



## Mental Health Services Act (MHSA) – Innovation Project Brief

### Project: Peer Support for Peer Workers

#### Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS)
- **Population Served:** Peer Support Workers
- **Total Cost: \$580,000** (\$450K service delivery, \$55K BHRS administration, \$75K evaluation)
- **Duration of Project:** 4 years (3 years of services, 6 months start-up, 6 months post eval)

#### Background

San Mateo County's MHSA Three-Year Plan and the Behavioral Health Services Act (BHSA) prioritize strategies to provide integrated, consumer and family-driven treatment and recovery supports for individuals living with mental health and substance use challenges. The proposed project was identified in the 2022 MHSA Innovation (INN) stakeholder submission process and is being brought forward for the current round of INN funding as the County transitions to the BHSA.

#### The Challenge

Peer support is an evidence-based practice (EBP) that has been shown to improve outcomes and quality of life for individuals living with mental health and/or substance use challenges. In recent years, many states have expanded the peer workforce to strengthen the capacity of the behavioral health system.<sup>1</sup> With the introduction of peer certification in California, peers are now playing an integral role in the behavioral health workforce. For individuals in recovery who are navigating employment, it is important that they have strategies for integrating work, recovery, and wellness to support their ongoing employment.<sup>2</sup> While the state and counties have put in place resources for training and support for peer support workers, the support has largely focused on training peers in their role, developing leadership and career pathways, and guidance on peer certification. There are limited resources to support peers' own mental health and recovery needs that can arise in the context of their role in the behavioral health workforce. It is essential that peers receive support to maintain their own recovery as they work with clients, as the wellbeing of the workforce translates directly to the quality of services for clients.

While the Substance Abuse and Mental Health Services Administration (SAMHSA) National Model Standards for Peer Support Certification encourages organizations to support peer workers through peer supervision and providing training on self-care, the peer workforce has unique needs that are not adequately addressed through existing supports. Stress and triggers can arise in their work that may destabilize their wellness, particularly given the unclear boundaries that peer workers sometimes navigate in providing services to clients who may be experiencing similar challenges as the peer worker has experienced on their journey to recovery.<sup>3</sup> In addition, peer workers experience challenges related

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<sup>1</sup> *Issue Brief: Expanding peer support and supporting the peer workforce in mental health.* (2024, June 1). SAMHSA Publications and Digital Products. <https://store.samhsa.gov/product/expanding-peer-support-peer-workforce-mental-health/pep24-01-004>

<sup>2</sup> Williams, A. E., Fossey, E., Corbière, M., Paluch, T., & Harvey, C. (2016). Work participation for people with severe mental illnesses: An integrative review of factors impacting job tenure. *Australian Occupational Therapy Journal*, 63(2), 65–85. <https://doi.org/10.1111/1440-1630.12237>

<sup>3</sup> *Issue Brief: Expanding peer support and supporting the peer workforce in mental health.* (2024, June 1).



to unclear role expectations and regularly report stigma and discrimination in the workplace.<sup>4</sup> There is a further need for support post-pandemic as peer workers continue to recover from the stresses of COVID-19 and adjust to changes in job tasks (e.g., increased reliance on technology, reduction in in-person services).<sup>5</sup>

In a formal capacity, peers do not have someone outside of their supervisors to go to for support in dealing with work-related distress. While BHRS has structured two consultations per month for peer workers, these sessions often focus on trainings on their role and how to access resources for peer certification. Peers may be unlikely to discuss their own recovery with a supervisor, for fear that it may be seen as cause for concern about their ability to perform their jobs. Peers may also be unlikely to use programs designed for the mainstream workforce, such as Employee Assistance Programs if available, as they want to talk with someone who understands and relates to their experience. Peers in the workforce need a safe and supportive environment to discuss challenges at work that gives them confidentiality and autonomy in decision making regarding their mental health care supports and services. Strengthening the peer workforce with self care tools keeps the peer workforce steady and available.

## The Proposed Project

The project will fill a gap in support available to peer workers by creating a peer support team composed of certified Peer Specialists and Supervisors to provide on-demand peer-delivered support services for peers and family members who are in the workforce and experience work-related distress related to their role. Services will include one-on-one non-clinical support to connect and share strategies for navigating their wellness needs at work. The project will support behavioral health workforce development priorities as peers become more supported, stable and well, leading to higher job satisfaction and retention rates, better work-life balance, improvement in services provided, and a decrease in burnout, vicarious trauma, and compassion fatigue.

## Target Population

The target population will be peers and family members in the behavioral health workforce. Peer support will be available to all peer and family support staff working within BHRS and community-based organizations. The project will serve an estimated 25-50 peer support workers annually.

## Services

- **On-demand non-clinical support.** A peer support team will provide non-clinical, confidential, recovery-oriented support for work-related distress that may impact a peer worker's wellness. Services will be provided by peers, for peers, via one-on-one sessions held in the moment that a peer worker contacts the service. This non-clinical support is to provide respite before a crisis, and is not intended for crisis care. Services will be offered virtually during and after work hours and on weekends.
- **Referrals and resources.** In the event that a peer worker needs more support than the peer support team provides, they will engage peers in a discussion to identify the most appropriate

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<sup>4</sup> Issue Brief: *Expanding peer support and supporting the peer workforce in mental health.* (2024, June 1).

<sup>5</sup> NAMI. (2024, February 7). *When trauma is triggered at work | NAMI: National Alliance on Mental Illness.* NAMI. <https://www.nami.org/recovery/when-trauma-is-triggered-at-work/>



support (e.g., therapist, psychiatrist, Employee Assistance Programs, cultural healing resources, etc.).

## The Innovation

- **MHSA Innovative Project Category:** It makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
- **MHSA Primary Purpose:** Increases the quality of mental health services, including measured outcomes

The project will apply new understandings of how to support and sustain fidelity to peer support practices, values, and ethics that transform the culture of the organization and quality of support provided to people in recovery. The project will do so by applying a peer support model to the peer worker context, which has not been done before. This project will build upon the ways that peer workers have been informally supporting one another within peer-run behavioral health organizations, in order to create a centralized peer support team for all peer/family member workers in the county.

## Learning Goals

The project will serve as a “demonstration project” to study and refine a model for providing non-clinical peer support to peer workers. Through an independent evaluation, this project seeks to learn:

1. Does providing non-clinical peer support for peer/family support workers help to **sustain the peer workforce**?
2. Does providing non-clinical peer support for peer/family support workers **strengthen the quality of services** provided by peers?
3. What are the components of peer/family support workers for peer workers that are effective and could be **scaled and replicated**, including possible billable services?

## Behavioral Health Services Act (BHSA) Transition

The project aligns with the county’s Prop.1 transition to BHSA by expanding a culturally informed and well trained and supported behavioral health workforce. The project will strengthen the foundation for integrating peers in the workforce, service delivery and behavioral health reform, which will ensure high-quality delivery of new services for the most vulnerable and at-risk individuals.



BHSA Transition Questions	Response
<b>How does the proposal align with the BHSA reform?</b>	As BHSA increases a focus on treatment and housing services, having a strong peer workforce will support the delivery of high-quality services. In this way, the project will aid in transforming the behavioral health system to serve the “most ill, unsheltered, and vulnerable” populations in the county.
<b>Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?</b>	Yes, peer support workers are an integral part of the behavioral health workforce supporting unhoused individuals with housing navigation and ongoing housing maintenance. Peer workers that are supported are better able to provide high-quality services for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness.
<b>Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?</b>	No
<b>Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?</b>	Yes, FSP staffing models require peer support workers as an integral part of the treatment team. Peer workers that are supported are better able to provide high-quality services for FSP clients and their family members.
<b>How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHSA funding for sustainability?</b>	The pilot project will include a deliverable to develop a sustainability plan that is vetted and informed by an established advisory group. The goal of the plan will be to leverage diversified funding for ongoing sustainability of the program including funding opportunities for behavioral health workforce initiatives, Medi-Cal billing if approved, Behavioral Health Services and Supports, and/or FSP funds (for peer support workers in these programs) can be used. The advisory group will be engaged in sustainability planning for the project at minimum one year in advance of the innovation end date. If the innovation evaluation indicates that the proposed project is successful and an effective means of supporting peer support workers and improving client care, a proposal of continuation would be brought to the BHSA CPP process.
<b>How does the project assist the county’s transition to the behavioral health reform?</b>	BHSA prioritizes workforce initiatives that expand culturally informed and well trained and supported behavioral health workforce. The project will strengthen the foundation for integrating peers in service delivery and behavioral health reform, which will ensure high-quality delivery of new services created for the most vulnerable and at-risk individuals.