

## Executive Summary

The Oregon peer-delivered services workforce needs assessment was conducted by peer-run community-based leader [Mental Health & Addiction Association of Oregon](#) (MHA AO) and [Oregon Peer Delivered Services Coalition](#) (OPDSCo) in collaboration with the Oregon Health Authority’s [Office of Equity and Inclusion](#) (OEI) and [Injury and Violence Prevention Program](#) (IVPP), and [Comagine Health](#) from spring 2019 – summer 2020.

Developed alongside members of the peer-delivered services workforce and peer community, this project utilized a community-based participatory research approach with a mixed-methods design.



**36 of 36**  
Oregon counties represented across the 3 data collection methods



The primary aims of this needs assessment were to:

1. Describe the **barriers, challenges, and successes** of the **peer-delivered services workforce** and its **employers** across Oregon
2. Better understand how to **support the workforce** and its employers, and **recognize any gaps** in current support strategies
3. **Identify sustainability strategies** for peer-delivered services, including ways in which reimbursement may be improved

The content of this needs assessment report reflects the many contributions of its participants across discussion groups, surveys, and interviews, in addition to the valuable feedback provided by stakeholders throughout the project period.

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In line with the needs assessment findings and relevant literature on peer-delivered services, the following recommendations were developed for consideration by the Oregon Health Authority:

**Systems Advocacy:**

- ▶ **Advocate for adequate wages and growth opportunities within the peer workforce.** To maintain a healthy workforce, wages and other benefits should align with the job’s high emotional demand and demonstrate appreciation for the required lived experience and challenging and skillful work that peer-delivered service workers provide. Opportunities for career pathways within the peer workforce are needed to retain and maintain a strong workforce, in addition to ensuring persons with lived experiences are reflected at all levels organizationally and integrated within service teams.
- ▶ **Encourage ongoing advocacy** to increase awareness and understanding of the role and value of peer delivered services. Share information with coordinated care organizations, communities, and organizations about the roles of peers to highlight their importance as integral members of care teams, and to decrease ambiguity about their roles. Provide leadership and advocacy training to peers to fully engage in discussions that impact the peer workforce – nothing about us, without us!
- ▶ **Strengthen existing guidelines around best practices for contracting with community-based organizations** to reduce confusion about peer roles and educate prospective funders and contract administrators about ways to contract with peer-delivered service providers and programs.

**Diversity, Equity, and Inclusion:**

- ▶ **Involve members of the peer-delivered services workforce** and persons with lived experience in the planning, design, and implementation of policies and practices that impact the peer workforce. Ensure input opportunities are accessible and timely, with communications given with as much advance notice as reasonably possible.
- ▶ **Provide funding opportunities to promote equity, inclusion, and diversity of the peer workforce,** through increased contracting with and funding opportunities for culturally- and linguistically -specific programs to increase service availability and diversity of the peer workforce. Prioritize funding for organizations led by and serving Black, Indigenous, and other communities of color. Provide technical assistance alongside newly awarded grants or contracts to support the success of the programs.
- ▶ **Support development of job descriptions that promote peer role fidelity and values.** Provide peer-directed technical assistance and examples of peer-delivered services job descriptions that maintain role fidelity. Ensure job descriptions do not include responsibilities and duties that would result in dual-relationships (e.g. role is part-peer support specialist and part-case manager). Requiring a personal reliable vehicle creates barriers that may impact workforce members, especially communities of color that may have less access to a vehicle due to racism, wealth and income disparities, and racially discriminatory pricing practices.

**Supervision:**

- ▶ **Clarify and support standards around peer-delivered service supervision.** Include budget lines for peer supervision within grants, contracts, and other funding opportunities. Widely distribute existing peer supervision standards, like the [substance use disorder peer](#)

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[supervision competency document developed by MHACBO](#) and OHA’s drafted peer support supervision recommendations. On the OHA THW Registry, include a classification for peer supervisors that is publicly available and easily searchable. Provide foundational peer supervision training to support the development of new supervisors, especially in rural or frontier areas where supervision is not currently available.

- ▶ **Promote co-supervision as a best practice**, ensuring that all peer-delivered service workers have access to peer supervisors who are familiar with the role and scope of peer-delivered service positions, and themselves have lived experience. Require co-supervision (or direct supervision by a peer) for OHA contracts and grants.
- ▶ **Require organizations to have adequate peer supervision models** and support organizations in training internal supervisors or contracting with peer supervisors who are experienced in understanding the role and scope of peer-delivered service positions. Ensure contract and grant funding is sufficient to cover increased costs related to supervision.

#### **Training and Certification:**

- ▶ **Support individuals in accessing peer certification through the Oregon Health Authority**, and provide technical assistance on navigating background check challenges. Provide clear and transparent communications about certification processing timelines.
- ▶ **Support certification and training standards**, which align with peer-delivered services models of support and collaboration, enhance fidelity, and streamline certification processes while ensuring candidates have the lived experience required for this work. Revisit stringent criminal background check standards, which can reduce the workforce and limit job opportunities for qualified candidates. People from underrepresented communities in the peer workforce may have disproportionate rates of arrests, convictions, and incarcerations leading to lack of diversity in the workforce. Increase training availability – and parity of type (e.g. mental health, family, youth, addictions) –in areas where training is not yet provided.
- ▶ **Support increased access to continuing education for peer-delivered service providers**, including development of culturally-and linguistically-specific peer certification trainings and continuing education opportunities, to decrease barriers to access to certification and workforce entry. Support training delivery in rural and frontier areas of the state, as well as in the 28 counties that do not currently have state-approved certification training programs.

#### **Workforce Sustainability:**

- ▶ **Develop ways to address compassion fatigue, vicarious trauma, and burnout**, which lead to high rates of turnover. Require organizations to have adequate supervision models and encourage peer connections across the state, including building on current support models within the peer community, such as [Peer Support for Peer Support Specialists](#) and the [Peerpocalypse Conference](#) organized by MHAHO, [PeerGalaxy peer support directory](#), and the [MetroPlus Association of Addiction Peer Professionals \(MAAPPs\)](#) monthly meetings at which peers network with each other, learn from guest speakers, and share resources about ways to advocate locally and at the state-level. Improved access to peer workforce connection and networking opportunities can address feelings of pressure related to being the “only peer” within an agency and promote self-care and development through positive support opportunities.

**Funding:**

- ▶ **Provide technical assistance opportunities on accessing public funding streams**, to increase familiarity with funding options available to employers specific to peer-delivered services. Support connections between coordinated care organizations, OHA, and peer programs, with technical assistance provided to all parties as needed.
- ▶ **Increase funding opportunities available for peer-delivered services programs**, and ensure sufficient funds to cover living wages and benefits for peer staff, peer supervision, outreach and engagement, and travel time through reimbursement pathways that allow for fidelity to peer scope of practice. Increase contract clarity and transparency, and simplify reporting requirements to ensure fidelity to peer model. Support peer-centric documentation standards. Adequate funding increases financial stability of organizations, which was cited as a barrier to hiring and retaining culturally- and linguistically-specific peer-delivered service providers, in addition to providing competitive wages and benefits.
- ▶ **Address insufficient funding opportunities for peer-run programs and services** to create sustainable funding opportunities that align with services being delivered, and promote diversity, equity, and inclusion. Model transparency and provide technical assistance to diverse programs and organizations to access funding resources. Prioritize funding for organizations led by and serving Black, Indigenous, and other communities of color, in addition to persons with lived experience. Provide opportunities for the peer workforce to share input and impact policy and funding opportunities.
- ▶ **Address inadequate reimbursement rates and inaccurate coding for peer services** to create sustainable funding opportunities that align with services being delivered.

The results found within this report indicate a clear need for additional strategies to promote and sustain the Oregon peer-delivered services workforce at a critical juncture in its history as peer services experience statewide growth and expansion.



"My favorite part of my job is **using my lived experience** to **make a difference** in **others' lives.**"

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Health  
Authority

Scavera, A., & O'Neill-Tutor, M. (2020). *Flying with Our Own Wings: Oregon's Peer-Delivered Services Workforce Needs Assessment Report*. Portland, OR: Mental Health & Addiction Association of Oregon.

Access the full report at: <https://www.mhaoforegon.org/needs-assessment>