



Advancing Health Equity through Skilled Peer Workers



About CSH

Corporation for Supportive Housing (CSH) has been the national leader in supportive housing for over 25 years. We have worked in 47 states to help create stable, permanent homes for individuals and families. This housing has transformed the lives of over 200,000 people who once lived— on our streets or in institutions— in abject poverty. A nonprofit community development financial institution or CDFI, CSH has earned a reputation as a highly effective, financially stable organization with strong partnerships across government, community organizations, foundations, and financial institutions. Our loans and grants totaling over \$600 MM have been instrumental in developing supportive housing in every corner of the country. Through our resources and knowledge, CSH is advancing innovative solutions that use housing as a platform for services to improve lives, maximize public resources, build healthy communities, and break the cycle of intergenerational poverty. Visit us at csh.org to learn more.



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Forward

By Celina Alvarez

In 1985, my late mentor, Mollie Lowery, founded and developed Lamp Community in downtown Los Angeles' Skid Row. Pioneering the "harm reduction" model of intervention and building a strong, life-long supportive community, Mollie met Los Angeles' greatest challenge head on. She led the development of LAMP Community's transitional housing residence, fostered four business enterprises, and established a total of 125 units of permanent supportive housing (PSH), including a 50-unit building, through intentional collaborative efforts and/or master lease. By 2003, LAMP grew to 120 employees, 50% of whom were prior or current participants of LAMP's services.

After 20 years at LAMP, Mollie retired in 2005 and headed for the Eastern Sierra where she ran a retreat center serving people from Skid Row. Yet two years later, she returned to the concrete jungle in search of an agency where she could join hands. Mollie met Housing Works founder, Mary Kirchen, and for the next nine years, these two dynamic women blazed new trails. In 2008, with seed money from the Corporation for Supportive Housing (CSH), Mollie launched the Housing Works Mobile Integrated Services Team (MIST), which became a nationally recognized field-based team that provides comprehensive supportive services—both to people experiencing homelessness, as well as to formerly homeless individuals living in permanent supportive housing. In 2008, Housing Works employed eight staff members. Today, the agency has 45 employees, 13 of whom are highly effective individuals bringing their lived experience. The homeless services sector in Los Angeles recognizes the value of hiring staff who have a unique, first hand understanding of people experiencing homelessness and how to interface with them—an understanding based in having confronted their own personal struggles.

I first met Mollie in 1999 when I was 24 years old, working at LAMP Village. Little did I know that she would be taking me under her wing for the next 17 years—that ultimately I would become her successor as Executive Director at Housing Works (HW). Mollie made time for me and all my "stuff." She gave me a chance, and at one point in my life, saved me from the choices I was on the verge of making that could have resulted in a detrimental outcome for myself and my two children. I am forever in her debt.

It was Mollie who ingrained in me the essence of the art of human engagement - one person, one life, one relationship at a time. Over the years, I would become a sponge, soaking up anything this incredible woman could teach me. I watched in awe as she moved through the day, engaging human beings—including those so often ignored, disregarded, misunderstood, and overlooked—with the utmost respect and dignity. Each encounter I witnessed reminded me of the importance of taking time to listen, reflect, and be present. Mollie believed in relationships based on integrity, a call for justice, and connection. Housing Works would be Mollie's final "run" and her ultimate labor of love until her passing on July 25, 2016.

Even as we strive to move chronically homeless people into permanent housing, though, the number of individuals falling into homelessness is quickly increasing. Why? Mollie Lowery's response would be, "We have yet to address the person, system, and bureaucracies at the top whose decisions are throwing people living in poverty into the margins of our cities with a shrinking safety net. These individuals who often struggle with chronic mental illness and addiction are repeatedly penalized through the criminal justice system and left insufficiently treated through an antiquated, underfunded behavioral health system." How can we bring the greater Los Angeles community together to effectively meet this challenge Mollie so poignantly articulates?

As the innovator of a trauma-informed approach to service provision, HW knows what services keep people in housing, and we recognize and intercept the triggers that can cause people to lose housing. We also know that it takes hard work to coordinate multiple complex systems to keep the most vulnerable, mentally ill, and disabled individuals permanently housed and off the streets for good. The best practices we developed solve homelessness with a long view; practices that disrupt cyclic homelessness and its associated costs to our communities, institutions, and public health.

In 2015, Housing Works' Empowerment Works program came to fruition. Empowerment Works was created to develop and implement opportunities that help participants reimagine a nurturing society where a person can take safe risks, renewing and fulfilling lost dreams, all of which enables one to contribute and participate as an enfranchised member of society. These opportunities include developing skills, performing volunteer work, and ultimately obtaining competitive employment. Community enrichment activities such as participation in art, theater, music, and natural environment are also key elements embedded within the Empowerment Works model.

Supportive housing must go beyond simply housing people experiencing homelessness to ultimately ending homelessness. Supportive housing must be about creating supportive environments that present tangible opportunities for tenants to experience and believe in the goodness of humanity. From this belief, tenants will find hope and a viable future for themselves. Supportive housing has the potential of fostering hope for its tenants, but the social environments engendered within must present opportunities that reflect the reciprocal nature of "having value" for the person and the greater community.

Housing Works is building a cultural foundation that will have the potential to be transformational. The culture is the most important part of the structure because everything else rests on this foundation. Culture is not static but fluid and ever-changing. The strength of our culture comes from its flexibility, adaptive abilities, and inclusiveness. To successfully build this cultural foundation, our design must be informed by an understanding the origins of a culture and the elements that sustain its existence.

Culture comes into being through rituals of human relationships in the context of their physical environments. Since these two factors influence one another, we need to look more closely at them and decide how to strengthen our cultural development toward achieving the most constructive transformational cultural force. This proactive effort will lead to the empowerment of the vulnerable to live more productive lives.

An important aspect of the empowerment narrative is the approach an agency takes with its participants as members of a shared community. Mollie Lowery's observations and experiences inspired the growing spirit of a shared community. The celebrated success of Mollie and her staff members was due to the solidarity developed between participants and the staff members. This solidarity created a transformative force of agency that compelled persons previously labeled "service/treatment-resistant" to become more cooperative and effective in their own physical and mental health care. Mollie Lowery did not see the problem as 'medical' with a 'clinical' solution. She understood the problem to be based in the societal alienation experienced by persons who were homeless and struggling to manage their disabilities.

With this understanding, Mollie developed a model of social inclusion as an antidote to cure the ailments of participants. She created opportunities that helped individuals reimagine a nurturing society where a person might take safe risks, fulfill lost dreams, and contribute to as an active, enfranchised member of society. She created opportunities for employment, volunteer work, and educational enrichment of mind and body that included participation in art, theater, writing, music, and nature activities. The social force that produced such remarkable results arose from a community grounded in a deep level of trust between its members, one that fostered an enduring social bond. Mollie Lowery's model of social inclusion continues to be apparent in the approach of the agency's promotion of empowerment through community solidarity.



Executive Summary

By Vanessa Rios

Over recent years in the homelessness sector in Los Angeles County, funding dollars have fostered increased momentum, represented as expansion in direct services and permanent supportive housing developments. Unfortunately, what was meant to be a success—a celebration, in fact— has left many leaders and agencies at sea, struggling to keep up with massive growth and a need to build the capacity to strengthen the sector. Coupled with a pandemic and crisis-induced labor shortage, the sector is struggling to fill vacancies, in addition to upskilling the existing workforce.

Scaling and capacity building comes with many hurdles, especially in the area of labor and workforce development; however, although the sector's growth has created problems, these can be viewed as opportunities.

Within the workforce there are stories and experiences that illuminate the needs of those who are serving some of our country's most vulnerable populations. The composition of workers varies from young to older, from high school to college-educated individuals, from those with 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 funding and policy makers to provide the support and investment of time and effort to these workers— to ensure they are adequately compensated and trained to get the job done.

Alongside college-educated colleagues, this report identifies peer workers (commonly known as peer specialists or individuals with lived experience/expertise) as the backbone of the sector. Originating with community churches and outreach, peer workers were on the frontlines long before nonprofits began popping up throughout America. Over the last two decades, the sector has professionalized the industry, causing a drastic shift in workforce demographics. Today, since the sector has grown to include both clinicians and other professionals as well as peer workers, an important goal facing this work is the healthy integration of these two groups.

The findings in this report present a reality that illustrates real life challenges as well as opportunities for individuals with histories of homelessness who are entering the workforce in the homeless services sector as peers. Investing in these workers is clearly within available financial resources, but more importantly, if we choose not to make this critical investment, the cost in human suffering and loss will be insurmountable. The task of ending homelessness is impossible unless we invest in those whose experiences allow them to breathe humanity back into those who are continually impacted by the violent, dehumanizing effects of poverty. Equity must be a call to action. Equity—by definition—is the investment in those whose lives have been undervalued and exploited for far too long. The following report findings provide critical focus:

- Almost a 300% increase in annual earnings for hired participant peer workers – many previously surviving on little or no public assistance of \$6,000 or less. The cost per positive outcome was around \$11,000.
- Receipt of wages significantly more than the income from public assistance— which is usually under \$6,000 annually— placed participants in the difficult position of being disqualified from essential public benefits.
- All levels of government need to address the benefits cliff that occurs when peer workers lose public assistance benefits because they have slightly higher incomes as a result of being employed.
- Funding is a barrier for agencies that wish to employ more highly trained individuals but are constrained by their limited resources to do so.
- Granted that publicly funded homeless services agencies sometimes have little control over their budget, funding agencies have a responsibility to establish and mandate wage standards and provide for these additional resources accordingly.
- Agencies must stop “redlining their org charts.” In the interest of creating a diverse sector, entities must bring intention into their hiring practices to mirror the service demographics.
- Housing alone is not the end game; only a flexible, holistic approach has the capacity to meet the needs of this population in order to “keep people off the streets for good.”

- Turnover was highlighted as a pressing reality, especially during the current “Great Resignation” era; but the consequences of countless people leaving their positions are cascading down upon the individuals who stayed.
- Advancement, professional development, and personal growth are important aspects of any workplace. Providing peer workers opportunities to explore different positions of responsibility in the agency or ecosystem may uncover latent interests and passions that are not necessarily connected to direct-service work.
- Peer workers require additional support, including a uniform onboarding experience, extensive training, and support in adapting to office environments and routines.
- Organizations should recognize that peer workers put themselves at risk of retraumatization every day they are on the job.
- Workplace flexibility and staff training are necessary at all levels to increase understanding and to identify and engage with trauma-informed practices that are essential first steps.



Introduction

Common, shared human experience provides the strongest foundation for transformative work. The merits of peer support in behavioral health settings have been referenced as far back as 1793, when Jean Baptiste Pussin, a French psychiatric hospital administrator, noted in a letter that former patients were “...better suited to this demanding work because they are usually more gentle, honest, and humane.”¹ Today, the peer support model and peer specialists (or peer workers) continue to be utilized as certified mental health staff as they use their lived experience in recovery to support clients in treatment. The range of peer specialists is growing in a variety of settings and has been shown to positively impact services extended to individuals who are in the midst of — or who have experienced — homelessness. The peer worker’s advantage in the community is grounded in a place of shared real-world experiences as opposed to only having access to clinical theory and application that is often taught in a classroom. Even “evidence-based research” is only so instructive. Through the peer worker, the strained “expert/client” power dynamic is replaced with a trust relationship—a deeper, more relatable, and more organic commonality that can help reach individuals who are the most challenged.

Within the homelessness sector, there is a growing number of resilient consumers who have the lived experience of being homeless, who are often in recovery, and who are eager to rebuild their lives through gainful employment. Having completed comprehensive training, certification, and through job retention support, peer specialists can serve as a uniquely qualified pool of frontline workers who are ready and willing to work alongside other professionals to address the ever-deepening homelessness crisis.

¹ Davidson, L., Bellamy, C., Guy, K., & Miller, R. (2013). Peer support among persons with severe mental illnesses: a review of evidence and experience. *World Psychiatry*, 11(2). doi: <https://doi.org/10.1002/wps.v11.2>

A Peer Specialist Training Model

In 2016, Corporation for Supportive Housing (CSH) in Los Angeles incubated Healthcare Employment Advancement Ladder (HEAL), a Peer Specialist program that creates career pathways for individuals with lived experiences of homelessness. HEAL's goal is to meet the growing demand for positions such as Peer Community Health Workers (CHWs) and Peer Housing Navigators in Los Angeles County. In fact, HEAL was a direct response to the demand for peers in homeless service provision, and the acknowledgment that there was a shortage of formal training and meaningful recruitment into homeless sector jobs. The HEAL curriculum covered three core components: 1) core peer specialist knowledge and skills, 2) human services concepts and practices/techniques, and 3) professional development, co-learning community, and leadership. These components were derived from extensive research and evidence-based best practices in peer support services in the behavioral health and healthcare sectors.

Peer worker candidates would require attention from four areas. Each trainee was provided with training, internship/job placement support, coaching, and case management services for retaining employment. Recognizing the potential loss of wages during time spent attending trainings, HEAL provided each trainee with a weekly stipend over the course of their 234-hour training. With grant support from CSH, the Conrad N. Hilton Foundation, L.A. Care Health Plan, and LA LISC carrying a two-year budget of \$342,000, HEAL transitioned from CSH to Housing Works in 2018. Housing Works is a leading homeless services provider in Los Angeles with extensive experience in employment, retention, and training of their participants. Housing Works' Executive Director, Celina Alvarez' participation on CSH's community advisory board provided her with early input and understanding of what changes needed to be made to ensure the best outcomes for the participants in future cohorts — especially in retaining employment after training was complete. Over a two-year commitment, Housing Works facilitated two cohorts of HEAL with 52 participants. Of those participants, 47 (90%) graduated and 31 (66%) were employed. Even now, Housing Works continues to provide ongoing support services to each of those employed participants from these two cohorts.

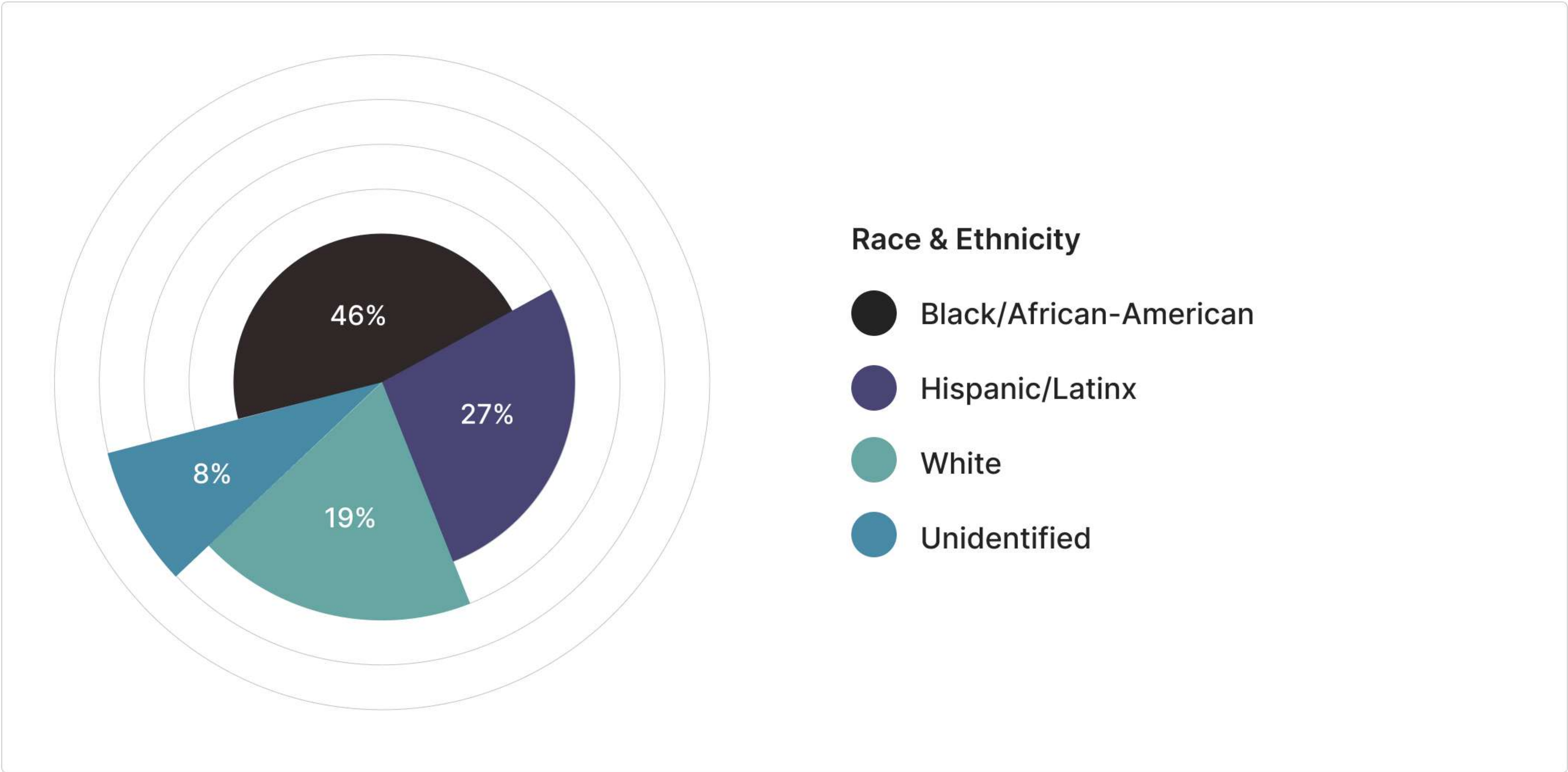
Demographics

The following demographics were representative of the 52 HEAL participants who completed the Housing Works’ second and third cohorts:

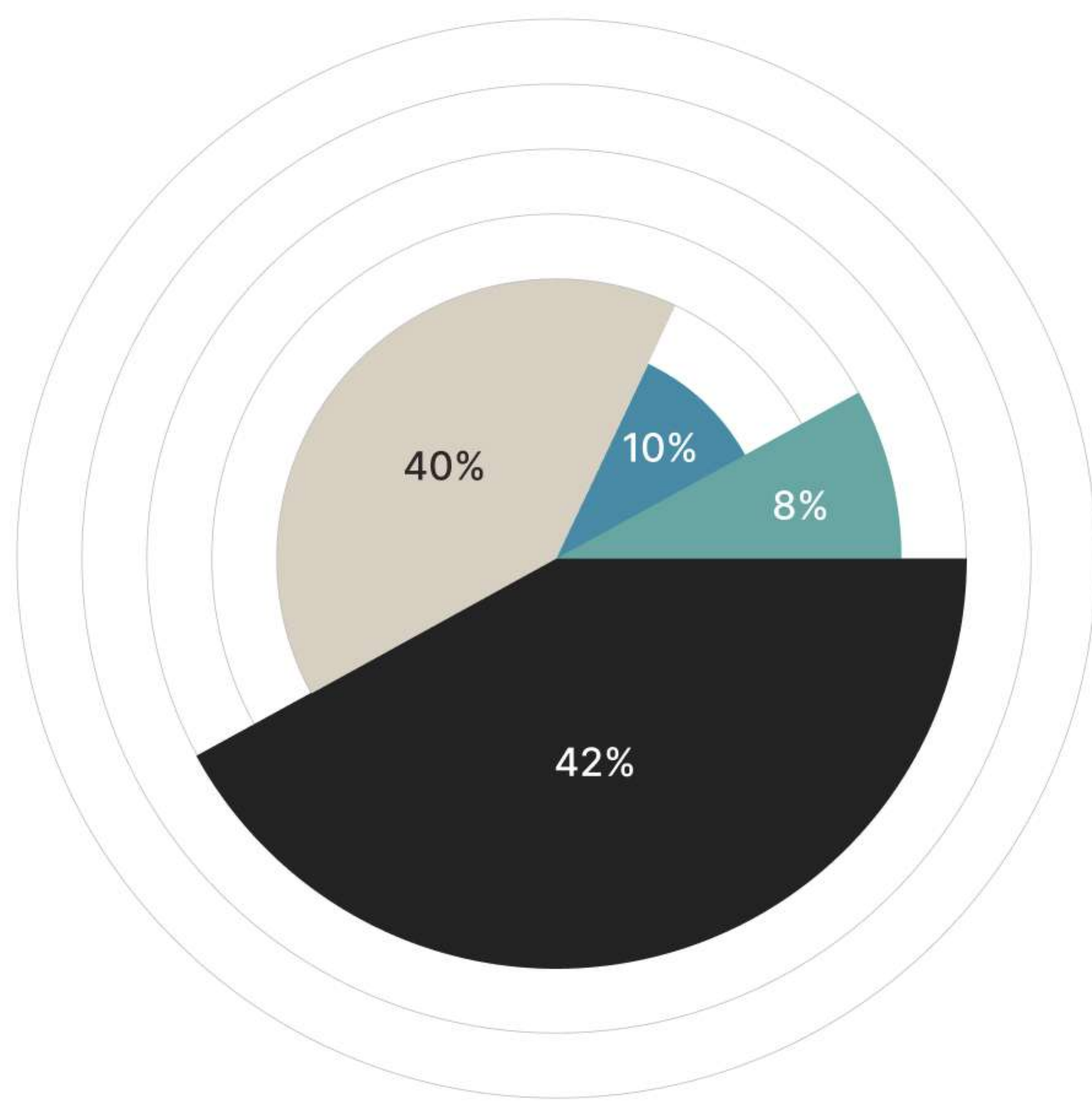
Participants

	Cohort 2 (HW's 1st) 2018-2019	Cohort 3 (HW's 2nd) 2019-2020	Total 2018-2020
Total Number of Applicants	98	110	208
Total Number of Applicants Accepted	24	28	52
Total Number of Graduates	22	25	47
Total Number of Graduates Employed	16	15	31
Total Number of Graduates Receiving Ongoing Services at HW	16	15	31

Demographics Table 01 | Participants



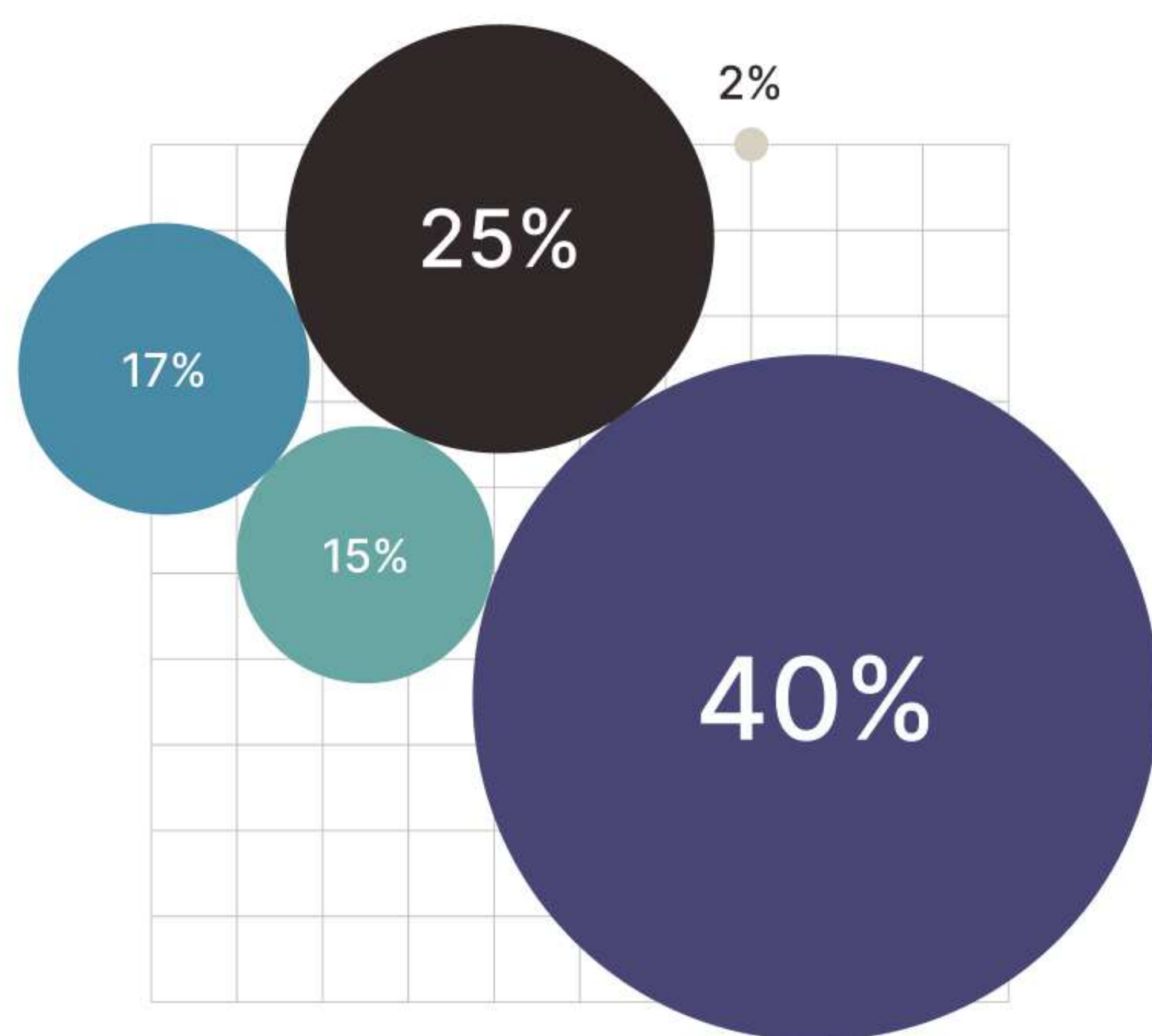
Demographics Figure 01 | Race & Ethnicity



Education

- High School Diploma/GED
- Completed School Up to 11th Grade
- Some College or College Degree
- Vocational Certification

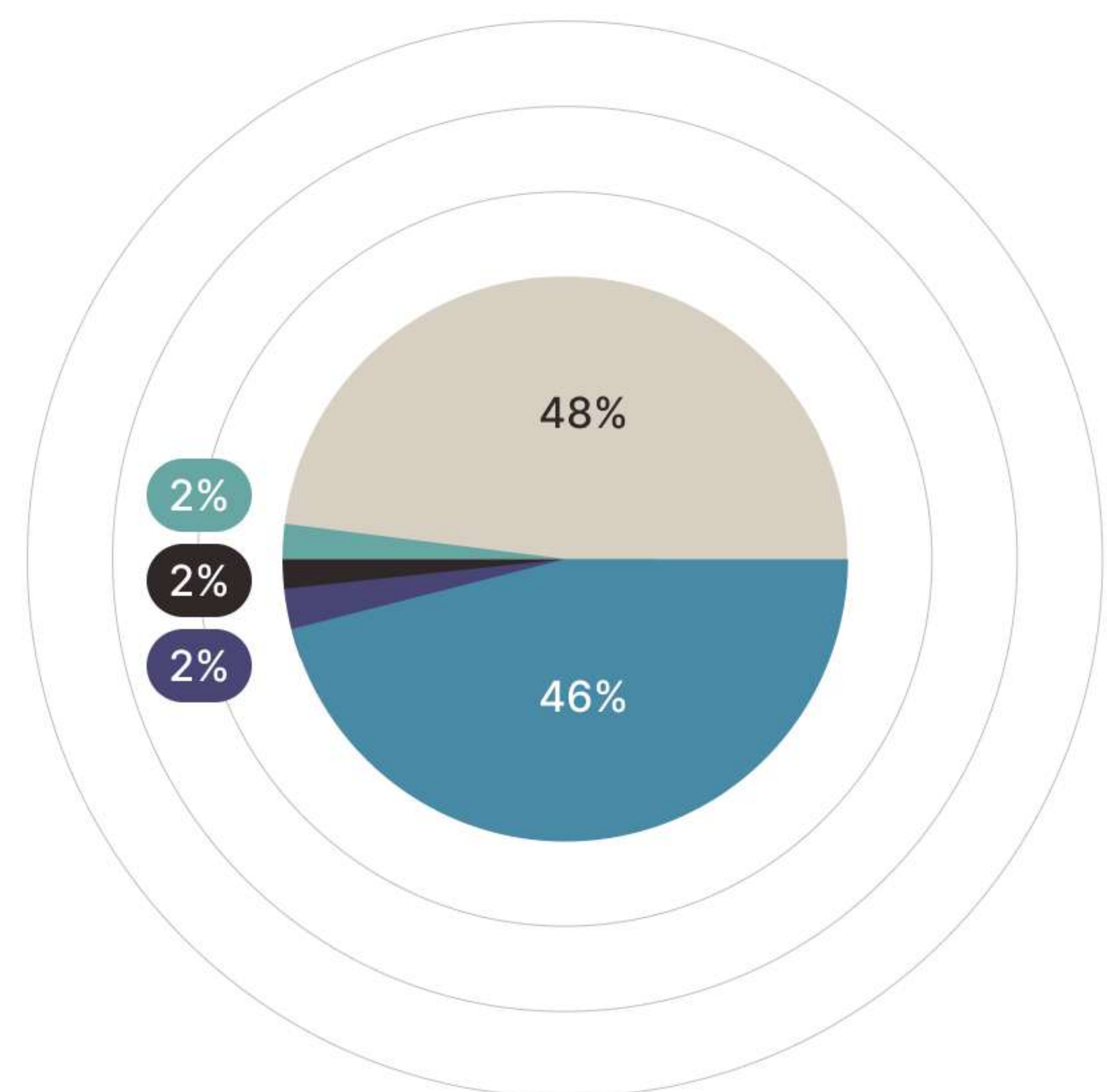
Demographics Figure 02 | Education



Age

- 18-24 Years
- 25-34 Years
- 34-44 Years
- 45-51 Years
- 52 Years & Up

Demographics Figure 03 | Race & Ethnicity



Gender

- Male
- Female
- Trans Female
- Trans Male
- Unidentified

Demographics Figure 04 | Gender

While the cohorts were small, their experiences, identities, and backgrounds led to interesting insights. The majority of participants were Black, Indigenous, and people of color (BIPOC), roughly tracking the population distribution in the Los Angeles homeless system.² Particularly in educational background, BIPOC participants reported having a less than high school education more often than other groups.

The cohorts tended toward older adults and were more evenly split between cisgender male and cisgender female, which differs from the overall homeless population (66.5% cisgender male in 2020).³ Older adults experiencing and formerly experiencing homelessness due to stress and exposure may show signs of premature aging, which can impact individuals' ability to obtain and maintain housing, engage in employment, and live independently if that is their goal.⁴ HEAL is able to provide the necessary supportive services and ongoing assistance for this population to thrive in housing and in employment.

Challenges Experienced

Peer Specialists are uniquely qualified to connect with the community members they serve because of challenging direct-life experiences that they have faced and overcome. Still, some of the challenges remain a barrier to achieving enough stability to sustain employment or complete internships or the required hundreds of hours of peer specialist training. Examples of the challenges HEAL participants faced included: mental health/substance abuse relapse, fear of losing housing subsidies, lack of formal work history and understanding of workplace culture, history of incarceration, and transportation issues.

Participants who are experiencing housing instability are faced with critical realities that are understandably prioritized over career training. This was especially true for participants who were in transitional housing programs and needed to secure permanent housing quickly. Considerations for the future include either selecting participants who are in permanent housing and/or providing additional housing resources for those in transitional housing.

Another significant consideration for participants who completed training and successfully gained employment was the entry-level wages they were offered. Although the wages were significantly more than the income from public assistance, which is usually under \$6,000 annually, receipt of wages placed participants in the difficult position of being disqualified from essential public benefits. Addressing these considerations now and in the future— especially in a time of increasing inflation— will be vital to the continued success of transformative services. When peer workers succeed, the program succeeds.

² "2020 Greater Los Angeles Homeless Count Presentation," www.lahsa.org (Los Angeles Homeless Services Authority (LAHSA), June 12, 2020), <https://www.lahsa.org/documents?id=4558-2020-greater-los-angeles-homeless-count-presentation>.

³ Cisgender is defined as designating a person whose sense of personal identity corresponds to the sex and gender assigned to him or her at birth.

⁴ Liz Seegert, "Homeless Get 'Older' at Younger Ages than Their Peers, Research Says," Association of Health Care Journalists (Center for Excellence in Health Care Journalism, March 31, 2016), <https://healthjournalism.org/blog/2016/04/homeless-get-older-at-younger-ages-than-their-peers-research-says/>.

Accomplishments & Future of Training

Peer Workers

The accomplishments of the implementation of the HEAL program after its initial pilot through CSH and Housing Works are significant. Celina Alvarez of Housing Works noted that she witnessed a transformative change in the HEAL participants alongside an immense increase in confidence at the culmination of the training. The program has shown to be an example of how — with proper funding and implementation— a sustainable path can be cleared for individuals who have survived homelessness to achieve a career path in homeless sector jobs that supports an improved life and continued success for the participants served. Through continued refinement of the HEAL program over the two cohorts, CSH and Housing Works captured important achievements in the lives of the participants including but not limited to the following:

- 46% of participants were employed part-time or full-time with nonprofit organizations, government agencies, or local businesses in the community.
- Almost a 300% increase in annual earnings for hired participants – many previously surviving on little or no public assistance of \$6,000 or less.
- The number of participants who achieved employment after training doubled from the initial Housing Works cohort to the following cohort.
- Over two years, the cost per positive outcome is around \$11,000.

The future of HEAL and the model's proliferation is dependent on substantial factors that include: a robust investment of resources, sustaining the integrity of the model, and integrating the policy and programmatic recommendations of homelessness and housing agencies with expertise in successfully training, employing, and retaining peer specialists. Ms. Alvarez also indicated a desire to support other agencies by providing a multi-year embedded technical assistance and training feature in the HEAL program that would ensure a high-quality integration of a peer specialist model from inception through full integration. To this end, organizations and public agencies that adopt HEAL training would be able to bolster their peer workforce in the homeless and housing services sectors.

The Voices of Peer Workers



Left to Right:
Thomas "TP" Hearn, Jayden Alexander,
Carmen Miller , Robert Diaz

A true success story should not close with merely a happy and finite ending. The most impactful success stories should close with a sustainable road leading to continuous personal and professional triumphs. Resilience, courage, grit, and persistence are consistent themes throughout the harrowing narratives in the pages that follow. Carmen Miller, Robert Diaz, Thomas “TP” Hearn, and Jayden Alexander exemplify individuals who not only have the ability to survive but to thrive and achieve their purpose in life. One component of their story that is shared and leads the way to continued success is their participation in CSH’s HEAL program and their subsequent journey to becoming peer support professionals.

As persons with lived experience, Carmen, Robert, TP, and Jayden are also representative of underserved groups that are prevalent in the overall population of individuals experiencing homelessness. Research has shown that pervasive and historical discrimination in health and housing systems has resulted in significant disparities for impacted groups. In particular, African Americans, Latinos/Latinx, and LGBTQ+ are negatively impacted by discrimination in housing and in healthcare.

African Americans represent almost 40% of individuals who are homeless but only 13% of the general population.⁵ In Los Angeles County, “Latinos made up 48 percent of the county’s population, and 35 percent of the homeless population.”⁶ In a study by UCLA’s School of Law Williams Institute, it was concluded that sexual and gender minorities experience homelessness at disproportional rates. This research also indicated that transgender people in particular are more likely to experience housing instability and homelessness compared to sexual minority and cisgender people.⁷ Much can be done to confront these disparities and challenge ongoing inequities.

The training and hiring of individuals with lived experience will undoubtedly help to change the face and discriminatory practices of healthcare and housing systems. The HEAL alumni and peer workers highlighted in this report are currently working in these sectors. Health and housing equity is dependent on the presence of individuals from these communities having viable careers within the system so minority populations can be better served through representation that will not support discrimination. Their stories are not only reflective of what they have achieved individually, but what society can achieve if barriers of bias are removed and equal opportunities are created.

⁵ National Healthcare for the Homeless Council. (2019). “Health, Homelessness and Racial Disparities” report.

⁶ Chinchilla, Melissa & Gabrielian, Sonya. (2019). Stemming the rise of Latinx homelessness: lessons from Los Angeles County. *Journal of Social Distress and the Homeless*. 29. 1-5. 10.1080/10530789.2019.1660049.

⁷ Wilson, B. D. M., Choi, S. K., Harper, G. W., Lightfoot, M., Russell, S., & Meyer, I.H. (2020). Homelessness among LGBT adults in the U.S. Los Angeles, CA: Williams Institute.



Jayden Alexander

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I feel this world
needs to be a
kinder place.

Jayden Alexander

Jayden Alexander's road to gain housing, transportation, and employment has been a turbulent yet inspirational journey. As a child, Jayden began suffering from depression at the age of 10. He would come to discover that his mental health challenges also included ADHD and bipolar disorder. In addition to having parents who did not understand what he was going through, he also experienced incessant bullying and abuse at the hands of classmates. This turmoil would drive him to attempt suicide for the first time at 14 years old, but despite it all, he survived.

Jayden knew he was different at a young age, not only because of his learning disabilities, but also because of his gender identity and orientation. At 18, he could no longer stay at his parents' house. After a year-long stay at Covenant House in Florida, Jayden was desperate to leave and start over in a different state. He was lured to San Francisco, supposedly to sell skin products but soon would become the victim of a predator who punched Jayden in the face for not selling his products fast enough. After an ominous warning from a housemate, Jayden escaped, but this would mark the beginning of years living on the streets and falling prey to all the harm that homelessness brings with it— including sexual assault, battery, and starvation.

Without success, Jayden tried to reach out to his family. Hopelessness took over. Finally, one day Jayden attempted to take his life by walking into traffic. Once again, though, he survived. Soon thereafter, Jayden was connected to a therapeutic group home. He received counseling and linkages to public assistance. After a year, he transferred to independent housing for transitional age youth. Still, although he had stable housing, it was not until the facility embedded its case management services onsite that Jayden felt truly supported, finally able to gain the guidance he needed to be successful on his own.

One day, Jayden's caseworker suggested he participate in the HEAL program and receive training that would place him on the path to employment. During his training and internship as a caseworker on Skid Row, Jayden discovered his true capabilities. "HEAL was a steppingstone, and I was able to help people because I experienced it. I'm not what people say I am. If I put my mind to something, I can do it." Jayden truly beat the odds against him. As someone who grew up in an environment where he was constantly called "stupid and dumb," the experience of becoming a guide for others who faced similar challenges was transformative.

In this capacity, Jayden gained gratification from "doing something good" for himself and someone else as well. Past clients would continue to reach out to him because of how he made them feel and his ability to raise their spirits, to make them laugh. Being a source of happiness for others made him realize that yes— he is indeed "a good person, intelligent and more than what people say I'm worth." When asked about the unique skills someone with lived experience possesses, he indicated the relatability of peer specialists and how individuals being served can feel open to talk at last, not silenced by shame about their circumstances. "I don't have to be told how to confront someone because I know how I want to be approached when I'm on the street. Intuition becomes a superpower, and you can't connect with a superficial purpose." He made that important distinction— the one between an authentic and caring individual whose purpose is genuine, and the person who has no real or grounded connection to those challenges.

"Intuition becomes a superpower, and you can't connect with a superficial purpose."

— Jayden Alexander

Understanding the unique skill set he brings to the table, Jayden says it is painful to feel you are looked down upon because you do not have a degree, or because it takes you longer to complete paperwork. Jayden indicated that supervisors need a clearer understanding at times when it is necessary for him to ask follow-up questions. He urgently wants to succeed, but supervisor support—their encouragement and comprehension—is essential if peer specialists are going to thrive.

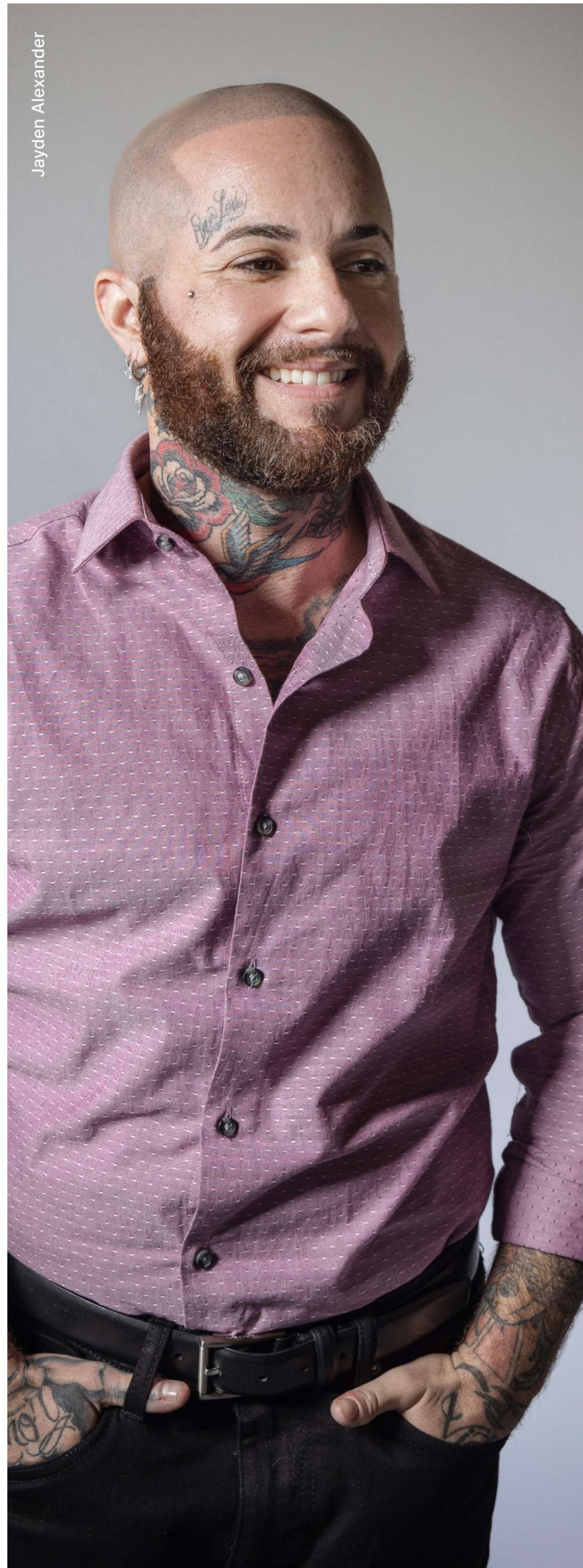
Jayden is currently continuing his education and taking coursework at Antioch University Los Angeles. In the future, he also wants to earn certification as an x-ray technician. Through his work in fields that offer to support to others, Jayden hopes to provide himself with the financial stability he needs to no longer depend on public housing aid. Today, he is hard at work becoming a self-sustaining member of his community, and also a person who is helping others improve their lives.

Jayden's story of courage, survival, and compassionate work with others will undoubtedly help in making his ultimate wish come true. "I feel this world needs to be a kinder place," he says, "because you just don't know what someone else is going through."

**"... you just don't know what
someone else is going through."**

— Jayden Alexander

Jayden Alexander





Carmen Miller

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We didn't just read
about it. We walked it
and talked it.

Carmen Miller

Carmen Miller's easy-going, friendly personality instantly makes you want to sit down and chat more. Yet behind the warm smile of the mother of three daughters is a story of resilience, courage, and healing through life's trials.

Carmen grew up in Compton, California during the height of gang violence during the late 1980s. Drive-by shootings, "carjackings" and murders were a regular occurrence during that time. Alongside the well-known crack epidemic that was infesting many urban communities across the country, Carmen also recalled people in the neighborhood smoking and becoming addicted to PCP. For a generation raised during this era of gang warfare, trauma was a daily occurrence.

While remembering those days of violence, Carmen noted how the effects continue to linger. "There are a lot of people who have PTSD from all of the gang violence," she says. "To this day, I am very, very aware of my surroundings at all times."

"There are a lot of people who have PTSD from all of the gang violence. To this day, I am very, very aware of my surroundings at all times."

— Carmen Miller

Unfortunately for Carmen, although she would survive growing up in one of the toughest neighborhoods, she still struggled with other serious issues in adulthood such as domestic violence, financial hardships, and depression. Her life took a positive turn when she was able to obtain work through the Inglewood courthouse. After seemingly endless struggle, Carmen could take great pride in providing for her three daughters.

After her experience working in the courts, Carmen made a transition and began volunteering for the Department of Mental Health's (DMH) women's reintegration program. In her role, she supported women who had criminal justice system involvement. "Counseling is how I coped with depression," she said. "I was in robot mode, and nobody knew what I was going through. I just poured myself into everybody else." But the sudden, unexpected passing of Carmen's husband was devastating for her and her daughters. Her grief threatened to take over and deepen the depression, but soon after, she was able to make another transition to DMH's headquarters as a volunteer for the Peer Resource Center. Once again, Carmen poured herself into the work of supporting other individuals who were struggling and in serious need.

One of Carmen's coworkers suggested she participate in the HEAL program, since she was so effective in her volunteer role at DMH. As she began the program, she noticed the diversity of the people who were also receiving training. Carmen felt she had grown up "in a bubble" with most people who shared her culture and background, but this program allowed her to form relationships with people from all walks of life and many ethnicities. The stories that were being shared created a special kinship and understanding. Carmen became close friends with a transwoman and an older white woman, with whom she would not have formed a bond if not for their participation in the HEAL program.

Carmen made another discovery during the peer specialist training. She found it gratifying to learn how she was truly a caring person—not the impatient, "mean" person she found herself being in the past. Carmen commented with a laugh, "It's nice to be nice."

From her experience with HEAL, Carmen is quick to acknowledge how she greatly appreciates the Housing Works and CSH staff she has come to know. “I am especially grateful for the support of Nancy, Sergio, Shara, and Celina at Housing Works and Vanessa at CSH.” When asked about how people with lived experience benefit the clients they work with, Carmen explained that she finds herself having a deep connection with co-workers because she has been through similar circumstances. They can instantly relate. “We didn’t just read about it. We walked it and talked it,” she said, earnestly. “Others won’t understand being on Section 8, public assistance, or turning to unhealthy behaviors to numb the pain or depression.” That certain lack of understanding to which Carmen alludes is real, but she will not allow it to be an obstacle.

Carmen says she is surprised at the positive response she has received about her work at DMH. Recently, her supervisor complimented her on her patience, kindness, and her ability to communicate with clients. She also was touched when a participant in the Drumming for Your Life group was being interviewed and described Carmen as “going above and beyond,” claiming she didn’t know what she would do if she did not have Carmen in her corner.

Although Carmen’s experience working as a peer specialist has been gratifying, she does see the need for more training and technical assistance, especially when new technological systems are introduced all the time. In the future, Carmen would like to work at a peer center where she can assist individuals with access to services off the street, even offering them a variety of resources. She enjoys working directly with clients and sees herself continuing to do so in a less stressful and community-oriented environment.

Carmen Miller





Robert Diaz

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They feel more comfortable because I understand what they go through.

Robert Diaz

Robert Diaz has traveled a long, difficult, and dangerous road to get to the point in his life where he finds himself today. His words are thoughtful and honest as he describes the many challenges he has managed to overcome, including a violent gang attack that left him fighting for his life after being stabbed 16 times. Robert is a true survivor.

As a baby, Robert was diagnosed with spinal meningitis. Growing up, he was plagued with schoolyard bullying and taunts from classmates because he suffered grand mal seizures; and therefore, he could not participate in the typical sports and activities that most young boys were enjoying. This trouble in his life exacted a cruel price in the form of substance addiction that began early, and he dropped out of school in the fifth grade.

Addiction was not a battle that Robert alone faced in his life. His mother also suffered from addiction and struggled with her mental health. Robert recounts a fateful day while he was working in the Victory Outreach program and saw his mother on the street, picking food out of a trash can. He spoke with his mother and tried to help her. She refused Robert's offer, indicating that she wanted to continue living the life she was living. Although Robert felt helpless, he wanted to find a way to do more. He told his mother he would see her in the coming week. Unfortunately, Robert would discover soon after that his mother committed suicide on her birthday. Left with inconsolable grief and guilt over her tragic death, Robert still struggles to find peace. "I felt maybe I could have done more that day when I saw her. Maybe I could have somehow prevented it."

"They feel more comfortable because I understand what they go through."

— Robert Diaz

Robert's addiction cost him his position at Homeboy Industries, and he subsequently made several attempts to achieve sobriety through rehabilitation. He wanted to prove to his father and family that he could succeed. When he presented his father with a copy of his GED, his father cried tears of joy. As someone who worked in mental health, Robert's father would always know when his son was on drugs. Robert did not understand how his father detected he was "high" until he continued his education with a focus on psychology and learned how certain behaviors become evident in addiction. Maintaining a 3.2-grade point average during college, Robert will receive an associate degree in June 2022 and wants to continue his education so he can become a counselor.

Robert's participation in the HEAL peer specialist training program has also enriched his life. He related to the content of the program's curriculum and appreciated the new knowledge he gained. One exercise, in particular, caused Robert to reflect on his family and his mother. On four pieces of paper, the class was instructed to write the names of four people they cared about, fold the pages, randomly throwing three in the trash and keeping one. The one name that remained with Robert was his estranged sister who he had not spoken to because she had lost their mother's ashes. The exercise allowed Robert to engage in self-reflection about the loss of something so invaluable as his mother's remains while also considering the value of his family relationships.

Robert has continued to work in various capacities as a peer professional and takes pride in what he is able to bring to the workforce. He noted that his lived experience of being addicted to drugs makes him relatable to the people he serves and makes it easier for them to "open up" to him. "They feel more comfortable because I understand what they go through." Robert's lived experience also has helped him de-escalate situations with individuals who are being confrontational while receiving services. He remembers telling one individual being transported to court not to continue cursing a case manager. He wanted the irate man to redirect his verbal rant to him, which also helped defuse that person's rage. Robert feels confident in his ability to handle these types of situations effectively and is proud when he can protect others. He finds giving to others the time, care, and encouragement he received from his caseworkers when he was in rehab immensely satisfying.

As Robert continues in his role as a peer specialist, he does recognize that there needs to be improved workforce communication; that in his experience, sometimes supervisors can lack the ability to be straightforward when providing instruction to employees concerning tasks. Further, although he does see the need for improved compensation through higher wages, he is so gratified by the work that if his rent is paid and he has clothes on his back, he is “okay.”

Robert’s journey is inspirational, and he credits his religious faith for his success and survival. When he is not helping others through his work, Robert writes Christian inspirational poetry. One of his favorite poems was inspired by Revelations 3:20 in the Bible: “I heard you knocking but I wouldn’t let you in because I wasn’t ready to turn away from my sin until I heard, without you, my life would end. You took time to trade Your life for mine. The least I could do is give my life to you. So, when you come knocking again, I won’t allow my sin to stop me from inviting you in.”

“I heard you knocking but I wouldn’t let you in because I wasn’t ready to turn away from my sin until I heard, without you, my life would end. You took time to trade Your life for mine. The least I could do is give my life to you. So, when you come knocking again, I won’t allow my sin to stop me from inviting you in.”

— Robert Diaz





Thomas “TP” Hearn

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I made it
through.

Thomas “TP” Hearn

Originally from Indianapolis, Thomas “TP” Hearn has considered Los Angeles home for the past 30 years. As a young adult, he served the nation through his service in the Army and Air Force reserves. His military career would later evolve into another endeavor that was extremely different – comedy. TP became a regular fixture on popular television comedy standup shows including BET’s ComicView and HBO’s Def Comedy Jam. He also performed on legendary stages such as Showtime at the Apollo and Evening at the Improv. His distinctive voice, punctuating claps, and skill for hilarious storytelling, can still be enjoyed today with a quick search of his name on YouTube.

Yet what did not appear on the television screen was TP’s struggle with a substance addiction that has plagued many who have achieved fame and wealth in the entertainment industry. His addiction spiraled and cost him much of what he had worked so hard to acquire. He found himself in an unthinkable place— homeless and panhandling on the streets of Los Angeles. It happened, though, that a twist of fate would lead TP to recovery.

“One day while I was panhandling, someone pulled up on the side and called my name. I looked up and couldn’t believe it was a fellow comic I knew in the past from standup.” His old friend desperately wanted to help TP because he inspired him in his career as a comic. TP accepted the help and entered a drug and alcohol rehabilitation center in 2010. TP reflected on the story he has never publicly relayed and said of his friend, “He was a Godsend.”

After being in sober living housing for two years, a counselor from the U.S. Vets, a national non-profit serving at-risk American service men and women, introduced TP to the HEAL peer specialist training program in 2019. TP enjoyed the program and was also thankful for the training he received regarding how to approach job interviews and other aspects of traditional employment. His ‘work life’ for over 25 years had been on the stage, so the typical job recruitment process and workday expectations were drastically different from his past nightlife as an entertainer. TP also noted how patient the HEAL instructors were and how they made a safe space for people to feel comfortable sharing their stories. He deeply appreciated this new opportunity to help others reclaim a life a purpose.

Soon after TP’s training with HEAL, he started working part-time at Saban Community Clinic. He currently receives Social Security, so part-time employment is necessary in order for TP to retain his benefits. His role at the clinic includes assisting with the shower program the clinic offers on a weekly basis to individuals experiencing homelessness. TP believes his patience and compassion are vital when interacting with the clients whose dignity has suffered as they struggled to survive.

The empathy TP brings to his work as a peer makes others feel more comfortable while they receive services. “The shower program is very time-based, so I appreciate a day when things go smoothly and in a timely fashion. But I also take the time to listen to people while they are waiting for their shower.” TP explained that sometimes the clients just need someone to talk to about what happened to them the night before, or what traumatic event they recently survived. TP also notes that while he is friendly with the people serves, he does set boundaries because there is only so much you can give to those who have so many needs. He continues to learn about self-care in such circumstances where individuals may seek more from you than is possible to give in your role as peer worker.

“The shower program is very time-based, so I appreciate a day when things go smoothly and in a timely fashion.”

— Thomas “TP” Hearn

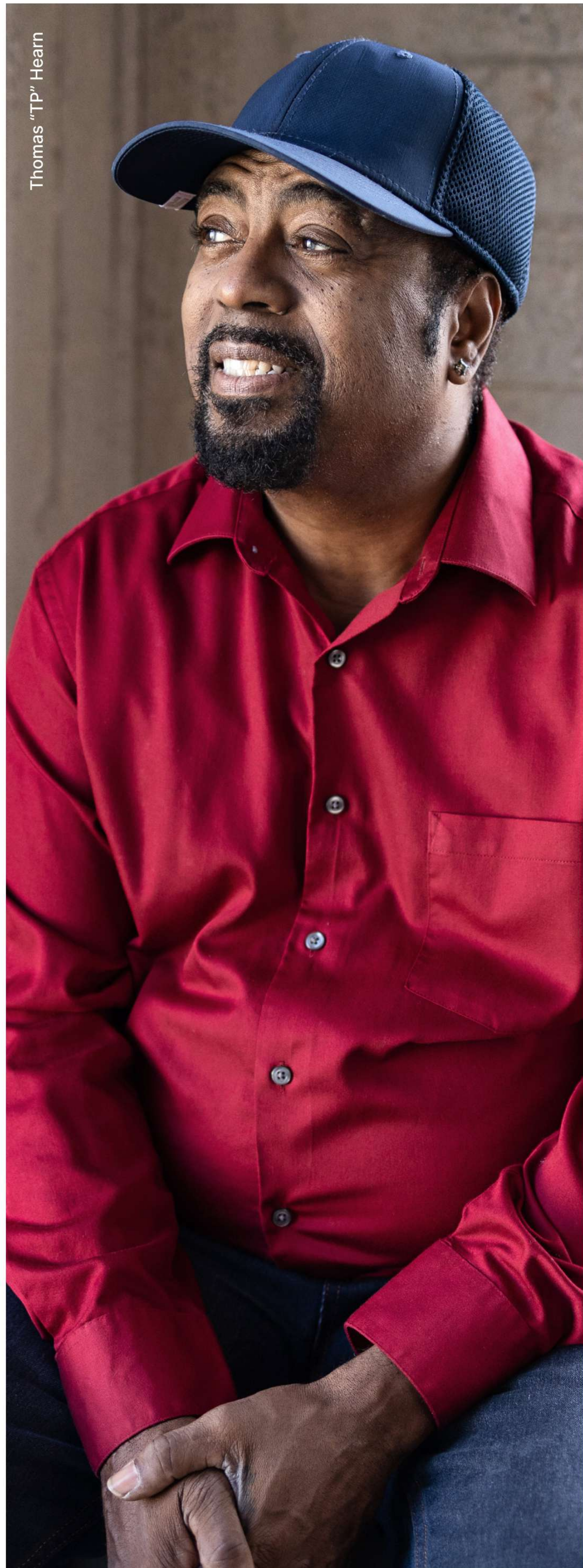
One of the biggest challenges for TP in his job has been working at a health clinic throughout the pandemic. “It was scary, and I am just thankful that the clinic took care of everyone with vaccinations; that they protected the staff.” He is grateful that he never contracted COVID-19 despite his work on the frontline. When TP is asked if he would return to the professional Comedy scene, he says he wants to “let things flow right now.” He has also had discussions with his supervisors about possibly advancing with the clinic, to which they are very open because of his excellent work performance. TP is appreciative of how supportive his supervisors have been and looks forward to seeing what is next.

Although a truly gifted comic, when TP Hearn is asked what might be the last words he’d want to share with the world, his reply is not a joke, but a powerful truth— “I made it through.”

**“It was scary, and I am just
thankful that the clinic took care
of everyone with vaccinations;
that they protected the staff.”**

— Thomas “TP” Hearn

Thomas “TP” Hearn



Peer Workforce Symposium Highlights Inspiring Successes and Critical Challenges

On September 30, 2021, CSH hosted an online Peer Workforce Symposium specifically for providers within the homelessness sector. Sponsored by Cedars-Sinai, the symposium brought together over 120 attendees and an array of local agencies including Housing Works, Fathers and Mothers Who Care, St. Joseph's Center, and Los Angeles County's Workforce Development, Aging and Community Services (WDACS). The purpose of the discussion was to highlight critical aspects of the development of the peer workforce including training programs and peer worker experiences, as well as a conversation with leaders in the field who examined the future for professionals within the broader sector.

Housing Works' Nancy Delira grounded attendees in the symposium's focus by defining "peer workers" as those who "are uniquely qualified individuals— whose lives mirror those of the people being served." Although peer workers have been used throughout the years in various healthcare settings, the symposium created a space to discuss the training and opportunities for peer workers who are employed by providers who serve individuals who are experiencing homelessness. Two leading programs that have served as successful pilots for training individuals with lived experience are the HEAL program and Careers for a Cause.

Vanessa Rios and Ian Costello of CSH discussed the history of HEAL and some of the key findings and accomplishments that have been realized by the program's participants. Funded by CSH, the Conrad Hilton Foundation, LA Care, and Los Angeles LISC, HEAL concentrated on three competencies including experience, knowledge, and skills/aptitude. HEAL participants learned about the history of homelessness, system navigation, communication techniques, and using empathy to build connections when providing support to individuals being served. The training, which was provided through Housing Works in recent years, successfully graduated 90% of the most recent cohort's 52 participants and resulted in 46% of trainees achieving full and part-time employment. The income of participants also increased by 300%. CSH anticipates that with an investment of \$6.6 million towards the expansion of the program to three Service Planning Areas (SPAs) over five years, the HEAL program would result in at least 600 individuals gaining employment in the sector.

Similarly, Careers for a Cause, which was developed by the Office of Supervisor Mark Ridley Thomas in partnership with WDACS, Los Angeles Southwest College, St. Joseph's Center, and the South LA Transit Empowerment Zone, has also achieved success in an 8-week training program that prepares those with lived experience for careers in social services. Participants receive training in case management, service delivery, computer literacy, and job readiness. Careers for a Cause's Program Manager, Tisha Boyd, highlighted that the program achieved a 92% graduation rate and 42% employment rate with an average wage of \$18 per hour. Ms. Boyd noted that although trainees are provided stipends, housing can be a continual challenge for participants as some are currently unhoused and struggling to take care of themselves while attempting to complete the program.

The impact and importance of sustaining the peer workforce were crystallized through personal narrative; one of whom was symposium speaker, Jayden Alexander. Jayden entered the HEAL program in 2016 after experiencing homelessness and unemployment for a number of years. After battling depression, alcoholism, and enduring surgery and hormone treatment through his transition, he has been housed for nine years and is currently working at Housing Works. Jayden found his calling by providing people with hope and guidance. Concerning his peer interactions, he observed, “They are human beings who just wanted a friend.” Although Jayden has experienced struggles with the demanding pace of completing paperwork as a result of his learning disability, he has persevered and is appreciative of the support he has received from his caseworker who has provided him invaluable support.

After the powerful testimony, a panel of leaders from within the sector convened and discussed the challenges, potential, and future of the peer workforce. Facilitated by CSH’s Vanessa Rios, the panel consisted of Celina Alvarez of Housing Works, Linda Kelly of Fathers and Mothers Who Care, Keith Anyon of St. Joseph’s Center, and peer professionals, Robin Jenkins, and Jayden Alexander. The thirty minutes of conversation that followed brought forth the following takeaways:

- Peer worker training programs offer the opportunity to dive deeper into what it takes for people with lived experience to enter or re-enter the workplace.
- Peer workers have been shown to have more empathy and compassion but also can be franker and more direct with the population they are serving because of their experience.
- People with lived experience should not be limited to only certain positions because the capacity is there to occupy positions throughout the organizational chart including executive leadership.

- Funding is a barrier for agencies that wish to employ more trained individuals but are constrained by the limited resources to do so.
- The “them versus us” culture between traditional degreed professionals and professionals with lived experience needs to change by embracing inclusivity as opposed to “integration” of peers.
- All levels of government need to address the benefits cliff that occurs when peer workers lose public assistance benefits because they have slightly higher incomes as a result of being employed.
- Agencies should stop “redlining their org charts” and bring intention into their hiring practices to mirror the demographics of who is served by the agency.
- Housing alone is not the end game; there needs to be a flexible, holistic approach to meet the needs of this population and “keep people off the streets for good.”

The symposium closed with CSH’s Dara Weinger summarizing Senate Bill (SB) 803 which was signed into law in September 2020 and recognizes the importance of peer specialists in California’s mental health system by making peer workers a medically billable service. The bill also includes peer professional specialization for working within the homelessness sector. It was noted that certification has the potential to change the demographics of individuals who are providing services. Further, the future outlook of counties implementing this legislation provides the opportunity to dive deeper into the issues that were highlighted throughout the symposium including: wages/benefits, human resources, and retention, reimbursable opportunities through SB 803, and organizational support. As such, CSH held a series of focus groups in November to continue the conversation around these important issues where participants of the symposium and other stakeholders were able to contribute.

Focus Groups

Following the symposium, CSH conducted focus groups of 5-10 participants on the following areas: 1) wages and the benefits cliff; 2) worker retention, wellness, and human resources; 3) organizational structure and infrastructure, and 4) SB 803 and Medi-Cal reimbursement. The focus groups consisted mostly of peer workers with lived experience and staff from government and homeless services agencies who weighed in with their thoughts. The following highlights critical issues and comments raised by the participants. The voices that follow are anonymous to protect their identity.

“It feels like I could never get ahead.”

— Anonymous

Peer workers who made the decision to seek and obtain employment were confronted with difficult life-changing decisions that could subsequently jeopardize their housing and health. As an example, those who are seeking full-time employment are faced with the difficult decision to participate in employer health benefits that often do not offer paid dependent coverage, require larger copays, and present more restrictions than benefits through Medi-Cal. For peer workers who may have chronic medical or behavioral health conditions that may be exacerbated through premature aging, it is essential that workers have access to optimal and affordable healthcare options. The unknown benefit impact on an individual's public assistance will be a key barrier to employment access and retention for peer workers.

“I love the part of supporting [peer] employees with disabilities. I believe that sometimes employers— those who have not had the lifestyle that many of us who are in the job field have had— forget that we are coming from some mentally and physically harmful situations. Because they don't know the harmfulness that we go through just to get to where we are— at that job. And then of course, we meet individuals who bring us back to that reality of what we went through because we're dealing with them every day, you know. And so, I think I don't know about the training so much, but I think everybody needs to be in it for the right reason, no matter what monetary gain comes.”

— Anonymous

Two common and conflicting sentiments were reiterated in each of the focus groups: a lack of communication, trust, and training in the workplace; and an extraordinary sense of mission, resilience, and healing for the work itself. Peer workers in the focus groups articulated an unwavering dedication to the work — in the face of uncertainty, low pay, and lack of advancement. While it is understood that the homeless services sector is not a lucrative field, it should certainly not be a sector that financially drives its workers to the edge of homelessness.

As such, one of the primary recommendations from the groups was for agencies to provide a living wage to employees. It was acknowledged that homeless services agencies with public funding sometimes have little control over the budget. Therefore, funding agencies have a responsibility to establish and mandate wage standards and provide for these additional resources accordingly.

“They left, they came, they left. I mean I didn't even get to know their names of who we're hiring on so fast, and that's scary. You know, you don't run an agency like that. You know, those of us that are still here— diehards. We're pushing, you know we were doing three jobs at once here, trying to keep our heads above water and keep doing what we do.”

— Anonymous

Turnover was highlighted as a reality, especially during the current “Great Resignation” era, but the consequences of people leaving their positions cascade down to the individuals who stayed. All remaining staff and the overarching organization are significantly impacted by a potential shift in culture, an increase in workload, and ultimately— by stress. This enormous toll evidences the importance of improved succession planning, workplace communication, flexibility, and added support for staff.

“We are recreating punitive systems where folks who are in peer positions are still navigating a lot of these systems, are still navigating in a survival mentality, and it's sort of a reality that, you know, this job means the world to them and if they're cut off from this job, they could lose their housing, and so many different things could happen.”

— Anonymous

Advancement and professional development are important aspects of any workplace. For peers, conversations surrounding goals and career direction are clear signals that the agency is invested in their growth and success. Providing opportunities to explore different facets of an organization may uncover latent interests and passions that are not necessarily connected to direct-service work.

“Well, just know that when [peer workers] come in, you know that there's going to be additional training for them.

There's gonna probably be additional support around onboarding and what [work] looks like... Also, it's to me, it's like across the board - it's the manager, it's the directors of upper management - they have to be aware of how we should handle peers when they come in and want to work for us.”

— Anonymous

Often, peer workers were once direct recipients of services from the organization. Why then, should support for peers cease once they are hired? Focus group participants stressed that peer workers require additional support, including a uniform onboarding experience, extensive training, and support in adapting to office environments and routines. Other suggested strategies include quick response to workplace concerns, creating safe spaces to unpack trauma, and providing flexibility in scheduling due to medical appointments, childcare, or self-care. Further, recommendations provided by peers should not only be solicited but also implemented once they are voiced.

“Um...especially...um, what's the word?
I'm looking for empathy, not being sympathetic,
but I'm showing, you know, an understanding of
what this individual is going through and how you
can help them with what they need to develop,
what they need to do to advance.”

— Anonymous

Organizations should recognize that peer workers put themselves at risk to be retraumatized every day while at work. Workplace flexibility and staff training at all levels to understand, identify, and engage with trauma-informed practices are essential first steps but will not replace the requisite culture shift to support peers and all workers in their day-to-day.

“You can't get so elevated that you're out of touch, you know? Homelessness, cultural diversity, vicarious trauma, [managers and staff] need to be trained on boundaries. They need to be trained on triggers, compassion fatigue. They need the whole laundry list of stuff because the bottom line is we know you can shuffle the papers, but the bottom line is... those same things that we're telling frontline workers to have when they're dealing with clients, managers need that same thing when they're dealing with their staff.”

— Anonymous

Ultimately, the participants in the focus group were able to detail many of the challenges that they faced each day. Peer workers and other agency staff members were also able to expound on detailed recommendations that would benefit not just individual workers, but also the sector as a whole.

Recommendations

1. Provide Higher Wages and Better Benefits

According to our data, roughly 40% of peer worker participants were over the age of 50, whereas the median age of all training program participants was 38. Direct service work is sometimes emotionally and physically taxing, requiring peer workers to undertake street outreach and work alongside individuals with high acuity needs and mental illness, which adds to the trauma for those who have experienced homelessness. Financial insecurity is a mental health crisis that affects everyone in the sector, not just those who receive services. When workers are properly compensated and supplied with benefits, they have the ability to rely on a secure future, free of poverty.

- **Ensure that peer workers are paid a living wage and have access to complete healthcare coverage, whether part-time or full-time employment, to avoid having to choose between employment and their basic needs.** Peer workers typically embrace their new roles with enthusiasm and anticipation of having a new career that can offer financial stability and a promising outlook for the future. Unfortunately for many workers, the increase in personal income above poverty guidelines translates into the threat of losing critical public assistance such as housing subsidies and medical benefits. Beyond wages, employers can also provide invaluable support to peer workers by offering short-term disability, paid mental health days, and robust employer-sponsored retirement plans to bolster workers' confidence in their future.

- **Public funding sources and policymakers should ensure that agencies are able to make these wage and benefit increases by compensating service providers through their government contracts with higher reimbursement rates for services.** The peer workers' salary is high enough only to push individuals off of the dreaded wages and benefits cliff, but too low to truly move into the stability of a middle class status. Instead, peer workers transition from having an income that indicates poverty levels to a low hourly wage that makes them ineligible for public assistance programs, but not enough income to afford the basic needs of housing and healthcare. As opposed to an abrupt cessation of benefits, there should be a gradual reduction of benefits over an extended period of time to allow for peer workers to gain experience and increased wages through their employer.

Additionally, with the recent growth in nontraditional work, the percentage of jobs qualifying for Unemployment Insurance (UI) has decreased, indicating that the system has to be changed to reflect current labor realities.⁸ Retirement programs such as the Guaranteed Retirement Account (GRA) should be offered to anyone who does not have access to a pension plan, allowing workers to retire and stay out of poverty.

⁸ McKay, C., Pollack, E., and Fitzpayne, A. 2018. Modernizing Unemployment Insurance for the Changing Nature of Work. Washington, DC: The Aspen Institute, Future of Work Initiative.

2. Establish Workplace Wellness Policies and Programs

As previously stated, program participants struggled to complete training or keep employment due to issues related to their homelessness, which requires agencies to utilize trauma-informed employment practices that include providing staff with ongoing support, responsiveness, and workplace flexibility. Workers' degree of trauma is a reality in direct service work since workers are challenged with the difficult task of caring for the world's suffering.

- **Support peer workers in their work to increase worker retention.** Workplace wellness and teambuilding are topics that have been discussed significantly among human resource experts and within management circles. Transparency, communication, work-life balance, and effective leadership have been noted as essential elements of a healthy workplace. For the frontline peer worker who is working hard to transition into a workforce they may not have participated in for years, it is critical they are extended additional support that will help them succeed.
- **Foster a collaborative approach to developing workplace policies and programs that value peer worker input.** It is recommended that supervisors who manage peer workers should implement strategies in the workplace that create a transparent, safe environment where team members can learn about one another's experiences on a deeper level and build trust. Also, making mental health awareness and wellness a priority by connecting peer workers with additional support and providing flexibility for individuals who are in crisis or experiencing stress. By investing in these additional supports, employee retention, satisfaction, and productivity will have a strong likelihood of increasing.
- **Create a comprehensive personal time off benefits package to allow peer workers to recuperate and re-engage with their work.** Workers' bodies absorb the traumas and strains of work, which is why programs similar to respite care or sabbatical leave may provide peers an opportunity for self-care—to rest or take a break from their work. Employers encourage wellness while also preserving the workforce. This approach supports staff retention by implementing such programs in the field.

3. Building Internal Support and Infrastructure

Our data shows that roughly half of peer employees have a high school diploma or less, demonstrating the need to invest in workers on multiple levels. The topic of sector growth cannot be discussed without mentioning the importance of investing in workers' education and understanding how to serve and assist recipients. A significant amount of money must be set aside to train, sustain, and create a new generation of field leadership, particularly among those who have been institutionalized, because their experience is invaluable—something that no amount of higher education can teach.

- **Plan for the future by investing in training with sustainable and equitable funding sources.** The infrastructure of a workplace is key to activating systems and processes that can provide invaluable support to employees. Weak infrastructure often leads to high turnover, inefficiencies, poor work quality, and a loss in revenue. When agencies invest in high-quality training programs that include an experiential approach, user-friendly technology, and effective new-hire onboarding, employers can maintain higher retention rates and job satisfaction. For agencies that hire peer support workers, extensive and ongoing training is critical to success. However, training is not just crucial for direct service workers; leadership must also understand how to work and support peer workers.
- **Ensure proper integration and career advancement opportunities are in place.** New-hire training, peer modeling, and mentorship should be available to those who are new to the often-unwritten rules of office culture and organizational structure. It is recommended that workers can access professional development to explore individual strengths and areas of improvement. Other areas of improvement for agencies include plain-language technology training for peers, flexibility with education mandates in hiring practices, and embracing a trauma-informed and collaborative problem-solving approach to supervision. Further, individualized career coaching/mentorship will bolster peer support workers' confidence and ability to advance in the organization.

- **Bridging the technology gap is essential for the success of peer workers.** If the peer worker is navigating an office environment and technology for the first time in their life, it will likely take time and ongoing support to ensure they can build their confidence and skillset over a period without worrying about losing their job or being reprimanded by an impatient supervisor. If peers are to keep themselves up-to-date, skilled, and engaged in their work, they must develop digital literacy and become confidently connected. They require empowering learning opportunities rather than tasks that make them feel overwhelmed, uneducated, or powerless.

4. Empower Agencies and Peer Workers

In 2020, Governor Gavin Newsom signed into law legislative bill SB 803 which creates a statewide standardized system that supports peer support training, certification, and scope of practice. California will join 48 other states in allowing federal dollars through Medi-Cal to be used to fund peer support specialists and expand a workforce of service providers to vulnerable populations, such as individuals experiencing homelessness. As the standardization and validation of peer support specialists are integrated across the state, there is the hope that this will lead to more clarity concerning agencies' ability to maximize and truly integrate peer specialists into their existing services and programs.

- **Support collaborative input with other agencies across the State and County.** As the development of a formal application of the Medi-Cal infrastructure in relation to SB 803 is underway, it will be imperative that providers, funders, and other allied agencies devise a collaborative strategy and space to influence future implementation. Historically, service providers have taken a reactive approach to county or statewide systems change; and further, they have not been included in the creation of the strategy that will be enacted through the organization's staff to impact the population served. To ensure the objectives of SB 803 are achieved, a community input forum consisting of the stakeholders should be funded and established during these early stages of the SB 803 rollout. It is time that systems speak to the community and be inclusive of the frontline voices that will ultimately employ, train, and develop the labor force of peer workers.
- **Prioritize professional coaching and mentorship for peer workers.** Currently, research has shown that organizational support of peer specialists is an area that indicates room for improvement. Peers are often siloed in their work and assigned labor that may not be understood or appreciated by their coworkers. Despite how consumers who work with peers are reporting greater levels of empowerment, hope, and higher quality of life, the recognition of this exceptional value is often missing or disregarded in the workplace. Alongside an increase in recognition of peer support work success, recommendations also include providing peers with both formal and informal supports in the workplace. This could include access to support from leadership that is not only a direct supervisor-to-peer, and the peers' ability to participate in professional development that could lead to career advancement and mobility.



Next Steps for Peer Workforce Development

A viable future for peer support as it relates to the homeless sector will rely on continued collaboration, expansion, training, advocacy, and sustainable funding streams. Based on Housing Works' experience with HEAL, the requirement to provide ongoing supportive services— and retention post-employment— we estimate the cost to implement a program with adequate funding and quality services to be approximately \$442,000 annually. Two full-time training coordinators, two part-time peer workers, and fringe benefits are included in this figure. An investment over five years of \$6.6 million will ensure that this replicable model can be expanded to two additional service planning areas and help support the livelihood and development of hundreds of formerly homeless peer workers across Los Angeles. Given the current cost per the positive outcome of \$11,000, this would help employ 600 people over five years, in addition to addressing the workforce shortage in the homelessness and housing sectors.

