollars, so that is a gap that I wanna see if we can't address. I think there is some inequity in the way things are set up."—Peer Supervisor*

- Existence of agency/program-wide trainings
- Identification of appropriate trainings
- Encouragement and assistance from supervisors to identify and attend potential trainings (compared to those peers that find trainings and request approval on their own)

*“They pay for whatever training we wanna take. If it's appropriate to the work that we do or even loosely appropriate to the work we do, they're willing to pay for it if you're willing to do it...education and training is super well supported here.”—Peer Supervisor*

Peers and supervisors alike acknowledged the importance of providing onboarding and additional training to adequately equip peers for their roles. To help bridge the gap between initial training and confidence to serve clients directly, some organizations require newly hired peers to shadow experienced peers and then reflect on that practice with their supervisor. Other suggestions included: gradual increases in caseload numbers/intensity and individual support with documentation practices. Additionally, peers without prior office experience may need additional support with computer skills, email composition, addressing conflict in professional settings, etc. Improving onboarding procedures will be especially important as the region prepares for an influx of new peers entering the workforce due to funding from Measure 110 (Measure 110 provides grant funding for Behavioral Health Networks that have peer support services and has allocated a total of \$25.5 million dollars in 2022 for Jackson, Josephine, Douglas, and Curry Counties).

### BRIGHT SPOTS for Peer Training in Southern Oregon

- **Family Nurturing Center** has a relatively structured onboarding process for newly hired peers, including dedicated time with the peer supervisor, shadowing, and support from the IT department to help with computer and technology skill development.
- **Options** has dedicated funding to support peers' training and encourages peers to attend trainings across the state, including sending all their peer staff to Peerpocalypse in Seaside, OR each year.
- Peers from **Pathfinder Network** report that their organization's robust training offerings have supported them to feel confident and become skilled at regulation and strength-based approaches – and they can see the benefit of these skills in their work and in their lives outside of work.

## Recommendations

The following recommendations coincide with statements by peers and supervisors and were vetted by interested parties, including a peer community of practice and a behavioral health workforce workgroup (both located in Southern Oregon). Recommendations are grouped at the organizational and regional levels and can be used to grow and strengthen the Southern Oregon peer workforce.

### RECOMMENDATIONS TO SUPPORT PEER TRAINING

ORGANIZATIONAL BEST PRACTICES*	WHY IS IT NEEDED?
<b>Develop enhanced onboarding protocols to support peers entering the workforce</b>	To ensure newly hired peers are capable, confident, and supported as they begin working with clients and that onboarding processes expectations are clear and consistent.
<b>Dedicate funding and organizational budgeting specifically for peer supplemental trainings</b>	Explicit funding for supplemental trainings allows organizations to be responsive to emerging training needs/interests of their peers instead of relying on whatever free offerings are available. Currently, only some peers have access to training funds.

<b>Cultivate a general culture of support for professional development and continuous learning</b>	Peers in organizations with strong culture of professional development not only felt confident and excited about their growing skillsets, but they also articulated how their organization's investment in their development communicated their value. In other organizations, peers must find and pursue supplementary trainings on their own or go through multiple steps to have trainings approved by leadership, both of which can be burdensome.
<b>REGIONAL BEST PRACTICES*</b>	<b>WHY IS IT NEEDED?</b>
<b>Expand access to and promotion of key trainings</b>	This can include training offerings such as Crisis Prevention, Medically Assisted Treatment, Mental Health Awareness/Mental Health First Aid and ASIST to help strengthen skills of the peer workforce.
<b>Support access to documentation training</b>	Support the development of a "Smart & Safe" documentation training to help peers across organizations learn tips to be efficient and protect themselves and their clients.
<b>Support access to culturally specific Spanish language peer certification training</b>	A culturally specific Spanish language training can support a community of Latinx peers to strengthen their skills and knowledge around the specific context, community assets, and barriers that the Latinx community faces in relation to behavioral health and recovery.
<b>Provide support and a clear pathway for peers to become trainers/facilitators of peer trainings.</b>	Trainers who are peers themselves would be helpful to deliver content in an applicable way for peers and could help alleviate the challenge of trainings not being widely available.

\*Best practices elevated by peers and peer supervisors



# Supervision & Support

## Introduction

Peer supervision is a collaboration between a supervisor and a peer in which the supervisor provides support and guidance to promote effective and ethical peer delivered services. Supervision can strengthen motivation, problem-solving skills, aid the peer to gain additional knowledge and skills, and provide an opportunity to reflect on their practice. According to the Substance Abuse and Mental Health Services Administration (SAMSHA), all peers should have regular access to strength-based supervision, and this should be a high priority for early career peer workers.<sup>1</sup>

Supervision for peers is particularly important because peers fill a relatively new and unique role on behavioral health teams. Supervisors can be important advocates for their peers by helping to clarify peer roles and responsibilities for others in the organization that may be less familiar with the peer model, values, and culture. Supervisors can provide a safe environment for peers to debrief about their workday and can support peers by offering strategies and processes to deal with the challenging situations they may face.<sup>1</sup>

## Key findings

### 1 Peer supervision practices and standards vary widely across organizations in So. OR.

**Peers and supervisors reported a wide range of supervision standards within their organizations, ranging from very casual to highly structured supervision practices.** Not surprisingly, peers that reported more face time and trust with their supervisor also reported higher levels of confidence and satisfaction with their job overall. Most supervisors we interviewed said that their organization had supervisors meet with peers individually at least one time each month in addition to weekly or monthly clinical supervision and/or team meetings. Some organizations have agency-wide policies and procedures which help define expectations for supervision.

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2. A full [Project Report](#) and three additional briefs highlighting promising practices related to [Training & Certification](#), [Professional Development & Career Pathways](#), and [Additional Priorities for Peer Services](#).
3. A [PowerPoint presentation](#) highlighting information from the project.

*"[Me and] my supervisor we're in the same suite, so I can just-- She has an open-door policy. I can just come in anytime I need support and she's available, but she also gives me that freedom to do my work without being over me. Like, what were you doing during this time and that time... I feel really supported at my job."—Peer Employee*

<sup>1</sup>Substance Abuse and Mental Health Services Administration. *Supervision of Peer Workers* [PowerPoint slide]. [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/guidelines-peer-supervision-4-ppt-cp5.pdf)



We also found that when organizations implemented a particular peer model (e.g., Prime+ model), they were more likely to have specific supervision requirements because these models frequently come with required standards of practice, including structured standards for supervision. Some organizations have supervision requirements despite implementing a particular model, and many supervisors shared how important it is for peers to receive all three types of supervision and particularly stressed the importance of having time for reflective supervision (see content to the right for more information).

Some peers we spoke to have no assigned, formal time to meet with their supervisor individually. In those instances, meetings with a supervisor happened on an as-needed basis and other team members often provided specific direction.

Many supervisors, regardless of the model being implemented at their organization described working to create a "culture of support" including an open-door policy and being available outside of formal supervision time. Peers expressed that they mostly feel supported by at least their direct supervisor although, some peers felt less support/confidence from the broader agency Administration/leadership.

### Types of Supervision When Working with Peers

**Reflective/Supportive Supervision** generally concentrates on the employee's morale and satisfaction with the job/organization. Supervisors can provide encouragement and validation when practicing this type of supervision.<sup>1</sup>

**Clinical/Educational Supervision** focuses on professional development of the employee via skills training, modeling, and structured learning experiences.<sup>1</sup>

**Administrative Supervision** focuses on implementation of an organization's policies and procedures (e.g., work load, compliance, connection to payroll and/or HR, billing practices).<sup>1</sup>

### BRIGHT SPOTS for Organizational Supervision Standards

- **Kairos** has organizational wide policies and procedures for peer supervision with baseline minimums and integration of reflective strategies.
- **Family Nurturing Center** meets with peers for 1 hour of reflective individual supervision each week in addition to a team weekly meeting using the Sanctuary Model ([Sanctuary Model – Sanctuary Institute \(thesanctuaryinstitute.org\)](https://thesanctuaryinstitute.org)). They credit strong retention of their peers in part to this practice.

2

## The peer role is unique and requires supervision practices that acknowledge and support the full impact of a peer's day to day work.

**The vulnerability that is required for the peer role, and inherent in the work, distinguishes it from other jobs.** Supervisors and peers agree that a certain amount of empathy and support is needed when supervising peers. We also heard that supervisors should have a baseline understanding about the peer role, so they know when and how to provide the right kind of supervision that is necessary to fully support their employees.

*"We talk as a senior management team about just like they [peers] are in the most vulnerable role in this agency because they don't just get to come to work and leave their personal life to the side. It's part of their job. It's part of what we're asking them to do."—Peer Supervisor*

Additionally, the peer role has added layers of challenges from other careers and can include:

- Triggers which can impact the peer employee's own recovery and treatment
- Boundaries due to the role being very hands on
- Compassion fatigue because this role requires a great deal of support to clients and those in recovery themselves

The peer role is demanding, and there were frequent discussions of burnout during our conversations with both peers and supervisors. We heard that some organizations and supervisors are great at helping prevent burnout amongst their employees by offering dedicated self-care time, supporting peers to acknowledge and address vicarious trauma and compassion fatigue, and encouraging internal team building and peer to peer connections. On the other hand, some organizations that we spoke to acknowledged that they struggle with preventing burnout because there is a culture of “go, go, go” embedded in the work. If peers do not receive appropriate supervision and support to help them overcome these challenges, they may struggle to be successful in their role.

*“Our approach has been pretty good with retention and client outcomes because the staff are not burning out, they're able to provide sustained attention and what peer service is all about -which is being there for the client. It's not about the help they need, it's the presence. If they have the wherewithal to do that, then that's all the client needs and that's easy to do in a sustainable way... And, you know, peers are people in recovery. So if they're stressed out, we're running a risk of losing the progress that they've made. So it is in the interest of the agency, for the clients, and for the staff - for us to prioritize their wellbeing. — Peer Supervisor*

### 3 Peers and supervisors agree that there are organizational and supervision practices that are most effective to support peers.

**Peers expressed that for them to feel fully supported in their role and receive the most effective supervision experience there are certain practices that are important for organizations to include in their supervisory practices and standards; however, not all organizations have the infrastructure to implement these practices.**

One practice that had broad agreement from peers and supervisors alike was that supervisors who are peers themselves is ideal, with some suggesting it should be a requirement. Ensuring that peers receive supervision from supervisors who are familiar with the peer role and scope of work, and who themselves have lived experience, is tremendously important for peers to feel fully supported in this role. The peer role requires vulnerability, can be incredibly challenging, and is emotionally draining, therefore peer supervisors need to have advanced knowledge about supervision types and practices that can support the peer role and its intricacies.

*“I need to be a peer to supervise a peer... And then being familiar with like core competencies for peer work, knowing what peer work is, knowing the resources that are available, being familiar with the resources. And then being approachable and just being another member of my team, you know, managing with them, not above them, you know.”— Peer Supervisor*

Another best practice that was mentioned was the utilization of co-supervision models (with at least one supervisor who identified as a peer), which can provide complimentary support to peers. Some organizations have added peer coaches or lead peers that can be additional supports to peers. Other organizations that have peers working across several different models/programs – often with a supervisor who themselves is *not* a peer – have added a peer manager or peer coordinator to support peers across multiple programs.

*“The peer coach is an extra hat that she wears to coach her fellow peers. She does a lot of similar stuff to supervision - she checks in with each of the peers, she runs coaching hours where they would talk about the core competencies and anything that's coming up in relation to the peer work. She's also available for one-on-one coaching. So, it's really like having an extra supervisor... It feels like there's two folks that folks can go to for support.”—Peer Supervisor*

Peers also mentioned that their connection to coworkers and a sense of “family” within their team provided additional support for them and was a big reason they were committed to their organization. There were many different

strategies that we heard were being implemented within organizations across the region to provide support for peer employee well-being (and retention).

These practices include:

- Wage increases/bonuses
- Additional mental health days off
- Flexible scheduling
- 4-day work week
- Specific self-care/team building time built into the work week

### BRIGHT SPOTS: Organizational Strategies to Support the Peer Role

- **Addictions Recovery Center** has moved to 4 day/32 hour work week (32 hours considered full time)
- **HIV Alliance** has a “Self-Care 1<sup>st</sup>” model
- **Jackson County Mental Health** offers accommodating and flexible schedules for peers that are interested in working fulltime or part-time
- **Kairos** supports an agency-wide coaching cohort to cultivate support between peers. They also utilize creative recognition strategies like Going Above and Beyond (GAB) awards and provide staff bonuses to help with staff retention
- **OnTrack** provides two mental health days for their employees

## 4

### Peer supervisors need ample onboarding and training themselves, along with organizational support, to be able to provide adequate supervision to employees.

To be able to successfully support peers, **peer supervisors also need organizational support including adequate supervision, specific (foundational) supervisory training and onboarding, and a reasonable workload to ensure that they have enough time to support peers.**

Supervisors in the region receive varying amounts of supervisory training, onboarding support and direction around how, and when, to deliver peer supervision leaving some supervisors feeling ill-equipped to do their job. Intentional infrastructure for peer supervision training and specific guidance for supervisory practices is needed for peer supervisors at the onset of the role and throughout the duration of their employment.

*“I’ve been in this role for almost three years as a peer supervisor, so along the way I have gathered enough training that I feel more equipped now than I did when I first started, but it’s been a long trek, [it] wasn’t all at the onset. So, I think having a training at the beginning... like a virtual webinar or interactive training, anything around supervision... a training that... was specific to the job functions would be helpful and especially as a peer supervisor.” —Peer Supervisor*

Most supervisors we spoke with received very little training related to supervising peers. Training needs for supervisors will vary and may be dependent on the background of the supervisor. For example, clinicians or program managers that become supervisors for the first time may need additional training on the peer model and scope of practice. On the other hand, peers who grow into supervisory positions may need specific direction and training around administrative leadership and supervision.

Some supervisors spoke about a lack understanding of the peer model by leadership, which could impact peers on multiple levels but also can be burdensome for supervisors that feel that they must constantly educate their own supervisors about how the peer role is distinct from other team members.

*"I think there's buy-in from supervisors around peer support, but I'm not totally convinced they like completely understand it... I think there still could be some work done there."—Peer Supervisor*

In addition to onboarding and training specific to the supervisory role, supervisors expressed that they need specific supports from their organization at large which include:

- Structured time to provide quality supervision
- Strong supervision practices for themselves (particularly if they are a peer)
- Reasonable workload for the peers they supervise

### BRIGHT SPOTS for Supervision

- **ARC and Adapt** both ensure that peer supervisors have access to clinical supervision themselves.
- **Colombia Care** has a peer manager that is providing training about the peer role to other supervisors and leadership in the organization so they may better understand the peer role.
- **Youth Era** has recently developed a supervisor training for Youth Peer Supervisors.

## Recommendations

The following recommendations coincide with statements by peers and supervisors and were vetted by interested parties, including a peer community of practice and a behavioral health workforce workgroup (both located in So. OR). Recommendations are grouped at the organizational and regional levels and can be used to grow and strengthen the peer workforce in So. OR.

## RECOMMENDATIONS TO SUPPORT PEER TRAINING

ORGANIZATIONAL BEST PRACTICES*	WHY IS IT NEEDED?
<b>Hire and promote peers into supervision and management positions</b>	Peers expressed that being supervised by someone who themselves is a peer and is familiar with the peer role and scope of work is tremendously important. Organizations can explore ways to move peers into supervisory roles and the training needed to facilitate this.
<b>Provide more extensive training and onboarding support for new peer supervisors</b>	Training and onboarding can help set shared expectations and consistent standards for supervision across different programs with an agency. Peers moving into a supervisory role and supervisors who are new to supporting peers may need additional tailored supports to be successful.
<b>Ensure that supervisors on staff have time and encouragement to meet individually with each of their peer reports at minimum 1x/month</b>	Providing supportive supervision requires time. Organizational supervision standards can ensure minimum individual time with supervisors in addition to appropriate ratios of supervisors to employees.

<b>Educate leadership and other decision-makers within the organization about the peer role and scope of practice</b>	Without organizational buy-in, supervisors are limited in their ability to implement many of the best practices and supportive strategies for peers.
<b>REGIONAL BEST PRACTICES*</b>	<b>WHY IS IT NEEDED?</b>
<b>Support access to supervision training for peer organizations across the region</b>	Support for a specific regional training related to supervision could help standardize supervision practices across the region. Some peer supervisors emphasize that training should include an emphasis on reflective supervision practices along with clinical and administrative supervision.
<b>Encourage direct supervision by peers themselves and/or co-supervision models</b>	Ensure all peers have access to supervisors with experiential knowledge of peer services.
<b>Funders should include sufficient funding and explicit budget line items for supervision within grants and contracts for peer services</b>	Many supervisors we spoke to expressed feeling stretched thin and supervising many staff members. Integrating more comprehensive supervisions practices will require resourcing the time and training. Funders can couple their practice expectations with sufficient funding to implement these practice changes.

\*Best practices elevated by peers and peer supervisors



# Professional Development and Career Pathways

## Introduction

Professional development is an important part of continuing career growth and meeting professional and personal goals for employees and provides benefits to employers as well. Investments in professional development for peers can lead to strengthened skills, knowledge, pay increases and growth in confidence and pride in one's work.<sup>2</sup> Offering access to a multitude of career pathways for peers can support retention, engagement, and motivate employees to grow within an organization. Regional investments in professional development can ultimately lead to a higher skilled workforce, established pathways into other behavioral health fields, and improved services and outcomes for the region.

## Key findings

### 1 There is limited upward mobility for peers.

There is broad acknowledgement across organizations (and amongst peers) that **there is limited upward mobility within the peer role itself; however, peers expressed that if they want to advance their career, the primary way for them to do so is to pursue a clinical role.** Within organizations in the region there are often opportunities for advancement into clinical positions, such as a Certified Alcohol and Drug Counselor (CADC) or a Qualified Mental Health Associate (QMHA). Some organizations offer peers the option to transition into other roles that are non-clinical (e.g., administrative roles or residential aid) but those aren't officially peer roles either.

Some employers expressed a strong “grow your own” culture within the organization, with encouragement and support to pursue additional education and training for more advanced positions. This support included flexibility in scheduling, providing mentorship, training in-house, and financial assistance with tuition.

## Southern Oregon Peer Workforce Project Background

In 2022 the Center for Outcomes Research & Education (CORE) collaborated with interested parties in Southern Oregon on a project to develop collaborative recommendations to strengthen the peer workforce. The project aims to cultivate and support:

- Shared learning across peer programs
- Increased ability to advocate for funding and workforce improvements
- Strengthened capacity to evaluate what is working within and across peer programs

**Project activities** included:

- An initial evidence and data review
- Interviews and focus groups with peers and peer supervisors from a total of 14 agencies
- Consultation with peers, supervisors, and other BH/SUD leaders in So. OR

This brief on **Professional Development & Career Pathways** is one of several products from this project. The others are linked below and include:

4. An [Evidence Review](#) about the impact of peer programs and services.
5. A full [Project Report](#) and three additional briefs highlighting promising practices related to [Training & Certification](#), [Supervision & Support](#), and [Additional Priorities for Peer Services](#).
6. A [PowerPoint presentation](#) highlighting information from the project.

<sup>1</sup>Parsons, L. (2022, August 23). Why is Professional Development Important? *Harvard Division of Continuing Education*.  
<https://professional.dce.harvard.edu/blog/why-is-professional-development-important/>



However, pursuing these types of roles are not available to all peers. Many clinical or advanced positions require more stringent background checks and requirements that some peers will not be able to meet because of their past experiences. Some peers expressed discouragement or “feeling stuck” if they did not want to, or had barriers to follow the clinical career pathway laid out for them by their organization.

*“It is limiting because although they might be really good in that role, they're not gonna be able to pass the background check that's required for them to be in that role. And same goes with -we have a lot of preschool classrooms which is a certified childcare facility. You have to be able to pass a background check to be in those settings so they [peers] are kind of limited” – Peer Supervisor*

### BRIGHT SPOTS: Organizational support for upward mobility

- OnTrack’s On-PACE peer and counselor training program provides a paid apprenticeship and training opportunity for individuals to earn certifications as Peer Support Specialists, CADCs, and QMHAs.
- Oasis encourages their peers to seek additional training and is flexible with shifting their schedule depending on class schedules and requirement.

2

## Organizations are increasingly recognizing the value of developing advanced peer positions and hiring peers as supervisors.

**In recent years there has been significant growth in the number of lead peer positions and peers hired into supervisory roles; however, there is still potential for greater development in this area.** Just over half of the peer supervisors we

interviewed said that they identified as a peer themselves

(meaning they identified as someone with shared experience), although not all of them had worked as a peer prior to becoming a peer supervisor. There has been recent growth in the number and

**57%** of peer supervisors identified as a peer themselves

types of advanced peer roles such as lead peers and peer coaches. Some advanced peer positions provide opportunities for increases in pay and responsibility for seasoned peers and supervisors noted that these can be ideal for peers that are interested in becoming a supervisor.

In addition to providing advanced peer roles, some organizations have been striving to provide competitive wages that are above average for the role so that peers can continue their career pathway while staying within peer work, instead of having to transition into a clinical role just to get a pay raise. We also heard from peer supervisors that organizations want to support their employees and help them pursue the career pathway that is most aligned with their own personal vision and goals for their future.

### EXAMPLES OF ADVANCED PEER ROLES AT ORGANIZATIONS IN THE REGION

- Lead Peer
- Peer Coach
- Peer Manager
- Peer tiers/levels (e.g., Peer II, Peer III)
- Peer Trainers

*“[The peer role] can be a stepping stone to be a CADC if that's the direction you want to go, and the [organization] supports us in that way too... But also, like opening up peer supervisor positions and peer manager positions and you know, really helping us to have career wages and competitive wages and stay within peer work.”—Peer Supervisor*

*“I think we're kind of like at this place where we're like go for it and we'll grow with you, you know. So as our peers want to develop in their own professional lives, we're keeping up with them because we have to create space for that if we wanna retain people and also it just brings a lot to the agency.”—Peer Supervisor*

### BRIGHT SPOTS: Advanced Peers Positions

- While more than half of the organizations we spoke to have peers in supervisor roles, **Colombia Care** has a peer *manager* position who is part of the organizational leadership team.



### Peers want career pathway options that will allow them to advance their career while remaining in the peer role.

**Peers expressed that they desire more opportunities for professional development while maintaining the peer perspective and role.** Some peers don't want a different role because they value the horizontal, peer relationship they have with clients. Some clinical positions have role restrictions which differ from peer positions. For example, a peer shared that in their organization a CADC wouldn't bring a client to an appointment; however, driving a client to an appointment can be an important part of the peer role because it allows for relationship building with clients. Peers expressed that they value the relationship building aspect of the peer work, and they want to be able to bring peer qualities along as they advance their career.

*"For me, I like what I do, and I feel like I do have a lot of the experience piece of it because I went from being a person with an addiction to a person in recovery to an employee. I like what I do, and I don't ever want to be a CADC. I don't have any desire to be a CADC. I like what I do, I like being down here on the ground level with them and being able to be that support person that they can come to and relate to instead of this person that's on a pedestal."—Peer Employee*

When peer employers encourage and offer multiple career pathways for peers to advance into 1) clinical roles, 2) supervision/management, or 3) advance within the peer role itself (tiers/leadership), they will be better positioned to fully leverage the valuable peer expertise and perspective at all levels of the agency and support staff retention and growth.

#### BRIGHT SPOTS: Organizational Opportunities for Peers to Grow in the Peer Role

- **Addictions Recovery Center (ARC)** provides a career path within peer work. They have opened peer supervisor and peer manager positions and provide competitive wages to encourage peers to remain in the peer role.
- **Kairos** has different level of peer tiers with increased pay grades at each level.

### Recommendations

The following recommendations coincide with statements by peers and supervisors and were vetted by interested parties, including a peer community of practice and a behavioral health workforce workgroup (both located in So. OR). Recommendations are grouped at the organizational and regional levels and can be used to grow and strengthen the peer workforce in So. OR.

## RECOMMENDATIONS TO SUPPORT PROFESSIONAL DEVELOPMENT & CAREER PATHWAYS

ORGANIZATIONAL BEST PRACTICES*	WHY IS IT NEEDED?
<b>Increase opportunities for growth and leadership within the peer role that are aligned with individual peer's goals</b>	Supervisors and peers both spoke to the benefits of having peers at all levels of the organization including at the leadership level. When organizations implement professional development practices it can also support retention.
<b>Link peers to training or skill development for future roles as supervisors or managers.</b>	As organizations increasingly prioritize hiring peer supervisors with peer experience, supporting current peers to take on leadership, coaching, mentorship, and light program coordination can be an effective onramp for a future supervisor position.

REGIONAL BEST PRACTICES*	WHY IS IT NEEDED?
<b>Consider the creation of regional standards for tiered peer roles with salary increases for each tier (e.g., Peer I, Peer II, Peer III, Lead Peer, Peer Supervisor or Manager)</b>	By creating regional standards for stepped/tiered peer roles with salary increases for each tier, similar to CADIC I, II, III tiers, a career pathway for peers can be created and will provide them the opportunity to remain in the peer role while still advancing their career.
*Best practices elevated by peers and peer supervisors	



# Additional Priorities for Peer Services

## Introduction

While the focus of the Southern Oregon Peer Workforce project was on opportunities for organizations and regional partners to strengthen the *peer workforce infrastructure* – that is the trainings, supervision, and professional development opportunities to support current and future peers in their roles – two other important priorities and challenges related to peer programs and outcomes emerged: **Culturally & Linguistically Responsive Peer Services and Collaboration & Coordination**. While somewhat distinct from the other topics specific to preparing and supporting peers in their role, peers and supervisors underscored the importance of addressing these issues to improve peer services & client outcomes in Southern Oregon.

## Culturally & Linguistically Responsive Peer Services

Perhaps the most urgent challenge to address is the need for more culturally & linguistically responsive peer services in the region.

**Most organizations acknowledged that the current peer workforce is less diverse than their clients and that the current behavioral health and recovery service array in Southern Oregon is inadequate for BIPOC communities, Trans individuals, and clients with disabilities.** While we heard powerful testimonies about the urgent need for attention to this topic, the combination of our own positionality as white cis-women and limited participation from BIPOC peers and peer supervisors in this project overall constrained our ability to generate adequate recommendations for organizations and the region.

When asked how peer programs were set up to support Black, Latinx, Native American, LGBTQIAS+, Asian, Pacific Islander clients, most supervisors initially responded to the specific challenges meeting clients' language needs. Many referenced **interpretive services** as one strategy to bridge the gap between the current workforce and language needs of clients. However, accessing interpretative services isn't always easy. In one scenario, an organization didn't realize that their interpretative services contractor did not have an ASL interpreter on staff until they had an ASL client require urgent services. Despite most supervisors referencing access to interpretive services, several

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In 2022 the Center for Outcomes Research & Education (CORE) collaborated with interested parties in Southern Oregon (So. OR) on a project to develop collaborative recommendations to strengthen the peer workforce. The project aims to cultivate and support:

- Shared learning across peer programs
- Increased ability to advocate for funding and workforce improvements
- Strengthened capacity to evaluate what is working within and across peer programs

**Project activities** included:

- An initial evidence and data review
- Interviews and focus groups with peers and peer supervisors from a total of 14 agencies
- Consultation with peers, supervisors, and other BH/SUD leaders in So. OR

This brief on **Additional Priorities for Peer Services** is one of several products from this project. The others are linked below and include:

1. An [Evidence Review](#) about the impact of peer programs and services.
2. A full [Project Report](#) and three additional briefs highlighting promising practices related to [Training & Certification](#), [Supervision & Support](#), and [Professional Development & Career Pathways](#).
3. A [PowerPoint presentation](#) highlighting information from the project.

*"Southern Oregon has a huge Hispanic population. We don't have any mentors currently that are bilingual. I've been able to work with one dad who was undocumented. He spoke broken English, and I was able to work with him.....if he didn't speak any English, there would've been a huge gap there and a big barrier. I was trying to learn with Google Translate a little bit. I was asking my phone, 'Say this.' We need more representation for our Hispanic community"—Peer Employee*

peers described situations with non-fluent English-speaking clients where they relied on co-workers or Google Translate to effectively communicate with their clients.

There was broad consensus that providing peer services in a client's native language was much better than relying on interpretive services. Many supervisors that we spoke to described how **challenging it is to hire Spanish-speaking peers** in the region and a sense that "we do the best we can." Fifty percent of employers that we spoke to reported zero Spanish-speaking peers on staff at the time of the interviews. Of the

**50%** of peer employers reported no Spanish-speaking peers on staff.

50% that did have at least one Spanish-speaking peer, many of them still had gaps within specific programs.

Organizations described having to "stretch" to provide linguistically responsive services, for example assigning a Spanish-speaking case manager to provide services typically provided by peers or having a bilingual peer whose job is to work with moms also work with dads because they haven't been successful in hiring a male bilingual peer.

*"We had one Spanish speaking client and the way we supported her was to have a little tablet, and there's a person that does the translating in that moment, but we found that there was sound issues because the sound echoes and clients are talking out of order.... I know that in the end, her experience was that she felt disconnected from the other women in the house because they spoke English and there was not someone that she was able to get in community with... so it was most definitely a barrier"—Peer Supervisor*

This project did not collect any data about client demographics from organizations that participated, but there is strong evidence that gaps in workforce diversity have major implications for both access and the experience of services. In their 2021 report on behavioral health in Oregon, the Coalition of Communities of Color highlighted much lower rates of behavioral health utilization among Black, Indigenous, and people of color and attributed much of this gap to the dearth of multicultural and multilingual providers and hesitation among BIPOC individuals to seek care based on previous experiences of racism, discrimination, and cultural insensitivity.<sup>1</sup>

*"I feel like the reason that we don't reach that Spanish as first language population is because we offer everything in English and then they have to try and fit in."—Peer Supervisor*

Some peers and supervisors suggested that the region needed more peer programs led by and developed by specific communities or using **culturally specific models**. While language is an obvious barrier, culturally responsive services require going beyond providing interpretation or even having Spanish-speaking peers. Culturally specific models are based on the same premise as the peer model itself- that shared life experiences and the knowledge and perspective gained from that experience provides a powerful type of support that dominant culture clinical models cannot replicate. Culturally specific models do not just translate dominant culture models into different languages but are designed with a particular community in mind.

During the project there was only one mention of a culturally-specific peer program – a recently launched Latinx Café run by Reclaiming Lives Recovery Cafe and supported by AllCare CCO. Several supervisors shared their belief that the experience of recovery is the strongest common denominator and that they are "welcoming to everyone." There were many organizations that reported having peers on staff that identify as LGBTQIA+

*"I'm going to be blunt, but you have white folks making decisions for Latino folks, and they have no idea how our community works. If you have Native Americans, you need to have your people in charge, people that are Native Americans to implement those programs." -Peer Employee*

and a growing acknowledgement of the specific barriers and challenges that LGBTQIA+ and Trans clients have identifying supports and services that feel safe and affirming. Almost all organizations reported some type of required diversity or cultural training requirements for staff, although there was a wide range of frequency and types of trainings

<sup>1</sup> Coalition of Communities of Color. Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon. 2021. Accessed August 26, 2022. <https://www.coalitioncommunitiescolor.org/2021-bh-report>

offered. The importance of having, not just a diverse peer workforce, but diversity throughout the agency, particularly in leadership, was another theme that emerged, especially from participating peers.

### BRIGHT SPOTS for Culturally & Linguistically Responsive Services

- **Reclaiming Lives Recovery Cafe** recently launched a culturally specific Latinx Café with support from AllCare CCO. They also have a LGBTQIA+ circle.
- **Kairos** hosts consistent DEI trainings/conversations/forums for their entire agency and is working on embedding the learnings into everyday practice. Twice a month, staff come together to learn and engage with each other on different topics at the staff “Empower Hour”, and supervisors are working on integrating these learnings into their supervision practice and reflection and within their conception of trauma-informed care.

### Collaboration & Coordination

Organizations that described strong collaborations with other partners and services underscored how important this was to their ability to effectively address the needs of their clients. Some organizations spoke to the impact of co-locating services, inter-agency training opportunities, and the recent Peer Community of Practice for supporting peers to connect with and build relationships with other organizations.

*“I think a lot of our Magic is built on building collaboration and making it as easy as possible to navigate all these different systems.” – Peer Supervisor*

Peers and supervisors both expressed a need for increased understanding of the current array of services and resources available for their clients, acknowledging that stronger connections between service providers help support referrals and care coordination between multiple organizations who may be serving the same clients. Peers described that the work that they do researching and verifying available resources and referrals for clients takes up a large share of their time but that doesn’t seem to “count” as productivity because it is not necessarily face to face time with clients or billable. Peers shared examples about how lack of communication and coordination sometimes has led to duplication of efforts or resources (for example, two peers at two different organizations unknowingly add the same client’s name to the same housing waitlists.)

*“Some of these Zoom meetings, there’s so many of them - different committees to be a part of and things like that. Sometimes I have the time and sometimes I don’t, but they’re these ‘agenda meetings’ and they’re not actually about building relationships across community resources. I think that’s super crucial for me to be providing the best care I possibly can to my clients. To know what the heck [X Organization] is so that I can properly refer them there or not refer them there, depending on what is going on. It’s a lot of stuff to do without having that already built in” – Peer Employee*

Furthermore, the COVID-19 pandemic has impacted peer organizations’ ability to effectively collaborate and coordinate. Over the past few years, many resources and organizations have shifted in the region, and some have

### BRIGHT SPOTS for Collaboration and Coordination

- **Oasis Center of the Rogue Valley** subleases part of its building to other organizations who offer complimentary services. They are currently working to open a childcare program in 2023.
- **The Addictions Recovery Center (ARC)** has strong collaborations with Medford Livability Team and the Community Homeless Outreach Project. They also have regular meetings with law enforcement agencies and coordinate planned releases from jail so that ARC staff can connect with folks as they are released.
- The monthly **Peer Community of Practice** is facilitated by THW Liaisons from AllCare and Jackson Care Connect, and a peer from Oasis and provides monthly opportunities for peers from across the region to gather, network, and learn together.



closed down entirely, creating new barriers to collaboration and coordination for peers. However, as of July 2022, many peer organizations were beginning to get together in person again for in-person trainings, resource fairs, etc. Peers described how much they had missed this type of connection and how excited they were for these in-person opportunities. To boost collaboration with other peer organizations, one supervisor noted that the Chamber of Commerce’s “Meet & Greet” event for businesses could be replicated for the Recovery community.

## Next Steps: A Call to Action

This brief doesn't craft specific recommendations for either of these two priorities because we weren't able to properly explore and vet recommendations with focus group participants, the Peer Community of Practice, and other leaders in the recovery and mental health sector. However, we have included our initial findings here to highlight the need for action to address these challenges for successful peer services and outcomes. Without parallel and timely investments to improve culturally and linguistically responsive peer services in the region, efforts to advance the peer workforce will fail to be supportive for all communities in Southern Oregon. Some of the coordination challenges that were discussed during the project may be improving with the return to in person services and meetings. However, the current and anticipated growth of peer services in the region, (and the corresponding increase of clients receiving services from multiple organizations,) necessitates more sophisticated resource, referral, and partner coordination.

Next steps should include:

- 1) Convening key partners, peers and peer services to focus on these two issues specifically.
  - To address *culturally and linguistically responsive services*, conveners should first identify community-centered care networks already in existence to increase access to culturally and linguistically specific care. Secondly, leaders and organizations that serve and/or are led by BIPOC, Trans, and Disability communities should be included and consulted.<sup>1</sup>
- 2) Identify and prioritize short and mid-term strategies to advance both improved collaboration and culturally and linguistically responsive peer services both at the organizational and regional levels.
- 3) Funders and partners should engage in these efforts to explore how they can best incentivize, support, and resource these critical efforts.

*“I really love the idea of really incorporating people that have an understanding of the culture and the language. Because it's not just a language barrier. It's also understanding the culture. I think those two pieces are really important when it comes to having staff that can open the doors and provide service to someone.” -Peer Supervisor*

<sup>1</sup> Coalition of Communities of Color. Investing in Culturally and Linguistically Responsive Behavioral Health Care in Oregon. 2021. Accessed August 26, 2022. <https://www.coalitioncommunitiescolor.org/2021-bh-report>

## Appendix A- Participating Organizations

List of Participating Organizations	Peer Supervisor Interviewed	Focus Group Attended by Peer Employees
Adapt Integrated Healthcare	Yes	No
Addiction Recovery Center (ARC)	Yes	Yes
Columbia Care Services	Yes	No
Family Nurturing Center	Yes	Yes
HIV Alliance	Yes	No
Jackson County Mental Health	Yes	No
Kairos	Yes	Yes
Oasis Center for the Rogue Valley	Yes	No
OnTrack	Yes	Yes
Options for Southern Oregon	Yes	No
Pathfinder Network	No	Yes
Reclaiming Lives- Recovery Café	Yes	No
Rogue Retreat	Yes	Yes
Youth ERA- Medford Drop	Yes	Yes

## Appendix B- Methods

- To identify organizations that employ peers we initially did a web search for peer organizations in Jackson & Josephine Counties. Many organizations provide services beyond Jackson and Josephine, so we extended the geographic scope to include Douglas, Curry, & Coos Counties as well.
- We utilized the definitions above (requiring peers to work in mental health or SUD specifically)
- We reviewed our initial list of peer organizations with our Advisory team and shared it with the Behavioral Health Workforce Workgroup facilitated by Southern Oregon Success in May 2022.
- Of the 14 organizations that we contacted initially for a peer supervisor interview, 13 participated.
- Invitations for peers to participate in the focus groups were sent to the 13 organizations. 13 Peers from 7 agencies attended the focus groups.
- Peers from additional organizations participated by way of the Southern Oregon Community of Practice
- Consultation included regular meetings with our project Advisory team, and two presentations to both the Behavioral Health Workgroup and Peer Community of Practice. These meetings and presentations were facilitated to clarify priorities, elicit suggestions and feedback, and vet findings and recommendations.