PEER SUPPORT SERVICES IN CRISIS CARE

Peer support workers—also known as peers—are individuals with **lived experience** who have sustained **recovery** from a mental or substance use disorder, or both.[1] They assist others entering or in recovery with reducing the **recurrence of symptoms**, more commonly known as relapse.[2-4] Peers model recovery, promote shared understanding, focus on strengths, offer positive coping strategies, and provide information and resources.[1]

Peers may engage in a range of non-clinical activities to support individuals or families of individuals in or seeking recovery from a substance use disorder, mental illness, or both. Activities may include mentoring, advocating for people in recovery, leading recovery groups, and building relationships.[1] These activities supplement other services an individual may receive. The role of the peer is unique in that it is based on the concept of **mutuality**—or sharing similar experiences. Peers offer a non-hierarchical relationship that differs from individuals' relationships with clinicians. Peers enhance the work of an individual's clinical care team and support them and their families as they navigate recovery.[2, 4]

Peer support workers are individuals with **lived experience** and may be called **peer support workers**, **peer specialists**, **peer recovery coaches**, **peer advocates**, **peer recovery support specialists**, or, collectively, **"peers"** who have undergone special training or certification to be effective in this role.

Peer support…

… is an evidence-based practice.
… has extensive literature to support the inclusion of peers in the behavioral health workforce.

Research on peer support has demonstrated…

… cost effectiveness.
… improved outcomes for recipients.

Improved outcomes for recipients include…[2-3]

… reduced re-hospitalizations.
… lower overall costs of services.
… increased service utilization.
… increased treatment engagement.
… improved quality of life.
… increased functioning.
… decreased behavioral health symptoms.
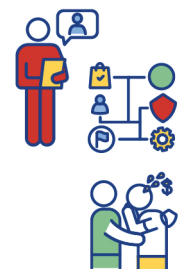
Key Messages

- Peer support services are an integral component of the behavioral health continuum of care—from prevention and early intervention to treatment, recovery, and crisis services.
- Crisis care provides services to anyone, anywhere, at any time. Three essential elements comprise crisis care: crisis phone lines, mobile crisis teams, and crisis receiving and stabilization facilities.
- There are several benefits to including peers in crisis care, including strengthening engagement in treatment and improving outcomes for individuals experiencing a crisis who receive these services.
- Peers working in crisis service care settings provide opportunities for individuals in crisis to talk with someone who has similar experiences, embodies recovery, and can offer messages of encouragement and hope.
- Peers may experience challenges related to role integrity, stigma from co-workers, and sustainable employment. They also face challenges unique to providing crisis care, including the complexity of managing crisis situations and, often, a lack of specialized crisis training.

Definitions

Behavioral health:[5] A key part of a person's overall health, which includes emotional, psychological, and social well-being, and that is just as important as physical health. Conditions that may impact behavioral health include mental illnesses, substance use disorders, and co-occurring mental and substance use disorders.

Behavioral health continuum of care:[6] An integrated system of care with varying levels of service intensity and settings in response to an individual's behavioral health needs.

Crisis care:[7] A range of services for individuals experiencing an acute mental and/or substance use disorder crisis.

Crisis respite:[7] Short-term, residential facilities that offer a restful, step-down environment with supports for individuals experiencing a crisis.

Lived experience:[2] Personal knowledge gained through direct, first-hand involvement.

Mutuality:[2] A positive, interactive relationship between people based on shared lived experience.

Peer drift:[8] When the role of the peer support worker begins to deviate from the practices that distinguish peer support workers from clinical providers or other recovery supports.

Peer support services:[2] Peer support services encompass a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both.

Peer support workers:[1] People who have been successful in the recovery process who help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, peer support workers help people enter and stay engaged in the recovery process and reduce the likelihood of relapse. Peer support workers are trained as recovery coaches or peer specialists and may include family peer supporters.

Recovery:[9] A process of change through which people improve their health and wellness, live self-directed lives, and strive to reach their full potential. The four dimensions that support recovery are health, housing, purpose, and community.

Recovery capital:[10] The internal and external resources that are available to individuals to initiate and sustain recovery from mental and/or substance use disorders.

Recovery support services:[9] A range of non-clinical support services designed to help people with mental and substance use disorders manage their conditions successfully.

Recurrence of symptoms:[11] A phase of recovery where a person's symptoms have returned and their functioning has decreased. This may be more commonly referred to as "relapse."

Strengths-based:[12] An approach to assessment and care that emphasizes the strengths of the individual.

Trauma-informed:[13] Services or care based on the knowledge and understanding of trauma and its far-reaching implications.

Warm line:[7] A phone line individuals can call to receive services that are less intensive than what one would receive when calling a hot line, like opportunities for talking, support, and referrals to other services.

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Peers may be paid or unpaid and work in a range of settings. These settings include peer-run organizations; behavioral health centers; certified community behavioral health clinics; inpatient, residential, and outpatient programs; primary care; criminal justice settings; homeless shelters; child welfare agencies; educational settings; and emergency departments.[2, 14]
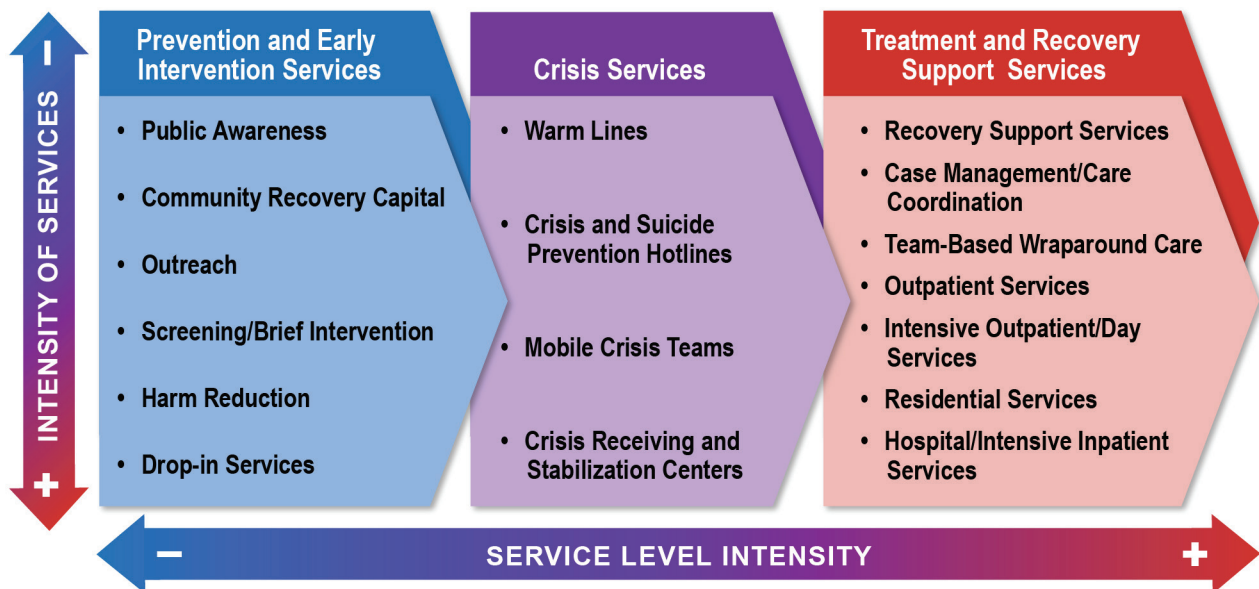
Models of Peer Support Services

Recovery from a mental and/or substance use disorder—common conditions that affect **behavioral health**—is a process of change. The recovery process varies by person, based on social and contextual factors specific to the individual[15-16] as well as where the individual is on the **behavioral health continuum of care** (Figure 1). The continuum of care encompasses a full range of services. It can support the needs of an individual with a mental and/or substance use disorder with preventive and early intervention care, **recovery support services**, **crisis care**, and more intensive outpatient or inpatient treatment, if needed. With effective recovery support, individuals work with peers, clinicians, and others to identify the services that can help to achieve and maintain their own recovery.

Individuals may receive **peer support services** along the full continuum of care through a variety of roles and service models. These models, as well as the roles and responsibilities of peers within them, vary depending on the organization and setting. The three broad organizational structures that typically deliver peer support services include:

- *Peer-run* organizations may also be referred to as freestanding organizations and are operated and staffed by peers; these include drop-in centers and recovery community organizations.
- *Integrated* organizations may also be referred to as embedded organizations and are traditional behavioral healthcare systems that offer a range of services, including counseling, and hire peer support workers.
- *Hybrid* structures offer a combination of the previous two and are organizations that contract with a peer-run organization for peer support services.

Some medical settings (e.g., primary care and emergency departments), human services, and other programs and settings (e.g., housing programs, mental health and/or drug courts, school systems, and faith-based organizations) may also provide peer support services.

Figure 1. Key Components of a Behavioral Health Continuum of Care

INTENSITY OF SERVICES

Prevention and Early Intervention Services
- Public Awareness
- Community Recovery Capital
- Outreach
- Screening/Brief Intervention
- Harm Reduction
- Drop-in Services

Crisis Services
- Warm Lines
- Crisis and Suicide Prevention Hotlines
- Mobile Crisis Teams
- Crisis Receiving and Stabilization Centers

Treatment and Recovery Support Services
- Recovery Support Services
- Case Management/Care Coordination
- Team-Based Wraparound Care
- Outpatient Services
- Intensive Outpatient/Day Services
- Residential Services
- Hospital/Intensive Inpatient Services

SERVICE LEVEL INTENSITY

Crisis Care

Individuals may experience a crisis or a situation causing significant emotional distress. Many of these individuals, but not all, may have a mental and/or substance use disorder. Crises differ for each individual and may result from adverse changes in life circumstances, such as the loss of a relationship, loved one, or job, or they may represent the worsening of untreated mental or substance use disorder. Crises may happen any time or anywhere and can have devastating impacts on individuals, families, and communities.[7] Some individuals may be at risk of harming themselves or, less likely, others, unable to care for one's self or access basic needs like food and shelter, or experience other problems related to substance use and mental illness.[17]

> **Crisis Care in Action: Georgia Department of Behavioral Health and Developmental Disabilities**
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> Certified peer specialists are included in all levels of the state's emerging crisis system, including the Georgia Crisis and Access Line, mobile crisis response service, and the treatment teams at crisis stabilization units and behavioral health crisis centers. Peer specialists provide support through text/chat, taking initial calls, dispatching mobile crisis units, and face-to-face rapid response.

Crisis care encompasses a range of services that help individuals better manage current circumstances.[17] Crisis care may also involve treating physical concerns related to substance use, withdrawal, or sub-acute chronic poor health. The purpose of crisis care is to support the individual, engage them in the least restrictive services, and avoid unnecessary hospitalizations or arrest.

> **Elements of a comprehensive crisis care system ideally include the following:[7]**
>
> - *Crisis lines* that operate 24 hours a day, 7 days a week and are staffed with clinical and peer staff who can provide crisis intervention capabilities, meet National Suicide Prevention Lifeline standards for risk assessment and engagement of individuals at imminent risk of suicide, offer quality coordination of crisis care, and accept all calls and dispatch support based on the assessed need of the caller.
> - *Mobile crisis teams* that can be dispatched to wherever the need is in the community, such as a person's home or workplace, in a timely manner.
> - *Crisis receiving and stabilization facilities* that provide short-term observation and stabilization in a non-hospital environment for all individuals, regardless of referral source.
>
> Additional elements of comprehensive crisis care may include short-term crisis residential services, **warm lines**, and psychiatric advance directive statements.[17] Comprehensive crisis care also provides individuals with referrals or direct linkage to needed medical or behavioral health services or other follow-up care. These elements combined provide individuals experiencing a crisis with someone to call, someone to respond, and somewhere safe to go.

Originally, crisis care was a concept developed from a mental health perspective. However, it has evolved into a model that is available community-wide, providing services that can meet the needs of anyone, anywhere in the community, and at any time the crisis is occurring. Crisis care systems are not reserved for those with a particular known diagnosis or treatment history. Therefore, those who work in crisis care should be able to provide services to individuals with a range of conditions or circumstances, assess and manage the situation, and connect individuals to viable treatment, recovery, and other resources that are culturally effective and meet their needs and preferences. Resources and training on providing culturally and linguistically appropriate services can be found in the Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care.

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Currently, the elements essential to crisis care are not universally available, and there are few communities in the United States with a comprehensive crisis response system in place.[19] Additionally, increased demand is expected for crisis services with the transition to 988, the new, three-digit dialing code that will connect individuals in crisis to counselors, in July 2022. As a result, individuals may receive fragmented services in systems not designed to deliver effective crisis care.[19] A comprehensive continuum of crisis care will help reduce the adverse impacts too often seen with current crisis management, such as arrests or forced hospitalizations, that can result in additional trauma to the individual.[20] Such a continuum can also help improve the quality of care and likelihood of successful outcomes.[7] Communities should emphasize the development of these services to provide safe, effective, and respectful management for individuals in crisis and reduce avoidable arrests and incarceration, emergency department visits, psychiatric hospitalization, involuntary commitment, physical restraint, and other negative experiences.

Crisis situations may also negatively impact an individual's family and caregivers. It is important that they, too, are educated about self-care and how to best provide support to their loved ones. Addressing the needs of families and caregivers is a critical component of stabilizing the individual in crisis and can help reduce the possibility of subsequent crisis situations.[7] Peer support services are also available for parents, families, and other caregivers of individuals who experience a crisis. These peers provide expertise and support based on their own experiences in individual and group settings and may provide information and education, and help navigate systems of care more efficiently.[18]

What Can a Crisis Look Like?

An individual experiencing a mental health crisis may withdraw from family and friends, have dramatic shifts in mood, exhibit unpredictable behavior that results in law enforcement encounters, increase their substance use, struggle to fulfill obligations or maintain self-care, or experience paranoia and hallucinations that result in an emotional breakdown or suicidal thoughts or attempts.

An individual experiencing a substance use-related crisis may have similar experiences, culminating in acute intoxication, withdrawal symptoms, encounters with law enforcement, or overdose.

Because the behaviors are similar, it may be difficult to distinguish between a mental health crisis and a substance use-related crisis. Many individuals also experience co-occurring disorders—meaning they are diagnosed with both a mental and substance use disorder. As a result, it is rare that an individual needing crisis care will only require services to address one of these conditions. Oftentimes, substance use may exacerbate an individual's mental health symptoms; likewise, changes in mental health may lead to increased substance use.

Peer Support Services Within Crisis Care

Peer support services complement clinical services and help individuals in crisis. Some peer support workers specialize in providing services during a crisis, while others without specialized training may assist during a crisis if requested or as needed. Peer support workers who provide services to individuals experiencing a crisis may do so within various organizational structures.

Peer support workers can establish valuable rapport, share common experiences, strengthen engagement in care, and engage with family members or others close to the individual on how to best support them.[7] The inclusion of peer support workers in crisis care also helps facilitate a **trauma-informed** response and recovery-oriented and **strengths-based** approaches. Peer support workers demonstrate that recovery is possible and act as an advocate for the individual. This may help improve outcomes, such as reduced trauma and agitation, increased trust, reduced hospitalizations and emergency department usage for mental and/or substance use disorders, reduced recurrence of symptoms, and decreased recidivism.[20]

The level of crisis care depends on the intensity of the crisis an individual is experiencing. Peer support workers may be involved with crisis care at any point and facilitate interventions at the most appropriate level. As depicted in Figure 2, settings and peer support services are different depending on the intensity of the crisis and the level of care needed to support the individual.

Although peer support workers provide services throughout the crisis continuum of care, they are often found as part of a mobile crisis team or within stabilization facilities. The purpose of both is to de-escalate the crisis, address needed care, and stabilize the individual; however, there are some key differences between the two. Mobile crisis teams provide care wherever the individual is in the community and will connect or transport them to the appropriate setting for further assessment and care.[21] Stabilization facilities provide care in a static location and offer an environment less restrictive than hospitalization; depending on the location, individuals may be able to "walk-in" for services.

Peer support workers may provide crisis and other services to individuals virtually. Virtual peer support services may include individual outreach, support groups, scheduled visits, or post-crisis follow-up services. Virtual peer support services may also be a component of crisis response where the peer support worker can help to de-escalate the crisis, provide support during assessment, and connect the individual to resources remotely.[22]

The Evidence Base for Peer Support Services in Crisis Care

Preliminary research suggests that the use of peer support services in emergency departments for individuals experiencing a mental and/or substance use disorder crisis adds value to clinical services, decreases adverse outcomes secondary to the crisis, and increases communication and collaboration.[23]

Evidence suggests that including peer workers on mobile crisis teams reduces subsequent use of crisis and emergency services.[24]

Warm lines staffed with peer support workers can fill a void in services and assist with symptom management and the recovery process, particularly when operating after hours and overnight, when other crisis services are typically unavailable.[25]

The Role of Peer Support in Crisis Care

Peer support workers can provide valuable services. Their key functions in crisis care include:

- *Crisis prevention*. Peer support workers can provide interventions, such as outreach and recovery support, which can prevent crisis, especially during times of stress. The peer can promote engagement with community supports that the individual has found helpful in the past, such as family, friends, treatment providers, housing, or other social services.

Figure 2. Peer Support Services and Settings for Crisis Care by Intensity of Need

	Pre-Crisis Care	Sub-Acute Care	Acute Care	Stabilization	Post-Crisis Care
Purpose	• Services intended to avert a crisis, or, if a crisis occurs, alleviate the need for more acute services.	• Services provided to those who experience a mental and/or substance use disorder crisis, but do not require acute care.	• Services provided to de-escalate a crisis and/or when acute behavioral health care is required.	• Services designed to assist with symptom stabilization before returning to the community.	• Services aimed to support the individual after the crisis has subsided.
Settings	• Peer-run organizations, such as recovery community organizations and drop-in centers. • Mobile recovery centers. • Outpatient and rehabilitation programs. • Homeless outreach.	• 23-hour stabilization units and beds. • Inpatient hospitals and partial hospitalization programs. • Hospital diversion houses.	• Emergency departments. • Mobile crisis teams. • Crisis intervention and response teams. • Police and correctional diversion.	• Crisis receiving and stabilization units and facilities. • **Crisis respite**. • Recovery residences. • Living rooms.	• Peer-run organizations, such as recovery community organizations and drop-in centers. • Assertive community treatment teams. • Other outpatient and rehabilitative support settings.
Services	• Outreach. • Warm lines. • Crisis planning. • Linkage to resources. • Individual and group digital support. • Harm reduction.	• In-patient and partial hospitalization care and advocacy. • Short-term crisis residential services. • Short-term intensive treatment and services. • Linkage to resources.	• Crisis hotlines. • Emergency department care and advocacy. • Intensive treatment and services. • Linkage to resources.	• Residential stabilization. • Step-down services. • One-on-one support. • Linkage to resources.	• Post-crisis support groups. • Recovery supports. • Social inclusion and structure. • In-home peer companionship. • Self-care supports. • Digital support.

> Peer support workers may provide peer support services to individuals experiencing a crisis, engage in other components of crisis care (e.g., educational activities like providing crisis intervention team training for first responders), and teach QPR (question, persuade, refer) for suicide prevention.[20]

- *Crisis management*. Peer support workers who provide crisis care through warm lines, hotlines, mobile crisis teams, and other services can help individuals by de-escalating the crisis, conducting non-clinical assessment services and interventions, and providing advocacy and support.

- *Crisis resolution and follow along*. After responding to the crisis and engaging the individual in care, peer support workers can help address the underlying factors that contributed to the situation. This may include helping the individual manage symptoms, navigate ongoing treatment and care, and transition to ongoing services within the community. Peer support workers may also engage with families and provide them with resources to meet the needs of the individual in crisis. Peers are essential in promoting person-centered recovery supports that help individuals avoid future crises.

Of these functions, the role of the peer support worker is of particular importance in crisis response. Peer support workers who are onsite at a crisis, or who are available where the individual is brought after a crisis, can play a crucial role in guiding an individual's next steps for care. For example, individuals who are brought to the emergency department after an overdose may be monitored and released; however, emergency departments staffed with peer support workers can facilitate the connection of these individuals to available treatment and recovery resources that they otherwise may not receive.

Crisis Care in Action: People USA

People USA operates four peer respites, two peer-led mobile teams, and a peer-run crisis stabilization center, and offers a host of peer services throughout New York State. Staff receive training that is specifically for handing crisis situations; for example, all staff are trained in suicide intervention. Peers support individuals using empathy, engagement, and open dialogue to help de-escalate the situation and devise a plan for treatment or other support needed moving forward, such as linkage to additional resources.

The Role of Peer Support in Recovery

Mental and substance use disorders are chronic brain diseases with the potential for recurrence and recovery. Peer support services are grounded in strengths-based practices essential to recovery. Some individuals will experience the recurrence of symptoms. However, the recovery process can begin again in the event of symptom recurrence.

Individuals who receive peer support services during a crisis will likely also encounter peer support workers in roles other than crisis care as they begin and continue through the recovery process. A peer support worker may work through a crisis with an individual as part of a mobile crisis team, and subsequently be referred to a peer-run organization to receive additional post-crisis support services.

Recovery and improved health and well-being are the goals of behavioral health care for individuals with a mental and/or substance use disorder. Experiencing a crisis may be a catalyst for individuals to engage in behavioral health services they had not previously been involved with and that are important for initiating and sustaining recovery. Because a mental and/or substance use disorder crisis often results from

environmental challenges and events, such as trauma, job loss, financial or relationship troubles, or other interpersonal stressors, addressing these real-life issues is crucial to sustaining recovery.

The recovery process looks different for everyone and is a highly personalized process. Individuals may engage with a variety of services along the behavioral health continuum of care. Regardless of trajectory, the following principles guide the recovery process and the activities of peer support workers:[26]

- Recovery emerges from hope.
- Recovery is person-driven.
- Recovery occurs via many pathways.
- Recovery is holistic.
- Recovery is supported by peers and allies.
- Recovery is supported through relationships and social networks.
- Recovery is culturally based and influenced.
- Recovery is supported by addressing trauma.
- Recovery involves individual, family, and community strengths and responsibility.
- Recovery is based on respect.

> **Crisis Care in Action: Recovery Innovations (RI) International**
>
> Recovery Innovations International/RI has 18 crisis centers across seven states. The crisis centers integrate peer support specialists alongside a clinical team member to create a trauma-informed, recovery-focused environment. These crisis centers include recovery response centers (crisis stabilization programs), evaluation and treatment centers (involuntary and court-ordered treatment) and crisis respites. The centers are aligned with the Crisis Now model for exceptional practices for crisis stabilization programs.

Considerations for Peer Support Services in Crisis Care

Protecting role integrity for the peer support worker is an important consideration in crisis care. Role confusion and ambiguity around the duties and functions of peer support workers is common and may lead to **peer drift**. The role of peer support workers can "drift" in different directions depending on organizational and individual situations, circumstances, and culture. Peer drift may result in peer support workers not being considered a legitimate part of the support team and can inadvertently cause insecurity around one's role as a peer support worker.[27]

The two broad categories of peer drift include:

1. *Organizational peer drift*. Organizational peer drift often occurs when non-peer colleagues marginalize peer support workers, which can result in assigning tasks that misalign with their dedicated duties and responsibilities. This form of peer drift may occur if non-peer staff are not familiar with the role, code of ethics, and scope of practice of peer support workers under their state certification, as applicable. As a result, clinical staff or other colleagues may not regard the peer support workers as individuals with meaningful knowledge and resources and give them tasks that conflict with their purpose. In these situations, clinical colleagues may ask peer support workers to handle medications, oversee urine drug screens, transport individuals, answer the phone, or be involved with involuntary treatment. They may also be asked to do tasks for which they are not qualified, such as those associated with formal treatment, or may become more clinical in nature if they are required to conduct such services.

2. *Individual peer drift*. Individual peer drift is when the peer support worker acts in a role that differs from that which is intended. This form of peer drift may occur when peer support workers' tasks inadvertently take on characteristics of their colleagues (drifting towards a clinical role) or are perceived as a form of other support by the individuals with whom they work (drifting towards an informal or casual role). For example, because peer support services are rooted in the concept of mutuality and voluntary support, boundary issues may arise between peer support workers and those they support. Over time, this relationship may become less structured and more casual, which can cause the individual they are working with to view them as a sponsor, friend, or informal therapist. Similarly, peer support workers who work in traditional behavioral health care or medically oriented settings may adopt a more clinical approach to service provision through the practices of their clinical colleagues.

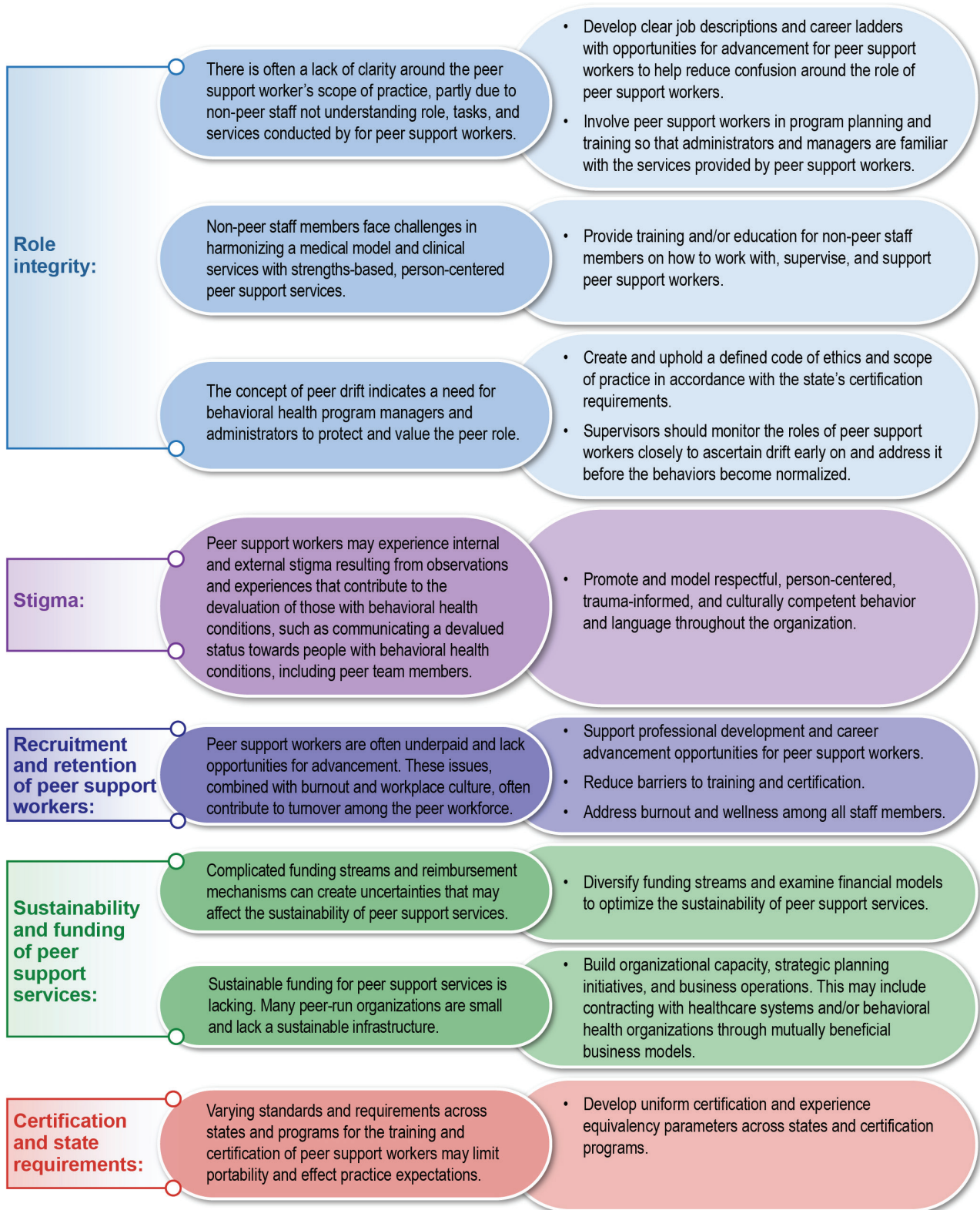| Individual Peer Drift and the Role of Peer Support Workers	
Peer support workers who work in traditional behavioral health care or medically oriented settings may be more susceptible to drift towards clinical roles because of the environment in which they work.[8] However, peer support workers may also drift towards less formal roles. Programs can avoid both forms of individual peer drift by setting and maintaining healthy boundaries and implementing a clearly defined code of ethics.	
What Peer Support Workers Should Do	**What Peer Support Workers Should NOT Do**
• Serve as a role model. • Provide support during a crisis. • Help with goal setting and wellness planning. • Make connections with other services and supports.	• Perform work that does not meaningfully contribute to care. • Act as a sponsor, therapist, or clinician. • Assess, diagnose, or treat an individual. • Assimilate into other roles.

Peer support workers who provide crisis care may be especially vulnerable to peer drift, as they often work alongside clinicians or others in non-peer roles. For example, colleagues of peer support workers in crisis care may ask them to influence an individual experiencing a crisis towards behaviors or decisions that others feel are best, such as agreeing to a treatment option they do not want. Peer support workers who experience these situations may have decreased job satisfaction, contributing to issues with workforce retention.

To avoid peer drift, peer support workers who provide crisis care should have a defined role that reflects the setting in which they work and the services they provide. They should also work with and be supervised by staff who are familiar with the peer support role and the services they provide. Staff responsible for supervising peer support workers should meet the necessary experience and training requirements to ensure successful integration of the peer role and promote and the appropriate utilization of peer support workers within the organization.

Additional resources on the supervision of peer support workers can be found in the Resources section. Figure 3 lists additional considerations for peer support workers. All considerations presented may be compounded by challenges unique to providing crisis care, including the following:

• Crisis situations can be tense and complicated to manage. In addition, crisis situations may trigger distress in peer support workers and others responding to the crisis because of past trauma they themselves experienced.

Figure 3. Key Considerations, Issues, and Potential Solutions for Peer Support Services

Role integrity:

There is often a lack of clarity around the peer support worker's scope of practice, partly due to non-peer staff not understanding role, tasks, and services conducted by for peer support workers.

- Develop clear job descriptions and career ladders with opportunities for advancement for peer support workers to help reduce confusion around the role of peer support workers.
- Involve peer support workers in program planning and training so that administrators and managers are familiar with the services provided by peer support workers.

Non-peer staff members face challenges in harmonizing a medical model and clinical services with strengths-based, person-centered peer support services.

- Provide training and/or education for non-peer staff members on how to work with, supervise, and support peer support workers.

The concept of peer drift indicates a need for behavioral health program managers and administrators to protect and value the peer role.

- Create and uphold a defined code of ethics and scope of practice in accordance with the state's certification requirements.
- Supervisors should monitor the roles of peer support workers closely to ascertain drift early on and address it before the behaviors become normalized.

Stigma:

Peer support workers may experience internal and external stigma resulting from observations and experiences that contribute to the devaluation of those with behavioral health conditions, such as communicating a devalued status towards people with behavioral health conditions, including peer team members.

- Promote and model respectful, person-centered, trauma-informed, and culturally competent behavior and language throughout the organization.

Recruitment and retention of peer support workers:

Peer support workers are often underpaid and lack opportunities for advancement. These issues, combined with burnout and workplace culture, often contribute to turnover among the peer workforce.

- Support professional development and career advancement opportunities for peer support workers.
- Reduce barriers to training and certification.
- Address burnout and wellness among all staff members.

Sustainability and funding of peer support services:

Complicated funding streams and reimbursement mechanisms can create uncertainties that may affect the sustainability of peer support services.

- Diversify funding streams and examine financial models to optimize the sustainability of peer support services.

Sustainable funding for peer support services is lacking. Many peer-run organizations are small and lack a sustainable infrastructure.

- Build organizational capacity, strategic planning initiatives, and business operations. This may include contracting with healthcare systems and/or behavioral health organizations through mutually beneficial business models.

Certification and state requirements:

Varying standards and requirements across states and programs for the training and certification of peer support workers may limit portability and effect practice expectations.

- Develop uniform certification and experience equivalency parameters across states and certification programs.

- Individuals experiencing a crisis should be able to freely choose the services they receive. Those responding to a crisis, including non-peers and peer support workers, should not coerce individuals to participate in services, and non-peers should not request peer support workers to use their relationship to influence an individual's decisions.

- Peer support workers may be asked to provide crisis care if others are not available to assist in a crisis, even when they do not have specialized training in this area.

- Peer support workers may be asked to provide crisis care to individuals or populations with whom they have not been trained to work, such as those with intellectual or developmental disabilities. Therefore, they must be familiar with the resources available to all populations in the community, not only those specific to mental and substance use-related disorders.

- Peer support workers who provide crisis care should be familiar with mental and/or substance use disorder crises and act as advocates for the individuals with whom they are working.

> **Crisis Care in Action:**
> **SHARE! Culver City**
>
> SHARE! Culver City is a peer-run center located in southern California that receives approximately 5,000 visits a month. SHARE! offers a range of services including residential treatment, and always has at least two peer specialists available during each shift in case an emergency or crisis occurs. In such an event, the peer specialists will work with the individual to de-escalate and assess the situation and determine if additional services are needed.

Tips for Optimizing Peer Support in Crisis Care

The following tips can help behavioral health program managers and administrators, hospitals, other clinical programs, and peer support workers optimize peer support services in the delivery of crisis care.

For Healthcare Administrators, Leaders, and Organizational Staff

- Identify sustainable funding sources for peer support programs.

- Hire peer support workers familiar with a recovery-focused model of practice.

- Integrate peer support workers into the employee structure and solicit peer input on program activities and training.

- Ensure peer support workers are supervised well and assess for peer drift. Staff who supervise peer support workers should be well-trained and prepared to uphold the principles of peer support services for all staff members.

- Develop a training program for peer support workers and clinical or other staff that educates them on what peer support services are and how staff can incorporate them into the organization.

- Encourage clinical or other staff to learn about and observe the role of the peer support worker by auditing certification classes or visiting drop-in centers.

- Address negative staff attitudes around hiring peer support workers, such as bias towards individuals with a mental and/or substance use disorder. This includes upholding expectations for staff language and conduct to prevent discrimination that may result from an individual's lived experience.

- Recognize the common considerations noted previously when integrating peer support services in crisis care, including addressing the need for staff training, particularly for clinicians and non-peer staff; incorporating the use of collaborative tools; and conducting continuous quality assessment and improvement.

For Peer Support Workers

- Engage in self-care to maintain personal well-being and to model similar behaviors for the individuals with whom they are working. This is especially important given the rate of burnout and risk of symptom recurrence among peer support workers.

- Understand crisis management and how to identify and safely manage a crisis. Peer support workers may encounter individuals experiencing a crisis during their normal work. They should be familiar with the components of crisis response, such as how to activate a crisis intervention, help de-escalate the crisis, and connect individuals with crisis care.

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Resources

Name	Description
Crisis Resources	
National Guidelines for Behavioral Health Crisis Care	Guidelines designed to assist states and communities with the development and implementation of effective crisis services and systems.
Crisis Services: Meeting Needs, Saving Lives	SAMHSA's "National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit" and related information on crisis services.
Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies	An assessment of the clinical and cost effectiveness of crisis services, as well as approaches states are using to coordinate, consolidate, and fund robust crisis services.
Hospital Diversion Services	A manual to help guide the local development of respite/hospital diversion services.
Tip 59: Improving Cultural Competence	A guide for providers and administrators on the role of culture in the delivery of mental health and substance use services, including cultural competence and racial, ethnic, and cultural considerations.
Peer Workforce Resources	
Peer Support Toolkit	Key information for specific implementation issues relevant to agencies in various stages of integrating peer support services.
Core Competencies for Peer Workers in Behavioral Health Services	SAMHSA's core competencies for peer workers in behavioral health, which are informed by research and best practices.
National Practice Guidelines for Peer Specialists and Supervisors	Practice guidelines that include specific guidance for supervisors and offer expertise and practical guidance.
Peer Specialist Training and Certification Programs	A state-by-state guide on peer training and certification programs, credentialing requirements, billing, and other relevant information.
Sample Job Description for Peer Support Positions	A comprehensive template that organizations can use when developing job descriptions for peer support workers. This template includes details about major job duties and responsibilities, knowledge necessary for the position, the work environment, and the scope of the role.
Supervision of Peer Workers	A brief resource to help supervisors understand how to supervise peer workers in behavioral health services.
Guidelines for the Supervision of Peer Workers	A comprehensive list of resources on peer support practices, best practices in supervision, and recovery-oriented services.
Avoiding Peer Support Drift: Maintaining Your Role as a Change Agent	A presentation explaining peer drift and how to avoid it.

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