

## MODULE 4

# STRATEGIES FOR DEVELOPING THE PEER SUPPORT SPECIALIST WORKFORCE



## Peer Support Specialist Programs for Families Affected by Substance Use and Involved with Child Welfare Services: A Four-Module Implementation Toolkit



National Center on  
Substance Abuse  
and Child Welfare



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This four-module toolkit offers strategies to develop peer support specialist programs for parents affected by substance use and whose children and families are involved with child welfare services. The toolkit, rich with on-the-ground examples and lessons from successful peer support specialist programs, offers practical strategies and resources to promote system-level policy change and practice innovations on behalf of children and families.

■ **Module 1: Background on Peer Support Specialist Programs and Introduction to the Toolkit:**

Provides a brief background on this model of support for parents with or at risk of developing substance use disorders and involved with child welfare services. Describes the purpose of this toolkit along with content developed through a focus group with program administrators and peer support specialists from across the country.

■ **Module 2: Building Collaborative Partnerships to Establish Peer Support Specialist Programs:**

Describes how to lay the foundation of an effective program by convening a cross-system collaborative team to build capacity and readiness for implementation. Offers strategies for building effective partnerships through committing to a common mission and vision, delivering cross-system training, and establishing information sharing agreements.

■ **Module 3: Program Development Strategies to Implement Effective Peer Support Specialist Programs:**

Provides considerations for designing a peer support specialist program with examples and strategies to determine the population of focus, program goals, and roles and responsibilities of staff.

■ **Module 4: Strategies for Developing the Peer Support Specialist Workforce:**

Highlights workforce development considerations for establishing peer support specialist programs, including strategies to recruit and hire staff, determine qualifications and certifications, establish salary and benefits, develop onboarding and training, and provide ongoing supervision and support.



# MODULE 4: Strategies for Developing the Peer Support Specialist Workforce

Peer support specialist programs for parents with or at risk of developing substance use disorders (SUDs)\*—and who have involvement with child welfare services—aim to: 1) promote parents' entry and engagement in SUD treatment and recovery, 2) support parents to fully meet the requirements of their treatment and child welfare case plans, and 3) help families remain safely together. With their own lived experience of recovery from SUDs and often successful reunification with their children following a child welfare case, peer support specialists serve as trusted allies for parents as well as positive role models for recovery that extends beyond the reach of clinical SUD treatment.

After teams have established their target population, program goals, and roles and responsibilities of staff, the next step is considering the recruitment, retention, training, and supervision of the workforce. This module highlights workforce development considerations for establishing peer support specialist programs, including 1) recruiting and hiring skilled staff, 2) staff onboarding and training, and 3) supervision and support.

To inform the content of this toolkit, NCSACW convened an in-person focus group with representatives from peer support specialist programs from across the country—including program managers, state leaders from child welfare, SUD treatment and court systems; and peer support specialists with lived experience of SUD recovery. Focus group participants shared their system-level policy efforts, practice strategies and innovations, program challenges and barriers, and messages of recovery and hope—offering on-the-ground policy and practice examples shared in this module.

## RECRUITING AND HIRING SKILLED STAFF

Collaborative teams developing a peer support specialist program benefit from a focused and ongoing effort to recruit and hire qualified, skilled staff to fill peer support specialist positions. This requires teams to determine the specific staff qualifications and certifications required, and the associated salary and benefits.



\*The phrase “with or at risk of developing SUDs” refers to individuals who already have a diagnosed substance use disorder as well as those using substances in a manner, situation, amount, or frequency that can cause harm to themselves or those around them.





## KEY CONCEPT: IT IS CRITICAL THAT PEERS MAINTAIN THEIR OWN RECOVERY

Peer support specialists are in a professional role working with a highly vulnerable population, and thus it is critical that they maintain their own sobriety to fulfill this role. In addition to offering quality supervision and support of staff self-care, supervisors can establish a protocol for if a peer support specialist is struggling with their recovery or returns to use.

### ON-THE-GROUND EXAMPLE

A number of focus group participants noted that they require a *minimum of two years of uninterrupted sobriety* prior to being hired as a peer support specialist.

### ON-THE-GROUND EXAMPLE

In one state, they are not allowed to ask potential employees how long they have been in recovery. However, they use the interview process to assess how strong applicants are in their recovery and discuss what their ongoing recovery means to them.



## Qualifications

Collaborative teams work together to determine the qualifications and criteria individuals will need to fulfill this role effectively. Stemming from the agreed upon program goals and staff roles and responsibilities, the team can develop a very clear job description that delineates these qualifications.

Central to this program model—and a key qualification—is that peer support specialists have lived experience of SUD recovery. Lived experience of being in recovery offers a significant dimension to this work that helps with early engagement in treatment and services. The Substance Abuse and Mental Health Services Administration (SAMHSA) states that lived experience is an essential component of the peer role.<sup>1</sup> Ideally—though not always possible—peer support specialists may also have lived experience of child welfare involvement and successful reunification with their children. Peer support specialists who have shared these experiences can offer modeling, mentoring, and inspiration for parents, as well as collaborative team members, that recovery and reunification are possible and attainable.

Including lived experience as a criterion for being hired requires teams to determine the length of time that individuals must be in recovery prior to being hired.

It is also important that peer support specialists are reflective and representative of the community served. [Module 3](#) discussed the importance of using community data to determine the population of focus for the peer support specialist program. Ideally, parents are paired with peer support specialists of the same characteristics, such as age group to promote the development of trust and understanding.

## Background Checks

Focus group attendees noted that conducting background screenings for potential employees can pose a challenge for applicants who have prior allegations of child maltreatment and criminal justice involvement that might disqualify them from employment. It is important for teams to understand that with the emphasis on hiring individuals with lived experience, many individuals may in fact have a past criminal or child maltreatment allegation history. Teams benefit from working together to determine their specific requirements for background checks.

A focus group attendee shared an example of challenges related to the background check process. Specifically, in their state, if a potential employee has a criminal history or history of involvement with child welfare services, then they require that the employee have a psychological test (the

Minnesota Multiphasic Personality Inventory) to determine their ability to carry out the role. This process can be lengthy and has been known to take up to 10 months for the entire background screen to be completed. Another focus group attendee shared that their state requires that peers must not have had a substantiated case of child abuse or neglect within last 5 years, which can pose a challenge to hiring staff with lived experience of SUD recovery and child welfare involvement. They stated, **“This is huge barrier; the peers make the hugest impact in the field if they have this personal experience.”**

Collaborative teams can work together to determine whether background checks will be required for potential employees as well as which criminal histories might disqualify individuals from serving as peer support specialists if they do choose to require background checks. As of 2020, SAMHSA reports that 36 state peer certification programs do *not* require background checks, 10 states do require them, and 5 states require a self-disclosure of arrests and/or convictions.<sup>2</sup> If a program requires background checks, SAMHSA recommends that peer support specialist programs “limit the potentially disqualifying offenses to those that pose a risk to the people being served” such (but are not necessarily limited to) crimes involving sexual violence and other forcible felonies.<sup>3</sup>

## State Certifications

Increasingly, states and agencies require peer support specialists to have state-approved, peer-specific training and certifications to qualify for these positions. State certification requirements influence the job titles, qualifications (e.g., number of years of sobriety), training, and supervision for peer support specialist programs.

### ON-THE-GROUND EXAMPLE

A focus group participant shared that their program requires background screenings for staff and many of their peer support specialists have a criminal history that may disqualify them from employment. However, their state has a “good cause waiver” option that allows applicants to petition to the state for a waiver of hiring restrictions, though it does not change the original finding. In these cases, “good cause” means the department has made a determination—by examining the employee’s prior work history and other relevant factors—that they do not present a risk to the health or safety of residents.

### ON-THE-GROUND EXAMPLE

Georgia Council for Recovery created the [Certified Addiction Recovery Empowerment Specialist \(CARES\)](#) Academy to create a workforce of peers to offer recovery support services in Georgia communities. The program is funded by Georgia’s Department of Behavioral Health and Developmental Disabilities and is Medicaid billable. It has three core components: a 40-hour training, final examination, and Continuing Education.





Collaborative teams benefit from knowing the specific [certifications in their state](#) for individuals with lived experience of SUD recovery. In addition to state-specific certifications, SAMHSA offers the [National Model Standards for Peer Support Certification](#) as guidance for states to promote quality programs and encourage alignment and reciprocity across often disparate state peer support certifications. It is important to note, however, that these standards do not include competencies for working specifically with families at risk of or involved with child welfare services. However, teams can be sure to prioritize the need for initial and ongoing training in this area for staff.

## RESOURCE SPOTLIGHT



SAMHSA's Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS) offers a [State-by-State Directory of Peer Recovery Coaching Training and Certification Programs](#). The directory provides detailed information about state certification processes for peer recovery coaches, such as training and supervision requirements, curricula, exam criteria, fees, and program descriptions.

The National Association for Addiction Professionals (NAADAC) offers the [National Certified Peer Recovery Support Specialist \(NCPRSS\) credential program](#) for individuals who are in recovery from substance use or co-occurring mental health disorders.



## KEY CONCEPT: THE IMPORTANCE OF COMPETENCIES RELATED TO CHILD WELFARE

State certification programs and National Model Standards do not currently include content on working with parents involved with child welfare services and do not offer training on child development and children's needs. It is critical that peer support specialists who serve parents with or at risk of developing SUDs and child welfare involvement have competencies in these topics. Collaborative teams can incorporate child welfare and child development into their required training for peer support specialists to build this knowledge base and skill set.



## Salary and Benefits

A key workforce development challenge for a number of peer support specialist programs is hiring and retaining skilled staff; communities are finding that peer support specialist staff are leaving their positions for better pay and benefits elsewhere. Focus group attendees agreed that offering a competitive salary and benefits, as well as opportunities for career advancement, are critical to recruiting and retaining staff with lived experience of SUD recovery.

Hourly rates for these positions vary based on program type, required qualifications, and geographical location. As a part of determining how to fund their programs, collaborative teams can ensure that they secure adequate funds to provide competitive pay for staff. In addition to competitive salaries, focus group attendees emphasized the importance of offering other benefits for staff, such as paid time off, vacation days, and financial support for continuing education (CEUs). For example, a peer support specialist program trains all of their peer support specialists and there are several workforce grants in the state that are currently paying for staff to complete the state-approved peer support specialist training and certification. The state also offers a free 3-hour online training that counts toward peer support specialist certification.

## STAFF ONBOARDING AND TRAINING

Collaborative teams benefit from developing and documenting a formal onboarding and training plan to build the competencies that peer support specialists need to successfully fulfill the role. Having a set plan in place ensures that even amidst staff turnover or administrative changes all new staff will receive the same training. A training plan also accounts for ongoing, continuing education for peer support specialist staff.

Collaborative teams can use SAMHSA's [Core Competencies of Peer Workers in Behavioral Health Settings](#) to inform their staff training programs.

It is also critical that all peer support specialist staff, as well as all staff who serve families, receive training on working with families involved with child welfare services and courts. One peer support specialist program requires that all peer support staff take [NCSACW's free online training](#) on the operations of child welfare and the dependency court, effective engagement strategies for families involved with child welfare systems, and services needed by children whose parents have SUDs. A number of peer

### ON-THE-GROUND EXAMPLE

A representative from one peer support specialist program stated that while the pay is slightly lower than average, they offer their staff 5 weeks paid vacation and 9 holidays a year. They remind staff to take time off regularly as a part of their self-care. Their staff can also attend one community-based recovery meeting once a week while getting paid to support their own personal recovery.

“ We have the evidence that [peer support] works. Now we need direct funding [for it] and so it can be a career choice that peers can support their families from. The real-life experience that [peer support specialists] have is invaluable and they should get paid for that. ”

—Peer support specialist program manager



### ON-THE-GROUND EXAMPLE

One program sends their peer support specialists through their child welfare academy entitled “CW 101.” The training involves classes as well as shadowing every unit at the child welfare agency to gain understanding of their roles in serving parents and their family members. Through this intensive training, peers are able to build relationships with child welfare workers and get a glimpse of the entirety of the agency. It also allows peers to help break down barriers and stigma, and increase child welfare workers’ understanding of peer support specialists.



support specialist programs also offer job shadowing as a component of staff training, in which peer support specialists follow child welfare workers for a period of time to gain insight into their roles and responsibilities in serving families.

As a training component, newly hired peer support specialists also benefit from shadowing and learning from more seasoned staff. Supervisors can pair new staff with existing peer support specialists to offer support and guidance as new staff acclimate to the work.

It is important for peer support specialist staff to receive ongoing training and education to obtain new knowledge and skills in working with parents and their family members. Examples of beneficial training that focus group participants listed include:

- Motivational Interviewing
- Science of addiction and recovery
- Trauma
- Working with children, including child development and child safety factors
- Compassion fatigue
- Narcan administration
- Understanding drug testing results and new substances of abuse (e.g., Xylazine)

Focus group participants also noted the importance of offering opportunities for peer support specialists with lived experience of SUD recovery and child welfare involvement to lead training events for community partners. Several programs encourage staff to speak at conferences as well as provide education to collaborative partners on the SUD treatment and recovery process. Staff with lived experience can inspire community members and serve as a model of SUD recovery and family reunification.

### ON-THE-GROUND EXAMPLE

A SUD treatment center that houses a peer support specialist program requires all staff to complete monthly training. Staff receive monthly emails that highlight the current training offered and staff can choose which courses to complete. A few examples of training topics include working with families involved with child welfare services, child development, and the Health Insurance Portability and Accountability Act (HIPAA) and healthcare laws.

## RESOURCE SPOTLIGHT



SAMHSA's BRSS TACS offers [\*Core Competencies of Peer Workers in Behavioral Health Settings\*](#), which highlights the knowledge, skills, and attitudes a person needs to successfully fulfill the peer support specialist position.

NCSACW's [\*online tutorial for SUD treatment professionals\*](#) (though applicable to peer support specialists as well) provides information on the operations of child welfare and the dependency court, effective engagement strategies for families involved with child welfare systems, and services needed by children whose parents have SUDs.



## STAFF SUPERVISION AND SUPPORT

Peer support specialists benefit from regular and ongoing supervision that offers guidance and coaching that fosters the development of their knowledge and skills and promotes the delivery of competent and ethical services to families.<sup>4</sup> Supervision might include staffing case status and also reflecting on the specialist's own recovery, burnout, and compassion fatigue. In addition, supervisors play a key role in integrating peer support specialists into the workplace; ensuring that the peers and other staff understand their role and value in serving parents and their family members. Through quality supervision, staff feel supported, encouraged, and empowered—boosting morale and encouraging retention.

The frequency, duration, and format of supervision can vary based on the lead agency, state certification requirements, and funding source. For example, Medicaid requires that peer support specialists are clinically supervised by a competent mental health professional defined by the state.

SAMHSA describes the fundamentals for supervisors of peer workers. Supervisors:

1. Understand peer roles and practices
2. Have a recovery orientation and model recovery-oriented practices
3. Support the development of the unique knowledge and skills needed for peer support practice
4. Recognize the connections between SUDs and trauma
5. Use strengths-based supervision
6. Provide a space to address ethical and boundary issues
7. Advocate for the integration of peer workers in the workplace<sup>5</sup>

Focus group participants shared examples of their staff supervision activities, which included informal check-ins, weekly individual meetings, and weekly group sessions to process challenging cases with other peers. Common supervision topics included: 1) case reviews, 2) compassion fatigue, 3) discussing boundaries and ethical issues, 4) self-care practices, and 5) creating action plans to meet personal and professional goals.

“Supervision is all about having support. We need a safe place for peers. A lot of agencies are not prepared for the culture of peer support workers, even though they want to take on more peer support roles. The guidance of ‘leaving personal problems at home’ creates a blurry line for peer support specialists who are hired because of their personal experience.”

—Peer support specialist program manager



### KEY CONCEPT: IMPORTANCE OF PEERS SETTING BOUNDARIES

Focus group participants noted that a key element of supervision is helping peer support specialists to set and maintain boundaries with clients to minimize compassion fatigue and staff turnover. In one community, this meant setting up a 24-hour hotline, run by volunteers, that clients could call in the event of a crisis. It minimizes the number of after-hours phone calls that individual peer support specialists were receiving on a daily basis.

### ON-THE-GROUND EXAMPLE

A focus group participant shared the job description for their supervisors, who must be a licensed professional to provide bi-weekly face-to-face meetings with staff.

**“The Supervisor of a Peer Recovery Support Specialist is required to possess a knowledge and or understanding of recovery. [They] understand and accept multiple pathways to recovery. [Their tasks include]: 1) communicate and coordinate with contracted and community partners, 2) collaborate with partners to ensure coordination of services including treatment, 3) monitor and support client/Peer Recovery Support Specialist Progress toward goals, and 4) deliver services in an individualized manner.”**

“ Peer specialists are losing clients and it’s very hard for the peer when you’re engaging with a client and they overdose. The peer really needs support; they’re going through trauma and grieving. ”

—Peer support specialist program manager

“ We talk about our ‘scuba partners’—people we can call when we need air. ”

—Peer support specialist

“ Supervisors should practice trauma-informed decisions and be prepared to support staff. Peers sometimes don’t recognize their own triggers. Supervisors should be able to recognize and instill safety and support in staff. Supervisors must be knowledgeable – things aren’t always black and white. ”

—Peer support specialist program manager

## ON-THE-GROUND EXAMPLE

A peer support specialist program manager noted that their staff get paid for 1-2 hours of self-care per week. Often staff participate in self-care activities with other peers. **“Peers go to the gym together, take walks together, have lunch together, and other activities such as creative writing classes. They get paid to take care of themselves at work and build supportive relationships at work.”**

## RESOURCE SPOTLIGHT



SAMHSA’s Bringing Recovery Supports to Scale Technical Assistance Center Strategy offers the [Supervision of Peer Workers TA Resources](#) to help supervisors understand how to supervise peer workers in SUD treatment settings. It offers a [slide deck](#), [slide deck with trainer notes](#), [one-page self-assessment tool for supervisors](#), and [resources](#).

## Promoting Self-Care

A key element of staff supervision that also contributes to staff retention is promoting self-care. This is true for any staff person in any role but is particularly true for peer support specialists. Working with individuals in early recovery from SUDs can be intense and challenging for peer support specialists.<sup>6</sup> Self-care is a preventive measure against burnout, compassion fatigue, and other challenges in fulfilling this role. Peer support specialist supervisors have an important role in encouraging and checking in on their staff’s self-care and wellness practices.

The SAMHSA GAINS Center highlights wellness strategies for peer support specialists:<sup>7</sup>

- Maintain personal recovery
- Set boundaries
- Practice self-compassion
- Maximize supervisory and institutional support
- Remember your “why” (i.e., the reason to stay committed to personal recovery and to do this work)

Focus group participants shared some of their effective strategies to maintain self-care and wellness while fulfilling the peer support specialist role, including

- Practice meditation and yoga
- Do grounding practices
- Go to therapy
- Call your sponsor when you are triggered
- Attend recovery meetings
- Talk with other peer support specialists





## SUMMARY

Developing the peer support specialist workforce is a critical component to maintaining an effective peer support program for parents and their family members affected by SUDs and involvement with child welfare services. To recruit and hire staff, collaborative teams benefit from determining the qualifications required for staff to fulfill this role with particular emphasis on the lived experience of SUD recovery and child welfare involvement. Considerations for hiring also include conducting background checks and understanding state certifications. To maintain and develop the workforce, collaborative teams also benefit from establishing competitive pay and salaries, implementing ongoing training, and providing high-quality staff supervision and support.

Module 4 concludes this 4-module toolkit for child welfare, SUD treatment, family courts, and other community-based agencies on developing and implementing peer support specialist programs geared specifically for parents with SUDs and involvement with child welfare services. The toolkit offers concrete strategies and on-the-ground examples that jurisdictions can customize based on their community needs. Collaborative teams can reach out to [NCSACW](#) for further training and technical assistance in implementing peer support specialist programs.



## CONTACT US

This resource is supported by contract number 75S20422C00001 from the Children's Bureau (CB), Administration for Children and Families (ACF), co-funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). The views, opinions, and content of this presentation are those of the presenters and do not necessarily reflect the views, opinions, or policies of ACF, SAMHSA or the U.S. Department of Health and Human Services (HHS).

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# REFERENCES

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