

Peer Support Workers and Community Health Workers

Listening & Feedback Tour Report



NYC

**Mayor's Office of
Community
Mental Health**

Published

2024

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Sourced from the New York City Mayor’s Office of Photography, and from the Peer and CHW Awards Ceremony held by NYC OCMH on May 28, 2024.

Type

Typeset in Public Sans, with accents of Georgia.

Website

<https://mentalhealth.cityofnewyork.us/>

Agency



Executive Summary

Introduction

Amidst the behavioral health workforce crisis in New York City, the Mayor’s Office of Community Mental Health (OCMH) convened an interagency working group over 18 months beginning January of 2023 to tackle the workforce related challenges. One key strategy identified by the group was to redefine the ecosystem of behavioral health supports by strengthening and expanding the critical roles played by both **Peer Support Workers (PSWs)** and **Community Health Workers (CHWs)**. To better understand the roles and needs of PSWs and CHWs in the behavioral health workforce, the Community Engagement Committee within the interagency working group organized a Listening and Feedback Tour with organizations that employ PSWs and CHWs. The Listening and Feedback Tour engaged PSWs and CHWs on issues impacting their workforces including skills and support required to be effective in

their current roles, opportunities for career advancement and continuous learning, and policy change needed to improve their work environment and job satisfaction.

The Committee collected qualitative data from more than 155 PSWs and CHWs, representing 27 organizations, over 22 sessions. They utilized two key exercises titled “*Storyboard Your Day*” and “*Wheel of Emotions*” to prompt open-ended discussion and narratives that led to valuable insights into the experiences of PSWs and CHWs. Thematic analysis revealed six major themes across three focus areas: Building Skills and Supports, Career Advancement and Education, and Policy Supports. The six themes were how the city employs PSWs and CHWs, supports within the role, supervisory support, supports on the job, policy supports, and education and career advancement.

Key Findings



Both PSWs and CHWs expressed a desire for enhanced training opportunities to acquire additional skills enabling them to be more effective in their roles and facilitating their career growth and progression.



PSWs and CHWs highlighted the importance of better compensation, stronger supervision, and increased recognition to address the issues related to low rates of staff retention and challenges in recruitment.



Recommendations

Based on findings from the Listening and Feedback Tour, the Community Engagement Committee proposed the following recommended actions to enhance the professional growth and well-being of Peer Support Workers (PSWs) and Community Health Workers (CHWs).

These recommended actions are to be implemented through City and State interagency collaboration, in partnership with employers, community members, and other partner organizations. At the time of this report being published, the interagency working group is in the process of solidifying commitments from potential partner agencies to co-lead each recommended action item.

Recommendations

Enhancing role supports and career growth opportunities for both PSWs and CHWs:

- Foster the development of supervisory skills through training.
- Modify the Trauma-Informed Supervisory Practice training offered by the Academy for Community Behavioral Health to be inclusive of the PSW and CHW experiences.
- Establish behavioral health career pathways to address the need for intermediate-level paraprofessional roles.

Creating supportive policies and career advancement programs specifically for PSWs:

- Work together with NYS credentialing bodies to establish a dual credential for youth peer advocates.
- Assist NYPAN in implementing the OMH-funded Peer Workforce Advancement and Mentoring Network in NYC.
- Developing language to promote the inclusion of individuals with lived experience in City RFPs and contracts with organizations that employ PSWs.

Developing role supports and continuous learning opportunities specifically for CHWs:

- Launch a public education campaign to foster community awareness and role clarity for CHWs.
- Provide CHWs with training and implementation support in evidence-based interventions.
- Create a centralized citywide platform to house CHW training and resources.



Table of Contents

Executive Summary.....3

Acknowledgements.....8

Introduction11

Background15

Listening & Feedback Tour Overview.....19

Results and Feedback23

 Focus Area 1: Building Skills and Supports24

 Focus Area 2: Career Advancement and Education29

 Focus Area 3: Policy Supports.....32

Synthesis and Validation.....37

Discussion.....41

Recommendations and Conclusion.....43

Appendices and References.....47

 Appendix A: Listening & Feedback Tour Participants

 Appendix B: Tour Activity 1: “Storyboard Your Day”

 Appendix C: Tour Activity 2: “Wheel of Emotions”

Acknowledgements

The Mayor's Office of Community Mental Health (OCMH) would like to express sincere gratitude to our partners who supported the planning and execution of the Listening and Feedback Tour.

OCMH's mandated responsibilities include identifying and addressing critical gaps in mental health care that are preventing New Yorkers with mental health needs from accessing and staying connected to care. As such, OCMH convened an interagency working group with over 15 City and State agencies and City University of New York, to tackle the behavioral health workforce crisis in New York City (NYC) over a period of 16 months between fall of 2022 to spring of 2024. This working group included representatives from the following agencies:

NYC Health Department, NYS Office of Mental Health, Office of Advocacy and Peer Support Services (OMH OAPSS), NYC Administration for Children's Services (ACS), NYC Department for the Aging (DFTA), NYC Department of Homeless Services (DHS), NYC Department of Education (DOE), NYC Department of Youth and Community Development (DYCD), NYC Housing Authority (NYCHA), NYC Health + Hospitals (H+H), NY Alliance for Careers in Healthcare (NYACH), NYC Talent, NYC Opportunity (NYCO), NYC Office of Equity & Racial Justice (MOERJ), NYC Department of Citywide Administrative Services (DCAS), NYC Employee Assistance Program (EAP), The Academy for Community Behavioral Health at the CUNY School for Professional Studies (CUNY SPS), and Guttman Community College at the City University of New York (CUNY).

The Listening and Feedback Tour (the Tour) was conceived to deepen understanding of the need and experience of peer support workers and community health workers, a crucial but often overlooked segment of New York City behavioral health workforce. The Tour was conducted by the Community Engagement Committee, a subcommittee of the larger working group. OCMH thanks the NYC Health Department and NYS Office of Mental Health, Office of Advocacy and Peer Support Services (OMH OAPSS) who served as the co-chairs of the Community Engagement Committee.

OCMH appreciates the Peer Support Workers and Community Health Workers who accepted the invitation to participate in the listening and feedback sessions and have played an essential role in the information gathering and policy development process.

Special mention must be made of the Community Engagement Committee members who met weekly to advance the project:

NYC HEALTH DEPARTMENT

NYS OFFICE OF MENTAL HEALTH

OFFICE OF ADVOCACY

AND PEER SUPPORT
SERVICES (OMH OAPSS)

NYC HEALTH + HOSPITALS

NYC OPPORTUNITY (NYCO)

MOUNT SINAI

NYU LANGONE HEALTH

THE ACADEMY FOR COMMUNITY
BEHAVIORAL HEALTH

AT THE CUNY SCHOOL

OF PROFESSIONAL STUDIES
(CUNY SPS)

NATIONAL ASSOCIATION OF
PEER SUPPORTERS (NAPS)

NEW YORK PEER ADVANCEMENT
NETWORK (NYPAN)



After the Tour, the working group's interagency collaboration continues with an energized focus on developing and rolling out a recommended action plan. The plan includes proposed projects and policy changes that will remedy issues highlighted by the Peer Support Workers and Community Health Workers who participated.



**Chapter 1,
Introduction**

Introduction



Both globally and nationally, the need for behavioral health services is outpacing the capacity of services available to meet the needs. A major factor contributing to the gap between the need and availability of services is the severe shortage of behavioral health workers. In New York City, the behavioral health workforce crisis has reached a critical point, leading to an increase in unmet behavioral health needs among people of all ages.¹ NYC’s population is diverse racially, culturally, and linguistically, which makes this issue even more dire, given the added challenge of recruiting a diverse and culturally competent workforce.

Honoring a responsibility to address critical gaps in mental health care codified by City Charter, the Mayor’s Office of Community Mental Health assembled an interagency working group in January 2023 to coordinate efforts to address the behavioral health workforce crisis in the public sector. The interagency working group, consisting of leaders from participating agencies listed above, focused on strategies to strengthen and support the non-clinical behavioral health workforce in New York City. This includes **Peer Support Workers (PSWs)** and **Community Health Workers (CHWs)**, rapidly growing professions with potential to help narrow the widening workforce gap.

¹ New York City Office of the Mayor and New York City Health Department. (2023). (rep.). Care, Community, Action: A Mental Health Plan for New York City. Retrieved January 2024, from www.nyc.gov/assets/doh/downloads/pdf/mh/care-community-action-mental-health-plan.pdf

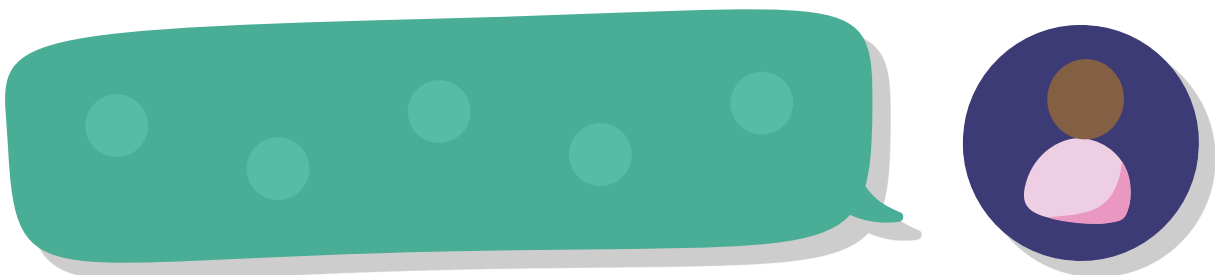
The value of PSWs and CHWs to effectively engage and support individuals and communities has been well documented. Countless studies show that PSWs and CHWs are associated with improved health and behavioral health outcomes. CHWs facilitate improved access to healthcare services, improved communication between community members and healthcare providers, increased use of healthcare services, improved adherence to healthcare recommendations, reduced need for emergency and specialty services, improvements in social determinants of health, and reduced health disparities for racial and ethnic minority groups.² PSWs promote increased social functioning, empowerment and hope, community engagement and treatment activation, while decreasing healthcare costs, hospitalization and self-stigma.³ Despite the strong evidence for their effectiveness, the voices of PSWs and

CHWs have not always been considered in the development of employment policies and practices that impact them. To ensure a health equity lens, the interagency working group worked together with PSWs and CHWs to have them lead the development of strategies to strengthen their profession.

A Community Engagement Committee, made up of 20 interagency working group members, was convened by OCMH and co-chaired by PSWs and CHWs from the New York State Office of Mental Health (OMH) and the New York City Health Department. The committee, in partnership with NYC Opportunity's Service Design Studio, engaged PSWs and CHWs across the city in a Listening and Feedback Tour. The goal of the Tour was to establish an understanding of PSW's and CHW's unique perspectives, needs, and concerns, and develop actionable recommendations.

2 Smithwick, J., Nance, J., Covington-Kolb, S., Rodriguez, A., & Young, M. (2023). "Community health workers bring value and deserve to be valued too:" Key considerations in improving CHW career advancement opportunities. *Frontiers in Public Health*, 11, 1036481

3 Substance Abuse and Mental Health Services Administration (SAMHSA). Peers Supporting Recovery from Mental Health Conditions. Retrieved May 24, 2024, from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-mental-health-conditions-2017.pdf





**Chapter 2,
Background**

Background

The behavioral health workforce is complex and diverse, consisting of a variety of professionals with different educational and professional experiences who work together to meet the behavioral health needs of individuals and communities. Some are part of the clinical workforce and include State and/or Board licensed professionals such as Social Workers, Mental Health Counselors, Marriage and Family Therapists, Occupational Therapists, Psychologists, and Psychiatrists. There are others, including Peer Support Workers and Community Health Workers, who are considered non-clinical professionals, and provide a range of critical services across a variety of settings such as hospitals, shelters, community-based organizations, juvenile justice system, foster care agencies and outpatient clinics



PSWs and CHWs are essential to the City’s growing behavioral health workforce. CHWs are trained and trusted professionals in their communities who serve as a bridge between community members, healthcare providers, and healthcare systems.⁴ They conduct outreach to engage community members in healthcare services, healthcare screenings and referrals, connection to social resources such as food and housing, and follow-up communications to ensure members connect to care. PSWs are trained and trusted professionals who use their lived experience of a mental health or substance use diagnosis, and/or experience navigating systems such as the foster care or criminal legal system for themselves or a family member, to support individuals navigating those systems. PSWs build upon their lived experience by developing additional knowledge

4 Center for Health and Research Transformation (2022). Community Health Workers as Extenders of the Behavioral Health Workforce in Certified Community Behavioral Health Clinics. University of Michigan. Available online at: <https://chrt.org/publication/the-value-of-community-health-workers-in-extending-the-behavioral-health-workforce/>

and skills to support the behavioral health recovery of the individuals and families they serve⁵. People with lived experience are directly impacted by social, health, public health, or other issues and use learned advocacy strategies to address those issues. Their lived experience provides unique insights to inform and improve systems, research, policies, practices, and programs.

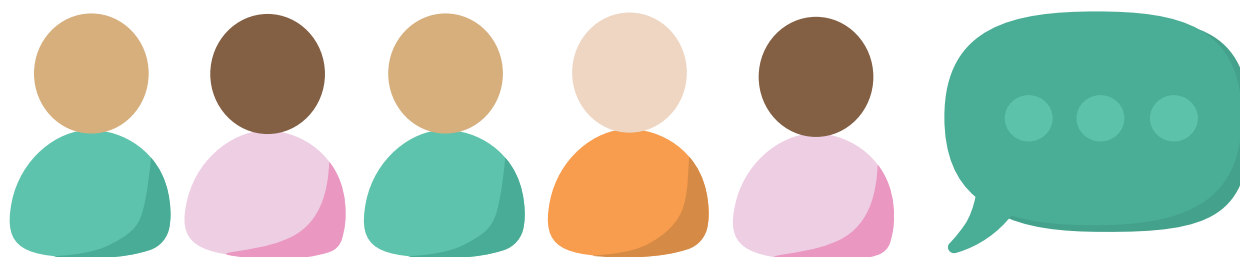
While these are different disciplines with distinct skill sets and qualifications that cannot be conflated, they share many similar workforce experiences and needs.

Additionally, these worker groups are not entirely mutually exclusive –the Tour showed that it is not unusual for individuals to have worked as both a PSW and a CHW throughout their career. OCMH decided to include both groups in this initiative to acknowledge these similarities and overlaps and find efficiencies in strategies that would serve both populations well. However, the listening sessions, corresponding data analysis, and initial recommendations were conducted

separately, to honor the differences between these worker groups.

Despite their unique expertise and person-centered knowledge, behavioral health organizations have found it difficult to recruit and retain PSWs and CHWs, largely due to low wages, as well as a lack of professional development and career advancement opportunities. In many cases, PSWs and CHWs working in behavioral health organizations face heavy workloads due to overall behavioral health staffing shortages and high service provision quotas tied to stringent funding requirements. These challenging working conditions often lead to burnout and increased turnover. However, there are marginalized communities of diverse cultural background where people continue to seek and rely on support from these non-clinical professionals. When organizations integrate PSW and CHW feedback into their workplace practices, PSWs and CHWs are better able to connect, engage, and actively participate in treatment and recovery support services across all levels of care, improving outcomes for all.

5 New York City Health Department. Lived Expertise Is a Journey, Not a Project. Available online at: <https://www.nyc.gov/assets/doh/downloads/pdf/peer/lived-expertise-framework.pdf>





PEACE

HELLO

Love

**Chapter 3,
Tour
Overview**

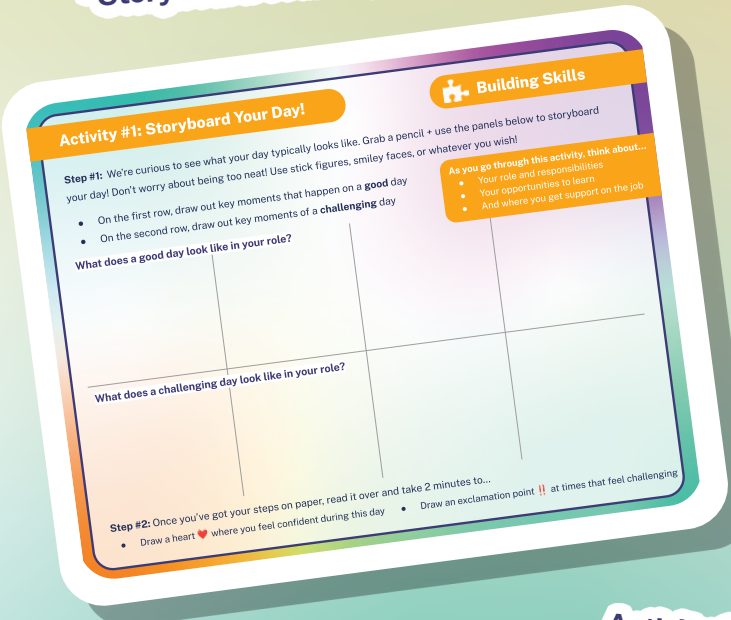
Listening & Feedback Tour Overview

The Listening and Feedback Tour explored three focus areas: **(1) Building Skills and Supports**, **(2) Career Advancement and Education**, and **(3) Policy Supports**. Sessions were held both in person and virtually. They included interactive exercises designed to prompt in-depth dialogues and encourage participants to share their own experiences in the workplace.

The Service Design Studio and Community Engagement Committee co-created two activities to guide conversations:

- Activity 1, “Storyboard Your Day,” focused on skill-building and support. This activity asked PSWs and CHWs to illustrate significant moments on good days and challenging days in their jobs. The goal was to gather input on the skill-building and professional development opportunities they would like to see available and the types of support they needed to do their jobs effectively.
- Activity 2, “Wheel of Emotions,” focused on career advancement. During this activity, PSWs and CHWs explored opportunities for advancement and identified the feelings that arose using an illustrated feelings wheel.

Activity 1, “Storyboard Your Day”



Activity 2, “Wheel of Emotions”



PSWs and CHWs were instructed to reflect on their responsibilities, roles, learning opportunities, and job supports throughout these activities. The Tour discussions were voluntary, and participants had the option to complete the activity sheets during the session or complete an electronic form through email, which captured qualitative data on their workforce needs and experiences anonymously.

By the end of the Listening and Feedback Tour, the Community Engagement Committee had:



Facilitated 15 listening sessions with over 80 PSWs and over 75 CHWs (see appendix A) on enhancing skills, career advancement, and supportive policy.



Identified themes, insights, and pain points, and developed actionable recommendations based on participant feedback.



Hosted two validation sessions with PSWs and CHWS and one information session with community-based organizations (CBOs) to validate the pain points and recommendations.

The Service Design Studio trained 14 members of the Community Engagement Committee on data analysis and synthesis. The members then analyzed and categorized all information collected from the Tour sessions into recurring themes.

Six themes emerged from the three focus areas: 1) How the City employs PSWs and CHWs, 2) Supports within the Role, 3) Supervisory Supports, 4) Supports on the Job, 5) Policy Supports, and 6) Education and Career Interests. These themes were used to organize the feedback from PSWs and CHWs into pain points and generate actionable recommendations.

Table 1 – Focus Areas and Emergent Themes

Focus Area	Theme	Definition
 <p>Building Skills and Supports</p>	<p>Support within the Role</p>	<p>Participants’ perceptions of the resources available to enhance their skills and knowledge to effectively complete their daily job responsibilities.</p>
	<p>Supervisory Supports</p>	<p>Participants’ perceptions of their supervisors’ ability to support their daily work and well-being.</p>
	<p>Supports on the Job</p>	<p>Participants’ perceptions of the professional development and mentorship opportunities available to support them in their roles.</p>
 <p>Career Advancement and Education</p>	<p>Education and Career Interests</p>	<p>Participants’ education and career interests as well as perceptions of unmet career development needs</p>
 <p>Policy Supports</p>	<p>How the City Employs PSWs and CHWs</p>	<p>Participants’ perceptions surrounding employment with City and State agencies or contracted providers.</p>
	<p>Policy Supports</p>	<p>Participants’ perceptions of City and State policies or organizational best practices that may be implemented to better support the workforce.</p>

**Chapter 4,
Results &
Feedback**

Results & Feedback

Focus Area 1: Building Skills and Supports

PSWs and CHWs utilized Activity 1: “Storyboard Your Day!” (see appendix B) to articulate feedback on skills they deemed necessary to be effective in their current role. Within the activity, they were asked to illustrate what a good day and/or a challenging day looked like in their roles. This exercise assisted PSWs and CHWs in identifying skills needed to overcome the challenges of a difficult day. This activity also helped them recognize the skills they used on a good day, that made them feel confident in performing their job adequately. The three themes that arose from the discussion were support within the role, supervisory supports, and supports on the job.



A. Support within the Role

PSWs and CHWs shared about the types of training that could support them in their role. Skill training areas that emerged included effective communication with staff and people they work with, computer skills, building rapport with community members and clients, cultural responsiveness, and leadership trainings. Both PSW and CHW participants expressed an urgent need for career coaching. They shared a need for clarity on the career ladder within their workforces and other roles within the behavioral health sector.

Generally, PSWs receive training in the foundational elements of peer support, navigating the serving system, and psychiatric models, and CHWs receive training in home visiting, accessing health care systems, and health prevention. However, during the Tour, PSWs and CHWs mentioned a need for specialized skills training to increase foundational mental health knowledge. This could include mental health first aid, psychological first aid, and trainings in crisis management and mediation, policy advocacy, and research skills. Some CHWs expressed frustration with needing to “hand off” community members to a social worker to provide services after engaging and building a relationship, and a desire to maintain a helpful relationship over the course of treatment

and care. These CHWs wanted more case management skills, including training in helping community members navigate housing and public benefits. CHWs also expressed interest in developing skills typically reserved for clinical staff, such as crisis de-escalation, tools to address emotional distress related to lack of access to resources such as housing and food insecurity, and other strategies to support community members and make a positive impact. PSW participants mentioned a need for training and supervision in advocacy and management to enable them to advance into supervisory roles, as well as training in ‘managing up’ to enable them to engage in more meaningful relationships with their own supervisors. The below verbatim comments demonstrate the participants’ broad range of responses:

PSW Participant: *“I wish I had more learning opportunities regarding Mental Health diagnosis.”*

CHW Participant: *“Some suggestions for trainings are Communication skill [sic], Mental health first aid, Conflict Resolution, advocacy, understanding the principles and techniques to support peers, cultural competency, technical and social media literacy, and networking opportunities.”*

CHW Participant: *“I wish I had training in technology, depression and other communications skills.”*

PSW Participant: *“Training on advocacy and communication, Leadership development, and policy and research training from people who are in policy.”*

Both PSWs and CHWs identified skill gaps in documentation and note writing. Though these tasks are required of them, PSWs and CHWs indicated they need more training and supervision, both to understand the purpose of client documentation, and learn techniques for writing effective and succinct notes.

CHW Participant: *“I don’t have enough time to finish data entries.”*

Some neurodivergent learners also expressed feelings of being overwhelmed with note-writing and administrative tasks.

PSW Participant: *“Staff feel overwhelmed by documentation and client note requirements. Tasks like this may be especially challenging for neurodivergent*

peers. Technology tools that consider neurodivergence for task management or client documentation may be helpful tools.”

PSW participants expressed a need for increased ongoing support through mentorship from senior PSWs and supervisors within the field. Mentorship was shared as a strategy to improve PSW retention, competency, and productivity, and to improve their mental health.

PSW Participant: *“I would like to see more mentoring and shadowing with supervisors.”*

PSW Participant: *“I would like more opportunities for mentorship: a mentorship program that can connect experienced PSWs for PSWs seeking guidance and career advice.”*

CHWs expressed the need for a more effective and efficient referral system. While the need for a streamlined referral system is one many social service providers have expressed citywide, CHWs are unique in that they are expected to refer to community resources as a primary job function. Because referral making is central to their role, they are also uniquely impacted by limited provider capacity and long wait times for appointments. Additionally, CHWs shared that they lack awareness on what resources are available in their community, and that when they do refer, community partner organizations often do not recognize the CHW role. CHWs noted the need for an effective system to manage relationships with community partners that accept referrals. They also expressed a desire for an up-to-date central repository for organizing these resources, and better technology to support referral management.

CHW Participant: *“We need a more effective looped website to make referrals and learn helpful information, we use UNITE US, but it is not very effective as some places don’t accept referrals or not a lot of organizations are listed.”*

CHW Participant: *“Inability to secure referral appointment for my patients after 6- 8 weeks waiting in NYC hospitals.”*

B. Supervisory Supports

The need for increased supervisory support was overwhelmingly identified as a concern among PSWs. Although they receive various training for their roles, PSWs expressed the need for ongoing support from their supervisors in job-related skills, navigating daily challenges, and professional development. PSWs mentioned that such support would enhance their confidence and effectiveness while performing their duties. In the theme of supervisory support, PSWs and CHWs mentioned:

PSW Participant: *“I feel confident when my supervisor complements work that I have submitted.”*

CHW Participant: *“I believe having a dedicated supervisor will greatly benefit our program.”*

PSWs requested increased support through mentorship from senior PSWs and supervisors to improve retention, competency, and productivity and support their mental health and wellness:

PSW Participant: *“I would like to see more mentoring and shadowing with supervisors.”*

Having a supportive supervisor was reported by both PSWs and CHWs to be a significant factor in improving retention – more valuable than small salary increases:

CHW Participant: *“Having a supportive supervisor is very important. I’d rather stay [at my current organization], even if I could get a higher salary elsewhere.”*

Also, while some PSWs expressed a desire for more peer and group supervision opportunities to learn from their colleagues, others stated that they may be uncomfortable speaking freely in group settings.

PSW Participant: *“Policy should allow [individual and group] supervision. The reason being, many [PSWs] cannot freely share their thoughts when their co-*

workers are there. A safe space should be provided, and a choice should be given as to the type of supervision they [prefer] and need.”

Many PSWs and CHWs spoke about their preference for supervisors who have experience working as a PSW or CHW, respectively. PSWs specifically spoke about the need for supervisors with lived experience. PSWs mentioned that hiring supervisors with lived experience would allow them to better understand the unique needs of their staff, their scope of work, and challenges they face in their roles. Some PSWs shared the belief that hiring supervisors with lived experience would ensure that the supervisors are able to provide necessary support and mentorship.

C. Supports on the Job

PSWs and CHWs reported gaps in wellness, job security, and professional development. They expressed concerns about heavy workloads and service provision quotas that could lead to burnout and frustration:

PSW Participant: *“[It’s challenging] when I’m overwhelmed with work and not being able to practice self-care.”*

PSW Participant: *“On a challenging day I go without a break unintentionally, I am consistently following up with my people to ensure their needs are met, sometimes traumas arise, and I have to work through them, etc.”*

CHW Participant: *“Sometimes I feel like we are asked to provide so much for our participants, but we do not have enough resources to do so and when we ask for them there are [sic] always push back.”*

Many PSWs expressed concerns about clinical staff who supervise PSWs, specifically that clinicians do not understand the PSW role and scope or know the history of the PSW movement. PSWs discussed that the peer movement is rooted in advocacy and a non-clinical approach to serving community members, which differs from the clinical model of practice. PSWs expressed that understanding the history of PSWs can inform the professional development and training of clinical staff supervising PSWs. By understanding the history of the peer movement,

clinical supervisors can empower and support their PSW staff to utilize non-clinical practices aligned with the peer scope within the collaborative care teams they manage and with the individuals they serve. Additionally, clinical supervisors who are aware of this history can better navigate and contribute to ongoing policy discussions that align with the values and goals of the PSW movement.

PSW Participant: *“Without an appreciation of the roots and evolution of the PSW movement, clinical supervisors risk perpetuating silos that hinder collaboration and understanding within the team that should be about mutuality.”*

Job security was an issue identified by both PSWs and CHWs, particularly for Youth Peer Advocates, who age out of the workforce at age 30, due to specific age requirements for this position.

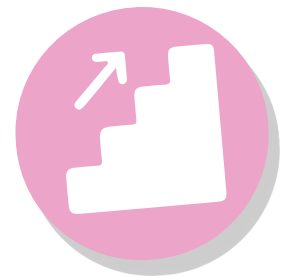
PSW Participant: *“Aging out at 30 in a role where they create no opportunity is almost like staring at a closed door, instead of walking confidently through the open ones waiting just beyond.”*

CHWs reported working on temporary contracts and expressed a need to be better informed about their contract expiration and renewal.

CHW Participant: *“It is necessary to communicate with people before their contract expires.”*

Focus Area 2: Career Advancement and Education

PSWs and CHWs utilized Activity 2: “Wheel of Emotions” (see Appendix C) to identify career paths that interested them, such as becoming a trainer of new PSWs and CHWs, advancing education, becoming a social worker or clinician, and becoming a supervisor of CHWs and PSWs. They also described their emotions while doing the activity using a feeling wheel. The overarching theme arising from the career advancement discussion was Education and Career Interests.



Education and Career Interests

PSW and CHW participants expressed an interest in pursuing higher education or additional training but cited financial hardship and time constraints as major barriers. PSWs are hired for their lived experience and CHWs are hired for their community level experience. They are not required to have credentials beyond a high school diploma. PSW participants highlighted the lack of access to higher education as a barrier to securing gainful employment and advancing their workforce. They expressed the negative impacts of education barriers, noting that many agencies now require years of experience in health services and a degree or current enrollment in a degree program for moving up beyond the entry-level positions. In the theme of education and career interest, PSWs and CHWs mentioned:

CHW Participant: *“I feel that to advance in this career I would need [more] education, which takes time and money [that] may be better used going into a different field.”*

PSW Participant: *“I want to take more training to advance so badly, but I don’t have the time or ability to take on debt.”*

Several PSWs also noted that advancement opportunities are not transparent. Promotions may be offered to certain individuals, but postings are not shared more widely, nor are they given guidance on how to move up within the organization. Supervisors and program directors also shared that while they try to promote from within, positions in leadership rarely become available in small community-based organizations, making it difficult to create an internal pipeline to retain and promote talented staff.

PSW Participant: *“Some PSWs are given better job opportunities than others, while others are not even given notice that a new position was posted.”*

CHW participants desired to receive certifications after mandatory training and highlighted that lacking a formal credential limits their advancement opportunities.

CHW Participant: *“Completion of training with one employer currently does not excuse me from doing the same training if I transition to another employer.”*

PSWs reported a desire to serve in supervisory roles. According to PSW participants, neither lived experience nor prior working experience as a PSW were current hiring requirements for supervisors. Some PSWs revealed that supervisors who could not relate to their needs as PSWs and as individuals with lived experience hampered their professional development. PSWs noted that their shared experience allows them to validate and connect with consumers, emphasizing the need for supervisors who can relate to this unique aspect of the peer role.

PSW Participant: *“People don’t care that you’re sorry [something happened to them] but they do respond to [that happened to me too].”*

PSWs and CHWs also highlighted the need for a clear behavioral health career ladder that will delineate non-clinical advancement options. PSWs and CHWs expressed the aspiration of moving up into supervisory or trainer roles but having limited opportunities to do that. Without guidance, PSWs and CHWs expressed a lack of transparency within their organization and the field more broadly on how to move up the ladder within the behavioral health or public health field. They shared feelings of fear and disempowerment stemming from uncertainty about where to find promotional opportunities. When leadership positions do become available, they often find they do not meet the qualifications because higher education is required.

PSW Participant: *“PSWs clearly experience a ceiling when it comes to career advancement, unlike many of the non-PSW co-workers.”*

PSW Participant: *“[Positions should be] created for PSWs in schools and hospitals.”*

PSW Participant: *“[PSWs] should have the opportunity to move up in their career and become a supervisor.”*

Focus Area 3: Policy Supports

This section contains feedback received from PSWs and CHWs related to government and organizational policy. PSWs and CHWs used Activity 1: “Storyboard Your Day!” and Activity 2: “Wheel of Emotions” to identify new or existing policies to enhance at the City and state levels, policy guidelines at the organizational level, or best practices to sustain and positively impact the PSW and CHW workforce.



A. How the City Employs PSWs and CHWs

During the Listening and Feedback Tour, PSWs and CHWs expressed their needs and concerns regarding city and state contracts used to employ PSWs and CHWs. Both PSWs and CHWs spoke about the need for role clarity in their profession. The lack of understanding of the PSW and CHW scope of work among supervisors who are from other professions leads to burnout and high turnovers. PSWs and CHWs shared that they were often asked to perform tasks outside of their scope that they were neither trained nor compensated for, such as clinical tasks, administrative tasks, and data reporting.

PSW Participant: *“From organization to organization there is a vague understanding of the PSW role and PSW code of ethics. Recently, I was in a group of PSWs from across New York and saw a vast difference in the application of services. It was not uniform in the least.”*

PSWs spoke about the need for a Department of Labor classification to better define and standardize their scope of work across organizations. While CHWs have a Department of Labor classification, there is a lack of awareness even within their own organizations regarding their role. Without a unified body to oversee the CHW profession, or standard training and credential, tasks and training vary widely across organizations and supervisors.

CHW Participant: *“We are often asked to take on responsibilities such as creating spreadsheets for social workers’ upcoming Psychosocial, Treatment Plan, and Safety Plans. This should not be a CHW responsibility”*

PSW Participant: *“I believe the Department of Labor should recognize peer advocates, which would create unified positions, titles, and salaries”*

PSWs and CHWs expressed a desire to be included in decision-making on organizational policies and practices that impact their work. They expressed frustration with administrative tasks that seem to detract from their scope. By having a seat at the table, PSWs and CHWs stated they would better be able to clarify their scope of work, and advocate for the supports they need to perform the tasks expected of them. For example, by including CHWs in organizational discussions on data reporting, they may better understand the value and purpose of collecting data to document their work. PSWs and CHWs expressed the concern around not having sufficient training and support needed to complete required documentation in ways that are required by funders and their employers.

PSW Participant: *“Peer Advocates should be a part [developing] the Scope of work to ensure that we are represented at the table, and we should be a part of helping develop the Mission statement at the agencies we work for when it comes to Peer Support Services.”*

CHW Participant: *“CHW’s feel the burden of reporting data to maintain their funding, which takes time away from helping clients.”*

CHWs expressed that being on temporary contracts, as opposed to permanent employment, made them feel less integrated into their organizations:

CHW Participant: *“We feel more like contactors who do not really belong to the organization!”*

This temporary employment status limits their mobility within the organization, their sense of job security, and access to employment benefits.

B. Policy Supports

One of the most salient issues discussed by participants in both the PSW and CHW sessions was that their wages were below a livable standard, and insufficient to support their families. A livable wage is typically defined as the minimum

income necessary for a worker to meet their basic needs, including housing, food, transportation, healthcare, and other essential expenses.

While PSWs and CHWs generally are reported to earn approximately \$30 per hour across the occupation, there are limitations to the data available.¹ There is limited occupational data on the behavioral workforce specific to the public sector, or that disaggregates data for those working in CBOs compared to City, State, public hospital, or private hospital employees, who are paid significantly more.² The US Department of Labor has created an occupational classification for CHWs, with a median wage of approximately \$25 per hour in New York State in 2023.³ However, there is no DOL occupational classification for Peer Support Workers. PSWs and CHWs working in CBO settings may be paid as low as \$23 per hour, or less.⁴ Salaries are insufficient to cover basic expenses especially when considering family size and the cost of living in NYC. As of 2024, the self-sufficiency wage for a family with one adult and two school age children in the Bronx is \$94,450 or \$44.72 per hour. This estimate is based on the NYS Department of Labor Self-Sufficiency Earnings Calculator, which considers various costs such as housing, food, medical expenses, transportation, childcare and other necessities.⁵ This issue presents a distinctive and substantial challenge for PSWs and CHWs whose duties require them to travel within the community, creating obstacles related to transportation and meals during home visits, outreach, or other necessary activities.

1 NYC Mayor's Office of Talent and Workforce Development. NYC Apprenticeship Landscape Report. (2023). Available online at: nyc-apprenticeship-landscape-report.pdf

2 Parrott, J., Kramer, B., & Nugent, M. (2017). (rep.). Undervalued and Underpaid: How NYS Shortchanges Nonprofit Human Services Providers and their Workers. The Human Services Council, FPWA, and the Fiscal Policy Institute. Retrieved December 20, 2023, from <https://humanservicescouncil.org/reports/#:~:text=Undervalued%20and%20Underpaid%3A%20How%20NYS,services%20providers%20and%20their%20workforce.>

3 U.S. Bureau of Labor Statistics. (2023, May). Occupational Employment and Wage Statistics, State Occupational Employment and Wage Estimates, New York. Available online at: https://www.bls.gov/oes/current/oes_ny.htm#21-0000

4 Salaries. New York City Peer Specialist salary. (2024). Available online at: https://www.glassdoor.com/Salaries/new-york-city-peer-specialist-salary-SRCH_IL.0,13_IM615_KO14,29_IP2.htm

5 New York State Department of Labor. Self-Sufficiency Earnings Estimator. (2024). Available online at: <https://dol.ny.gov/self-sufficiency-earnings-estimator>

On the theme of policy supports, participants mentioned:

PSW Participant: *“PSWs can barely pay for their basic needs and cannot afford higher education, though they know they need it to earn more.”*

PSW Participant: *“Some people don’t see [this position] as a career opportunity, because there are no pathways to sustain themselves in New York based on the money allotted for peer services.”*

CHW Participant: *“I am stressed and anxious because I need money.”*

CHW Participant: *“All the time and years to work toward retirement do not seem [beneficial] because of the amount I will be awarded from Social Security.”*

PSW Participant: *“Peers need more of a livable wage. Many of us are experiencing homelessness and do not make enough money to stay within this field.”*

Writing In Plain Language Initiative

High
Videos about my
social people
going through different
processes & receive
advice from NYC
agencies -

collaborative
copy
review
⑦

high
transformation
hub

medium
collaboration
by project
designers &
translators

invention
(medium)

document /
website
workshopping
(high)

low
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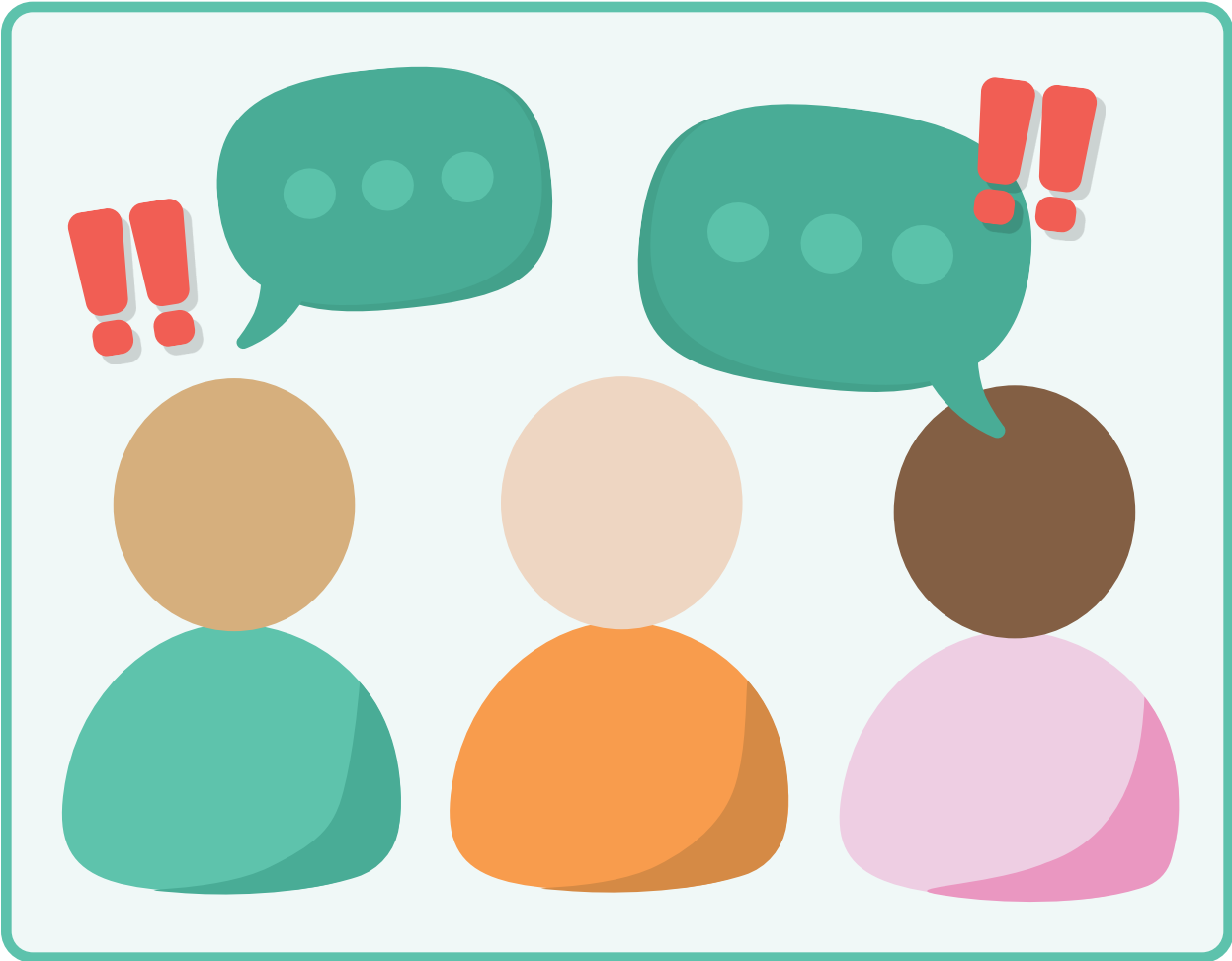
Language
Access
~~Resources~~

(New)
summary
collaborative



**Chapter 5,
Synthesis &
Validation**

Synthesis & Validation



After sorting and categorizing participant feedback, the Community Engagement Committee summarized the data into pain points that accurately captured the challenges, needs, and concerns of the PSWs and CHWs. While CHWs and PSWs experience many of the same challenges in the workforce, there are differences. Therefore, the Community Engagement Committee conducted two validation sessions – one session with PSWs and another session with CHWs.

Also, during each validation session, PSWs and CHWs voted separately on the pain points that were most important to them. The validation sessions were a success, as the PSWs and CHWs were able to confirm the accuracy and relevance of the pain points and insights that had been identified. This process ensured that the committee was able to provide meaningful and practical solutions to the challenges faced by PSWs and CHWs.

PSWs' Pain Points

Role Supports:

- PSWs lack sufficient training opportunities to build skills and excel in their roles.
- Training is not always accessible for diverse learning styles + English Language learners.
- PSWs lack sufficient mentorship from experienced PSWs.
- PSWs often work overtime to complete their work and comply with contractual requirements, which leaves them without time to attend training.

Supervisory Supports:

- Supervisors often don't understand the role of peers or principles of the PSW movement.
- Supervisory practices are inconsistent across organizations.

Support on the Job:

- Peers face burnout and feel overwhelmed by workload.
- Clinicians supervising PSWs don't understand the role of peers or know the history of the PSW movement, and how it differs from the clinical model of practice.

Education and Career Interest:

- Peers lack supportive supervision with professional development.
- Peers often are not made aware of career and education opportunities.
- Peers cannot afford higher education.

How NYC Employs PSWs and Policy Supports:

- Peer wages are too low to sustain families.
- Lived experience is not adequately prioritized for peer and non-peer workers.
- Peers' perspectives are not consistently included to inform decisions that impact behavioral health programs and contracts.

Community Health Workers' Pain Points

Role Supports:

- CHWs work overtime navigating resources for clients, in addition to their core outreach and referral duties, and do not receive acknowledgement for their extra labor.
- There is no centralized space for CHWs to gather for knowledge sharing, capacity building and/or relationship building.
- CHWs do not have sufficient access to interpretation services and face language barriers when serving diverse populations in multilingual communities.

Supervisory Supports:

- Supervisors lack training on how to best support CHWs.
- Supervisors who have not worked as CHWs provide task supervision but lack the personal experience to provide mentorship on how to succeed within the CHW role.
- CHWs have difficulty developing transferable skills in data reporting, as they have different data reporting requirements and practices across organizations / funders.

Supports on the Job:

- Contracts do not provide CHW's with time and compensation to attend training.
- CHW's workload is unmanageable.

Education and Career Interests:

- CHWs desire opportunities to learn about what advancement pathways exist for them.
- As their contracts end, CHWs lack portable credentials needed to transition to other roles.
- CHWs cannot afford the higher education that is necessary for them to progress.

How NYC Employs CHWs and Policy Supports:

- CHW wages are too low to sustain families.
- CHWs are often not told the duration of the grant that funds their employment.

**Chapter 6,
Discussion**

Discussion

Through the Listening and Feedback Tour, it is evident that PSWs and CHWs are passionate about the work that they do and are deeply committed to supporting youth, adults, families, and the community. Many spoke about how much they loved their jobs and how deeply those that they serve understand the value of their support. However, many are considering other professional opportunities that will enable them to better provide for themselves and their own families. Lack of effective and consistent supervision leads to PSWs and CHWs feeling ill-equipped, burned out, isolated, and demotivated. PSWs and CHWs report experiencing heavy workloads due to overall behavioral healthcare staffing shortages that trickle down to them as frontline workers, pressure to meet high service levels dictated by their contracts, and because their roles are often under-defined, they are assigned tasks outside of their scope.

The results from the Listening and Feedback Tour indicated low wages, improper or inadequate supervision, and lack of professional development and advancement opportunities as contributors to low retention and recruitment rates in the PSW and CHW

workforce. PSWs and CHWs would like to be better trained and equipped to respond to the mental health needs of people on their caseloads. Participants indicated that training in documentation and leadership skills would be beneficial. Based on the feedback from the Listening and Feedback Tour, high quality supervision, career coaching and mentorship could be used as strategies to give support and guidance to PSWs and CHWs in career advancement, skill building, and professional development.

Encouragingly, PSWs and CHWs desire to stay within the behavioral health workforce. However, lack of clarity on career and advancement options and insufficient financial resources to invest in higher education are barriers to PSWs and CHWs acting on their professional ambitions. There is a general feeling among PSWs of being misunderstood and undervalued by their non-PSW colleagues. CHWs also feel underappreciated by their superiors, especially when they are assigned to do community outreach and engagement tasks but are not given an opportunity to contribute to planning discussions and decisions impacting their community members.



**Chapter 7,
Recommended
Actions
& Conclusion**

Recommended Actions

Based on the insights and pain points from the Listening and Feedback Tour, the Community Engagement Committee developed the following nine recommended actions for PSWs and CHWs to be implemented through City and State interagency collaboration, in partnership with employers, community members,

and other partner organizations. At the time of this report being published, the interagency working group is in the process of solidifying commitments from potential partner agencies to co-lead each recommended action item.



See the recommended actions on the chart on page 45.

Conclusion

Addressing the behavioral health workforce crisis in New York City involves a collaborative approach between government, community-based organizations, peer support workers, community health workers and clinical behavioral health professionals. Policymakers must take a comprehensive approach that recognizes the needs and challenges in the roles of PSWs and CHWs. Despite their impactful contributions, these professionals face systemic challenges such as low wages, inadequate supervision, and limited career advancement opportunities. However, given the increasing demand for their services, and the high value of these services to the health system and communities, it is essential to prioritize their full integration into every behavioral health setting and ensure that they are recognized by clinicians as critical members of collaborative care teams. By doing so, individuals with behavioral health conditions will receive the holistic support they need to connect, engage, and thrive on their path to recovery. Strengthening the ecosystem and network of supports for these workers will ultimately lead to improved mental health outcomes for community members and our communities at large.

Recommendations

Enhancing role supports and career growth opportunities for both PSWs and CHWs:

- Foster the development of supervisory skills through training.
- Modify the Trauma-Informed Supervisory Practice training offered by the Academy for Community Behavioral Health to be inclusive of the PSW and CHW experiences.
- Establish behavioral health career pathways to address the need for intermediate-level paraprofessional roles.

Creating supportive policies and career advancement programs specifically for PSWs:

- Work together with NYS credentialing bodies to establish a dual credential for youth peer advocates.
- Assist NYPAN in implementing the OMH-funded Peer Workforce Advancement and Mentoring Network in NYC.
- Developing language to promote the inclusion of individuals with lived experience in City RFPs and contracts with organizations that employ PSWs.

Developing role supports and continuous learning opportunities specifically for CHWs:

- Launch a public education campaign to foster community awareness and role clarity for CHWs.
- Provide CHWs with training and implementation support in evidence-based interventions.
- Create a centralized citywide platform to house CHW training and resources.

Appendix & References

References

Center for Health and Research Transformation (2022). Community Health Workers as Extenders of the Behavioral Health Workforce in Certified Community Behavioral Health Clinics. University of Michigan. Available online at: <https://chrt.org/publication/the-value-of-community-health-workers-in-extending-the-behavioral-health-workforce/>

Gilbert, M., Hartnett, T., Hoagland, G. W., Kim, O. J., Serafini, M., Strong, K., & O'Brien, J. (2023). Filling the Gaps in the Behavioral Health Workforce. Bipartisan Policy Center.

New York City Office of the Mayor and New York City Health Department. (2023). (rep.). Care, Community, Action: A Mental Health Plan for New York City. Retrieved January 2024, from www.nyc.gov/assets/doh/downloads/pdf/mh/care-community-action-mental-health-plan.pdf

New York State Department of Labor. Self-Sufficiency Earnings Estimator. (2024). Available online at: <https://dol.ny.gov/self-sufficiency-earnings-estimator>

New York City Health Department. Lived Expertise Is a Journey, Not a Project. Available online at: <https://www.nyc.gov/assets/doh/downloads/pdf/peer/lived-expertise-framework.pdf>

Parrott, J., Kramer, B., & Nugent, M. (2017). (rep.). Undervalued and Underpaid: How NYS Shortchanges Nonprofit Human

Services Providers and their Workers. The Human Services Council, FPWA, and the Fiscal Policy Institute. Retrieved December 20, 2023, from <https://humanservicescouncil.org/reports/#:~:text=Undervalued%20and%20Underpaid%3A%20How%20NYS,services%20providers%20and%20their%20workforce.>

Salaries. New York City Peer Specialist salary. (2024). Available online at: https://www.glassdoor.com/Salaries/new-york-city-peer-specialist-salary-SRCH_IL.0,13_IM615_KO14,29_IP2.htm

Smithwick, J., Nance, J., Covington-Kolb, S., Rodriguez, A., & Young, M. (2023). “Community health workers bring value and deserve to be valued too:” Key considerations in improving CHW career advancement opportunities. *Frontiers in Public Health*, 11, 1036481

Substance Abuse and Mental Health Services Administration (SAMHSA). Peers Supporting Recovery from Mental Health Conditions. Retrieved May 24, 2024, from https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tac/peers-supporting-recovery-mental-health-conditions-2017.pdf

U.S. Bureau of Labor Statistics. (2023, May). Occupational Employment and Wage Statistics, State Occupational Employment and Wage Estimates, New York. Available online at: https://www.bls.gov/oes/current/oes_ny.htm#21-0000

Appendices

Appendix A

Listening and Feedback Tour Participants

Peer Support Workers (PSW)	
Supervising Organization	Agency
New York City Health Department	Vibrant Emotional Health New York Foundling Community Counseling & Mediation University Settlement Goodwill PSW Advocate Leadership Program Community Access
New York State Office of Mental Health	SCO Family Services Families on the Move
New York City Health & Hospitals	PSW Health Coach
Total Number of PSWs Engaged	80+

Community Health Workers (CHW)	
Supervising Organization	Agency
NYU Langone Health	
New York City Housing Authority	Phoenix House Public Health Solutions CHASI
New York City Health & Hospitals	
Bronx Health REACH	
Northern Manhattan Improvement Corporation (NMIC)	
Mount Sinai	Voces Latinas India House Harlem Congregations for Community Improvement, Inc.(HCCI) Institute for Family Health RiseBoro Coalition for Asian American Children and Families Osborne Association Union Community Health Center Immigrant Social Services, Inc. (ISS)
Total Number of CHWs Engaged	75+

Appendix B

Listening and Feedback Tour Activity 1: “Storyboard Your Day!”

Activity #1: Storyboard Your Day!

Building Skills

Step #1: We're curious to see what your day typically looks like. Grab a pencil + use the panels below to storyboard your day! Don't worry about being too neat! Use stick figures, smiley faces, or whatever you wish!

- On the first row, draw out key moments that happen on a **good** day
- On the second row, draw out key moments of a **challenging** day

What does a good day look like in your role?

What does a challenging day look like in your role?

Step #2: Once you've got your steps on paper, read it over and take 2 minutes to...

- Draw a heart ❤️ where you feel confident during this day
- Draw an exclamation point !! at times that feel challenging

As you go through this activity, think about...

- Your role and responsibilities
- Your opportunities to learn
- And where you get support on the job



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Mental Health