



# CENTER OF EXCELLENCE for Integrated Health Solutions

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# Applying New Peer Workforce Resources in Integrated Care Teams

*Wednesday, April 22<sup>nd</sup>*

*3 – 4pm ET*

# Disclaimer

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# About the Center of Excellence for Integrated Health Solutions (CoE-IHS)

- The National Council for Mental Wellbeing, through the National Center of Excellence for Integrated Health Solutions grant award from the Substance Abuse and Mental Health Administration (SAMHSA), is home to the newest **evidence-based resources, tools and support for organizations working to integrate primary and behavioral health care.**
- The CoE-IHS advances **bidirectional primary and behavioral health care integration by providing high quality, evidence-informed training and technical assistance (TTA) to a national audience, including a specific focus on the collaborative care model.** The CoE-IHS supports the improvement of integrated care models and provides training and technical assistance to health systems, health care providers and members of the public.



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# Polls



## 1) Which best describes your agency/organization?

- ❖ Mental health provider organization
- ❖ Substance use provider organization
- ❖ Primary care provider organization
- ❖ Government (federal, state, tribal, island area, local)
- ❖ Education or research institute
- ❖ Association, coalition, or network-for-advocacy, professionals, or individuals
- ❖ Business (health management, insurer, or other industry)
- ❖ Other

## 2) Are you a Promoting the Integration of Primary and Behavioral Health Care (PIPBHC) recipient or provider organization?

- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) recipient
- ❖ Yes, I am a current PIPBHC: Collaborative Care Model (CoCM) provider organization
- ❖ Yes, I am a current PIPBHC: States recipient
- ❖ Yes, I am a current PIPBHC: States provider organization
- ❖ Yes, I am a former PIPBHC recipient or provider organization
- ❖ No
- ❖ I don't know



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# Speaker Introduction



**Shannon Higbee**  
*Chief Strategy Officer*  
The Alliance for Rights and Recovery



**Daniella Labate-Covelli**  
*VP of Rehabilitation and Recovery*  
The Alliance for Rights and Recovery



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# Learning Objectives

Participants will be able to:

- **Describe** the role and value of peer workforce in integrated behavioral and physical health settings.
- **Explain** how peer roles function in integrated care workflows and in physical health settings.
- **Identify** best practices and workforce development strategies that support effectively embedding the peer role in integrated care settings.

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## Value of the Peer Workforce in Integrated Behavioral and Physical Health Settings

# The Peer Workforce has Unique Strengths

## Integrated care needs:

- Trust and engagement
- Cultural responsiveness
- Addressing health related social needs
- Cohesive services

## Peer workforce strengths:

- Relationship-based support
- Lived experience
- Community connection
- Navigation & engagement

(National Council, 2025; SAMHSA, 2026b)



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# Integrated Care Outcomes Are Supported by Peer Roles

(Barbone and Foglesong, 2020; SAMHSA, 2026b)

Research and program evaluations show peer support is associated with improvements in:

- **Care engagement:** engagement in care, appointment attendance
- **Self-management:** medication and chronic disease self-management
- **Utilization:** reduced emergency department utilization

Peers often engage individuals who are disconnected from traditional health systems.

# What is Authentic Peer Support?

## Peer Support IS:

- Rooted in **shared lived experience** of mental health and/or substance use recovery
- **Voluntary and relationship-based**, grounded in mutuality
- **Recovery-oriented**, hope-centered, and strengths-based
- Focused on **empowerment, self-determination, and choice**
- A **distinct practice** with its own ethics, skills, and boundaries
- An **essential** complement **to clinical and medical services**
- **A source of system insight**, advocacy, and culture change

## Peer Support IS NOT:

- A **clinical role** or a substitute for licensed services
- Case management, compliance monitoring, or surveillance
- Defined by diagnosis, job title, or proximity to clinicians
- About “fixing,” directing, or managing people
- Tokenistic inclusion without **authority, voice, or support**
- Administrative or filler work assigned due to staffing gaps
- Effective without **peer-specific supervision and support**

***Authentic peer support preserves the integrity of lived experience while strengthening engagement and outcomes.***

(SAMHSA, 2026a)



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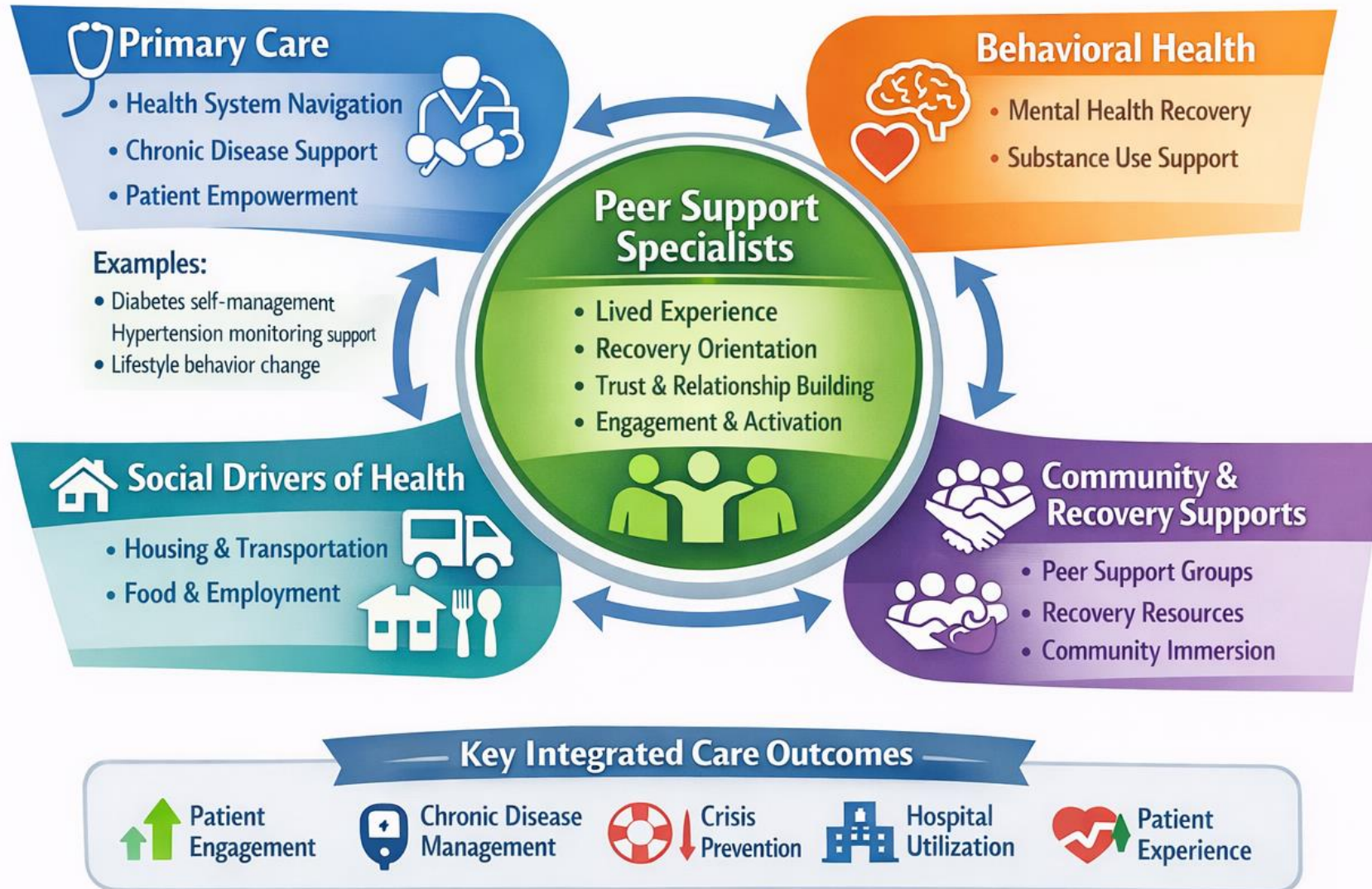
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## Role of the Peer Workforce in Integrated Behavioral and Physical Health Settings

# Peers as Connectors in Whole-Person Care



# Expanding Roles in Integrated Settings

New peer workforce roles include:

- health navigators supporting medical care engagement
- wellness coaches supporting chronic illness management
- digital peer specialists
- maternal health peer support
- crisis response team members

These roles demonstrate the expansion of peer influence across integrated health systems.

(Barbone and Foglesong, 2020; SAMHSA, 2026b)

# Poll - Where are peers embedded in your organization?

- Behavioral health programs
- Primary care clinics
- Hospital discharge or care transition programs
- Community outreach or housing services
- Not currently integrated



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## Peer Roles in Physical Health Settings

# Peer Roles Support Chronic Disease Management

Peer workers can support individuals managing chronic conditions by helping with:

- health goal setting
- appointment preparation
- medication self-management
- health literacy
- lifestyle change support

Peer roles complement clinical care by helping individuals translate medical recommendations into real-world behavior change.

Peers often focus on self-management and motivation, which are critical for chronic illness management.

(SAMHSA, 2026b)

## Examples of Physical Health Areas Where Peers Are Increasingly Involved

- diabetes self-management
- hypertension management
- cardiovascular health
- smoking cessation
- medication self-management
- preventive health screening

Peers often help address barriers related to:

- transportation
- fear or mistrust of healthcare systems
- understanding medical instructions

(National Council, 2025; SAMHSA, 2026b)

# Poll – Do peer staff in your organization currently support individuals with physical health goals or chronic disease management?

- Yes – regularly
- Yes – occasionally
- No – but we plan to
- No – not currently



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## Examples – Peer Roles in Physical Health Integration

# Peer Support in FQHCs

**Federally Qualified Health Centers (FQHC)** increasingly employ peer specialists within integrated care teams.

Example peer responsibilities include:

- greeting patients and building trust
- supporting appointment preparation
- assisting with behavioral health referrals
- supporting lifestyle changes related to chronic illness
- helping patients understand care plans

Peers can help bridge the gap between medical providers and patient experience.

(Quality Peer Solutions, 2026)



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# Case Example: Diabetes Support

## Example Patient Journey:

Maria lives with diabetes and depression. She frequently misses primary care appointments.

Peer specialist helps by:

- Meeting Maria before appointments
- Helping prepare questions for the doctor
- Creating small wellness goals
- Supporting follow-up visits

## Result:

Maria attends appointments regularly and improves diabetes management.

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## Peers in Integrated Care Workflows

# Integrated Care Team Model

Integrated care teams often include:

-  Primary care providers
-  Behavioral health clinicians
-  Care managers
-  Peer support specialists
-  Community health workers



Peer workers support the team by focusing on:



# Peer Support Across the Care Journey

Peer support specialists can support individuals throughout the care journey.



(Barbone and Foglesong, 2020; SAMHSA, 2026b)

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## Key Challenges in the Peer Workforce

# Structural Workforce Challenges Can Limit Peer Contribution

Major challenges include:

- low wages
- fragmented certification systems
- workforce shortages
- role confusion

(Barbone and Foglesong, 2020; Lombardi et al., 2025))

# “Peer Drift” can Dilute Relational Focus of Peer Support

Peer workers are sometimes asked to perform:

- case management
- administrative duties
- clinical tasks outside the peer role

# Supervision Opportunities to Support Peers

Peer workers are frequently supervised by clinicians who lack training in peer values, practice standards, and core competencies.

Best practices include:

- peer-led supervision
- reflective supervision
- trauma-informed workforce practices

(SAMHSA, 2026a; Stefancic, 2021)

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## Best Practices for Embedding Peer Roles in Integrated Care Settings

# Embedding Peers in Care Teams

Effective models include:

- co-located peer specialists in **primary care clinics**
- peer wellness navigators supporting **chronic disease self-management**
- peer support during **hospital-to-community transitions**

Peers strengthen patient engagement and health self-management.

(National Council, 2025; SAMHSA, 2026b)



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# Cross- Training Teams

(National Council, 2025; SAMHSA, 2026a)

Integrated care teams benefit from:

- clinician education on peer roles
- peer training on healthcare systems
- collaborative care planning
- shared understanding of health-related social needs

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# Workforce Development Strategies

# Strategies to Strengthen the Peer Workforce Pipeline

(Barbone and Foglesong, 2020)

- internships & apprenticeships
- partnerships with colleges
- recruitment through reentry programs
- youth outreach
- career ladders from peer to supervisor to leadership

# Organizations Can Develop Career Pathways for Peers

(SAMHSA, 2026a)

- Peer team lead roles
- Peer trainers
- Peer supervisors
- Leadership positions

These pathways help retain experienced peer workers.

# Competency- Based Workforce Development

(SAMHSA, 2026a; SAMHSA, 2026c)

Peer training should include:

- recovery support skills
- motivational interviewing
- health literacy
- interdisciplinary collaboration

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## Practical Considerations

# Practical Steps for Integrated Care Organizations



(Barbone and Foglesong, 2020; SAMHSA, 2026b)

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# Key Takeaways



Peer support expands access and engagement in integrated care



Lived experience strengthens whole-person healthcare



Sustainable workforce policies are essential for scaling peer roles



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(Microsoft, 2025)

# Questions and Discussion



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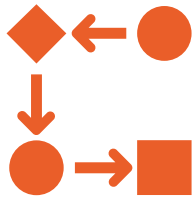
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# Upcoming Events & Helpful Links



**May 18**

1 – 2:30p.m. ET

**CoE-IHS [Event]:**  
Best Practices to  
Provide Integrated  
Care for Children  
with Serious  
Emotional  
Disturbance (SED)  
&  
Neurodevelopmental  
Needs

[Register Here](#)

**May 26**

2 – 3p.m. ET

**CoE-IHS [Event]:**  
Collaborative Care  
in Action:  
Introducing CoCM  
and Planning for  
SBHC  
Implementation in  
the Carolinas

[Register Here](#)

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# Questions?



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The logo features a central orange square with white text. The text is arranged in four lines: 'NATIONAL', 'COUNCIL', 'for Mental', and 'Wellbeing'. The words 'for Mental' and 'Wellbeing' are in a lowercase, italicized serif font, while 'NATIONAL' and 'COUNCIL' are in a clean, uppercase sans-serif font. The square is set against a background of several overlapping, semi-transparent light beige rounded rectangles of various sizes and orientations.

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