



# Peer Voices In Developing Best Practices



## About CSH

CSH (Corporation for Supportive Housing) advances affordable and accessible housing aligned with services by advocating for effective policies and funding, equitably investing in communities, and strengthening the supportive housing field. Since our founding in 1991, CSH has been the only national nonprofit intermediary focused solely on increasing the availability of supportive housing. Over the course of our work, we have created more than 467,600 units of affordable and supportive housing and distributed over \$1.5 billion in loans and grants. Our workforce is central to accomplishing this work. We employ approximately 170 people across 30 states and U.S. Territories. As an intermediary, we do not directly develop or operate housing but center our approach on collaboration with a wide range of people, partners, and sectors.

For more information, visit [www.csh.org](http://www.csh.org)

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# Background

Over recent years in the homelessness sector in Los Angeles County, funding dollars have fostered increased momentum, represented by expansion in direct services and permanent supportive housing developments. Although many resources have become available, there remain significant challenges that present major obstacles for nonprofit organizations, public agencies, and the staff that directly support people who are unhoused. The provision of suitable living wages is a preeminent concern within the sector. As *RAND Corporation's report, "Living Wages in Los Angeles County's Homeless Response Sector"*<sup>1</sup> highlighted, although organizations were found to bring in significant amounts of revenue per year in 2019 and 2020 with a median of \$10 million, compensation only represented a fraction of the revenue incurred. Further, although frontline workers face insurmountable stress and workloads, employees making more than \$100,000 do not represent even 10 percent of the workforce for a vast number of organizations. There is a segment of the workforce whose wages are so low that they find themselves being housing insecure as they work each day to secure their clients' housing.

Coupled with a pandemic and crisis-induced labor shortage, the homeless sector is struggling to fill vacancies, in addition to upskilling the existing workforce. Scaling and capacity building come with many hurdles, especially around labor and workforce development; however, although the sector's growth has also produced some obstacles, with the integration of targeted resources and best practice guidelines, the sector can begin turning the tide in the right direction.

Within the workforce, there are stories and experiences that illuminate the needs of those who are serving some of our county's most vulnerable populations. The composition of workers varies from young to older, from high school to college-educated individuals, and from

those with direct, lived experience of homelessness to those without. These disparities often come with challenges that can easily be overlooked and undervalued, with little attention given to the true priorities. It is incumbent upon funders and policymakers to provide the support and investment of time and effort to these workers to ensure they are well compensated, trained, and have careers with true growth potential.

The peer support movement in the 1960s was driven by the treatment of patients who were released from institutions and found community amongst each other in the streets, community churches and campgrounds.<sup>2</sup> Informal support groups proliferated across regions and peers shared their stories with each other and discovered a new source of resources. Over the last two decades, the sector has professionalized the industry, often guided by sizable nonprofits, causing a drastic shift in workforce demographics. As clinicians and college-educated workers begin to abandon the housing workforce for other career paths, individuals with lived experience are rapidly becoming the sector's backbone. According to *KPMG's "Homeless Sector Workforce Analysis,"* persons with lived experience is an untapped population that currently represents about 19% of the industry but could help contribute to the workforce growth rate of 20% that is needed to "achieve the optimal workforce and meet the needs of the homeless services sector." With this in mind, it is necessary to assess the professional and personal needs and aspirations of individuals who are ready, willing, and able to become exceptional service providers to the growing population experiencing homelessness.

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<sup>1</sup> Abraham, Lisa, Sarah B. Hunter, Samantha Matthews, and Alex Sizemore, *Living Wages in Los Angeles County's Homeless Response Sector*. Santa Monica, CA: RAND Corporation, 2023. [https://www.rand.org/pubs/research\\_reports/RRA2266-1.html](https://www.rand.org/pubs/research_reports/RRA2266-1.html).

<sup>2</sup> Hendry, P., Hill, T., Rosenthal, H. *Peer Services Toolkit: A Guide to Advancing and Implementing Peer-run Behavioral Health Services*. ACMHA: The College for Behavioral Health Leadership and Optum, 2014

# Notable Key Themes Identified

The findings in CSH's 2022 report, *"Advancing Health Equity through Skilled Peer Workers,"* present a reality that illustrates palpable challenges and opportunities for individuals with histories of lived expertise entering the workforce in the homeless services sector as peer specialists. The sector recognizes that peer workers are crucial in bridging the gap between service providers and recipients. Yet, how does the sector best move forward in supporting existing peer workers and ensuring their well-being and growth over the span of their careers? After cross-sector convenings and conversations, a set of key recommendations emerged from that report, including the following:

## Recommendation 1

### Providing Higher Wages and Better Benefits

The first crucial step in strengthening the peer workforce is to ensure fair compensation and robust benefits. Peer workers, engaged in emotionally and physically taxing direct service work, are a vital asset in the sector. Statistics indicate that many peer worker participants are over 50 years old and may need additional support with technology, healthcare coverage and retirement benefits. It's essential to guarantee that peer workers are offered a living wage and comprehensive healthcare coverage, regardless of their age and whether they are employed part-time or full-time. Addressing the issue of financial insecurity among peer workers is paramount, as it directly impacts their mental health and job satisfaction. Employers should also consider including short-term disability, paid mental health days, and employer-sponsored retirement plans to enhance the overall well-being and confidence of peer workers.

To enable these improvements, public funding sources and policymakers must prioritize higher reimbursement rates for service providers. This

not only facilitates wage increases but also ensures a gradual reduction of public assistance benefits over time, allowing peer workers to achieve financial stability while avoiding abrupt loss of support. Moreover, evolving labor trends should be considered; programs like the Guaranteed Retirement Account (GRA) can offer retirement options for those without access to pension plans.

## Recommendation 2

### Establishing Workplace Wellness Policies and Programs

Recognizing the challenges peer workers face, including those related to their own experiences of homelessness, necessitates robust workplace wellness initiatives. Trauma-informed employment practices, encompassing ongoing support, responsiveness, and flexibility, are critical for retaining and nurturing peer workers. Transparent communication, work-life balance, and effective leadership are fundamental aspects of a healthy workplace, particularly for individuals transitioning into a new career.

Collaborative strategies should be employed to develop policies that value peer worker input. Encouraging mental health awareness and wellness, along with additional support during crisis or stress, enhances peer workers' overall well-being. Comprehensive personal time off benefits, including programs like respite care or sabbatical leave, further emphasize the importance of workforce preservation and satisfaction.

## Recommendation 3

### Building Internal Support and Infrastructure

Investment in peer worker education and development is central to building a sustainable peer workforce. A significant portion of



peer workers have limited formal education, necessitating comprehensive training and career advancement opportunities. Robust infrastructure, encompassing experiential training, user-friendly technology, and effective onboarding, is crucial for maintaining high retention rates and job satisfaction.

Integral to workforce development is the integration of peer workers into the office culture and organizational structure. Mentorship, training, and professional development should be offered to enhance peer workers' abilities to navigate the workplace successfully. Digital literacy is a priority, ensuring that peer workers can confidently use technology and stay engaged in their roles.

#### Recommendation 4

##### Empowering Agencies and Peer Workers

Policy changes like the legislative bill SB 803 in California, which supports standardized training and certification for peer support specialists, highlight the importance of empowering both agencies and peer workers. As standardization and validation of peer support specialists take shape, collaborative input from agencies across states and counties is crucial. Engaging stakeholders in strategy development ensures that the perspective of frontline voices is incorporated, ultimately benefiting service recipients.

Professional coaching and mentorship are imperative for peer workers' success. Organizational support, recognition, and career advancement opportunities are essential to peer workers' well-being and job satisfaction. Peers should be encouraged to engage in professional development that aligns with their strengths and career aspirations.

Empowering the peer workforce in the homeless sector requires a multifaceted approach that addresses compensation, benefits, workplace wellness, infrastructure, and agency support. By implementing these recommendations,

stakeholders can enhance the peer workforce's impact, retention rates, and overall well-being, ultimately leading to more effective support for individuals experiencing homelessness.



# Learning From Listening: The Peers Lead The Way

## Our Purpose and Process

The goal of the second phase of our work is to support the development of skilled peer support specialists while informing the homeless and housing sector on needed areas of capacity expansion to sustain an effective peer workforce. In 2023, as part of this second phase funding from Cedars-Sinai Foundation, a select workgroup that consisted of peers with lived expertise, service providers, consultants, and CSH staff with direct homeless service provision experience met monthly to develop a series of planning sessions that would take place in Service Planning Areas (SPA) 2, 4, 5, 6, and 8. The peer experts selected for the workgroup included Carmen Miller and Jayden Alexander who participated in the first phase of the project, and newly added Michael Centeno.

It was essential in the process to have a project heavily guided by the input of peers with lived expertise who have also been engaged with advocacy activities in support of the broader workforce. The recommendations in CSH's initial report provided the workgroup with a foundation of topics that can be further explored with a broader range of individuals who work in the sector and, therefore, can offer first-hand information and ideas as to how to shape the best practices that will need to be developed and integrated by homelessness and housing stakeholders.

Also included in the data collection process were interviews with individuals who have dedicated years to peer advocacy statewide, program development, and specialized workforce training. The input from these professionals is critical after the passage and implementation of Senate Bill 803 (SB 803), which allowed certification for peer support specialists and billing under the Medi-Cal

programs for Specialty Mental Health Services in California. This bill was signed into law in September 2020, and proceeded to engage community members and advocates, and develop recommendations collected by the California State Department of Health Care Services (DHCS) in July 2021. California Counties could opt-in to accept these Peer Specialist Certifications for Medi-Cal reimbursement starting in January 2022 and onward. Los Angeles County was nicely poised to opt-in since its Department of Mental Health has a robust Community Health Worker and Peer Support Specialist staffing structure to support the reimbursable services.

## Takeaways from the Listening Sessions

The purpose and intent of the listening sessions offered in various communities across Los Angeles County was to allow a cross-section of individuals from government, nonprofit, and community-based organizations to have their voices heard on how the peer workforce is currently experienced and what best practices could be developed to improve outcomes for the peer, the client, and the organization. In post-session surveys, over 95% of participants indicated that the sessions were useful, included diverse voices, and were beneficial for hearing other perspectives regarding the peer workforce. Participants of the listening sessions could attend in person or via video to make accessibility greater to workers who are often stretched thin and need flexibility when participating in community events.

The listening sessions invited participants to give input on the following areas:

- Building internal support and infrastructure
- Equity-based supervision
- Higher wages and benefits

- Workplace wellness policies and programs

Although participants slightly differed in the various organizations, job titles, supervisors, and resources, there was a great deal of commonality that was discovered among the session participants. The events allowed for a safe space where individuals could be transparent about their experience since working in the role as a peer professional and what changes could be made systematically and organizationally to be more effective for workers and clients.

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# Recommendations

## Building Internal Support and Infrastructure

Many nonprofit organizations struggle throughout their lifecycle to sustain enough organizational capacity to keep up or stay ahead of technological advancements, cost of living adjustments, public funding requirements, staff training and retention, and the growing needs of the vulnerable populations they serve. These conditions present a concern for peers who enter the workforce and have specific needs to be successful in their roles.

When session participants discussed the types of internal support they received versus their needs or expectations, many agreed on various aspects of their experience. Laptops to take home and/or work remotely were available to almost all attendees from various agencies. The availability of this resource was appreciated and allowed individuals to work from different locations as well as revisit online training courses or other work activities when they were home. An area that fell short for many was the quality of hands-on, one-on-one training and technical support available to assist them with tasks such as entering case notes into complicated systems that were not user-friendly.

The level of involvement by the worker's supervisor seemed to be key in mitigating frustrations when navigating systems and difficult tasks. For one peer specialist, she was hampered by her supervisor, who did not provide much support, and as such, she felt she "was left to understand tasks on [her] own." In this case, she relied on coworkers to provide her with the assistance her supervisor failed to offer. A supervising manager attending the session indicated he believed in "checking in regularly with staff, keeping dialogue open at all times, and tapping into the individual strengths of the employees."

Another area of internal support shown during the listening sessions was the need to recognize

peers as professionals who deserve the same respect as staff with college degrees or licensed clinicians. Several peers discussed how they were viewed as "clients or volunteers," notwithstanding accomplishing the same job as staff without lived experience. "I am frustrated when coworkers treat me in a condescending way, and I feel pigeonholed into certain tasks or jobs." Peers and managers attending the sessions agreed that there needs to be a pathway for peers to advance into positions beyond case workers or frontline staff. Peers with lived expertise should have a presence throughout the organization chart because there is great value they can bring to a wide breadth of positions.

Additional recommendations from attendees included:

- Virtual training, support with onboarding, and frequent one-on-one check-ins with new employees.
- Providing samples of notes or other documentation is helpful when learning a new task.
- Supervisors being available and understanding of learning differences is essential.
- Training sessions should be adapted to a variety of learning styles.
- There should be opportunities for peers to expand their skills beyond their current positions.
- Lived experience, not merely college degrees, should be considered in decisions regarding advancement up the career ladder.
- Authentically integrate peers into multidisciplinary teams and create opportunities for individuals with lived experience to supervise other peers directly.

## Providing Equity-Based Supervision

It is important to consider how equity plays a

role in supervision for peer workers. Do staff members with lived experience feel comfortable disclosing their stories, and are they treated fairly after the disclosure? How are supervisors managing situations and environments that could be triggering for peers? One of the participants, who has worked at various organizations, indicated that there were work environments that did not make it comfortable to discuss his past with colleagues or supervisors. "I was ashamed of my lived experience, and the environment actually supported not talking about my past. I am a kind individual, and I just want to be myself." Fortunately, when he interviewed for his current position at a different agency, his transparency about his experience helped him obtain his role.

For other professionals, they decide on a case-by-case basis if they disclose their lived experience. Peers mostly feel comfortable disclosing to clients because it helps them gain trust and be more effective in their roles. "I have always disclosed to clients and told them I was a client of DMH, and yes, I take meds and have moments where I experience voices because I want them to know if I can do it, they can do it."

For peers who have enjoyed positive and equitable relationships with their supervisors, it can translate into loyalty towards the organization. A peer discussed the difficulties that are encountered on a day-to-day basis working with such a high-risk population. He has experienced a client's death on the job, and it was a trigger for his personal grief related to his family member's death. "My supervisor was very understanding, and I was allowed to leave work early to process my emotions. After I returned, I had sessions with our organization's healer on staff who provides emotional support to employees. The healer supported me greatly through that time."

Additional recommendations from attendees included:

- Hire peer coaches trained specifically to

supervise and support staff with lived experience.

- Supervisors should undergo training on how to supervise peer workers best.
- Create safe spaces where the choice to disclose one's past experience will not be punished or held against them. Human Resources policies should support peer inclusion and protect from retaliatory practices.
- Acknowledge and provide resources to support staff who are encountering triggering experiences.
- Create an office culture that acknowledges, respects, and rewards the assets peers bring to the workforce.

*" My supervisor was very understanding, and I was allowed to leave work early to process my emotions... I had sessions with our organization's healer... The healer supported me greatly through that time. "*

### Providing Higher Wages and Benefits

The work conditions and pressures that frontline workers often face in the homelessness and housing sector can be extremely difficult. These factors, coupled with compensation that often does not meet the cost of living in Los Angeles, make employee retention a challenge for organizations. For peer workers receiving public assistance, their low to modest salaries can tip them over the "benefits cliff," jeopardizing their eligibility for publicly subsidized housing, medical coverage, and food assistance. Higher pay for workers in general has been shown to reduce employee turnover, improve "worker productivity, and better client outcomes,"<sup>3</sup> which in this

homelessness sector could support continuity of care for individuals who are unhoused.

The session participants were aware of the dire need for higher wages and an expansion of benefits. “Peers do not get paid enough, and we are living from paycheck to paycheck. Some coworkers live in cars and then come to work to look for housing for a client. It doesn’t make sense.” Another peer worker asked, “How can I choose between keeping the job I love and losing my housing?” Low pay is a primary reason for individuals leaving the sector for other careers, and this retention problem directly impacts the clients served. One listening session participant noted a client recently asked him, “How long will you be my case worker because I have had almost ten already.”

A few participants provided ideas about additional benefits that could be offered. The need for additional paid wellness or mental health days was discussed as a need because of the fast-paced and human-centered nature of the job as well as the reality of coming into a role with existing trauma or a mental health diagnosis. “It needs to be clear how employees can access mental health days without using vacation days when they are struggling emotionally.” Another participant discussed the cost of co-pays with his employer’s health insurance which was very expensive considering the amount of medications he was prescribed each month. He did not have the same amount of out-of-pocket expenses when he was unemployed and using Medi-Cal coverage.

Additional recommendations from attendees included:

- Lived experience should be accounted for in wage determination weighing it alongside educational experience.
- Additional resources for mental health supports and paid time off.
- Educational aid, tutor stipends, and tuition assistance to receive certifications or degrees.

- Provide employees with stipends for transportation or discounts for car insurance.
- Human Resources work with employees on public assistance to ensure a small increase in wages does not trigger the “benefits cliff.” Alternatively, Human Resources offers referral for direct benefits counseling services paid for by employer.

“ It needs to be clear how employees can access mental health days without using vacation days when they are struggling emotionally. ”

### Establishing Workplace Wellness Policies and Programs

Employers in the corporate world have touted an expansion of workplace wellness programs and policies to help lure their workforce back into their offices as a result of the change in workforce demanded by the COVID-19 epidemic. For frontline workers in the homelessness sector, many were forced to return to challenging onsite work without much in place to support their wellness. When the session participants were asked about how accessible wellness resources were, especially mental health assistance, the responses varied but mostly were nominal. For one peer, he felt supported by the amount of resources his organization offers, including a wellness team with an on-staff counselor and an organization led by an executive director that creates a supportive “family culture.”

On the other hand, some participants indicated that their only resources were through health insurance, and there was not any on-site assistance available. There was additional conversation surrounding the emotional distress

<sup>3</sup> Coviello, Decio, Erika Deserranno, and Nicola Persico, “Minimum Wage and Individual Worker Productivity: Evidence from a Large US Retailer,” *Journal of Political Economy*, Vol. 130, No. 9, September 2022.

of working yet being financially unstable and potentially losing housing.

Human resource departments were identified as areas in which they needed to be more helpful in directly assisting peer workers with the difficulties they face. "I am struggling to find a psychiatrist. I did not have this problem when I was on Medi-Cal, but my employer's insurance is crap, and I need my psychiatric meds, but it is expensive. HR needs to understand what we need."

Additional recommendations from attendees included:

- Provide onsite mental health support or via Zoom/video.
  - Human Resources should make itself available and knowledgeable to have direct discussions with staff as to their medical and personal needs for workers to yield best performance.
  - When physical space or time is needed for an employee away from the work environment, they should be given an option to step away to process their emotions.
  - Provide discounts to grocery stores and for parents, help with childcare expenses.
  - Give direct service employees additional paid time off for mental health breaks.
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# Voices From The Frontline

## Catching Up With Carmen Miller

In 2022, we had the opportunity to interview Carmen Miller for CSH's "Advancing Healthy Equity through Skilled Peer Workers" report. Carmen graciously shared her personal journey and discussed how she came to become a peer professional. The easy-going, warm, and intelligent mother of three daughters we met has continued her critical work with women's support groups at the Los Angeles County Department of Mental Health. Carmen's lived experience as a single mother of three daughters who have survived and overcome significant trauma is a beacon of light for the vulnerable women she supports each day.

Carmen takes her role as a professional with lived experience very seriously and cares deeply for the women participating in her groups. The participants are primarily single mothers who are struggling with poverty, unsafe communities, complex trauma, tumultuous relationships, and the difficult job of raising children in these conditions. "I believe in talking to clients and giving them the support and information I wish someone gave me when I needed it most. I understand these women are trying to juggle keeping food on the table, maintaining a job, worrying about childcare, and helping the kids with homework when they return home."

Carmen often observes many of the women do not venture outside of their homes with their children for recreational activities because they believe since they do not have money to take their kids shopping or to Disneyland, there are no options other than staying home. Yet, Carmen counters this belief by giving the mothers





suggestions for local activities that are free, such as visiting public parks that have splash pads where kids can have a water park experience in their neighborhood or nearby communities. Carmen shared an example of how much the clients enjoyed a day trip to the Friendship Bell in San Pedro. It was a place some of the women never visited before and was yet another resource they could carry home with them as a place to return to with their children on the weekends. “I want to see the women do more with their kids outside the house. This is why I try to introduce them to different places when we are together, such as local farmers’ markets. The markets accept EBT cards, and it gives them an idea of an inexpensive place they can take their children to. You may not be able to do stuff in your own neighborhood, but you shouldn’t be afraid to take them to a different area that feels like another world.”

Carmen also organizes outings for the group that are pragmatic and helpful for those who rely on public transportation or walking. During the group trips to the grocery store in the agency’s van, she reminds them to purchase their case of water and other items that are too heavy to carry on their own. The activities are often taken for granted by many in society who view trips to the grocery store as just another errand in their week. For the group of women, it is not only an essential resource available to them, but it is also an opportunity to bond with others who share similar experiences and backgrounds.

Carmen enjoys seeing the women relaxed and sharing stories over lunch. “It is very important for these women to have their mental health together and relieve stress so they can raise their children and give them what they need. I am there not only for clients for fun activities but also when they have something difficult, such as a court appearance or another important appointment. I want them to feel supported. I tell them as long as you are in the fight, I will fight with you.”

The role of a professional with lived experience is unique in the sector, and it is evident in what

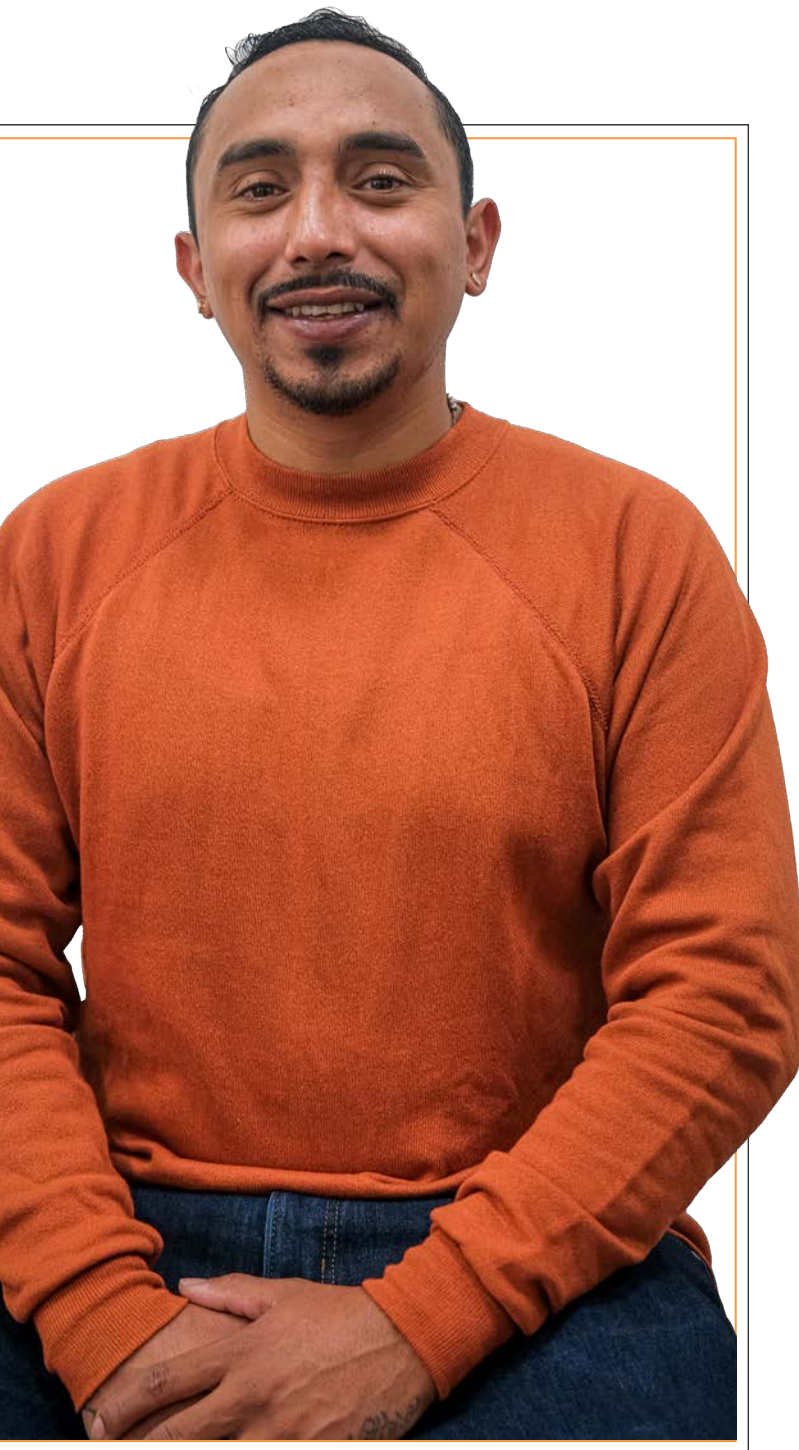
Carmen brings to the individuals she works with. Whereas a clinician without lived experience may view their role as just a job, Carmen sees it as part of her personal mission to provide a type of support she did not receive when she was at her lowest point. “I understand the experience of relying on public benefits and feeling like nothing is looking up in your life. For some people, it will make you not want to get out of bed or cope by using substances. I am able to connect with people who are at these low points and help them get through the tough times.”

Although Carmen has enjoyed her experience with the clients through her role at the Department of Mental Health, in the future, she sees herself creating a nonprofit organization dedicated to women. She envisions the name for the agency being “Sisters” as a nod to a place where positive relationships and safe spaces can flourish. Carmen foresees providing support groups, employment assistance, skill-building courses, family activities, and short-term emergency housing. As she describes her future dream organization, it is clear that the trials and tribulations she has experienced and overcome have prepared her for a path that sheds light for women and children exiting the darkness.

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## *Life Beyond the Lived Experience*

### **A Q&A With Michael Centeno**

Michael Centeno fully embraces a variety of roles, responsibilities, and realities in his life. Upon encountering Michael, there is instant recognition of how self-assured and grounded he is as he expresses his viewpoint. It is not a surprise that Michael has been quoted in industry policy reports and invited to lend his voice as a professional in the sector with lived experience. He currently is an Intensive Case Management Services (ICMS) Case Manager with Housing Works and continues to look to the future for not only his own advancement but also the development of peer specialists as a viable career path for others with lived experience.

#### **Tell me about yourself and your background.**

My mother is originally from El Salvador, and she worked very hard and long hours to make ends meet. Because my mother worked so much, there was not a lot of supervision at home, but when I was young, I enjoyed being active. I even completed the L.A. Marathon in four hours, but my true love my entire life was soccer. I excelled at soccer to the point I joined the varsity soccer team in high school and was offered a scholarship to UCLA to play for the university. Unfortunately, the surrounding neighborhood was filled with gang activity, drugs, alcohol, and other negative influences.

I started to be drawn to the lifestyle of the streets and fell into a cycle of drinking, getting into trouble, and being affiliated with gang members. Although I knew the things I was involved in were not who I was at the core, I was being a follower and following all the wrong people. Even though

I was never incarcerated, I did have interactions with juvenile courts because of my street activities. Ultimately, all the fighting caused me to be expelled and forced to attend continuation school.

Not long after leaving high school, my girlfriend and I became parents for the first time with our daughter, Jazlyn. I was committed to being the father I did not have in my life. We all lived as a family for Jazlyn's first years of life. Even when I lost my job because the store closed, I was a loving stay-at-home father, and it allowed me to create a bond with my daughter that I still treasure to this day.

But things changed when I started missing my old lifestyle. I started staying out late, partying, and one day, I was introduced to meth. What started as an occasional hobby turned into a disease. I lost the new job I had, and with the loss of income, I could not afford the apartment for my family. My daughter and her mother moved in with her family, and I lost all hope for life. I was deep into my addiction and, for four years, "disappeared" into the streets despite remaining in the area. The devil was chasing me. I felt unsafe. I had to make a change.

### What was the turning point?

I found the Tarzana Treatment Center, and although there were no beds open. They told me to come back in a month. I refused to leave and slept outside the building for three days, determined to get the help I needed. If I left, I knew another four years would pass by. My persistence paid off, and a bed opened. I remained in the program for 30 days, and I knew at that point although there were another 60 days to go, my mind and heart were ready. I was not only going to leave the center but also the entire area that led me to my addiction. Tarzana Treatment Center connected me to the Home at Last shelter in Santa Monica. Triggers and temptations were all around me at the shelter, but I completed the 90-day program, and I started

to feel the "magic was happening" within me. I assisted the shelter staff with communicating with Spanish-speaking residents and helped in other ways, to the point that a supervisor encouraged me to apply for a position. Within a week of my interview, I was hired as a shelter monitor, where I assisted with meal preparation, intake, cleaning, and helping de-escalate tensions among residents.

It felt great to be sober, purchase a car, be able to return to my neighborhood to visit my family, and regularly spend time with my daughter, which I loved. I even took her for her very first manicure when we were together for Father's Day. I take pride in spending time with her and having a healthy relationship based on open communication. God showed me the way and kept me strong. When people from the neighborhood saw me again, they were surprised to see me, but I was in a better place and wanted so much more for myself. I decided I wanted to continue working in the sector, but I needed case management training, and that's when I found a job opportunity at Housing Works. I was hired in June 2022 and currently work as an ICMS case manager.

### How do you see your current role, and how are you supported professionally?

I enjoy helping people, providing resources, and just being a presence for whatever the residents need, whether they are trying to navigate health systems, apply for public assistance, or learn life skills. Most importantly, I am a person they can relate to because I can build a real rapport since I have lived experience. I remember not trusting case managers because it seemed like it was all about the paperwork and not the person. I have found my purpose in being a help to people and a guide for this community.

I am motivated to work with our Executive Director, Celina, who is very motivational and inspiring. Housing Works made me feel accepted and valued from the beginning. I have received



lots of support and training for my role, and I am encouraged to continue my education by completing my high school diploma and attending college courses at Antioch University.

The support system has also been important in the day-to-day work in the sector. I have witnessed a resident who has overdosed and discovered his body. This is traumatizing because you build relationships with the residents, and with me having experienced a loss in my family, it affected me. My supervisors supported me by not only allowing me to leave and tend to my own self-care, but Housing Works also has a spiritual healer available to staff that I was able to speak to as much as I needed so I could process my feelings and grief.

### What would you like to see improved in the sector for Peer Specialists?

I think it is important for employees with lived experience to be accepted and acknowledged by their organizations. It is also necessary to create an open and supportive environment for people who are struggling with their mental health without fear of being reprimanded. I value being part of a work culture that acknowledges staff at each meeting and recognizes participants who

have passed away. It shows true compassion, and that makes me want to be a more compassionate person.

Another significant area is wages. Wages must improve because financial troubles can cause stress, triggers, and emotional distress. Peer specialists are working hard to access resources for others and often find themselves struggling to maintain housing and the cost of living. This is why there is such a high turnover among caseworkers, and as a result, participants may see 10-20 caseworkers in one year. We are doing the first responders' job and seeing the worst of the worst. The pay is not reflective of how hard the job is. "How long will you last?" is often the question I am met with when meeting a participant. This really needs to change in the sector if we are going to make a lasting difference.

### What is the advice that you would like to pass on?

Stay the course! If you believe in yourself, keep going because you will eventually see growth and progress. Also, stay humble and learn when to speak and when to listen. There's so much wisdom out there. Use it to your advantage.



# Interview with Jason Robison, SHARE's Chief Program Officer & CAMPHRO Board Member

CSH had a chance to have a thoughtful conversation with Jason Robison, Chief Program Officer of SHARE!, the Self-Help And Recovery Exchange. Since 1993, SHARE! has served people through self-help support groups and communities that provide recovery and social support. Jason, an experienced thought leader in the sector and has spearheaded the development of Peer Respite and Peer-Run Recovery Residences for people experiencing homelessness and mental health issues across California and the nation, provided his insight on a variety of timely issues impacting the community.

**Jason, let's discuss the rollout of SB 803, which, once fully integrated, would make peer work a medically billable service and provide peer certification. Where do you see the training, rollout, and landscape at this time?**

There's a shaky foundation through no fault of anyone, and although there has been community input, the bill's rollout has not promoted the best efficacy in peer work. The State is currently collecting information from peers that will be integrated into an analysis that could be used to develop job descriptions and how the peer specialist certification is developed. Unfortunately, California is drowning in "peer drift," where peers are being allocated more work tasks that are outside of the peer services they were hired to provide. As such, when peers discuss what their jobs look like, it could be a misrepresentation of what their job should be as a peer professional. Hopefully, as people are trained, certified, and placed, there will be a landscape where peer drift can be measured and corrected.

SHARE! has been doing peer-run housing since 1995, and I have been involved in integrating evidence-based research practices within it, which includes the peer model. However, the broader homeless services sector has never really embraced peer services as a legitimate part of what services are being provided. That's a conflict because you have providers that are focused on publicly funded services such as traditional permanent supporting housing, transitional housing, shelter, and case management. So that is the focus of expertise and where resources are poured into, not peer services. We will have to do a lot of work to get real expertise that can educate the broader sector to ensure that peer services are effectively integrated into the sector. Additionally, the lived experience committees (within the homeless services and mental health sectors) do not seem to understand the very important distinction between "peers," who are people with lived experience – usually of homelessness, mental health, and/or substance use issues – and "Peers Support Specialists" who are people with that same lived experience who have been trained and are experienced in providing peer services. Consequently, the expertise of peer professionals regarding peer services is excluded from program and system design.

*“ One of the things that is unique about peer services is the experience of dignity. ”*



When you are experiencing dignity as a human being, you feel valued, and you believe that you add value. Peer services and programs create environments where everyone is a provider. For example, in peer-run housing, every resident is helping someone else. This could include teaching a roommate how to cook or helping someone get to their doctor's appointment. That particular experience of peers being leaders in the community is transformative. We need to find a way for programs to embed formal roles for people who are receiving services to be leaders and add value. That is the heart of what peer services provide.

The history of the peer movement is generally seen through the lens of advocacy only, but in reality, the advocacy component was derived later, after the peer movement emerged from self-help support groups such as mutual aid societies like Alcoholics Anonymous and Recovery International in the 1930s. Those are peer service models. The advocacy component grew mostly in the 1970s with a large network of people within the support group community who advocated against the forced and coerced practices rampant in the behavioral health system at that time. The community knew the benefits of the behavioral health supports that were provided within the groups. In recent decades, we have seen that self-help support groups are the highest consumer satisfaction-rated behavioral health intervention, but these groups are not being included in the general network of care. Substance Abuse and Mental Health Services Administration (SAMHSA) has just released its National Model Standards for Peer Certification, which includes in the "Core Competencies" section, "Self-help/Mutual support groups." It is essential that the training of all Peer Specialists includes best practices for self-help support group referrals, and the practice standard requires connecting people to self-help support groups. This model is a part of SHARE!'s training, but I fear that what is currently being integrated and trained relating to peer practices will create "mini case managers" that solely value the one-

on-one model when the real peer experience is communal.

Additionally, it is important to train Peer Specialists on how to integrate self-help support groups in their own lives because that's a form of self-care, whether it is for trauma, financial challenges, or relationship issues. That's a network of support for them outside of the job that supports retention, decreases burnout, and promotes self-care. Forty percent of whether we are okay or not is usually dependent on the amount and quality of our social support we receive. Medication is ten percent. Self-help support groups broaden one's network for social support that is available 24 hours a day. It also expands the demographic range of one's social support, and that is critical to a peer's ability to thrive or not thrive. Lastly, the housing sector must look at itself as a recovery sector by helping people form a community, and connecting with support groups will help with that.

### How does the sector go about shifting the mentality and culture of clinician-based models that will influence how people are trained and what their job descriptions are?

Peer Specialists, thought leaders, and advocates are trying to do this at the State level. Peer services are most effective when the organization's culture manifests the values of peer support. In California, that culture is alive in peer-run organizations, but peer-run organizations are not usually set up to bill Medi-Cal, so as SB 803 rolls out with *grandparenting*, initial certification, and specializations, the organizations that will be first able to access funding will be agencies that already bill Medi-Cal. In Los Angeles County, SHARE! and Project Return are peer-run organizations that have existing contracts with the County that can be amended so we can bill Medi-Cal, but we are the only two organizations that have County contracts. For us, we will have to work alongside other agencies to orient them in peer services, incorporate supervisors who are peers

themselves and have experience. The Supervision of the Peer Workforce and training for those who will be supervising Peer Specialists is essential in shifting the clinical culture, developing the workforce, and assuring effective peer services. The current Peer Supervisor training through the California Mental Health Services Authority (CalMHSA), a joint powers of authority formed by Counties across the state to support mental health services across the state, is not adequate and is likely to create peer drift. CalMHSA initially approached SHARE! to use SHARE!'s Supervision of the Peer Workforce Training, developed with SAMHSA and experts from Yale, but CalMHSA insisted on owning SHARE!'s content in perpetuity without reimbursing SHARE! for the development of its intellectual property, which SHARE!, for obvious reasons, was unable to do. There will also need to be statewide capacity to build the infrastructure of other peer-run organizations so they can develop the ability to bill Medi-Cal. One way to do that is to have legislation that earmarks 7% of the Mental Health Services Act (MHSA) funding that will be directed to peer services and peer-run organizations. I would like to see more MHSA funding supporting peer services and not just Medi-Cal, so it's not just services based on medical necessity. When you apply the medical necessity to it, it creates a diagnostic relationship. There must be a broader and deeper mechanism to support peer services.

It is also necessary that funding is flexible, and it needs to be accessible, like what was seen during the pandemic. I will give you an example of the challenge of restricted funding. SHARE! Collaborative Housing is our peer-run housing program and we have about 20 contracts that add up to \$4 million and annually house about 400-500 people, which is cost-effective while people are getting on the road to recovery. Ultimately, they move out and can proceed with their life. However, maybe only two contracts give us the flexibility to run SHARE! Collaborative Housing program and can apply the money where it is most needed. Most contracts, on the other hand, like LAHSA's Recovery Rehousing funds, are

more restrictive, and as such, that makes it more difficult because when 40% of our budget is going towards subsidizing rent, it doesn't give us the flexibility we need to address the varying needs of the population.

I have seen that peer services are one of the most requested services but the least available services, because peer services are not scaled to the same degree as other interventions such as nursing, social work, and psychiatry. Unfortunately, Peer services is still seen as an add-on. We need to meet the needs of what people want. What do we do about it? Some of it is changing what we do and how we do it. It's a problem when you have outreach teams that are aware of an individual but don't understand what their wants and needs are. That's a problem. That's where outreach teams that are made up of peers are more effective because they will not only know of the person who is outside of a church changing clothes but also have the trust of the person to learn what their needs are.

**Jason, your insight has been invaluable. Can you share a few resources where individuals can access more information about the current landscape and new updates?**

Yes, some valuable resources include:

- The *National Association of Peer Supporters* is comprised of academics and peer specialists who have a spectrum of expertise.
- The *MHSA Oversight and Accountability Commission, Client and Family Leadership Committee* is developing a peer support guide that identifies resources across California.
- The *County of Alameda* is really strong in this area. They have regular meetings about SB803 implementation and what's currently happening.
- *CAMPYRO* is a statewide advocacy organization, and they not only work with supporting member organizations but also have a legislative reach.
- SAMSHA is a great source of tips and resources on peer practices and supervision.

# *Interview with* **WERC's Amber Roth, Cassi Stephens, and Daisy Morales,** *Executive Director, Senior Program Manager, and Project Developer*

The team at Worker Education and Resource Center, Inc. (WERC) in Los Angeles provided insight to CSH on their work as a State-approved training vendor for the Medi-Cal Peer Support Specialist Certification Training Program. For over two decades, WERC has delivered workforce development programs in Los Angeles County. It is a reputable nonprofit organization that was grounded in a partnership with Service Employees International Union (SEIU) Local 721 and the County of Los Angeles to provide high-quality workforce development programs that support public service workers and their career paths. Last year, WERC began training professionals with lived expertise to attain their certification as Peer Support Specialists.

**Let's discuss how WERC became involved in providing training specific to the peer support certification derived from the implementation of SB803 and as administered by the California Mental Health Services Authority (CalMHSA).**

AMBER: WERC has a great deal of experience in providing labor-management training to the public sector in Los Angeles County. I have served as the Executive Director of WERC for over three years, but I have 23 years of experience working in behavioral health services, homeless services, and workforce trainings, with over three years dedicated to providing Labor-



Amber Roth



Cassi Stephens

Management training to the public sector. WERC has previously focused on supporting health care and the County Department of Health Services, particularly to address the nursing shortage. Our first introduction to providing resources to the homeless sector was our Case Management Program in collaboration with Housing for Health. As a licensed clinician, I have a passion for behavioral health pathways and as an approved vendor for this certification, we can create pathways for peer entry-level positions as well as expand to offering resources that support career advancement opportunities to peers as well. Our model is based on the High Road Training Partnership (H RTP) model, which increases access to existing high-road jobs for underserved populations. We have a focus on individuals who have high barriers to employment and understand the economic challenges that can come with allocating time to training; our WERC training pays stipends to participants.

**What is offered to participants in WERC's certification training program?**

CASSI: Since October 2022, WERC has offered an 80-hour, fully online training program that is self-paced and is available to participants across the State. After 15 months of training, over 100 individuals have enrolled and are participating in the program. While we continue to evaluate the program, we are considering a potential hybrid

model that would also provide the opportunity to conduct part of the training in person and a portion online. We also allow participants to complete the 80 hours over a six-month period because we understand that people are working and would not want to create requirements that could overwhelm someone who has multiple responsibilities.

### **How has the experience been for participants so far? Is technical assistance and support available even though the program is fully online?**

DAISY: Although the training is conducted online, I have built relationships with the participants as I support them with different questions or difficulties they are having. I recognize that there is a technology and computer literacy barrier for some. I learned that several are using their cell phones and not a laptop or computer to complete the training. Using a cell phone can make it difficult to navigate the training on a device that small. Fortunately, I have been able to guide them through each step of the training and even provide assistance with accessing areas of the CalMHSA website for information about the certification exam. Another area that we have identified is the apprehension or challenges faced during testing. Our training includes a mid-term and final exam to help participants prepare for the certification test, but there are individuals who although they do not have a formal diagnosis of a disability, need additional accommodations to successfully complete the certification exam. As we roll out trainings in the future, this is an area where we see a hybrid model being helpful so individuals can obtain one-on-one help in person. WERC would also like to provide trainings in additional languages since currently it is only available in English.

### **Around December 2022, almost a year after peers could enroll in training, we learned that 70% of individuals who have graduated from the state peer certification program in**

### **California are identified as white. Would you say from your perspective that there may be an outreach problem since this is not reflective of the demographics of the broader peer population?**

AMBER: I was not aware of that statistic, and that is troubling. CalMHSA has a list of trainers on their website, and I do know that some agencies have additional requirements for their programs, such as a prerequisite to have a high school diploma and/or submit to a background check. This could be discouraging for some potential participants. WERC does not have any of these requirements to enroll in our peer training program. Additionally, our agency conducts targeted recruitment in underserved communities to ensure we are serving where the need is greatest. Of the participants we have in our program in February 2023, it is 3% indigenous, 8% Asian/Pacific Islander, 10% African American, 36% Latino, and 42% White, so our population is considerably more diverse than the statewide statistic.

### **For individuals who have not received vouchers to complete peer training and cannot afford to pay out of pocket, does WERC provide any financial assistance?**

AMBER: In understanding that there would be a limited number of vouchers available for a specific time, we have applied and received grant support from the Broad Foundation to provide scholarships to a small pool of individuals who cannot afford to pay for training. In the future, we will also look for ways to support the ongoing costs associated with receiving a certification, such as annual renewal fees and continuing education. Another area of need is for organizations that would like to build their capacity by having their staff trained. WERC is making the training available to those agencies as well.

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