

# Utilizing Peer Providers in Supportive Housing

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**Nothing  
About Us  
Without  
Us!**

# Supportive Housing Principles

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- Personal preferences are key.
- Housing is affordable and in an area determined by participant, not based on “program’s needs”.
- Program uses Housing First and Harm Reduction orientation.
- Staff work in coordination with SE staff and clinical providers.
- Staff assists in determining impact of income on housing subsidy and benefits and entitlements.
- Individuals are supported through community based service provision.
- Individuals are supported in developing naturally occurring supports that exist outside of behavioral health and social service systems.
- Staff work to promote assumption that recovery is possible, expected and individualized for everyone.

# Benefits of Supportive Housing with Peer Providers

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- Peers can use their lived experience to engage individuals in ways that those without lived experience may not be able to by:
  - Appropriately relating their experiences to that of participant
  - Exhibiting non-judgmental affect ( facial cues, tone of voice, body language)
  - Demonstrating recovery through their employment as a peer, lifestyle, habits, relationships, hobbies, financial stability, health, etc.
- Peer providers have successfully navigated the homeless service and/or behavioral health system and faced stigma and discrimination, yet they survived and therefore can offer a lot of perspective in this regard to staff and program participants.

## Benefits of Supportive Housing with Peer Providers cont.

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- As a result, Peers may be able to build a sense of safety, trust and rapport in ways that staff without lived experience can't.
- Peers can teach and role model for staff without lived experience how to cultivate trust and rapport and examine biases that may interfere with their ability to successfully serve participants.

# Peer Provider Role in Supportive Housing

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- Peer providers can offer the same services as those without lived experience.
- Job Descriptions should be comparable to those of Supportive Housing Case Managers without lived experience unless there are billing restrictions that require clinical licensure.
- Avoid “tokenizing” Peer Providers: Insure that positions perform substantive duties that include participant outreach, engagement, coordination of care, crisis response, case consultation and the same documentation requirements as non-peers.
- Eligibility criteria and pay scales recognize the value of lived experience and make accommodations for criminal history when possible.
- Promote Peer Providers into leadership roles.

# Permanent Options for Recovery-Centered Housing (PORCH)

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- Washington State Pilot that demonstrated efficacy of supportive housing services delivered to fidelity and with certified peer counselors promoted housing stability and reduced utilization of emergency room visits and community psychiatric inpatient hospital stays.
- PORCH helped pave the way for WA State to secure FCS supportive housing services paid for by Medicaid.
- PORCH's success also facilitated the funding of the Housing and Recovery through Peer Services (HARP) program which pays for supportive housing peer delivered services for those not meeting the FCS eligibility criteria.

# Boundaries and Ethics in Peer Service Delivery

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- [National Certified Peer Recovery Support Specialist example: https://www.naadac.org/ncprss-code-of-ethics](https://www.naadac.org/ncprss-code-of-ethics)
- Avoid dual relationships: Do not sponsor someone you are serving as a Peer Provider or serve someone who you are already sponsoring.
- Disclose prior history of relationships with a program participant to supervisor to determine if you are able to serve them in your current role.
- Avoid role confusion: You are not participant's sponsor, parent, therapist, prescriber, religious counselor

## Boundaries and Ethics in Peer Service Delivery cont.

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- Know your own biases and seek supervision if they interfere with your ability to perform your duties with specific program participants.
- Protect the privacy and confidentiality of persons served in adherence with Federal Confidentiality, HIPAA laws, local jurisdiction and state laws and regulations. This includes electronic privacy standards (Social Media, Texting, Video Conferencing etc).
- Share appropriately but not in depth. Sharing in-depth traumatic details can interfere with trust and healing.
- Share only when it is with intent to promote recovery, resilience, hope and not to “one up” a program participant or to diminish their experiences.

## Discussion/ Questions/ Answers

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What innovative peer provider practices are you seeing in supportive housing delivery in your community?

State-Wide?

Nationally?