

Kara Byrne

Senior Health and Human
Services Analyst

Laura Summers

Director of Industry Research

Brayden Robinson

Executive Director,
Utah Peer Network

Understanding Peer Support Training and Workforce Development

Utah 2025 Peer Support Specialist Workforce Survey

Peer support specialists play a foundational role in Utah's mental and behavioral health systems. Survey results suggest ways to address challenges related to retention, burnout, and turnover.

April 2025

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Analysis in Brief

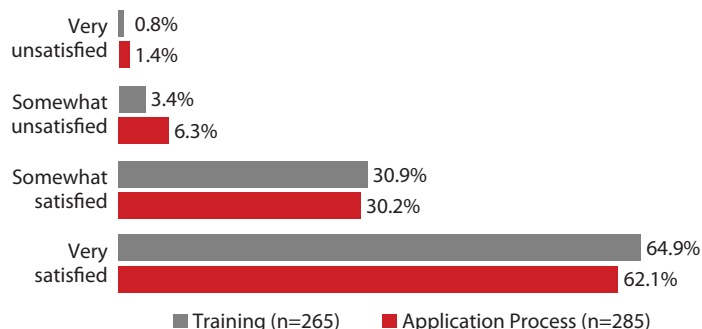
Most Utah peer support specialists are satisfied with their training and employment, but many sense a lack of job opportunities and experience symptoms of burnout. Survey results suggest a number of ways to effectively engage peer support specialists as part of an integrated care team and help address challenges related to retention, burnout, and turnover. Understanding and responding to Utah's peer support specialist training and workforce-related experiences can support their recruitment, training, and employment.

Peer support specialists play a foundational role in meeting Utah's mental and behavioral health needs. They support and expand Utah's current behavioral health workforce, while improving access to community recovery supports. Peer support specialists are "individuals who use their lived experience in recovery from mental health and/or substance use disorder...to deliver services promoting recovery and resilience."¹

Key Findings:

- **Barriers to employment** - Approximately 75% of peer support specialist respondents experience at least one barrier to employment. Pay and benefits, passing a background check, and lack of experience are reported as the top barriers.
- **Satisfaction with training and application** - The majority of participants were very or somewhat satisfied with the application process (92%). Similarly, 96% were very or somewhat satisfied with the certification training. Over 80% of participants who reported being certified indicated that they felt at least adequately prepared for the peer specialist role after the initial 40-hour training program.
- **Burnout** - Over a quarter of participants (31.9%) reported at least one symptom of burnout, with 8.1% experiencing symptoms of burnout that will not go away or at a point where they often wonder if they can go on.
- **Supervision and lived experience** - Almost all participants (92.2%) agreed that it is important for their direct supervisor to be a peer support specialist or have lived experience.

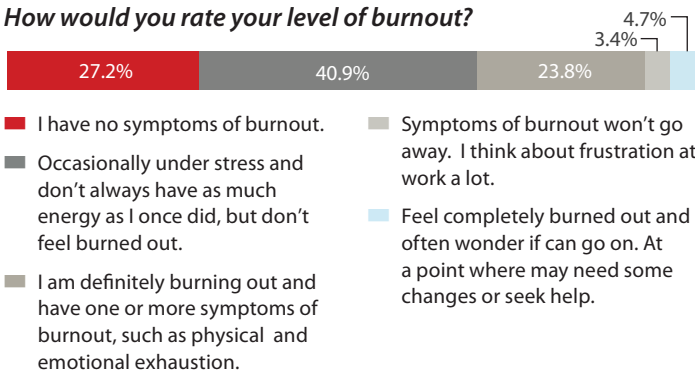
Utah Peer Support Specialists Training & Application Process Satisfaction, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Utah Peer Support Specialists Level of Burnout, 2025

How would you rate your level of burnout?



Source: Utah 2025 Peer Support Specialist Workforce Survey

- **Supportive working environment** - The most common factors that create a positive and supportive working environment are: (1) strong feelings of accomplishment; (2) a supportive work culture and environment; and (3) a skilled supervisor that understands their role and supports their work.
- **Stressful working environment** - The most common factors that create a stressful or unhealthy working environment for peer support specialists are: (1) pay that is not enough to meet their needs; and (2) a toxic and stressful culture and work environment.

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The Gardner Institute would like to thank Utah Peer Network and the Utah Department of Health and Human Services for their support for this project.

Introduction

The Utah Behavioral Health Master Plan highlights the foundational role of peer support specialists in meeting Utah's mental and behavioral health needs. The Master Plan focuses on the utility of increasing the peer support role in diverse fields, including housing, addiction recovery, and primary care integration. The Master Plan also includes a specific focus on increasing the use of certified or credentialed non-licensed professionals (e.g., peer support specialists) to extend Utah's current workforce and improve access to community recovery supports across the state.

According to the Utah Department of Health and Human Services (DHHS), a certified peer support specialist (CPSS) is "an individual who uses their lived experience in recovery from mental health and/or substance use disorder...to deliver services promoting recovery and resilience." A family peer support specialist (FPSS) plays a similar role, except that their lived experience is related to "being actively involved in parenting or caring for a child or family member with mental health, substance use, and/or other behavioral health challenges." A CPSS typically supports individuals, while a FPSS typically delivers services to families.

To become a certified FPSS or CPSS, an individual must successfully complete a 40-hour training program and apply for certification through DHHS' Office of Substance Use and Mental Health.

Methodology

The Kem C. Gardner Policy Institute administered a survey to Utah's peer support specialists to better understand their training and workforce-related experiences. All Utah CPSS and FPSS were invited to participate. The Gardner Institute provided a link to the anonymous survey to the Utah Peer Network and DHHS, who distributed it through their peer support specialist listservs. Utah Peer Network also invited and shared the anonymous link with CPSS and FPSS via their social media platform and through partner organizations.

Results

Understanding the experiences of the CPSS and FPSS workforce can contribute to Utah's recruitment, training, and employment of CPSS and FPSS. These findings also identify ways to effectively engage CPSS and FPSS as part of an integrated care team and help address common program implementation challenges related to retention, burnout, and turnover.

In general, the majority of CPSS and FPSS survey participants report feeling at least somewhat satisfied with the training and application processes. They also offer insight into how to improve these practices. Responses reflect a variety of experiences in the

workplace, including role definition, supervisor's role, and burnout. These responses emphasize areas for improvement and can guide efforts to expand the use of peer support specialists across the state.

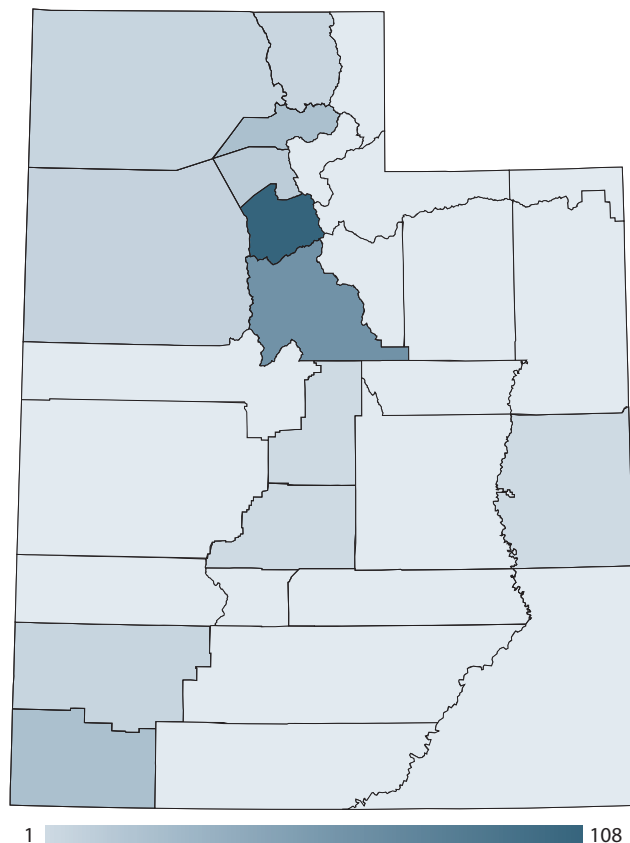
Survey Participant Demographics

The Utah Peer Support Specialist Workforce survey sample includes 297 participants, which represents 28.6% of the current workforce (n=1,037). Some questions towards the end of the survey have a sample closer to 255 due to survey attrition. This could partly be due to the length of the survey, which included 36 questions.

Survey participants identified as a range of ages, with over 90% between 26-65 years old and half between 36-50 years old. About 75% of participants are white, followed by 14% Hispanic/Latino, and about 4% Native American. Participants live and work in both urban and rural areas across Utah. Thirty-eight percent (38%) of participants reside in Salt Lake County, 26% in Utah County, and 11% in Weber County. Similarly, 42% work in Salt Lake County, 24% in Utah County, and about 9% in both Weber and Washington counties. Slightly more than 17% of participants live in a county different from the one they work in.

See Appendix A for additional demographic figures and tables.

Figure 1: Utah Peer Support Specialists Survey Work Location Distribution, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Certification

About 68% of survey participants are CPSS, followed by about 11% FPSS, and 12% who are dually certified as CPSS and FPSS. Participants who report working on being certified, currently certified, or with lapsed certification were asked to provide feedback on the certification process. The majority of participants completed their peer certification training with Utah State University (33.9%), Utah Support Advocates for Recovery Awareness (USARA) (24.1%), or Optum (13.3%). Thirteen participants selected “other,” and six of these responses indicated more than one location for peer certification training.

Participants vary in the length of time they have been certified, with the most common being 2-5 years (35.3%) and the least common being over 10 years (6.1%). While the U.S. Bureau of Labor Statistics does not collect data specifically on peer support specialists, a study of peer specialists in North Carolina, Texas, Oregon, and Pennsylvania found similar tenure, with participants reporting being certified an average of 2.5 years at the time of the survey.²

Table 1: Utah Peer Support Specialists Certification, 2025

What kind of peer support certification do you currently have?	Frequency	Percentage (n=297)
Certified peer support specialist (CPSS)	201	67.7%
Dual certified (e.g. CPSS & FPSS)	35	11.8%
Family peer support specialist (FPSS)	32	10.8%
Working on becoming certified	16	5.4%
Lapsed certification	10	3.4%
Never been certified and not working on being certified	3	1.0%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 2: Utah Peer Support Specialists Training, 2025

Where did you complete your peer certification training?	Frequency	Percentage (n=286)
Utah State University CPSS Training	97	33.9%
Utah Support Advocates for Recovery Awareness (USARA)	69	24.1%
Optum	38	13.3%
Latino Behavioral Health Services (LBHS)	20	7.0%
Other	15	5.2%
Southwest Behavioral Health Center (SBHC)	10	3.5%
Working on becoming certified	10	3.5%
Utah State University FPSS Training	9	3.1%
Davis Behavioral Health (DBH)	8	2.8%
Multicultural Counseling Center (MCC)	6	2.1%
Veteran's Administration Training (VA)	2	0.7%
A training in a different state	2	0.7%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Employment

The survey asked participants to choose all that apply with regards to the barriers they experience to employment or volunteering as a peer specialist. Approximately 75% of respondents experience at least one barrier. Participants selected (1) pay/benefits; (2) passing a background check; and (3) lack of experience for the role as being the top barriers to employment and volunteering. Just over 25% of participants had not experienced any barriers to employment or volunteering as a peer specialist.

In terms of “other,” participants described the following barriers in order of frequency mentioned:

- Lack of job opportunities
- Work-life balance/childcare
- Feeling underpaid
- Role ambiguity
- Certification process
- Restrictive treatment modalities
- CPSS credibility/reputation
- Workplace inclusion
- Language barriers
- Change in credentials
- Lack of resources
- Accessibility/discrimination based on lived experience

Table 3: Utah Peer Support Specialists Certification Length, 2025

How long have you been a certified peer specialist?	Frequency	Percentage (n=278)
0-1 year	54	19.4%
1-2 years	63	22.7%
2-5 years	98	35.3%
5-10 years	46	16.5%
10+ years	17	6.1%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 4: Utah Peer Support Specialists Barriers to Employment/Volunteering, 2025

What barriers to employment/volunteering as a peer specialist, if any, have you experienced? (Choose all that apply)	Frequency	Percentage (n=297)
Pay or benefits that weren't enough to meet my needs	125	42.1%
Passing a background check	62	20.9%
Lack of experience for the role	57	19.2%
Travel related barriers	29	9.8%
Other	41	13.8%
I have not experienced any barriers to employment/volunteering	76	25.6%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Over half of participants are currently working full-time as a peer specialist, with about 14% also working an additional job. Over 10% of participants are currently working in a non-peer specialist role.

A little over 1/3 of peer support specialist survey participants focus on mental health disorders (33%), 1/3 focus on substance use disorders (31.5%), and 1/3 focus on co-occurring disorders (31.2%). A small number of participants chose “other,” but their responses reflect elements of mental health disorder services and support.

Participants were asked to select the best descriptions of the field or fields they work in. The largest portion of participants selected outpatient care (36%). However, these responses are not mutually exclusive. For example, 60% of respondents who selected non-direct peer roles also selected community non-profits as a field they work in; 59.5% of respondents who selected harm reduction also selected community non-profits; and 54.8% of respondents who selected inpatient programs also selected residential treatment programs.

Table 5: Utah Peer Support Specialists Current Employment Status, 2025

What is your current employment status as a peer specialist?	Frequency	Percentage (n=297)
Working full-time	144	48.5%
Working full-time plus an additional job	42	14.1%
Working part-time	41	13.8%
Volunteering in a peer capacity	36	12.1%
Working primarily in a non-peer specialist role (case manager, front desk staff, administrative, etc.)	35	11.8%
Not working and seeking employment	23	7.7%
Not working and not seeking employment	15	5.1%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 6: Utah Peer Support Specialists Services and Support Focus, 2025

What services and supports do you focus on primarily in your role as a peer specialist?	Frequency	Percentage (n=292)
Mental Health Disorder (MH) services and supports	96	32.9%
Substance Use Disorder (SUD) services and supports	92	31.5%
Co-occurring MH and SUD (Dual-Diagnosis) services and supports	91	31.2%
Other	13	4.5%

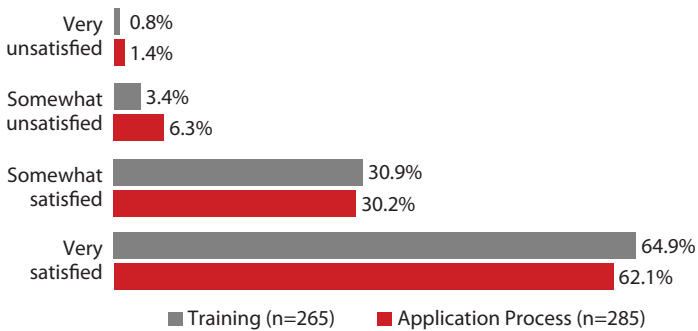
Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 7: Utah Peer Support Specialists Field of Work/Volunteer, 2025

Which of these areas best describes the field you work/volunteer in? (Choose all that apply)	Frequency	Percentage (n=297)
Outpatient program (SUD or MH)	108	36.4%
Community Non-Profit	83	27.9%
Residential treatment program	75	25.3%
Inpatient program (SUD or MH)	62	20.9%
Housing programs (recovery residence, transitional housing, etc.)	62	20.9%
Crisis Services	57	19.2%
Non-direct service peer role (advocacy, leadership, training, etc.)	45	15.2%
Harm reduction/street outreach	37	12.5%
Hospital or healthcare program	36	12.1%
Criminal Justice Programs	35	11.8%
School/education program	17	5.7%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 2: Utah Peer Support Specialists Training & Application Process Satisfaction, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Training and Application Process

The survey asked participants to describe their satisfaction with the certification training and application process. The majority of participants were very or somewhat satisfied with the application process (92%). Similarly, 96% were very or somewhat satisfied with the certification training. Responses indicate that the application process to become a peer specialist may be slightly less satisfying than the training process. About 7.7% (n=22) of participants indicated they were somewhat or very unsatisfied with the application process, compared to 4.2% (n=11) of participants who were similarly unsatisfied with the training process.

Of those who reported feeling very or somewhat satisfied with the application process (n=263), 172 described what contributed to their satisfaction. Comments are listed in order of frequency mentioned:

- Easy process
- Clear/understandable application
- Quick communication
- Helpful support
- Efficient
- Encouraged personal growth/reflection
- Reasonable/fair documentation requests
- Personal holistic representation
- Rewarding
- Improvement from last application
- User friendly platform
- Allowed for vulnerability and transparency

Only 22 respondents noted feeling very or somewhat unsatisfied with the application process (7.7% of question respondents). Of those who reported feeling very or somewhat unsatisfied with the application process, 20 described the elements that led them to feeling dissatisfied:

- Long process
- Lack of or slow communication
- Paperwork/reference requirements
- Personal story requirement
- Unclear requirements
- Lack of job opportunities
- Not a universal process

Of participants who shared that they were somewhat or very satisfied with their certification training (n=254), 170 described what contributed to their satisfaction. Comments are listed in order of frequency mentioned:

- Quality teaching
- Enjoyable experience
- Informative and interesting curriculum
- Practicality/applicability
- Encouraged personal growth/reflection
- Thorough
- Appropriate length
- Opportunities to practice/interactive
- Clear/understandable
- Positive learning environment
- Positive connections
- Hybrid modality/flexibility
- Helpful support
- Trained in native language
- Incorporates lived experience
- In-person
- Defined career path
- Diverse topics
- Fast paced
- Encourages self-care
- Convenient
- Well-structured

Only 11 respondents noted feeling very or somewhat unsatisfied with the training process (4.2% of question respondents). Of those who felt somewhat or very dissatisfied with their training, seven went on to describe what contributed to their dissatisfaction. Comments are listed in order of frequency mentioned:

- Did not cover practice skills
- Unengaging
- Desired more training
- Too much material
- Lack of professionalism
- Too long
- Disliked hybrid model
- Confusing
- Not a necessary requirement
- Outdated material
- Lack of job opportunities
- Lack of hands-on experiences

The lack of job opportunities was mentioned in both the application and training sections. While application and training processes are not directly connected to job opportunities, the fact that it was mentioned in these sections indicates that the issue may be front of mind for some respondents.

Over 80% of participants who reported being certified indicated that they felt at least adequately prepared for the peer specialist role after the initial 40-hour certification training. Similarly, over 80% indicated that they were either very well or somewhat connected to the peer specialist community after the initial training.

Table 8: Utah Peer Support Specialists Level of Preparation Post Training, 2025

How prepared were you for a peer specialist role after the initial 40-hour certification training?	Frequency	Percentage (n=266)
Very prepared	104	39.1%
Adequately prepared	121	45.5%
Slightly prepared	36	13.5%
Not at all prepared	5	1.9%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 9: Utah Peer Support Specialists Level of Connection Post Training, 2025

How connected were you to the peer specialist community after your initial 40-hour certification training?	Frequency	Percentage (n=265)
Very well connected	99	37.4%
Somewhat well connected	120	45.3%
Not very well connected	38	14.3%
Not at all connected	8	3.0%

Source: Utah 2025 Peer Support Specialist Workforce Survey

The survey also asked participants, “Looking back, what would have been helpful to have been included in the CPSS or FPSS training?” A little over half (n=163) responded with suggestions, with some (n=17) mentioning they had nothing to add to the training. Below are the most frequently mentioned comments. A complete list can be found in Appendix B.

- More role playing and practical scenarios
 - CPSS peer networking opportunities
 - Job placements/ professional development
 - More motivational interviewing
 - More/longer training
- Crisis/high-pressure response training
 - Resource navigation/ resource manual
 - General networking (employment and peers)
 - Internship/shadowing opportunities
 - Trauma-informed care

Several open-ended comments mentioned areas that could be considered topics for additional or specialty training. These topics include training related to crisis/high pressure reponse, trauma-informed care, self-care, ethics/maintaining boundaries, cultural/diversity competence, and having periodic refreshers on training.

Role and Daily Tasks

The next set of questions asked participants to reflect on the role of a peer specialist. Over 80% felt the role was at least somewhat well-defined. The majority of participants (84.9%) also reported being at least somewhat satisfied with how their organization defines the role of peer support.

Participants were asked how well they understood the role of a peer specialist and how well their non-peer colleagues understood the role. Almost all participants (98.6%) understood the role of a peer specialist somewhat or very well, while 84.4% of participants felt their non-peer colleagues understood the role of a peer specialist somewhat or very well.

The majority (84.8%) of participants felt their daily tasks and duties were either very or somewhat consistent with their job description. Slightly fewer (83%) participants felt their daily tasks and duties were very or somewhat consistent with the role of peer specialists. That said, over half (63.2%) of participants were asked to do things outside of the peer specialist role at least occasionally.

Table 10: Perceptions Regarding How Well Utah Peer Support Specialists Role is Defined, 2025

In your workplace, how well defined is the role of peer specialists?	Frequency	Percentage (n=244)
Very well defined	111	45.5%
Somewhat well defined	95	38.9%
Not very well defined	35	14.3%
Not at all defined	3	1.2%

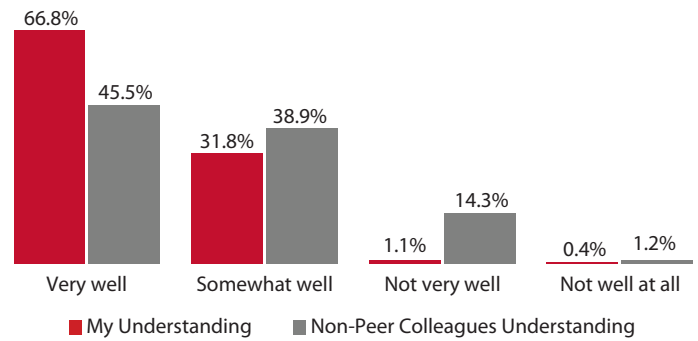
Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 11: Utah Peer Support Specialists Satisfaction with Role, 2025

Overall, how satisfied are you with how your organization defines the role of peer support?	Frequency	Percentage (n=239)
Very satisfied	100	41.8%
Somewhat Satisfied	103	43.1%
Not very satisfied	24	10.0%
Not at all satisfied	12	5.0%

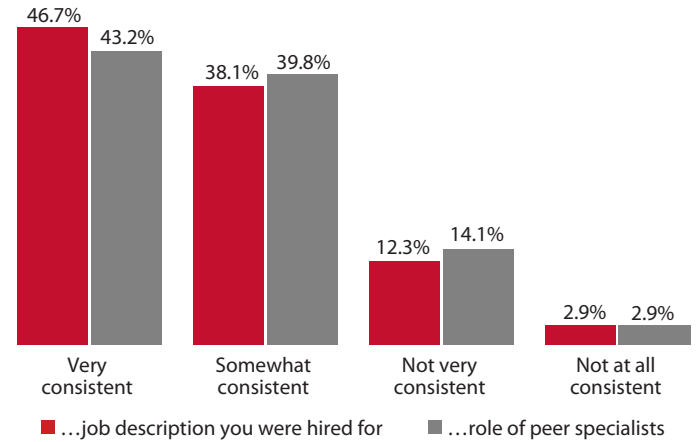
Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 3: Understanding of Utah Peer Support Specialists Role, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 4: Consistency of Tasks with Utah Peer Support Specialists Job Descriptions and Roles, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 12: Frequency of Tasks Outside Utah Peer Support Specialist Role, 2025

In the past month, how often have you been asked to do things that fall outside of the peer specialist role?	Frequency	Percentage (n=206)
Very often	58	28.2%
Occasionally	72	35.0%
Rarely	40	19.4%
Never	36	17.5%

Source: Utah 2025 Peer Support Specialist Workforce Survey

The survey asked participants what kinds of tasks they had been asked to do that fall outside the peer specialist role. Ninety-nine survey participants responded with examples. Below are the tasks most frequently mentioned by participants. About a quarter (n=24) of these responses described case management as a task they have been asked to do that falls outside their role. Additional themes can be found in Appendix B.

- Case management
 - Client transportation
 - Act as therapist/counselor
 - Miscellaneous chores and cleaning
 - Managing finances
- Supervisor/director duties
 - Office management/administrative
 - Community support/outreach
 - Finding/providing resources

Supervision

The largest percentage of participants (44.6%) reported that their direct supervisor is a mental health professional, followed by a certified peer support specialist (38.7%). These responses were not mutually exclusive, with participants prompted to “select all that apply.” That said, about 26% (n=70) of participants indicated their direct supervisor is exclusively a CPSS or FPSS, and about 31% (n=83) that their supervisor is exclusively a mental health professional.

Almost all participants (92.2%) agreed that it is important for their direct supervisor to be a CPSS/FPSS or have lived experience. This aligns with best practices from the Substance Abuse and Mental Health Services Administration (2023), which notes that “to the extent possible, peer workers providing support to individuals in SUD treatment programs should receive supervision specifically from a supervisor who has personal lived experience with recovery and a history of working as a peer specialist.”³

Participants then rated their level of agreement with statements regarding their direct supervisor. Five statements with the highest percentage of **completely agree** responses were “my direct supervisor...” (1) helps me navigate peer ethics and boundary situations (48%); (2) provides opportunities for professional development (46.4%); (3) helps me use my lived

Table 13: Utah Peer Support Specialists Supervisors, 2025

My direct supervisor is a... (check all that apply)	Frequency	Percentage (n=~269)
Certified Peer support specialist/Family peer support specialist	106	38.7%
Mental health professional (Therapist, social worker, counselor, etc.)	122	44.6%
Medical professional (Doctor, nurse, etc.)	20	7.4%
Criminal justice professional (AP&P, correctional officer, etc.)	12	4.5%
Organization administrator	32	11.9%
Other	6	3.7%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 5: Utah Peer Support Specialists Perceptions of Supervisors, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

experience effectively (45.7%); (4) understands the Utah Peer Code of Ethics (44.8%); and (5) understands the role of peer support (44.2%). For reference, the Bureau of Justice Assistance (2022) emphasizes that the most important considerations in effective peer support supervision are: (1) meeting frequently; and (2) ensuring supervision is tailored to the role of peer specialists.⁴ They also published ten core competencies to prepare supervisors to effectively support peer specialists in their work, including understanding peer roles and practices, providing space to address ethical issues, and using strengths-based supervision, among others.

While the share of participants **completely disagreeing** with statements about their experience with peer supervision were smaller, the four statements with the highest percentage of respondents completely disagreeing were “my direct supervisor...” (1) creates a trauma-informed work environment for me (11.2%); (2) helps educate non-peer colleagues about my role (11.1%); (3) helps me use my lived experience effectively (9.8%); (4) understands the role of peer support well (9.7%); and (5) provides opportunities for professional development (9.5%). These areas could be considered topics for additional peer specialist supervisor training or support.

Table 14: Utah Peer Support Specialists Perceptions of Supervisors, 2025

How much do you agree or disagree with the following statements about your experience with peer supervision?				
My direct supervisor... (n=249-258)	Completely disagree	Somewhat disagree	Somewhat agree	Completely agree
understands the role of peer support well	9.7%	12.8%	33.3%	44.2%
understands my lived experience	9.0%	11.0%	36.1%	43.9%
helps me use my lived experience effectively	9.8%	15.4%	29.1%	45.7%
ensures my role is well defined	9.1%	20.2%	34.5%	36.1%
helps educate non-peer colleagues about my role	11.1%	18.7%	31.7%	38.5%
creates a trauma-informed work environment for me	11.2%	16.1%	33.3%	39.4%
provides opportunities for professional development	9.5%	16.7%	27.4%	46.4%
understands the Utah Peer Code of Ethics	9.1%	15.5%	30.6%	44.8%
helps me navigate peer ethics and boundary situations	7.9%	11.0%	33.1%	48.0%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Burnout

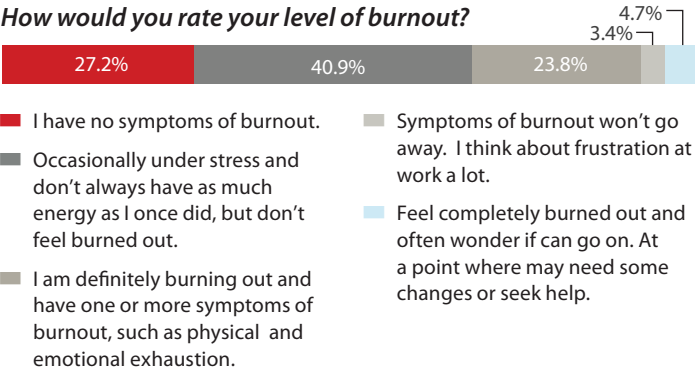
The survey asked participants to rate their level of burnout (based on their own definition). Over a quarter of participants (31.9%) reported at least one symptom of burnout, with 8.1% experiencing symptoms of burnout that will not go away or at a point where they often wonder if they can go on.

The survey also asked participants to describe how often they experience stigmatizing language or behavior. Almost half (46.5%) reported experiencing stigmatizing language occasionally or very often, while less than a quarter reported never experiencing stigmatizing language.

About 88% (n=15) of respondents who reported burnout symptoms that won't go away or feeling completely burned out also reported very often or occasionally being asked to do things outside the peer specialist role. About 64% (n=13) of those who reported burnout symptoms that won't go away or feeling completely burned out also reported very often or occasionally experiencing stigmatizing language or behavior directed toward peer specialists or people with lived experience. It is important to note that that while this information may point to some possible underlying issues of burnout, it is not possible to draw generalizable conclusions from these percentages given the small sample size.

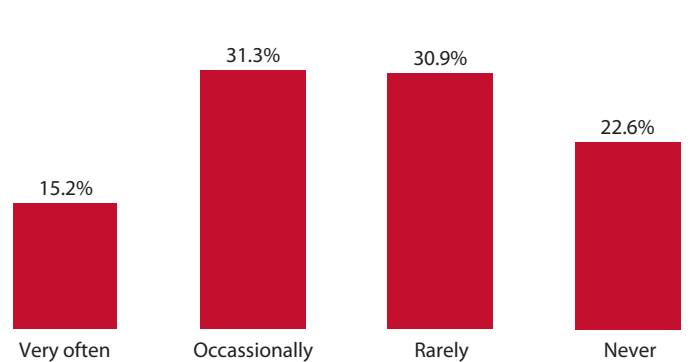
According to survey participants, the five most common factors that create a stressful or unhealthy working environment are: (1) pay that is not enough to meet their needs (49.1%); (2) a toxic and stressful culture and work environment (30.9%); (3) an unmanageable and unrealistic workload or caseload (25.7%); (4) limited opportunities to connect with peer specialists outside of their organization (25.2%); and (5) a lack of access to training and development opportunities (22.2%).

Figure 6: Utah Peer Support Specialists Level of Burnout, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 7: Stigmatizing Language Used in the Workplace, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 15: Factors that Lead to Negative Work Environments for Utah Peer Support Specialists, 2025

In your experience, what factors have created a stressful and unhealthy working environment for you as a peer specialist? (Please select up to the three most impactful)	Frequency	Percentage (n=230)
Pay that is not enough to meet my needs	113	49.1%
Toxic and stressful culture and work environment	71	30.9%
Unmanageable and unrealistic workload or caseload	59	25.7%
Limited opportunities to connect with peer specialists outside of my organization	58	25.2%
Lack of access to training and development opportunities	51	22.2%
A supervisor that doesn't understand my role or support my work	46	20.0%
Health benefits that are not enough to meet my needs	40	17.4%
Lack of feeling of personal accomplishment in my role	30	13.0%
Other	9	3.9%

Source: Utah 2025 Peer Support Specialist Workforce Survey

The survey also asked participants to select the factors that have created a positive and supportive work environment. The most common factors that create a positive and supportive working environment are: (1) strong feelings of accomplishment from helping their participants (47%); (2) a supportive work culture and environment (45%); (3) a skilled supervisor that understands their role and supports their work (34%); (4) easy access to training and development opportunities (33%); and (5) opportunities to connect with peer specialists in other organizations (28%).

Table 16: Factors that Lead to Positive Work Environments for Utah Peer Support Specialists, 2025

In your experience, what factors have created a positive and supportive working environment for you as a peer specialist? (Please select up to the three most impactful)	Frequency	Percentage (n=230)
Strong feelings of accomplishment from helping my participants	109	47.4%
Supportive work culture and environment	103	44.8%
A skilled supervisor that understands my role and supports my work	77	33.5%
Easy access to training and development opportunities	76	33.0%
Opportunities to connect with peer specialists in other organizations	65	28.3%
Reasonable and realistic caseload and workload	54	23.5%
Pay that is enough to meet my needs	49	21.3%
Health benefits that are enough to meet my needs	47	20.4%
Other	1	0.4%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Factors associated with a stressful and unhealthy work environment tended to be inversely related to a positive and supportive work environment. For example, a feeling of accomplishment in the peer support role rated highest in creating a positive and supportive working environment and lowest in creating a stressful and unhealthy environment. Toxic and stressful work culture rated second highest in creating a stressful working environment and supportive work culture rated second highest in creating a supportive working environment.

Additional Comments

At the end of the survey, participants reported on anything else they would like to share about their experience as a peer specialist in Utah. Around 139 survey participants offered additional comments. A complete list can be found in Appendix B. Frequently mentioned comments are listed in order of frequency:

- CPSS/FPSS is a rewarding experience
- Need for better/fair compensation
- Need for public education campaign on CPSS/FPSS
- Toxic/unsupportive work environment
- Lack of job opportunities
- Overload of responsibility/burnout
- Thank you/appreciation
- Continuous training/education
- Need clearer role definition
- Focus on peers’ well-being
- Need for recognitions/appreciation of peer work

Conclusion

As highlighted in the comments above, participants shared both strengths and weaknesses. One participant described the highlights of their experience as a peer support specialist.

During my time as a peer specialist in Utah, there were indeed several experiences that I believe could offer valuable insights for guiding future research and supporting the peer workforce in the state. One aspect that stands out is the incredible sense of community among the peers. We were all individuals with our own unique stories and struggles, yet when we came together, there was an unspoken bond. We supported each other not just in our professional roles but also on a personal level. This strong community spirit was a huge source of strength and motivation for all of us, and I think it’s something that should be emphasized and nurtured in future initiatives.

Another participant’s comment highlights the many suggestions for change, particularly with regards to the need for recognition and appreciation of peer support work.

As a peer specialist in Utah, I’ve experienced the importance of building genuine connections with those we serve. It’s crucial to have ongoing training and support to better understand the diverse needs of our clients. I also believe that recognizing the value and unique contributions of the peer workforce is essential for providing effective support. I hope that future research will focus on enhancing the professional development and well-being of the peer workforce, as they play a vital role in the mental health field.

Limitations

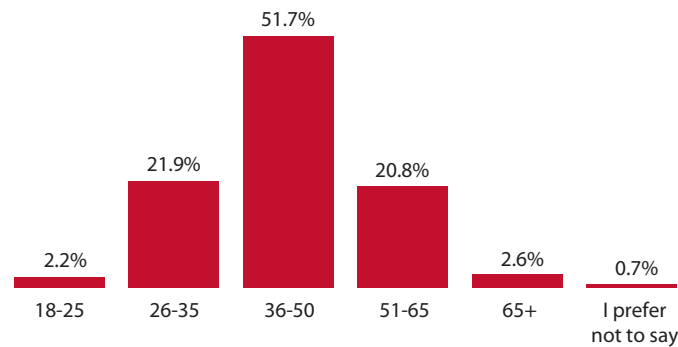
This report comprehensively describes the training, application, and employment experiences of Utah’s certified peer support specialists and family peer support specialists. That said, the following limit generalizability of the findings.

First, the Gardner Institute was unable to accurately define the current CPSS/FPSS demographic landscape given limited resources, so it is unable to determine whether the sample is representative of all current CPSS/FPSS professionals. This is particularly important when considering responses between rural and urban providers. A large portion (75%) of the sample works in Salt Lake, Utah, or Weber County. Findings may not accurately represent the experiences of CPSS/FPSS providers working in rural communities.

Second, this survey was based on self-reports from peer support specialists working in diverse organizations. Definitions related to peer support training, application, and employment may vary across the field and may have decreased consistency among responses. For example, qualitative responses indicate that participants may have conflated the training and application questions. At times, open-ended responses to the application question described experiences with training.

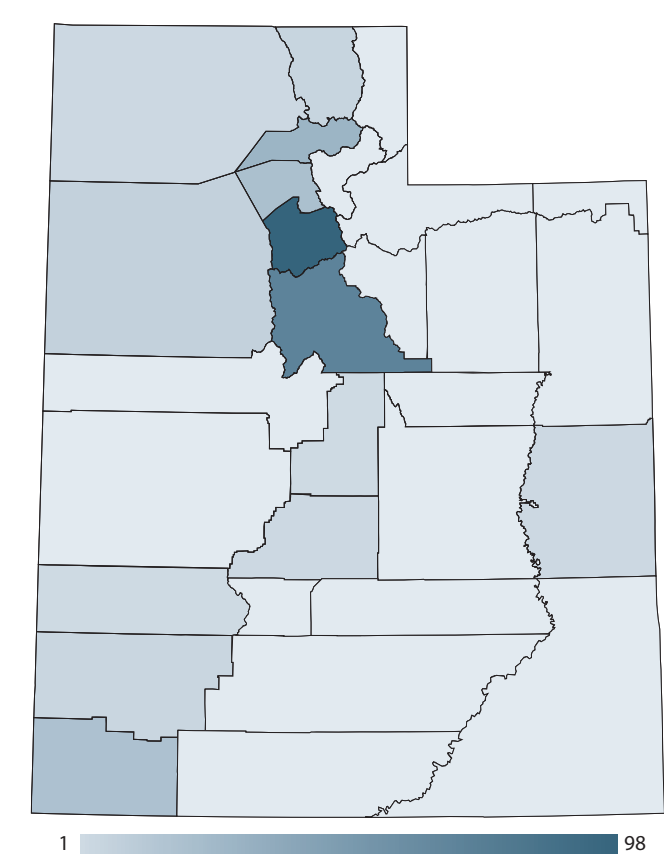
Appendix A: Additional Demographic Tables and Figures

Figure 8: Utah Peer Support Specialists Survey Age Distribution, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Figure 9: Utah Peer Support Specialists Survey County of Residence Distribution, 2025



Source: Utah 2025 Peer Support Specialist Workforce Survey

Peer support leaders in the community emphasize the importance of analyzing race and ethnicity, diverse genders, and LGBTQ+ representation in the CPSS/FPSS workforce. The majority of Utah's CPSS/FPSS workforce identifies as White/Caucasian (75%), with close to 14% identifying as Hispanic/Latino. Over 80% of the sample identifies as cisgender, with 10% preferring not to share and 3% identifying as gender non-conforming. The majority of participants identify as heterosexual (64%), with 9% identifying as bisexual and 8% as asexual.

Table 17: Utah Peer Support Specialists Survey Race/Ethnicity Distribution, 2025

Race/Ethnicity	Frequency	Percentage
Native American/Indigenous	10	3.8%
Native Hawaiian/Pacific Islander	6	2.3%
Hispanic/Latino	36	13.7%
Asian	5	1.9%
White/Caucasian	196	74.8%
I prefer not to say	5	1.9%
Other	4	1.5%
Total	262	100%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 18: Utah Peer Support Specialists Survey Sexual Orientation Distribution, 2025

Sexual Orientation	Frequency	Percentage
Asexual	20	7.8%
Bisexual	23	9.0%
Heterosexual	163	63.7%
Gay	10	3.9%
Lesbian	5	2.0%
Pansexual	9	3.5%
Queer	1	0.4%
I prefer not to say	22	8.6%
Other	3	1.2%
Total	256	100%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Table 19: Utah Peer Support Specialists Survey Gender Distribution, 2025

Gender	Frequency	Percentage
Cisgender woman	131	51.4%
Cisgender man	85	33.3%
Non-binary/Gender non-conforming	8	3.1%
Transgender woman	0	0%
Transgender man	1	0.4%
I prefer not to say	27	10.6%
Other	3	1.2%
Total	255	100%

Source: Utah 2025 Peer Support Specialist Workforce Survey

Appendix B: Qualitative Findings

Quotes are reported mostly verbatim with some identifying information removed.

Barriers to Employment

Participants were asked, What barriers to employment/volunteering as a peer specialist, if any, have you experienced? Participants described the following barriers in order of frequency mentioned:

- Lack of job opportunities
- Work-life balance/childcare
- Feeling underpaid
- Role ambiguity
- Certification process
- Restrictive treatment modalities
- CPSS credibility/reputation
- Workplace inclusion
- Language barriers
- Change in credentials
- Lack of resources
- Accessibility or discrimination based on lived experience

Comments	Example Quote
Lack of job opportunities	Few jobs or volunteer opportunities centered around peer support in my area.
Work-life balance/childcare	I've applied for CPSS jobs with no luck of getting hired. Most want to start on swing or grave and I can't.
Feeling underpaid	Compensation is a huge issue that I would love see being addressed.
Role ambiguity	Employers not knowing exactly what a peer does and expecting other duties to be done as well.
Certification process	I have not heard anything back from my application.
Restrictive treatment modalities	Everyone has different traumas and that being said everyone heals differently many facilities don't allow this.
CPSS credibility/reputation	Normally only part time roles and others ruining the name of what peer support is because it's too easy to become certified.
Workplace inclusion	At times not feeling like a part of the team.
Language barriers	Barrera del idioma ingles
Change in credentials	[credentials changed], then the majority of my time has been focused on [the new role]. They are two very different roles.
Lack of resources	More funding for the clients needs.
Accessibility or discrimination based on lived experience	Disabled Lived-experience-justice involved.

Satisfied with Application

Of those who reported feeling very or somewhat satisfied with the application process (n=263), 172 went on to describe what contributed to their satisfaction. Comments are listed in order of frequency mentioned:

- Easy process
- Clear/understandable application
- Quick communication
- Helpful support
- Efficient
- Encouraged personal growth/reflection
- Reasonable/fair documentation requests
- Personal holistic representation
- Rewarding
- Improvement from last application
- User friendly platform
- Allowed for vulnerability and transparency

Comments	Example Quote
Easy process	It was a pretty easy process. I like the way they get multiple sides to our stories.
Clear/understandable application	The application process was straightforward, with clear guidelines provided for each step.
Quick communication	I appreciated the timely feedback I received during the application process.
Helpful support	[Name] was very helpful with the process, to make it as easy and understandable as possible.
Efficient	The steps were well-organized, making it efficient to complete.
Encouraged personal growth/reflection	I believe its a great way to reflect and get a picture of you from multiple perspectives.
Reasonable/fair documentation requests	I felt that the application requirements were reasonable and attainable.
Personal holistic representation	Application process provided a holistic means of presenting myself.
Rewarding	It's rewarding. It's fulfilling and great work.
Improvement from last application	It just took quite a while to get into a training after applying and was a little difficult to get someone on the phone when calling for status updates. That has significantly improved since, as I've helped other people with the application process.
User friendly platform	The online application platform was user-friendly, allowing for a smooth submission experience.
Allowed for vulnerability and transparency	It was the first time I felt comfortable being, open, transparent and vulnerable about my life experiences on any kind of application.

Dissatisfied with Application

Of those who reported feeling very or somewhat unsatisfied (n=22), 20 participants went on to describe the elements that led to feeling dissatisfied with the application process. Comments are listed in order of frequency mentioned:

- Long process
- Lack of or slow communication
- Paperwork/reference requirements
- Personal story requirement
- Unclear requirements
- Lack of job opportunities
- Not a universal process

Comments	Example Quote
Long process	It took a bit. [seven month process].
Lack of or slow communication	I experienced slow response times from the staff when I had questions, which was frustrating.
Papework/reference requirements	It can be difficult for peers to get a clinical reference letter as not everyone wanting to be a peer has engaged in therapy and or treatment with a clinician. I think that one personal reference and one professional (with the parameters of being able to get this from any professional individual in their life -- Peer mentor, sponsor, treatment program manager, director etc...)
Personal story requirement	I'm uncomfortable having to write my story. I dont feel it should be required as part of the application process. It's my story to tell and I will tell it whenever I am comfortable doing so. Also what are people with no doctor or therapist anymore supposed to do about getting professional letters of reference?
Unclear requirements	I had some confusion regarding the application requirements.
Lack of job opportunities	It was a little hard to get in, but I understand why, however, the continued CEU requirements are a bigger problem. And good luck finding a peer support job. There are too few.
Not a universal process	The process is inconsistent and not universally administered by different trainers.

Satisfied with Training

Of participants who shared that they were somewhat or very satisfied with their training (n=254), 170 went on to describe what contributed to their satisfaction. Comments are listed in order of frequency mentioned:

- Quality teaching
- Enjoyable experience
- Informative and interesting curriculum
- Practicality/applicability
- Encouraged personal growth/reflection
- Thorough
- Appropriate length
- Opporutnities to practice/ interactive
- Clear/understandable
- Positive learning environment
- Postive connections
- Hybrid modality/flexibility
- Helpful support
- Trained in native language
- Incorporates lived experience
- In-person
- Defined career path
- Diverse topics
- Fast paced
- Encouraged self-care
- Convenient
- Well-structured

Comments	Example Quote
Quality teaching	It is run by compassionate qualified individuals and that love spreads along the pipeline.
Enjoyable experience	I thought it was fun and helpful to share my experiences.
Informative and interesting curriculum	It was very informative, and I gained a lot of useful tools and information throughout the training.
Practicality/applicability	I learned practical skills I can use daily.
Encouraged personal growth/reflection	[Name]really inspired me to learn and be a better version of my self to be able to help my self and my peers in a more effective way.
Thorough	The training was thorough and very informative.
Appropriate length	I thought it was adequate time to review the materials to get started.
Opporutnities to practice/interactive	The training emphasized interactive learning methods, such as role-playing and group discussions, which allowed me to practice skills in real-life scenarios and build my confidence.
Clear/understandable	Broken down very easy to understand.
Positive learning environment	[org name] is absolutely amazing, they make it fun and safe and really don't hesitate to answer any questions you have.
Postive connections	Great place, I learned a lot. Great people, made a lot of positive connections in the community that continue to help me in my peer support position. I learned a lot and really enjoyed the whole experience.
Hybrid modality/flexibility	I did mine hybrid and I like working at my own pace.

Comments	Example Quote
Helpful support	The staff were very supportive and responsive to my questions.
Trained in native language	Being able to train [in native language]. [...] gave] me the confidence needed to achieve the certification objectives.
Incorporates lived experience	I appreciated the emphasis on lived experiences, which fostered empathy and genuine connections with peers.
In-person	I learned so much and it was very thorough. Being in person was a huge benefit for me. It helped me open up and feel more connected.
Defined career path	Clear career development path, clear career development direction after training.
Diverse topics	Offer a variety of course options to meet different needs.
Fast paced	I personally liked the 5 day in person course I took. I liked getting it done vs a slower process.
Encouraged self-care	I appreciated the emphasis on self-care; it helped me understand the importance of maintaining my own well-being while supporting others.
Convenient	It was very convenient for me to get what I needed.
Well-structured	The curriculum was well-structured, allowing for a smooth progression of concepts.

Dissatisfied with Training

Of those who felt somewhat or very dissatisfied with their training experience (n=11), seven went on to describe what contributed to their dissatisfaction. Comments are listed in order of frequency mentioned:

- Did not cover practice skills
- Unengaging
- Desired more training
- Too much material
- Poor culture
- Too long
- Disliked hybrid model
- Confusing
- Not a necessary requirement
- Outdated material
- Lack of job opportunities
- Lack of hands on experiences

Comments	Example Quote
Did not cover practical skills	The training lacked depth, and I didn't feel like it covered practical skills enough to actually help me in real-life situations.
Unengaging	The training covered everything needed, however, it felt mundane and unengaging.
Desired more training	I wish I could have trained more.
Too much material	Felt like [org name] training tried to cover too much.
Too long	I thought it was a good course, with a lot of important information. It was a little long, but that is to be expected.
Disliked hybrid model	I took the hybrid model and felt like I missed out on the camaraderie that participants receive in the 40 hour in person training.

Comments	Example Quote
Confusing	I was in a training trainers class. It was a little confusing and all over the place, but got the message across.
Not a necessary requirement	I did not have to do this, I felt like the training I had was sufficient.
Outdated material	The training met my needs, but some materials were outdated.
Lack of job opportunities	[org name] was great to get certified. However not many worthwhile opportunities afterward
Lack of hands on experiences	Too short, not enough shadowing or opportunity to observe and very little role play.

Recommendations to Include in CPSS/FPSS Training

Looking back, what would have been helpful to have been included in the CPSS or FPSS training? (n=163)

- More role playing and practical scenarios
- CPSS peer support
- Job placements/ professional development
- More motivational interviewing
- More/longer training
- Crisis/high-pressure response training
- Resource navigation/ resource manual
- General networking (employment and peers)
- Internship/shadowing opportunities
- Trauma-informed care
- Self-care
- Ethics/maintaining boundaries
- Cultural/diversity competence
- More information on mental health
- Candid overview of CPSS work expectations
- More virtual options
- Relationship/connection training
- More information on substance use disorders
- Guest speakers
- Training to run group
- Follow-up training
- The WRAP Plan
- Learning through lived experiences
- Communication strategies
- Holistic and lifestyle education
- Billing
- Goal setting
- First Aid
- Emotional regulation
- Remote options
- Job statistics
- More Latino organizations
- Parent resources
- Information on CPSS conference
- Less group activities
- Class evaluations
- Peer-led activities

Comments	Example Quote
More role playing and practical scenarios	More role-playing scenarios to practice responding to real-life situations in a safe environment
CPSS peer support	Ways to get into groups of other CPSS/FPSSs to communicate with them, and push peer supports forward.
Job placements/ professional development	A direct connection to jobs hiring for CPSS and an ability to network with fellow peers.
More motivational interviewing	More motivational interviewing practice.
More/longer training	I feel that this training should take longer so we can have enough time to dig deeper into some topics.
Crisis/high-pressure response training	Including comprehensive training on crisis intervention and management would equip peer support specialists with the skills to handle high-stress situations effectively and provide immediate support to individuals in distress.
Resource navigation/ resource manual	A notebook full of resources. I took photos of the resources that were available at the time, but honestly, I haven't looked at the photos since. I think having a resource manual would be so beneficial
General networking (employment and peers)	More networking opportunities with CPSS work and especially remote opportunities
Internship/shadowing opportunities	It would have been useful to include the internships immediately, as part of the training. Internships or volunteering before certification
Trauma-informed care	Emphasizing trauma-informed care principles would prepare peer support specialists to recognize the impact of trauma on individuals and provide sensitive, supportive responses that promote healing and empowerment.
Self-care	Training sessions dedicated to self-care practices are essential, as they would remind specialists of the importance of maintaining their own mental health while supporting others, preventing burnout and compassion fatigue.
Ethics/maintaining boundaries	Maybe more ethics, I feel like there are a lot of gray areas in this job
Cultural/diversity competence	Training on cultural competency to ensure respectful and effective support across various communities
More information on mental health	More information on Mental Health, so often substance abuse is the main focus and the Mental Health should come 1st before the focus on Substance abuse.
Candid overview of CPSS work expectations	Better understanding of expectations, we basically do Everything (Case Management, Counseling, Crisis Intervention) and get paid less than any other positions in recovery centers!!!
More virtual options	Virtual sessions
Relationship/connection training	How to build trust and relationships with the people you serve.
More information on substance use disorders	Additional content on navigating Utah's mental health and substance use resources would help us connect people more effectively with local support.

Comments	Example Quote
Guest speakers	I felt the course could benefit from more guest speakers.
Training to run group	More training running groups
Follow-up training	I think periodic refreshers would be good. The additional CEU needs are great, but a peer support specified refresher (not just the monthly call ins) would be helpful to keep things in mind.
The WRAP Plan	The wrap plan
Learning through learned experiences	I'm still learning honestly on things in the field. New things come up often that I learn. It's honestly just more lived experience. I continue to grow daily.
Communication strategies	More in-depth training on communication strategies, particularly active listening and de-escalation skills, would be beneficial
Holistic and lifestyle education	Holistic and lifestyle education that can help my peers be somewhat more self sufficient and reduce the burden of disease
Billing	How to effectively write / document notes for billing
Goal setting	It's just a lot to learn in one week! I was happy with all of the content and can't imagine squeezing more in. The MI stuff is really helpful. Suicide risk & safety planning? More about goal setting and following goals, especially when the goals feel outside of my wheelhouse (like housing).
First Aid	CPR training and naloxone training would have been helpful to add into the training
Emotional regulation	Learn how to manage your own emotions to better support others.
Training be all in-person	The only thing I can think of is that it would be all in person.
Job statistics	Knowing how many actually employ in it. I hated to see people with other dreams and goals limited to doing peer work. Not all peers are going to employ in it. So many have other gifts and aspirations.
More Latino organizations	More Latino organizations where you can do your 300 hours of practice
Parent resources	More resources for parents that are having DCFS involvement. For the kids it takes a village
Information on CPSS conference	Contact for information about PS annual conference
Less group activities	Reduce group activities
Class evaluations	Post review of class
Peer-led activities	Peer-led activities assist the family and/or individuals to understand mental illness and/or substance use, particularly from the perspectives of individuals

Tasks that Fall Outside CPSS/FPSS Role

What are some of the tasks that you have been asked to do that fall outside your role as a peer specialist? (n=99)

Given the small sample size and to maintain confidentiality, the Gardner Institute is only reporting themes that appeared in more than three responses.

- Case management
- Client transportation
- Act as therapist/counselor
- Miscellaneous chores and cleaning
- Managing finances
- Supervisor/director duties
- Office management/administrative
- Community support/outreach
- Finding/providing resources
- Help managing medications

Additional Comments

The survey asked participants to report on anything else they would like to share about their experience as a peer specialist in Utah. The prompt noted that this may help guide future research and support for the peer workforce in Utah. Around 139 respondents offered additional comments. Comments are listed in order of frequency mentioned:

- CPSS/FPSS is a rewarding experience
- Need for better/fair compensation
- Need for public education campaign on what CPSS/FPSS do
- Toxic/unsupportive work environment
- Lack of job opportunities
- Overload of responsibility/burnout
- Thank you/appreciation
- Continuous training/education
- Need clearer role definition
- Focus on peers' well-being
- Need for recognitions/appreciation of peer work
- Strength of peer community
- Consider racial and ethnic diversity
- Need for more resources
- Building trust
- Meaningful connections
- Effective communication
- Need for supervisors with lived experience
- Reform
- Making conferences more accessible
- Research has opened the door for opportunity
- Excitement to be a peer
- Need for more check-ins/feedback
- Positive work environment
- Need for workshops on conflict resolution
- Provide more information on training schedules
- Appreciation for diverse backgrounds/perspectives
- Need for more FPSS connection/support
- Improvement of applicant filtering
- Need for stricter job qualifications
- Easier recertification process
- Peer support integration
- Need for more focus on advocacy
- More defined ethics

- Different opportunities by county
- Need for combating turnover
- Community engagement
- Technology
- Improving wait times
- Policy Advocacy
- More opportunities to certify
- Peer accountability
- Peer supervision
- Youth peer support
- Peer support groups

Comments	Example Quote
CPSS/FPSS is a rewarding experience	I have been on a incredible journey since becoming cpss... helping people that want recovery ... to watch hope in life come into their lives is truly a spiritual experience that all of us should experience! Thank you guys, [Ind Name], [Ind Name] and the rest so much! I absoultey love this kind of work.. so rewarding!!
Need for better/fair compensation	Our quality of work should match the pay. I love what I do and know I help make a difference but unfortunately doesn't pay my bills. Working two jobs is not helping my current burnout.
Need for public education campaign on what CPSS/FPSS do	I just wish there was more understanding of what a peer specialist does, and what type of things people need to become a peer support specialist. This understanding should be something known within the healthcare community but also statewide. I have too many people who ask what I do for work and have never heard of a peer support before.
Toxic/unsupportive work environment	I wish I still felt the way I did when I started my role as a peer support specialist. I love the work and the clients. But my workplace is toxic and brutal.
Lack of job opportunities	I have struggled to get a full time position as well as benefits. I'm making the same amount as my non certified colleagues which is about the same as I was making [before].
Overload of responsibility/burnout	I would like to see peer support be better supported, as well as ethics and boundaries more clearly defined. I also feel that there needs to be more of an awareness of the level of burnout that peers are experiencing and resources provided rather than workloads becoming more heavy and unmanageable.
Thank you/appreciation	Thank you for the opportunity that I was given.
Continuous training/education	Continuous education and training opportunities are crucial in this field. Staying updated on the latest research and best practices allows us to provide informed support and adapt to evolving needs.
Need clearer role definition	Clearer role definitions and boundaries would help both peer specialists and the agencies we work with understand our scope and avoid misunderstandings.

Comments	Example Quote
Focus on peers' well-being	I hope that future research will focus on enhancing the professional development and well-being of the peer workforce, as they play a vital role in the mental health field.
Need for recognitions/ appreciation of peer work	I wish everyone was aware of how important our role is. We are the bridge, client's are comfortable opening up to us. We see and notice behavior that somebody that hasn't been in addiction doesn't. But we are struggling to survive on the pay we receive and often have to work 2 job's. I feel unappreciated and over worked. Most peer support jobs are only part-time.
Strength of peer community	Working alongside mental health professionals and other peer specialists fosters a collaborative environment where we can share knowledge, resources, and strategies, enhancing the overall quality of care provided
Consider racial and ethnic diversity	Utah's diverse population presents unique challenges and opportunities. Understanding different cultural backgrounds enhances our ability to provide effective support tailored to individual needs and experiences.
Need for more resources	Need a lot more support and resources to be able to make a larger impact
Building trust	Building trust with participants is crucial for fostering open conversations and meaningful connections
Meaningful connections	I believe that peer support plays a vital role in fostering community and connection among individuals.
Effective communication	Effective communication with people is necessary during the work process, and efforts should be made to improve one's skills and qualities through training.
Need for supervisors with lived experience	I just really think peers could benefit from having supervisors that have lived experience as well. I love all the connections I continue to make in the community [...]. My life keeps getting better and more opportunities come because I love what I do and truly feel like I help others become the best versions of themselves.
Reform	To speak out for improvements in mental health services and to drive policy change
Making conferences more accessible	It would be helpful if [org] supported more people to attend the conferences as we learn a lot at the conferences. Or to make the conference available for us after the fact so we can watch the videos on our own time to get the CEUs and learn about other resources.
Research has opened the door for opportunity	The strong research focus at the [org name] has provided excellent opportunities for collaborative peer review across different medical specialties.

Comments	Example Quote
Excitement to be a peer	I am excited to be more involved!
Need for more check-ins/ feedback	Regular feedback sessions could help improve our practices.
Positive work environment	Becoming and working as a peer support specialist in Utah has been a unique and mostly enjoyable experience for me. My work supports myself as much as my clients. I enjoy my coworkers and feel supported at work.
Need for workshops on conflict resolution	Workshops on conflict resolution strategies to effectively address disagreements in peer support interactions.
Provide more information on training schedules	Great trainers. I have been a trainer in the past. Consider keeping applicants a little more informed on when the training will happen. The schedule on the website was not accurate when I looked at it
Appreciation for diverse backgrounds/perspectives	I appreciate the diverse backgrounds of my fellow peer specialists; we all bring unique perspectives.
Need for more FPSS connection/support	I am certified as both an FPSS and a CPSS. The process and support I have had outside of my trainings has been fabulous on the FPSS side. I feel lost as a CPSS. Having the trainers and the state as resources after my training has been amazing with the FPSS side of things. There aren't as many FPSS peers though and I would like more connection to them.
Improvement of applicant filtering	I didn't complete CPSS through [org name] and feel the filtering of applicants could improve.
Need for stricter job qualifications	I think in order to elevate in this field we need levels of peer support. Entry level for first timers and newcomers to recovery and this field. Journeyman for people four or more years in the field and Master Level beyond that. I am way more qualified in this space than a Newby and that should be certifiable somehow. That higher certification also builds a higher employability and better wages. It's a way to evolve in this field without leaving it.
Easier recertification process	I think it would be helpful to have an easier way to re-certify.
Peer support integration	I think peer support should be integrated into all levels of care.
Need for more focus on advocacy	I would like to see a stronger focus on advocacy and how to implement change at a federal level
More defined ethics	I would like to see peer support be better supported, as well as ethics and boundaries more clearly defined. I also feel that there needs to be more of an awareness of the level of burnout that peers are experiencing and resources provided rather than workloads becoming more heavy and unmanageable.

Comments	Example Quote
Different opportunities by county	The disconnect between Salt Lake County and the other counties. Like, there's not much opportunities in other counties like Salt Lake and the support is not great in other counties too.
Need for combating turnover	Peer support is likely the most critical element to creating real world initiatives to solve our mental health and substance use disorder crisis. But we have to create value for peers to stay engaged in this work, as it is complex and multi-layered. Without many years in the workforce, it could be difficult to make an impact. Yet, many do not maintain a job longer than 2 years. We have to do better to maintain a strong peer workforce. This is critical.
Community engagement	The importance of community engagement, the use of technology in peer support, policy advocacy
Technology	The importance of community engagement, the use of technology in peer support, policy advocacy
Improving wait times	The only thing is I wish that the wait time was less or that they communicated with you during the wait time waiting to start the classes for the certification.
More opportunities to certify	More openings for certification
Peer accountability	There is currently not a good way to report bad behavior, as an employer it would be nice to look up and see if an applicant has ever had a complaint about their license
Peer supervision	There should exist a training for peer supervisors so peers can supervise peers instead of a clinician. there are a lot of peers that has become clinician and sometimes it feels that they forget the peer role.
Youth peer support	There should be a focus on youth peer support specialists so we could support more youth as a way of prevention for the mental health and substance use.
Peer support groups	Regular peer supervision or support groups would provide a space for us to discuss challenges, get feedback, and avoid burnout.

Endnotes

1. Utah Department of Health and Human Services
2. Ostrow, L., Cook, J. A., Salzer, M. S., Pelot, M., & Burke-Miller, J. K. (2022). Employment Outcomes After Certification as a Behavioral Health Peer Specialist in Four U.S. States. *Psychiatric Services*, 73(11), 1239–1247. <https://doi.org/10.1176/appi.ps.202100651>
3. Substance Abuse and Mental Health Services Administration (SAMHSA). (2023). *Incorporating peer support into substance use disorder treatment services* (Treatment Improvement Protocol [TIP] Series, No. 64). Rockville, MD: SAMHSA. Chapter 5—Supervision of peer specialists. Retrieved from <https://www.ncbi.nlm.nih.gov/books/NBK596264/>
4. Bureau of Justice Assistance (December 2022) Supporting and Managing Peer Specialists: Supervision of Peer Recovery Support Services. *Comprehensive Opioid, Stimulant, and Substance Abuse Program (COSSAP) Effective Integration Toolkit*. Retrieved from https://www.cossup.org/Content/Documents/Publications/Altarum_Supporting_and_Managing_Peer_Specialists.pdf

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