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Office of Management and Budget
New Executive Office Building
Washington, DC 20503

Re: BLS-2024-0001 - Standard Occupation Classification (SOC)—Updates for 2028
Bureau of Labor Statistics. Request for a SOC for Peer Support Specialists

To Whom It May Concern,

The Standard Occupational Classification (SOC) system classifies jobs in the U.S. to provide a standard way to collect and compare job-related data across different government agencies. The purpose is to collect, calculate, and disseminate data.

Currently, Peer Support Specialists (PSSs) do not have a SOC classification, so data isn't available about this critical healthcare occupation.

Defining peer support specialist:

PSSs have lived experience with mental health conditions or substance use conditions, or are family members of those individuals. They use their personal experience and practical guidance to help people with behavioral health conditions reach their recovery goals. PSSs can help individuals articulate their goals, learn and practice new skills, and create strategies for self-empowerment.

Medicare's Calendar Year 2024 Physician Fee Schedule defines peer support specialists as "self-identified consumers who are in recovery from mental illness and/or substance use disorders, supervised by a competent mental health professional, and complete training that provides peer support specialists with a basic set of competencies necessary to perform the peer support function, including demonstrating the ability to support the recovery of others from mental illness and/or substance use disorders and ongoing continual educational requirements."

Community Health Workers vs. Peer Support Specialists

Community Health Workers (CHWs), have a SOC. Peer Support Specialists (PSSs) are not the same as CHWs and therefore a separate SOC for the peer support occupation is necessary.

What are CHWs and how are they different?

The roles of PSSs and CHWs have similarities, in that both are trusted members of the community, however, the competencies and scope of practice are distinct. CHWs support patients through health concerns,

connect people with resources and care, and may provide care coordination. PSSs must disclose their lived experience of recovering from a mental health condition or substance use condition when providing peer support services. Peer support specialists do not provide care coordination, instead engage in peer-to-peer relationships that support individuals in taking steps to self-manage their own care. Further, peer support specialists are primarily deployed in behavioral health care settings and community health workers are primarily deployed in medical care settings.

The Substance Abuse and Mental Health Services Administration (SAMHSA) convened a technical expert panel in 2023 to create national [model standards](#) for the certification of peer specialists. These standards were conceptualized by the peer support workforce and continue to be supported by peer specialists.

States Recognize the Value of Peer Support

Further, unlike CHW certification, which states have been slow to create certification for, according to the National Conference of State Legislatures, 49 states recognize the value of peer recovery support and have implemented a peer support specialist [certification program](#).

The required education of peer specialists includes a high school diploma, GED, or equivalent and does not require advanced education. Training is most often in the areas of advocacy, mentoring/education, recovery support, and ethical responsibility. Training is often 40 to 75 hours but can be as many as thousands of hours and is often provided by the statewide peer network, other peer-run organizations, and providers. A full list of training programs can be found on the Copeland Center's website: <https://copelandcenter.com/doors-wellbeing/peer-specialist-database>.

Peer specialists are employed in nearly all 50 states in various settings, including within peer-run organizations, recovery community organizations, with behavioral health providers, in emergency departments, as part of mobile crisis interventions, in peer respite, and in primary care settings that integrate behavioral care such as CCBHCs. Peers are also employed by county health, emergency, social, and judicial agencies.

Why a PSS SOC is Necessary

The lack of a SOC for peer support specialists has meant that agencies like the Centers for Medicaid and Medicare Services (CMS), the Health Resources and Services Administration (HRSA), and others are unable to appropriately track the number of PSSs and their locations in the U.S. HRSA's Workforce Dashboards provide shortages of other mental health providers, but not certified peer specialists.

Given the U.S.'s significant mental health and addiction workforce shortages, it's critical that a SOC be created for PSSs.

Without this data, advocacy organizations also have no central source for tracking where PSSs are working and shortage areas, making it difficult to prioritize populations/locations most in need of additional peer resources.

State agencies often use SOC codes to identify different types of workers and industries. These codes are also helpful to employers who rely on Bureau of Labor Statistics (BLS) data to determine compensation ranges across various positions in their industry. Further, having specific data would help to improve pay and benefits. A new SOC would also be helpful to employers who rely on BLS data to determine compensation ranges across various positions in their industry.

We the undersigned organizations urge you to create this new SOC for Peer Support Specialists. Should you have any questions, please don't hesitate to contact Joy.Burkhard@PolicyCenterMMH.org and/or Caren Howard at CHoward@MHAnational.org

Sincerely,

Mental Health America

Policy Center for Maternal Mental Health

American Association for Psychoanalysis in Clinical Social Work

American Association on Health and Disability

Association for Behavioral Health and Wellness

Center for Law and Social Policy (CLASP)

Children and Adult with Attention-Deficit/Hyperactivity Disorder

Crisis Residential Association

Depression and Bipolar Support Alliance (DBSA)

Faces and Voices of Recovery

Fountain House

HealthyWomen

IC&RC

International Society of Psychiatric-Mental Health Nurses

Lakeshore Foundation

March for Moms

Maternal Mental Health Leadership Alliance

NAADAC, the Association for Addiction Professionals

National Association of Pediatric Nurse Practitioners

National Association of State Mental Health Program Directors

National Behavioral Health Association of Providers

National Council for Mental Wellbeing
National Federation of Families
Postpartum Support International
Psychotherapy Action Network
The Alliance for Rights and Recovery (formerly NYAPRS)
The Kennedy Forum
Youth Villages