



August 12, 2024

The Honorable Shalanda Young  
Director  
Office of Management and Budget  
New Executive Office Building  
725 17<sup>th</sup> Street, NW  
Washington, DC 20503

Re: Statistical Policy Directive No. 10 Standard Occupational Classification – Updates for 2028  
(BLS-2024-0001-0001)

Dear Director Young:

NAMI, the National Alliance on Mental Illness, appreciates the opportunity to submit comments to the Standard Occupational Classification Policy Committee (SOCPC) suggesting revisions for the 2028 Standard Occupational Classification (SOC) manual. NAMI is the nation's largest grassroots mental health organization and is dedicated to building better lives for all people affected by mental illness.

NAMI supports the creation of a new SOC code for peer support specialists that is separate from the community health worker occupation currently listed in the 2018 SOC. These comments are in response to the Agency's request to consider the addition of new detailed occupations. A new SOC for peer support specialists would allow for much needed data collection to assess the size, economic impact, and geographic distribution of the fast-growing peer workforce.

**Background on Peer Support Specialists (Also Known as Peer Support Workers)**

Across the U.S., there is a growing demand for mental health and substance use disorder care. At the same time, there is a significant shortage of mental health providers. Peer support specialists (PSSs) are generally defined as individuals with lived experience of recovery from a mental health condition, substance use disorder (SUD), or both, and are trained to support other individuals and their families in recovery<sup>i</sup>. Peer support specialists complement the work of health care providers and can enhance mental health care in areas where there are workforce shortages.

Peer support is an evidence-based mental health model of care<sup>ii</sup>. Considerable research demonstrates that PSSs help improve patient outcomes, including reducing the need for inpatient and emergency services and the frequency of recurrent psychiatric hospitalizations<sup>iii, iv</sup>. PSSs can help improve an individual's sense of recovery and hopefulness, and they can help people improve their skills and abilities in desired areas<sup>v,vi</sup>. Peer support services are more frequently being integrated into mental health, substance use and physical health services as a meaningful part of multidisciplinary health care teams due to an increased recognition of their value<sup>vii</sup>. Peer support services are currently reimbursed by 43 state Medicaid programs<sup>viii</sup> and the vast majority of states have adopted statewide certification and training for peer providers<sup>ix</sup>.

PSSs can be found across a variety of health care settings and treatment programs, including intensive outpatient treatment, mobile crisis teams, crisis stabilization centers, residential treatment settings, recovery housing, acute care inpatient settings, nursing homes, and assisted outpatient treatment<sup>x</sup>. As of 2018, one quarter of mental health facilities in the U.S. offer peer support services, and 56 percent of substance use facilities offer peer support services<sup>xi</sup>. PSSs can also be employed by the following systems and industries: corrections and criminal justice, education, homeless services, insurance companies, nonprofit organizations, social services and veteran services.

### **Request for New SOC Code for Peer Support Specialists**

#### **Need for New SOC Code for Peer Support Specialists**

There are an estimated 30,000 peer support specialists in the United States, and the number of PSSs continues to grow as reimbursement options and the recognition of the value of the peer workforce increases<sup>xii</sup>. According to a SAMHSA report on the behavioral health workforce, an estimated 1.1 million PSSs are needed to meet the growing demand of mental health and substance use needs<sup>xiii</sup>. Given the projected increase of the peer workforce, policymakers, advocates, states, employers, and the federal government would benefit from accurate and comprehensive statistical data on the peer workforce. Specifically, a common definition and data on the size, training, and geographic distribution would inform policy and funding decisions, identify training needs, and assist in workforce planning. These data could also assist state agencies and other employers in determining compensation and benefits for PSSs. Data collection on the peer workforce would elucidate the economic impact of integrating peers into health care settings. Studies have shown that peer support services can generate cost savings to Medicaid and states<sup>xiv</sup>.

NAMI urges SOCCPC to consider adding an SOC code for the peer support specialist occupation. This occupation could also be titled peer support worker, and job listings could include certified peer support specialist, recovery coach, peer advocate, youth peer support specialist, and veteran peer support specialist. We encourage SOCCPC to utilize the National Association of Peer Supporters, the national professional association for peer support specialists, as a resource as they proceed with the SOC code determination process.

### **Description of Specific Duties and Tasks for Peer Support Specialists**

Peer support specialists provide non-clinical support services as described in SAMHSA's "Core Competencies for Peer Workers in Behavioral Health Services,"<sup>xv</sup> which include helping individuals engage in their treatment and access important resources to address health related social needs; encouraging hope and resilience for recovery; and developing self-advocacy skills. Additionally, specific duties and tasks may include group facilitation, skill building, mentoring, goal setting, supervising and training other PSSs, gathering information on available resources, and educating the public and policymakers. Peer support specialists are required to undergo training and certification, but specific requirements vary by state<sup>xvi</sup>.

### **Differences Between Peer Support Specialists and Community Health Workers**

Currently, PSSs are considered to be counted as Community Health Workers (CHWs) in the 2018 SOC (21-1094, 2018 SOC). While both roles have a support component, PSS duties and tasks differ from CHWs in terms of requirement, scope of work and specific support activities. PSSs are required to have lived experience with mental health or substance use recovery. This lived experience is a critical component of the peer support role, and is not a requirement for CHWs, whose training is more general to address all health care issues, with an emphasis on health screenings, care coordination, and health care navigation. PSSs may attend appointments if requested, but do not perform care coordination; instead, they empower individuals through shared experiences, advocacy, emotional support and building the skills necessary to navigate recovery and health care systems.

### **Conclusion**

Thank you for the opportunity to provide comments on the revisions for the 2028 SOC manual. NAMI strongly recommends that SOCCPC create a new SOC code for PSSs. If you have any questions or would like to discuss this issue, please do not hesitate to contact me at [hwesolowski@nami.org](mailto:hwesolowski@nami.org).

Sincerely,



Hannah Wesolowski  
Chief Advocacy Officer  
NAMI, National Alliance on Mental Illness

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<sup>i</sup> “Peer Support Workers for Those in Recovery,” SAMHSA, May 2024, <https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers>.

<sup>ii</sup> Centers for Medicare & Medicaid Services (CMS), SMDL #07-011, August 15, 2007, <https://www.medicaid.gov/federal-policy-guidance/downloads/SMD081507A.pdf>.

<sup>iii</sup> Bevin Croft and Nilüfer İsvan, “Impact of the 2nd Story Peer Respite Program on Use of Inpatient and Emergency Services,” *Psychiatric Services*, Vol. 66, No. 6, March 2015, <https://pubmed.ncbi.nlm.nih.gov/25726982/>.

<sup>iv</sup> William H. Sledge *et al.*, “Effectiveness of Peer Support in Reducing Readmissions of Persons with Multiple Psychiatric Hospitalizations,” *Psychiatric Services*, Vol. 62, No. 5, May 2011, <https://pubmed.ncbi.nlm.nih.gov/21532082/>.

<sup>v</sup> Judith A. Cook, *et al.*, “Randomized Controlled Trial of Peer-Led Recovery Education Using Building Recovery of Individual Dreams and Goals through Education and Support (BRIDGES),” *Schizophrenia Research*, Vol. 136, No. 1-3, April 2012, <https://pubmed.ncbi.nlm.nih.gov/22130108/>.

<sup>vi</sup> C I Mahlke *et al.*, “Effectiveness of One-to-One Peer Support for Patients with Severe Mental Illness - A Randomised Controlled Trial,” *European Psychiatry*, Vol. 42, May 2017, <https://pubmed.ncbi.nlm.nih.gov/28364685/>.

<sup>vii</sup> Cheryl A. Gagne *et al.*, “Peer Workers in the Behavioral and Integrated Health Workforce: Opportunities and Future Directions,” *American Journal of Preventative Medicine*, Vol. 54, No. 6, June 2018, [https://www.ajpmonline.org/article/S0749-3797\(18\)31637-4/fulltext](https://www.ajpmonline.org/article/S0749-3797(18)31637-4/fulltext).

<sup>viii</sup> Karen L. Fortuna *et al.*, “An Update of Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients,” *The Psychiatric Quarterly*, Vol. 93, No. 2, February 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8855026/#:~:text=More%20than%2030%2C000%20peer%20support,states%20%5B7%E2%80%93939%5D>.

<sup>ix</sup> “Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States,” Peer Recovery Center of Excellence, January 2023, <https://peerrecoverynow.org/wp-content/uploads/2023-FEB-07-prcoe-comp-analysis.pdf>.

<sup>x</sup> “Behavioral Health Workforce Report,” SAMHSA, March 2021, <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>.

<sup>xi</sup> Lynn Videka *et al.*, “National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles and Reimbursement,” University of Michigan, School of Public Health, Behavioral Health Workforce Research Center, August 2019, <https://behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>.

<sup>xii</sup> Karen L. Fortuna *et al.*, “An Update of Peer Support/Peer Provided Services Underlying Processes, Benefits, and Critical Ingredients,” *The Psychiatric Quarterly*, Vol. 93, No. 2, February 2022, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8855026/#:~:text=More%20than%2030%2C000%20peer%20support,states%20%5B7%E2%80%93939%5D>.

<sup>xiii</sup> “Behavioral Health Workforce Report,” SAMHSA, March 2021, <https://annapoliscoalition.org/wp-content/uploads/2021/03/behavioral-health-workforce-report-SAMHSA-2.pdf>.

<sup>xiv</sup> Lynn Videka *et al.*, “National Analysis of Peer Support Providers: Practice Settings, Requirements, Roles and Reimbursement,” University of Michigan, School of Public Health, Behavioral Health Workforce Research Center, August 2019, <https://behavioralhealthworkforce.org/wp-content/uploads/2019/10/BHWRC-Peer-Workforce-Full-Report.pdf>.

<sup>xv</sup> “Core Competencies for Peer Workers in Behavioral Health Services,” SAMHSA, December 2015, [https://www.samhsa.gov/sites/default/files/programs\\_campaigns/brss\\_tacs/core-competencies\\_508\\_12\\_13\\_18.pdf](https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies_508_12_13_18.pdf).

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<sup>xvi</sup> “Comparative Analysis of State Requirements for Peer Support Specialist Training and Certification in the United States,” Peer Recovery Center of Excellence, January 2023, <https://peerrecoverynow.org/wp-content/uploads/2023-FEB-07-prcoe-comp-analysis.pdf>.