

Supporting and Building the Peer Recovery Workforce

Lessons from the Foundation for Opioid Response Efforts
2023 Survey of Peer Recovery Coaches

June 2023

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Introduction

Peer recovery coaches play an indispensable role in helping people with opioid use disorder (OUD) find treatment and sustain their recovery, but little is known about the workforce itself. FORE commissioned what is believed to be the most comprehensive survey to date of peer recovery coaches who support people with OUD. The survey was conducted from October 25, 2022, to January 19, 2023. In addition to asking about peers' experiences with training, certification, supervision, and compensation, we learned what motivates them to do their work and what supports they would need to remain in the profession.

The survey questions were developed in concert with peers, state certification boards, and other peer organizations and were informed by findings from a [qualitative study](#) that FORE commissioned in 2021 among 47 peers. In all, the Web-based survey reached nearly 1,200 certified peer recovery coaches (PRCs), some of whom use different titles, including peer support specialist, certified peer recovery specialist, and peer navigator.

We report here on high-level findings from the survey and, where possible, make comparisons across states. This report is also informed by the verbatim comments of respondents.



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About peer recovery coaches

The peer recovery workforce has [grown steadily since the early 1990s](#). As of 2022, [40 state Medicaid programs reimbursed peer support services for adults](#), and some states have deployed [State Opioid Response grants](#) and/or opioid settlement funds to pay for peer recovery services. Across the U.S., there's an [estimated 30,000 peers](#) working with people with a variety of behavioral health conditions.

Peer recovery coaches work with people in treatment and recovery from opioid use disorder and other substance use disorders in community recovery organizations, correctional settings, emergency departments, and other clinical settings. They also staff crisis lines or join crisis response teams. Two [systematic reviews](#) of the research have found strong evidence of peers' effectiveness in helping people with substance use disorders, including increasing retention in treatment, reducing substance use, and increasing access to stable housing and other social supports.

Methodology

The survey was conducted by the survey firm, SSRS. We surveyed 1,174 certified peer recovery coaches (PRCs) who support people with OUD in 11 states. We only included PRCs who had earned certification. Respondents completed a self-administered, Web-based survey from October 25, 2022, to January 19, 2023. The survey instrument was informed by a qualitative study undertaken in 2021 that engaged 47 PRCs in online moderated discussions and in-depth interviews. The survey instrument was reviewed by an advisory group convened by FORE that included academic researchers, people with lived experience, and those directly involved in supporting PRCs (see list of advisory group members, below).

For more information on the survey development, sampling methods, institutional review board approval, data collection, response rates, and limitations, please see the Survey of Certified Peer Recovery Coaches [methodology report](#). You can download the survey slides [here](#).

FORE and SSRS thank all the PRCs who shared their time and insights for this study and the state representatives who worked in partnership with us.

Key takeaways

1

This survey of 1,174 PRCs across 11 states found that peers are motivated to use their lived experiences of substance use and recovery to help others recover from OUD.

2

PRCs reported a wide array of challenges, including low pay, limited opportunities for career advancement, and coworkers who don't understand what they do. Some PRCs also felt symptoms of burnout.

3

Having a supervisor with experience as a PRC, support for self-care, appropriate financial compensation, and opportunities for ongoing training and career development would encourage more people to stay in the field. States and employers could facilitate these supports.

Findings

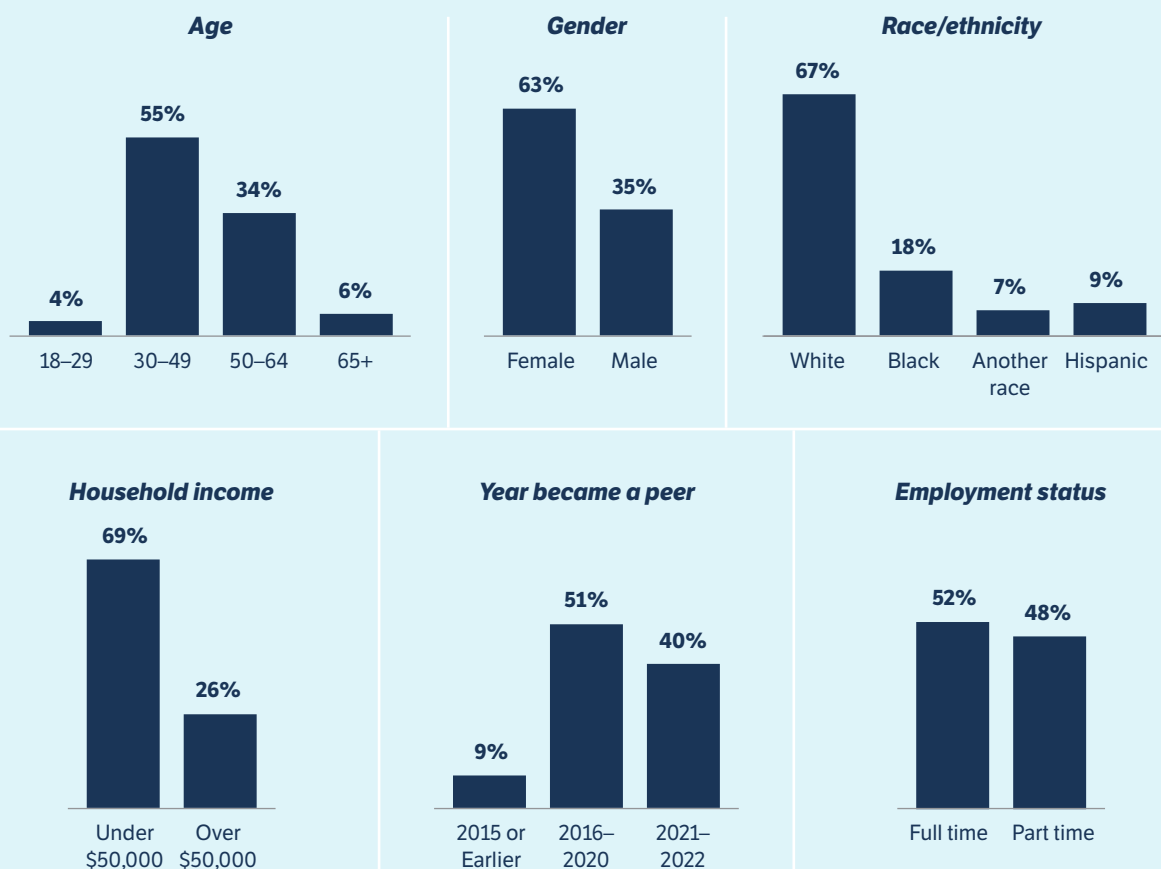
DEMOGRAPHICS AND MOTIVATIONS FOR BECOMING A PRC

Most respondents are female and relatively new to the field

Most survey respondents were female (63%) and between the ages of 30 and 49 (55%). Many (40%) had become a PRC in the last few years and half (51%) had become certified at some point during 2016–20. In addition:

- Two-thirds (67%) of respondents were white, non-Hispanic; fewer than one in five (18%) respondents were Black or African American, non-Hispanic; roughly one in 10 or fewer respondents identified as Hispanic or another race, non-Hispanic (9% and 7%, respectively).
- Most respondents (69%) had household incomes under \$50,000 a year; only one-quarter (26%) had household incomes of \$50,000 or more annually.
- Half (52%) of the respondents worked full time (40+ hours per week) as a PRC. Those who worked part time as a PRC worked from one to 39 hours per week.

Demographics of PRC survey respondents



PRCs are driven by desire to help, but question whether they can stay in the field

PRCs are highly motivated to do this work. When respondents were asked about their primary motivation for becoming a PRC, over half said they wanted to support people coping with OUD because of their personal experiences (55%) and/or because they wanted to help others (55%).

- Smaller numbers said they became a peer because of a family member’s experience (8%) or to show recovery is possible (6%).
- The majority of PRCs (84%) were very confident in their ability to do the job.

Motivation for becoming a PRC

Q: Thinking back to before you started working as a peer, what was the main reason you wanted to support people experiencing OUD?



Note: multiple responses were allowed
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“

The first time I met a ‘peer’ I remember feeling hope, something I hadn’t felt in years. It was then that I decided to give up my career and dedicate my life to helping those struggling with OUD.”

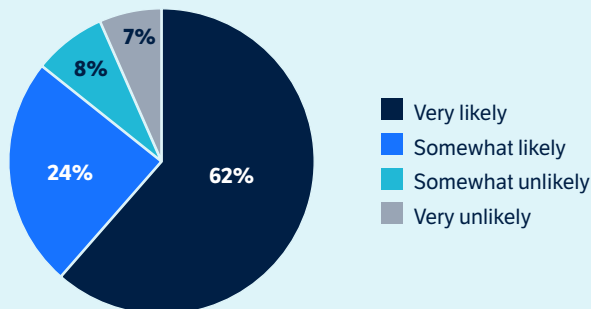
“

I wanted to help others who suffer and encourage them that there is a beautiful life in recovery.”

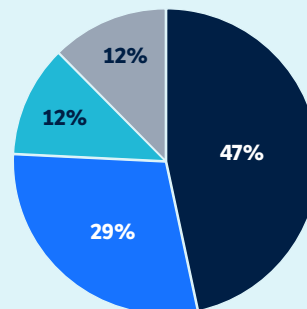
Despite their strong motivations and confidence in their role, many peers question whether they could stay in the field long term. Fifteen percent said it was somewhat or very unlikely that they’d still be a PRC in 2024 and nearly 25 percent said it was somewhat or very unlikely they’d still be a PRC in 2027, for reasons discussed below.

Likelihood of remaining a PRC

Q: Thinking ahead two years, how likely is it that you will still be a PRC in 2024?



Q: Thinking ahead five years, how likely is it that you will still be a PRC in 2027?



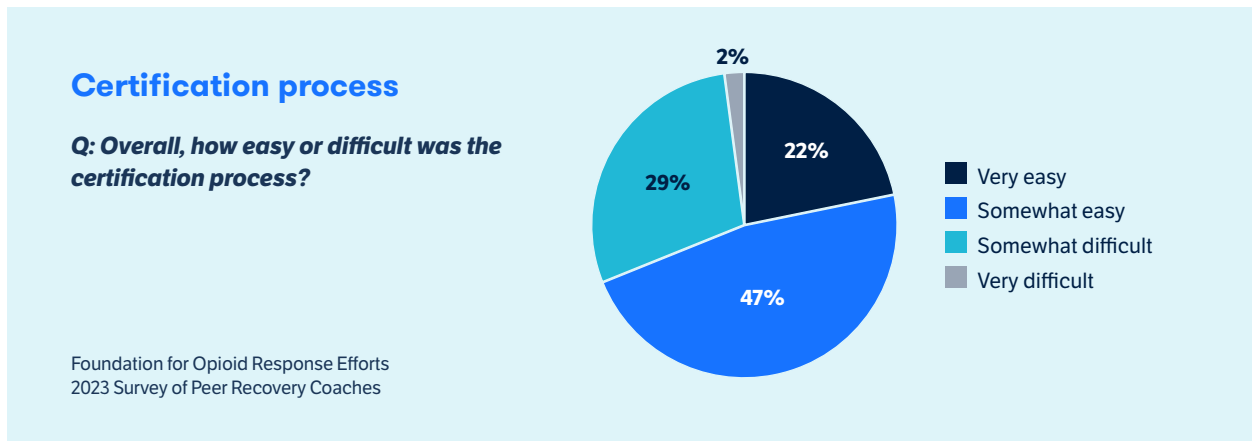
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WORK EXPERIENCES AND CHALLENGES

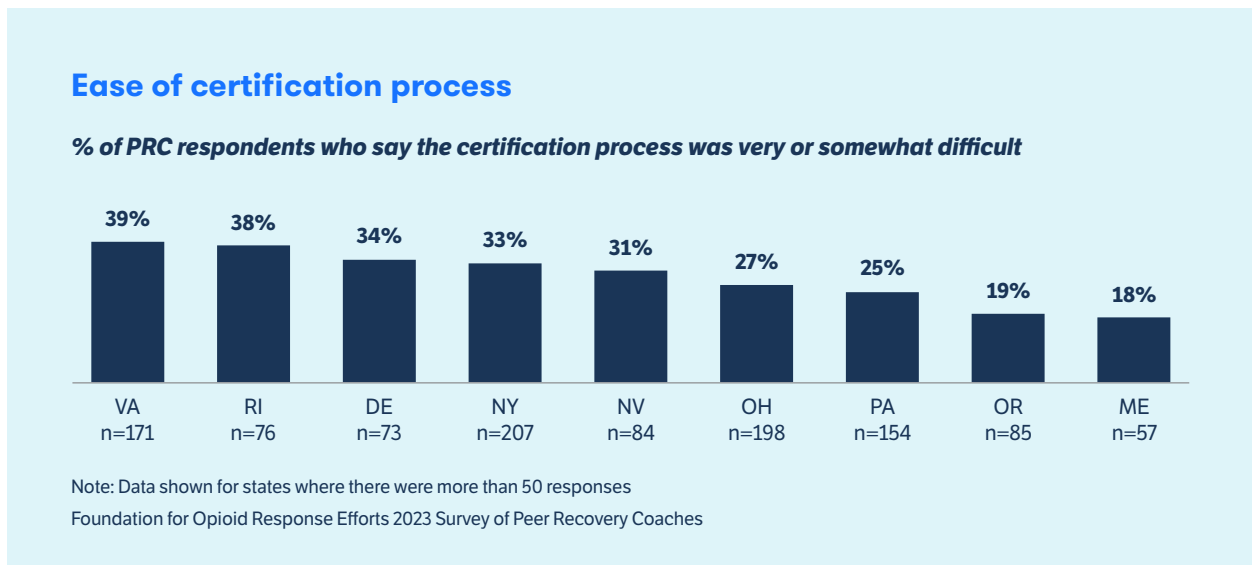
Certification process easy for many, but challenging for some

States vary with respect to how long they have had PRC certification programs in place and have differing requirements in terms of curricula, required number of training and fieldwork hours, type of supervision, and recertification timeframes. Just over half of PRCs (55%) were volunteer peers prior to becoming certified. We asked peers about their decision to become certified and how the process had gone for them.

- Two-thirds (67%) of PRCs in this survey decided to pursue certification for career development while nearly half (42%) became certified because of a job requirement.
- Two-thirds of respondents said the certification process was very (22%) or somewhat (47%) easy, while about one-third said that it was somewhat (29%) or very difficult (2%).
- People who found the process hard cited challenges including finding training opportunities, finding the time for training, and needing to support themselves while training.



Respondents in Virginia, Rhode Island, Delaware, and New York were significantly more likely to report difficulties with the certification process than were respondents in other states.



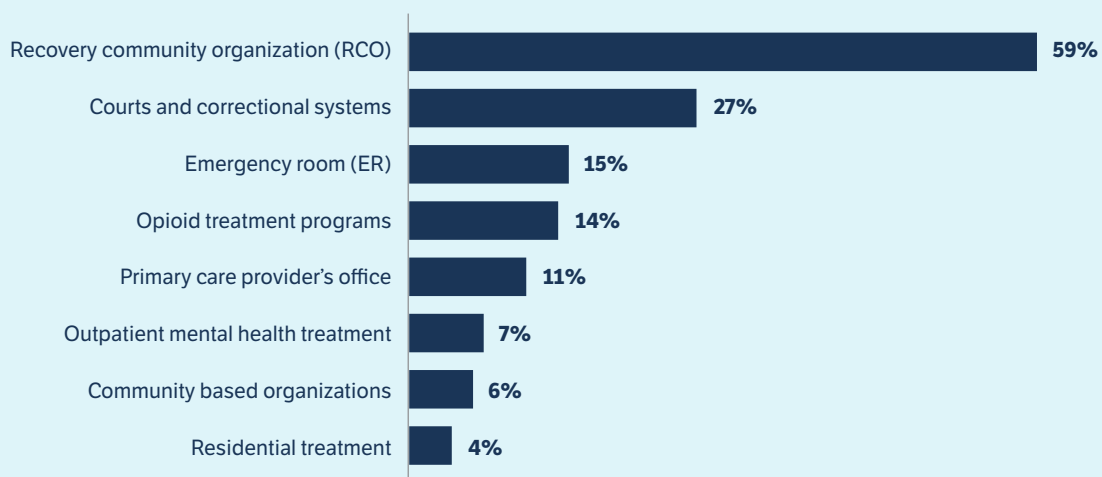
PRCs work in varied ways and with a variety of populations

PRCs reported working in a wide range of organizations and with different groups of people in treatment or recovery from OUD. They also performed many different activities.

- Most commonly, PRCs reported working in recovery community organizations (59%) or in courts and correctional settings (27%).
- They were less likely to work in clinical treatment settings: 15 percent worked in emergency departments, 14 percent worked in opioid treatment programs, and 11 percent worked in primary care providers' offices.
- Fewer respondents worked in behavioral health settings such as outpatient mental health treatment facilities (7%) or residential treatment programs (4%).

Work settings

Q: In which of the following settings do you currently support clients?



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The PRCs in this survey worked with a wide range of people with OUD, including those involved in the criminal justice system, young adults, and people experiencing homelessness.

- The majority (73%) said that they tailor their approach based on the individual they're supporting.
- The overwhelming majority reported being very (87%) or somewhat comfortable (12%) supporting people on different recovery paths than their own (e.g., abstinence only, medications for OUD only, medications for OUD plus counseling, or other recovery paths). Most of the PRCs reported working with people on various recovery paths.

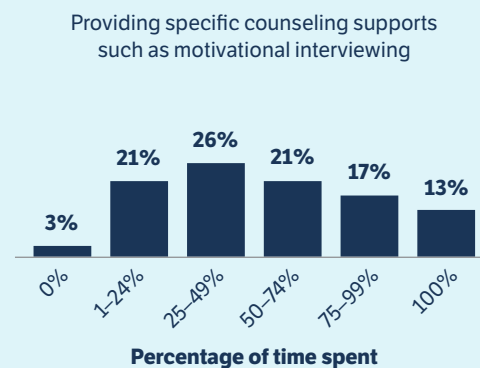
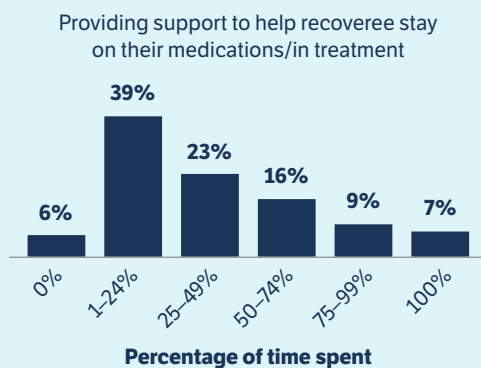
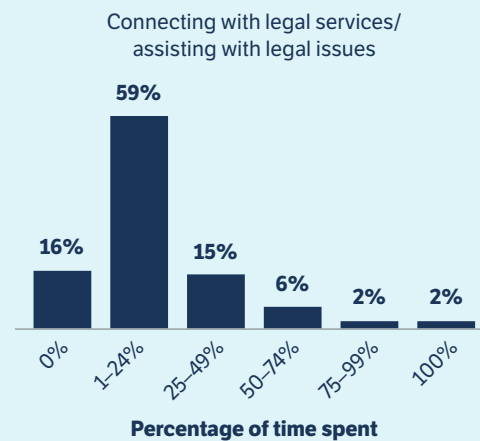
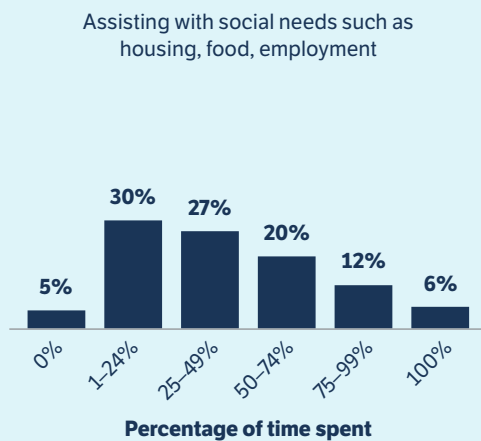
Respondents reported spending time as a PRC on a wide range of activities, including: advocating for their clients; helping them find housing, food, employment, or support for other social needs; connecting them with legal services; helping them stay on medications and in treatment; and offering motivational interviewing and other counseling supports.

For example, more than half (57%) of PRC respondents said they spent less than half of their time assisting recoverees with social needs such as housing, food, or employment while 20 percent said they spent half to three-quarters of their time on these activities and 18 percent said they spent three-quarters or more of their time on them.

Time spent supporting recoverees

Q: What portion of your time, on average, is spent supporting recoverees in the following ways?

% of PRC respondents



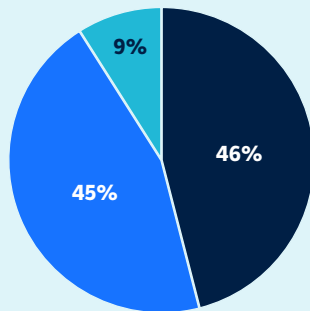
Some PRCs felt unprepared for their role, wanted more training

When asked how well prepared they felt to do their job, nearly half of respondents said they felt well prepared (46%) or somewhat prepared (45%), but a minority (9%) said they did not feel prepared at all.

- Respondents who felt well prepared for their role were significantly more likely to say they think they would still be a PRC in 2027 than those who said they felt somewhat prepared or not prepared at all (56% vs. 40% and 32%, respectively).
- Among those who said they felt only somewhat or not at all prepared for their role, more than half (54%) said they'd like additional training, including how to work with particular populations such as pregnant people or people of color. Nearly half (46%) said they needed training in ways to engage clients and partner with community organizations.

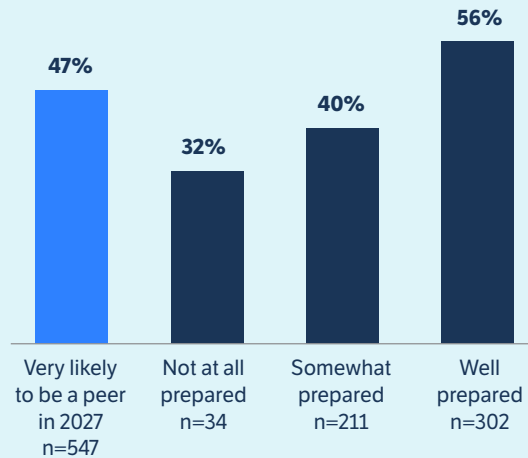
Preparation for the role

Q: Upon entering the workforce, how prepared did you feel for your role as a PRC?

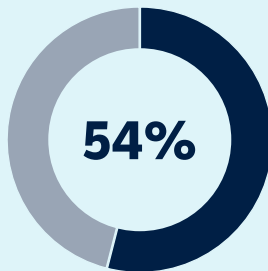


- Well prepared
- Somewhat prepared
- Not at all prepared

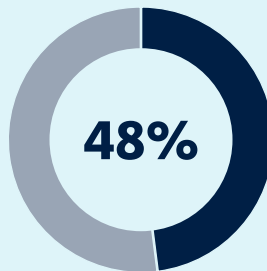
% of PRC respondents who are very likely to still be a peer in 2027, by how prepared they felt for their role



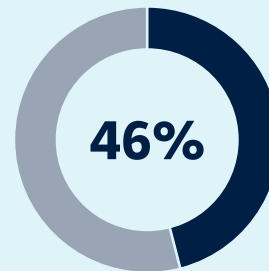
Among PRC respondents who felt less than well prepared (n=639)



Say they need additional training that's population-specific



Say more training during the certification process would have made them feel more prepared for their current role



Say they need training in outreach and engagement

“More cultural congruency is needed in [peer recovery support services] training for underserved Black and Brown communities. Black women are the least served, seen, supported, or included in the [peer recovery support services] space.”

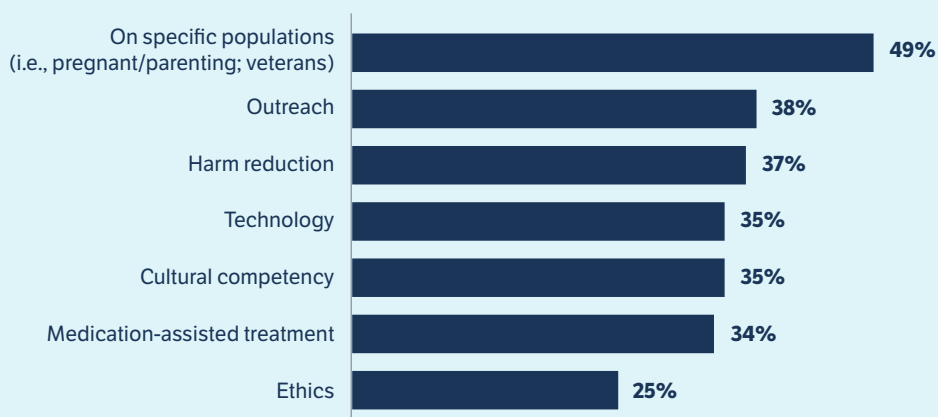
Even though most respondents felt well prepared or somewhat prepared for their role, nearly half (48%) felt that more training would better prepare them.

- Most PRCs (88%) said they had opportunities for further training through their employer (70%) and/or through the state (53%).
- Many PRCs said that — after they had gained some experience in their role — they realized they could use more training, including on how to work with specific populations (49%), how to conduct outreach (38%), and on harm reduction (37%). Only 10 percent of respondents said they didn't need further training.
- However, PRCs said that costs (59%) and inability to travel (49%) limited their ability to take advantage of training opportunities (data not shown).

In verbatim comments, some respondents noted PRCs needed more training on how to set boundaries with clients and think through ethical considerations, as well as how to care for themselves. Others called for training on how to respond to the mental health issues and traumatic experiences that often accompany addiction, as well as on the science of addiction and how to work with clinicians.

Training needed

Q: In which of the following areas, if at all, do you feel you need (additional) training?



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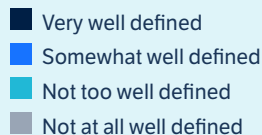
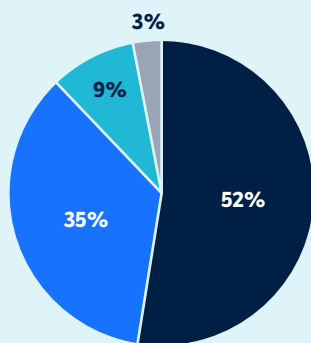
Many PRCs said coworkers didn't understand their role

Just over half of respondents (52%) said their roles and responsibilities were well defined in their places of work.

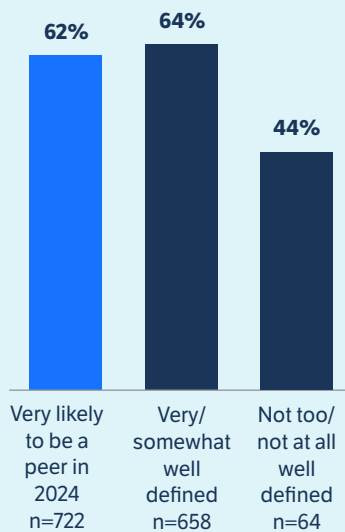
- These respondents were significantly more likely than those who said their roles and responsibilities were somewhat well defined, not too well defined/ not at all well defined to report that it's very likely that they would still be a PRC in 2024 (71% vs 53% and 44%, respectively).
- Even though half of respondents said their roles were well defined, only 38 percent of PRCs said their coworkers understood their role very well and 41 percent said their coworkers understood their role somewhat well. About one in five (21%) said their coworkers didn't understand the role of a PRC well.
- Some PRCs said they felt stigmatized or not respected by their coworkers or other professionals. Nearly 45 percent of respondents said they felt stigmatized or not respected by professionals within and/or outside their organization (data not shown).

Defining responsibilities

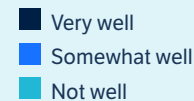
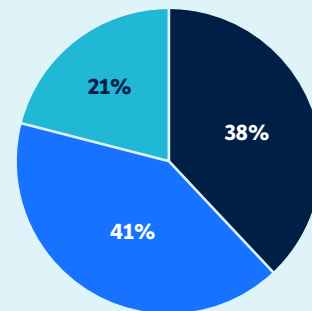
% of PRC respondents who say their role is...



% of PRC respondents who are very likely to still be a peer in 2024, by how well they feel their role is defined



% of PRC respondents who say their coworkers understand their role as a PRC...



In verbatim comments, several people suggested that their coworkers could be offered trainings or given other opportunities that might help them understand the role of PRCs. Some felt not only were they misunderstood, but their coworkers didn't value their contributions. Some respondents said that they were used to perform administrative tasks or deployed as case managers rather than as coaches. Others said they wanted to be more included in care teams.

“ I am frequently used to fill gaps in the workplace. I do a lot of admin/caseworker work and am not paid what I should be. Very few people understand the role of a coach.”

“ PRCs should be used more often in team meetings about clients that we serve mutually with other staff. We often offer valuable insight into the health and well-being of our clients.”

“ Stop treating us like we are just recovering addicts.”

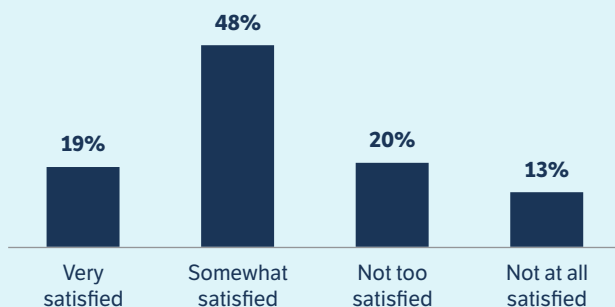
Many PRCs unsatisfied with compensation, have concerns about financial stability

The majority (83%) of respondents said they receive financial compensation for their work, with about two-thirds (67%) feeling very or somewhat satisfied with their compensation. One-third of PRCs said they were not too satisfied (20%) or not at all satisfied (13%) with how much they earned.

- Whether PRCs were paid varied by state. PRCs in New York were most likely to report being paid for their work; those in Maine were least likely to report this.
- Many PRCs in this survey said while their work is skilled and demanding, they earn similar hourly wages as do those working entry-level jobs in retail or in the service industry. Others noted that they'd be forced to leave the field because of low pay.

Financial compensation

% of PRC respondents who are very/somewhat/not too/not at all satisfied about their financial compensation (among PRCs who receive financial compensation, n=968)

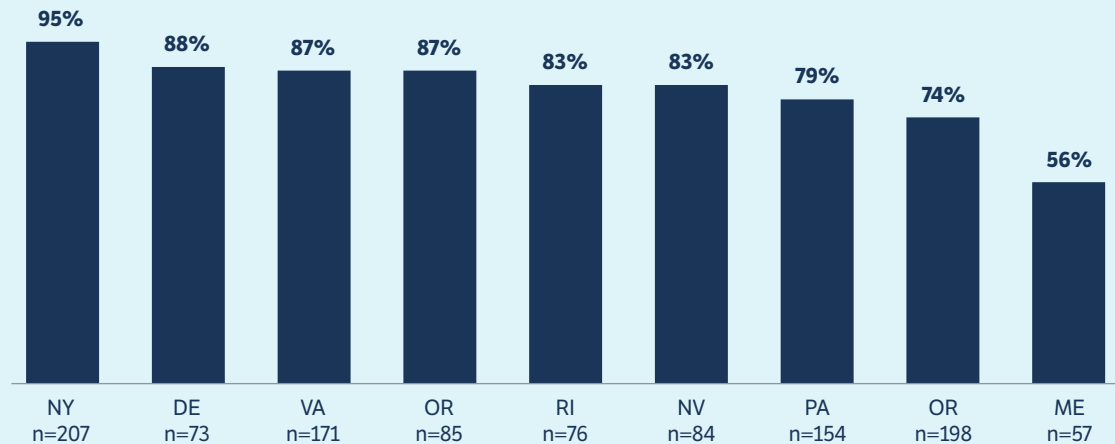


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“ Please consider paying more for this role. It can be emotionally draining and the salary is not a livable wage. Hence why burnout happens so often.”

Financial compensation

% of PRC respondents who receive financial compensation for the work they do as a PRC



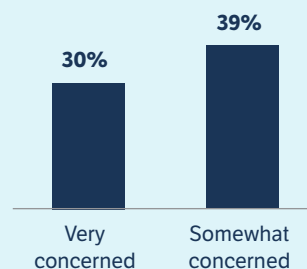
Note: Data shown for states where there were more than 50 responses
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Many PRCs also shared concerns about their financial stability:

- Nearly seven in 10 respondents (69%) said they were concerned about potential budget cuts or other loss of funding to support the PRC position within the next two years.
- Whether PRCs reported receiving employment benefits, such as health insurance, varied significantly across states. Overall, two-thirds (67%) of respondents reported receiving health insurance coverage (data not shown).

Financial compensation

% of PRC respondents who are very/somewhat concerned about potential budget cuts/loss of funding to support the PRC position within the next two years



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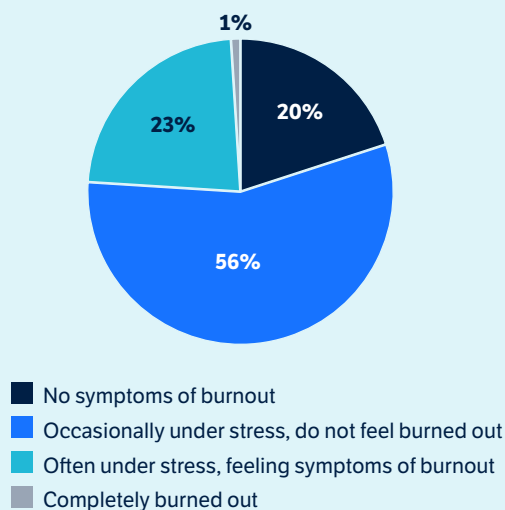
A quarter of PRCs felt stress, symptoms of burnout

We asked PRCs whether they felt stressed or experienced symptoms of burnout.

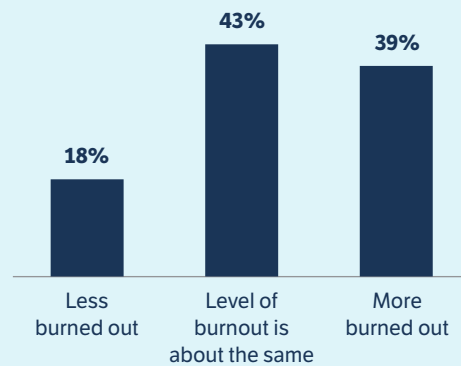
- While more than half (56%) said they occasionally experienced stress and did not feel burned out, 23 percent said they were often stressed and felt symptoms of burnout, including physical or emotional exhaustion or fatigue.
- Compared with prior to the COVID-19 pandemic, 39 percent of PRCs felt more symptoms of burnout now.
- When those who were experiencing some symptoms of burnout were asked about the contributing factors, half (48%) pointed to the emotional strain of working with people in recovery. About a quarter also said they didn't feel supported at work (26%), worked too many hours (24%), and/or had caseloads that were too large (23%).

Battling burnout

Level of burnout



% of PRC respondents who say they feel ____ compared with before the pandemic began in March 2020, n=412



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“Being a PRC is the most rewarding, but also most stressful job I have ever had. Self-care is very important.”

Causes of burnout

What's contributing to burnout? Based on those who feel some level of burnout, n=941

48%



Emotional strain
of working with
recoveees

26%



Do not feel
supported
at work

24%



Working too
many hours

23%



Caseload is
too large

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“ [PRCs] do not always have healthy boundaries in their life and are so eager to help that they often ignore their own needs and may need supervisors and managers [to] tell them when it is necessary to take time for themselves.”

“ Do not require [PRCs] to take on a/the maximum number of clients immediately, but rather work them up to that goal over time, and ensure that they feel stable and comfortable with the workload.”

SUPPORTING THE PRC WORKFORCE

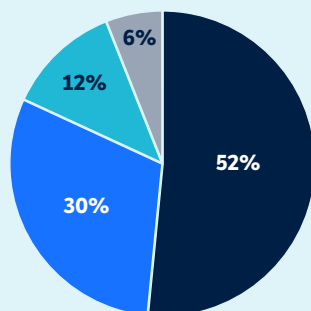
Supervisors should also be PRCs

PRCs reported that having supervisors who share their experiences as PRCs is important.

- Most PRCs said that it is very important (52%) or somewhat important (30%) to have a supervisor who is also a PRC.
- Respondents said having a supervisor who is also a PRC helps their supervisor understand their role (85%), advocate for PRCs within their organization (81%), and/or offer advice or guidance (82%).
- Despite the importance of having supervisors who are PRCs, fewer than half (46%) of respondents reported this. Among those who were not supervised by a PRC, 34 percent said their supervisor is also in recovery or has other lived experience of substance use (data not shown).

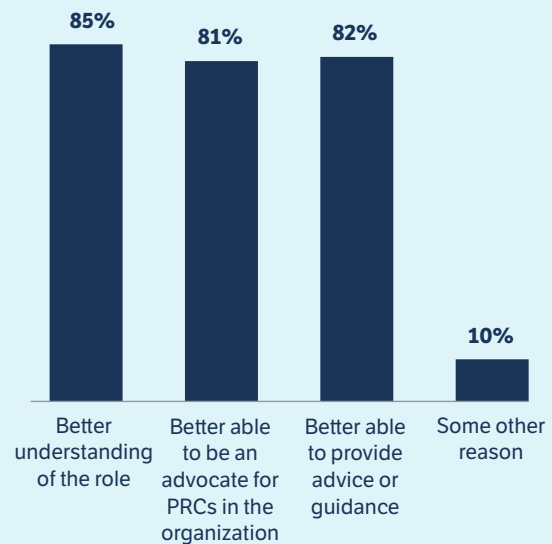
Importance of supervision

Q: How important, if at all, is it to have a supervisor that is a PRC themselves?



- Very important
- Somewhat important
- Not too important
- Not at all important

Q: Why is it important their supervisor is a PRC?



PRCs rely on support networks, self-care routines

Even though a quarter (23%) of PRCs said they often experienced stress or symptoms of burnout, most (92%) said they had someone they could turn to for support.

- The leading sources of support were friends (72%), supervisors (64%), coworkers (62%), or family members (61%).
- PRCs reported practicing a range of self-care methods, including: listening to or playing music (79%), socializing with family members and friends (77%), attending support groups (59%), and meditating (58%). Notably, fewer PRCs cited more formal approaches to self-care, such as individual counseling or following a wellness recovery action plan (45% and 18%, respectively) (data not shown).

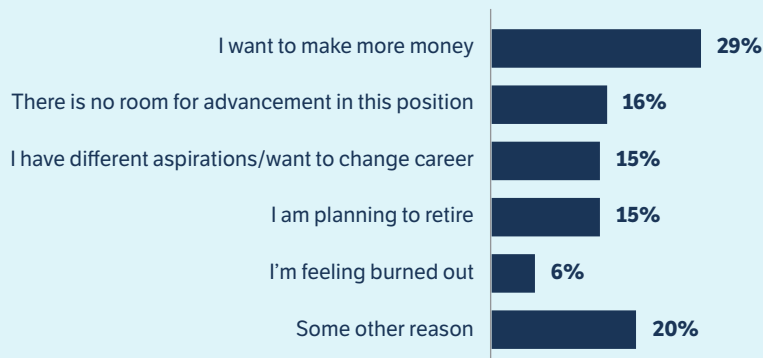
Inadequate compensation, lack of career pathway may prompt PRCs to leave field

When PRCs were asked why they might not be in the field in five years' time, inadequate compensation and lack of opportunities for career advancement were the most frequently reported responses.

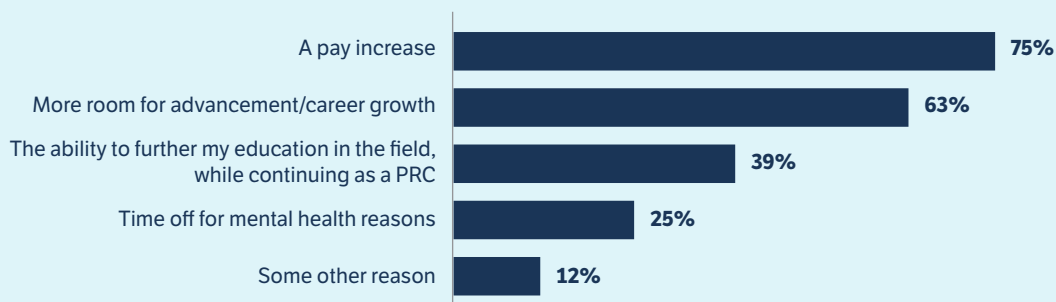
Among the respondents who said it was unlikely they'd still be working as a PRC in 2027, nearly one-third (29%) pointed to their desire to earn more money while 16 percent said they didn't have room to advance in their career. PRCs said better pay (75%) and more room for career advancement (63%) would make it more likely they'd remain in the field.

Career goals

Q: What is the primary reason you are likely to find another career path?



Q: Which of the following factors, if any, would make you more likely to remain a PRC?



“

This is challenging work that is often undervalued and underpaid. Since starting in 2017, I have watched dozens of peers in the area leave the field for these reasons.”

“

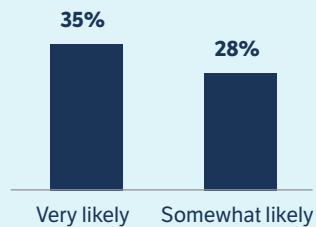
Peer Professional jobs are great for re-entering the workforce when there may be a long gap in employment history. It may also be good for people who do not need to pay for their own housing, food, and other bills. Unfortunately, it is near impossible to make a living wage as a Peer Professional.

Peers are looking toward the future and want to progress their careers. More than six in 10 respondents (63%) thought it was very or somewhat likely that they would pursue further education.

The vast majority (92%) reported they expected to study an area related to their work as a PRC (data not shown).

Further education

Q: How likely are you to pursue further education?



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Conclusions

The first multistate survey of certified peer recovery coaches who work with people with OUD yielded several insights to inform policy and practice and suggested avenues for future research.

- **PRCs are mission-driven, but face many challenges.** PRCs work in a relatively new and evolving field. While they feel passionate about their work, they face several challenges that could make it hard to sustain and grow this workforce. These challenges include lack of understanding about the role of PRCs, the stigma against those who've experienced addiction, inadequate compensation, and lack of training and career advancement opportunities.
- **PRCs need adequate compensation.** Employers, state Medicaid programs, public or private funders, and others who help pay for the work of PRCs should assess what comprises an appropriate level of compensation, considering whether peers earn a livable wage and their employment benefits. There was significant variation among states in the responses to questions about compensation, suggesting there are opportunities for states to learn from one another and to adopt more uniform policies. These policies could include leveraging Medicaid payment and opioid response funds to help pay PRCs.
- **PRCs need recognition from coworkers and emotional support.** Some PRCs said they often felt stressed or experienced symptoms of burnout due to the stress of working with people in recovery, because their caseloads were too large, and/or because they felt unsupported by their coworkers. Some wanted opportunities to network with other PRCs so they could support and learn from each other. Peers also said they need more training and clearer guidelines about ways to set boundaries and care for themselves.
- **PRCs want opportunities to learn and build careers.** Employers and others should ensure that certification and training opportunities are accessible to PRCs so they can pursue their mission and develop their skills. PRCs' responses to questions about the ease of certification varied significantly across states. Standardizing certification processes across states could facilitate sharing of training materials, expand the number of training opportunities, and help build a common understanding of the PRC role. States could also lower barriers to certification and training opportunities, including by waiving costs and offering remote classes.

Despite these challenges, many PRCs are interested in remaining in the field of behavioral health. For example, in verbatim comments, many PRCs expressed interest in becoming drug and alcohol counselors. PRCs could help grow the pipeline for these and other behavioral health workers if they are given sufficient resources and opportunities.

This survey brings the voices and experiences of peer recovery coaches to the table and identifies ways that health care providers, payers, policymakers, and others can better value their efforts to help people recover from OUD. This is a workforce integral to addressing the national opioid and overdose crisis.

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