



Certified Peer Professionals Best Practices Guide

Austin/Travis County, Texas Homelessness Response System

“Anybody can become traumatized just by being in an environment or atmosphere where you’re dealing with a whole lot of trauma. People coming from prison or homelessness have all different types of addictions and ‘demons’ – difficult life circumstances and situations that you can’t just study in a book to get the full understanding of. You can’t just go to a library and read up on this stuff and become an expert on it. Some things can only be taught by experience.”

- The Art of the Heart is to Hear with the Ear
(ECHO, February 10, 2023)¹

September 2025

¹ <https://www.austinecho.org/wp-content/uploads/2021/12/Art-of-the-Heart-Report.pdf>

Table of Contents

Executive Summary	3
Introduction	4
Best Practices	5
1. CPPs Teams and Team Integration.....	5
a. CPP Teams	
b. Interdisciplinary Teams	
2. CPPs in Housing and Different Settings.....	7
a. Housing	
b. Shelters/Transitional Housing	
c. Drop-in/Day/Resource Centers	
3. Workforce Considerations.....	8
a. Compensation and Benefits	
b. Hiring and Onboarding Recommendations	
c. Barriers to Certification and Employment	
d. Supervision and Professional Development	
4. CPP Cost Effectiveness.....	9
a. Reduces Recidivism & Improves Reentry	
b. Builds Continuity of Care After Crisis	
c. Cuts Down on Emergency Room & Shelter Use	
Glossary	11
Appendix	13
References	14

Executive Summary

Peer support is an essential component of the Homeless Response System in Austin/Travis County. Individuals who have experienced or are currently experiencing homelessness, behavioral health conditions, or justice system involvement benefit from peer-led, participant-driven support.

A **Certified Peer Professional** (“CPP”) is an individual with lived experience of mental health challenges, substance use disorder, and/or incarceration who has received specialized training and credentialing to provide guidance and support.² For the purposes of this document, it is a best practice to hire a CPP with lived experience of being unhoused.

Grounded in shared lived experiences and mutual trust and unlike traditional service providers, CPPs are able to draw on their own experiences through personal storytelling to establish connections with individuals. This interaction is characterized by empathy, active listening, and the sharing of personal narratives. Such relationships foster hope, resilience, and meaningful change.

²

<https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf>,

Introduction

Certified Peer Professionals are an evidence-based workforce shown to improve outcomes across diverse settings. Their effectiveness is well-documented and supported in literature authored by both the Substance Abuse and Mental Health Services Administration (SAMHSA)³ and the National Alliance on Mental Illness (NAMI).⁴ Unhoused individuals experience challenges and traumas unique to their situation, behavioral health or otherwise, and need immediate access to housing and participant-driven support. Ending homelessness is just the beginning.

For the purposes of this document only, a Certified Peer Professional (hereinafter referred to, collectively, as “CPP”) refers to each credentialed peer support mentioned below unless otherwise noted. The current State of Texas credentialed peers are listed below, along with their general description of services offered, and whether these services are Medicaid billable.⁵ This document establishes best practices for integrating them into and within service provision in the Continuum of Care (CoC), ensuring that their contributions are effective, sustainable, and valued.

Credential	Description	Medicaid Billable?
Certified Family Partner (CFP)	Works with primary caregivers of children with a mental health diagnosis.	Yes
Mental Health Peer Specialist (MHPS)	Works with participants in recovery support within the field of mental health, and/or co-occurring disorders.	Yes
Peer Specialist Supervisor (PSS)	Works with participants, and/or can supervise peers, in recovery support within the field of chemical dependency, mental health and/or co-occurring disorders.	Yes
Recovery Support Peer Specialist (RSPS)	Works in recovery support within the field of chemical dependency, mental health and/or co-occurring disorders.	Yes
Reentry Peer Specialist (JI-RPS)	Supports formerly incarcerated participants with a mental health and/or substance use challenge. A JI-RPS must attest to have lived experience with incarceration, demonstrate current self-directed recovery and be willing to appropriately share their own recovery story with participants.	No

³ <https://library.samhsa.gov/sites/default/files/practical-guide-behavioral-health-pep24-06-004.pdf>.

⁴ <https://www.nami.org/about-mental-illness/treatments/types-of-mental-health-professionals/>

⁵ <https://texasjcmh.gov/media/udrktngd/4th-ed-adult-bench-book-for-web.pdf>.

Best Practices

1. CPP Teams and Team Integration

a. CPP Teams

While all CPPs are trained to effectively support individuals with their individualized wellness goals, it is recommended that organizations employ a team of CPPs, whenever possible, for a variety of reasons. Having a CPP team helps to avoid the potential for burnout and compassion fatigue because of being the sole CPP for an organization, in addition to ensuring more people have access to peer support at a given time. It is also recommended that CPP teams include those with diverse representation, backgrounds, cultures, and lived experience. This helps ensure that services are offered in a culturally competent and accessible manner.

b. Interdisciplinary Teams

CPPs can also complement service delivery, however they do not replace clinical staff. Understanding the unique and complementary roles in behavioral health and homelessness response is critical to supporting integrated care.

	<u>Peer Professional (RSPS/MHPS/JI-RPS)</u>	<u>Case Management</u>	<u>Clinicians (LPC, LCSW, LMFT, LCDC, Psychiatrists, etc.)</u>
Credentialing	Certified by HHSC/TCBAP with lived experience	May require degree or certification	State-licensed healthcare professionals
Core Focus	Recovery support, empowerment, emotional support, shared lived experience	Coordination of services, housing, referrals	Assessment, diagnosis, therapy, medication
Approach	Mutual, participant-led, strengths-based,	Service-driven, eligibility-based	Clinical, goal-oriented, evidence-based
Primary Tools	Storytelling, motivational interviewing, harm reduction	Documentation, referrals, follow-ups	Diagnoses, treatment plans, interventions
Best Used For	Trust-building, engagement, hope	Service coordination and tracking	Therapy, clinical stabilization

CPPs may elect to attend participant staffing meetings with the informed consent of the participant. Their presence should focus on supporting the participant’s voice, not clinical decision-making.

Together, these roles form a complete support team when clearly defined and used as intended.

2. CPPs in Different Settings

CPPs and case managers may support similar participant goals, but their tasks and approaches are distinct. CPPs focus on building trust, providing emotional support, and modeling recovery, rather than performing service coordination or eligibility tasks. Space should be available for one-on-one meetings in every setting.

- a. **Housing:** CPPs assist residents in helping remove barriers to sustainable housing such as developing life skills and fostering community integration and engagement.

CPP Roles	Examples of Activities
<ul style="list-style-type: none"> - Build long-term, recovery-centered relationships - Support skill-building for independent living (budgeting, time management, communication) - Connect peers to community resources and services - Provide reentry support (post-incarceration, hospitalization, detox) - Advocate with landlords, case managers, and tangential systems 	<ul style="list-style-type: none"> - Facilitating recovery planning sessions - Accompanying tenants to appointments or community meetings - Hosting peer-led tenant/community support groups - Introducing harm reduction strategies (Harm Reduction Best Practices)⁶ - Helping peers reestablish routines or re-engage in work/education

⁶ [Harm Reduction Best Practices](#).

- b. **Shelters & Transitional Housing:** CPPs provide emotional support, rebuilding community through an engaged community and with the community at large, guidance on accessing services, and motivation for long-term housing solutions.

CPP Roles	Examples of Activities
<ul style="list-style-type: none"> - Provide orientation support: help new residents understand rules and feel comfortable - Build relationships with individuals in crisis or early recovery - Offer emotional grounding in high-stress environments (while deferring crisis intervention to trained staff) - Guide navigation of mental health, substance use, legal, and medical services - Share personal recovery stories to reduce stigma and inspire hope 	<ul style="list-style-type: none"> - Facilitate daily check-ins or informal peer circles - Support goal-setting around recovery, housing, or family reunification - Encourage participation in available shelter services and referrals

- c. **Drop-In/Day/Resource Centers:** These are accessible, low barrier, short-term spaces designed to meet immediate needs.

CPP Roles	Examples of Activities
<ul style="list-style-type: none"> - Offer welcoming, low-pressure engagement to build trust - Provide resource navigation (phones, mail, food, hygiene, etc.) - Deliver harm reduction education and distribute tools 	<ul style="list-style-type: none"> - Offer listening space or brief mental health/substance use interventions - Assist with access to basic needs while maintaining dignity - Encourage participants to shape services and provide feedback

As living and breathing examples of recovery, peer support staff can attest to the utility and effectiveness of treatment, rehabilitation, and support.

3. **Workforce Considerations**

a. **Compensation and Benefits**

CPPs should be offered a competitive salary and the same benefits and opportunities as other staff for raises and promotions (no less than **City of Austin’s livable wage (\$21.63/hour as of 2024)**,⁷ with additional monies offered for each year the CPP has been certified. Looking at pay scales and job descriptions of current staff can help you develop job descriptions that clearly describe the roles and responsibilities of CPPs. Also consider benefits such as a flexible work schedule. Many CPPs are scheduled to work 25–40 hours a week, however, the job often demands that they work during times often outside of normal business hours. The reality of CPP positions should be reflected in policies and procedures on overtime pay, flexible work hours, or flex time. Supervisors should be aware of work hours and demands on staff, while encouraging a work–life balance.

b. **Hiring and Onboarding Recommendations**

This workgroup found the City of Philadelphia’s 2024 Peer Support Toolkit to be the most well informed and current model for hiring and onboarding of CPPs.⁸

- Agencies should hire individuals with lived experience and provide paid opportunities to gain certification.
- Non-certified peers should receive financial and logistical support to complete CPP training within 6-12 months of employment.
- Apprenticeship opportunities and programs through the Texas Workforce Commission⁹ and www.PeerForce.org should be leveraged to create pathways for paid on-the-job training.
- For full-time employees, a 36-hour work week for 40-hour pay is strongly encouraged. This time can be used for self-care and/or mental wellness activities. CPPs work can be very emotionally taxing and overwhelming at times. It is imperative that CPPs take care of themselves mentally and emotionally.

c. **Barriers to Employment and Certification**

- Background checks disproportionately impact hiring. Agencies should refer to disqualifying offenses listed in Texas Administrative Code §354.3201, entitled Criminal History and Registry Checks.¹⁰
 - o Texas Certification Board of Addiction Professional Appeals and Exception Procedures can be found in this workgroup’s folder.¹¹

⁷ <https://www.austintexas.gov/faq/what-citys-living-wage>.

⁸ <https://dbhids.org/wp-content/uploads/2024/02/PSToolkit-2023.pdf>.

⁹ <https://www.twc.texas.gov/programs/apprenticeship>.

¹⁰

[https://texas-sos.appianportalsgov.com/rules-and-meetings?\\$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=07%2F08%2F2025&recordId=193735](https://texas-sos.appianportalsgov.com/rules-and-meetings?$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=07%2F08%2F2025&recordId=193735).

¹¹ https://drive.google.com/file/d/1eBJDL4pkbl2CWmE6NILEJYhoMYhIkBe0/view?usp=drive_link.

- Agencies should create clear policies that distinguish between relevant and non-relevant offenses. It is important to note that the JI-RPS credential does not have any disqualifying offenses to obtain certification.
- The cost of certification, training, and supervision should be covered or subsidized by employers.

d. Supervision and Professional Development

Supervision Best Practice: CPPs should be supervised by a Qualified Peer Supervisor (QPS) who has completed HHSC-approved supervisor training. While it is ideal for supervisors to have direct peer support experience, this is not required under HHSC policy. Below are links to PSS trainings:

- <https://peerforce.org/peer-support-supervisor-pss/>
- <https://www.peeracademy.org/peer-support-supervisor-training/>

4. Cost-Effectiveness of CPP Services¹²

SAMHSA has identified the four pillars of peer support as HOME, HEALTH, COMMUNITY and PURPOSE. Engagement with CPPs have proven to assist by:

- i. Increasing levels of hope, empowerment and quality of life, including physical health and wellness;
- ii. Increasing self-efficacy and engagement;
- iii. Improving relationships; and
- iv. Reducing hospital readmissions, days in the hospital and frequency of recurrent psychiatric hospitalizations.

a. Peer Support Reduces Recidivism & Improves Reentry¹³

- A Hogg Foundation pilot in Tarrant County, Harris County, and the Rio Grande Valley used CPPs to walk with people through **pre-release planning and community reentry**.
- Results: **Fewer arrests and fewer returns to jail.**
- What it means for housing: Less time in jail → more time working on recovery, housing stability, and employment.

¹²

<https://www.nami.org/compilmentary-health-approaches/certified-peer-specialists-an-untapped-opportunity>,

¹³ [Hogg Foundation Reentry Pilot Report \(2019, PDF\)](#).

b. Peer Support Builds Continuity of Care After Crisis¹⁴

- The **City of Houston** has highlighted peer support as a **cost-effective way to help people transition out of jails and psychiatric hospitals**.
- Why it matters: Instead of falling back into crisis services (or homelessness), peers help people **connect to housing, outpatient care, and benefits**.

c. Peer Support Cuts Down on Emergency Room & Shelter Use¹⁵

- The **Hogg Foundation** found that peer support can **reduce cycling through ERs, jails, and mental health facilities**.
- In practical terms: When people are supported by CPPs, they're less likely to use the shelter system in crisis and more likely to **move into stable housing**.

WHY THIS MATTERS FOR THIS WORK

- **Fewer high-cost crises:** ER trips, jail time, shelter stays
- **More housing stability:** Peers coach on budgeting, routines, and landlord relationships
- **Better outcomes for clients:** Improved recovery, reentry success, and community integration
- **System savings:** Every \$1 invested in peer services saves \$2–\$4 system-wide — money that can be reinvested in housing and supportive services

Takeaway for Providers

Integrating CPPs into your housing and service teams **improves stability for clients AND saves the system money**. For homeless service providers, CPPs aren't just "nice to have"—they are a **cost-effective tool for ending homelessness**.

¹⁴ [City of Houston HB1486 Report \(2017, PDF\)](#)

¹⁵ [Expanding Peer Support in Texas \(2015, PDF\)](#)

Glossary

Active Listening – A peer support skill where the listener fully concentrates, understands, and responds with empathy to what is being said.

Background Checks – Screening of criminal history often required in hiring. In Texas, disqualifying offenses are outlined in Texas Administrative Code §354.3201. *Note: The JI-RPS credential does not bar individuals with lived incarceration experience.*

Burnout / Compassion Fatigue – Emotional and physical exhaustion caused by prolonged exposure to high-stress or high-demand environments. Teams of CPPs help reduce this risk.

Case Management – A professional service focused on coordinating care, eligibility, housing, and referrals. Distinct from peer professionals, which centers lived experience and empowerment.

Certified Family Partner (CFP) – A parent or caregiver with lived experience raising a child with a mental health condition, trained and credentialed to support other families. Medicaid billable in Texas.

Certified Peer Professional (CPP) – An umbrella term used in this document to describe credentialed peers (e.g., RSPS, MHPS, CFP, JI-RPS) who provide recovery-focused, participant-driven support based on lived experience.

Continuum of Care (CoC) – A regional planning body that coordinates housing and services for people experiencing homelessness, required by HUD.

Harm Reduction – A set of practical strategies and ideas aimed at reducing negative consequences associated with substance use and other high-risk behaviors, without requiring abstinence.

Hogg Foundation for Mental Health – A Texas-based foundation that funds research, pilots, and policy initiatives related to mental health and peer support.

Justice-Involved Reentry Peer Specialist (JI-RPS) – A credentialed peer with lived experience of incarceration who supports people reentering the community after justice system involvement. Not Medicaid billable.

Mental Health Peer Specialist (MHPS) – A credentialed peer who supports individuals with mental health conditions or co-occurring disorders. Medicaid billable.

National Alliance on Mental Illness (NAMI) – A national advocacy and support organization for individuals and families affected by mental illness.

Participant-Driven Support – An approach where the individual being served sets their own goals and priorities, with CPPs walking alongside rather than directing.

Peer Specialist Supervisor (PSS) – A credentialed professional who supervises peers and/or provides recovery support. Medicaid billable.

PeerForce – A Texas-based resource that supports the peer workforce through training, job boards, and supervisor resources (peerforce.org).

Peer Academy – A training organization that provides Peer Specialist Supervisor training and other peer workforce development supports (peeracademy.org).

Qualified Peer Supervisor (QPS) – A CPP or other qualified individual who has completed HHSC-approved training to supervise peer staff.

Recovery-Oriented – A model of care that emphasizes hope, self-determination, and person-centered goals, rather than symptom reduction alone.

Recovery Support Peer Specialist (RSPS) – A credentialed peer who supports individuals in recovery from substance use disorders or co-occurring conditions. Medicaid billable.

SAMHSA (Substance Abuse and Mental Health Services Administration) – A federal agency that leads public health efforts to advance behavioral health and peer support nationally.

Shared Lived Experience – The foundation of peer support, where both peer and participant identify common ground in recovery, homelessness, or justice system experiences.

Strengths-Based Approach – A recovery-oriented philosophy focusing on participants' assets and resilience rather than deficits.

Trauma-Informed Care – An organizational approach that recognizes the widespread impact of trauma and seeks to create safe, supportive environments that avoid re-traumatization.

Appendix

For readers who wish to explore the source materials in depth.

- **Texas Certification Board of Addiction Professionals (TCBAP):**
<https://www.tcbap.org/>
- **Employment and Training Resources:** www.peerforce.org and
<https://www.twc.texas.gov/programs/apprenticeship>
- **From Crisis to Care - Addressing Addiction, Mental Health, And Homelessness Through Health And Supportive Services : Drug Policy Alliance**
https://drugpolicy.org/wp-content/uploads/2025/03/2025.02.28_From-Crisis-to-Care-Report_small.pdf
- **Continuum of Care (CoC) Governance Meetings for Feedback & Improvement:**
<https://www.austinecho.org/leadership-council/>

References

1. Ending Community Homelessness Coalition. (2021). *Art of the heart: Building connections through creativity* [PDF].
<https://www.austinecho.org/wp-content/uploads/2021/12/Art-of-the-Heart-Report.pdf>
2. National Association for Peer Supporters. (2021). *National practice guidelines for peer specialists and supervisors* [PDF].
<https://www.peersupportworks.org/wp-content/uploads/2021/07/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors-1.pdf>
3. Substance Abuse and Mental Health Services Administration. (2024). *Practical guide for implementing behavioral health crisis care* [PDF].
<https://library.samhsa.gov/sites/default/files/practical-guide-behavioral-health-pep24-06-004.pdf>
4. National Alliance on Mental Illness. (n.d.). *Types of mental health professionals*. NAMI.
<https://www.nami.org/about-mental-illness/treatments/types-of-mental-health-professionals/>
5. Texas Judicial Commission on Mental Health. (2025). *Adult mental health bench book (4th ed.)* [PDF].
<https://texasjcmh.gov/media/udrktngd/4th-ed-adult-bench-book-for-web.pdf>
6. Leadership Council. (2024). *Harm reduction best practices*. [PDF]
https://www.austinecho.org/wp-content/uploads/2021/12/Best-Practices-for-Harm-Reduction_adapted.pdf
7. City of Austin. *What is the City's living wage?*
<https://www.austintexas.gov/faq/what-citys-living-wage>
8. City of Philadelphia Department of Behavioral Health and Intellectual disAbility Services. (2023). *Peer support toolkit* [PDF].
<https://dbhids.org/wp-content/uploads/2024/02/PSToolkit-2023.pdf>
9. Texas Workforce Commission. (n.d.). *Apprenticeship program*.
<https://www.twc.texas.gov/programs/apprenticeship>
10. Texas Secretary of State. (2025). *Texas Administrative Code summary (as of July 8, 2025)*.
[https://texas-sos.appianportalsgov.com/rules-and-meetings?\\$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=07%2F08%2F2025&recordId=193735](https://texas-sos.appianportalsgov.com/rules-and-meetings?$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=07%2F08%2F2025&recordId=193735)
11. Texas Certification Board of Addition Professionals. (2024). *[TCB Appeals and Exceptions Procedures]* [Google Drive file].
https://drive.google.com/file/d/1eBJDL4pkbl2CWmE6NILEJYhoMYhIkBe0/view?usp=drive_link
12. National Alliance on Mental Illness. (n.d.). *Certified peer specialists: An untapped opportunity*.
<https://www.nami.org/compilmentary-health-approaches/certified-peer-specialists-an-untapped-opportunity>
13. Hogg Foundation for Mental Health. (2019). *Mental health peer support reentry pilot project: Final report* [PDF].

- <https://hogg.utexas.edu/wp-content/uploads/2019/02/Re-Entry-Peer-Support-Final-Report-Jan-10-2019.pdf>
14. City of Houston. (2017). *House Bill 1486: Expanding peer support services in Texas* [PDF].
<https://www.houstontx.gov/txlege/static/documents/hb1486/Hogg-on-Peer-Support.pdf>
 15. Hogg Foundation for Mental Health. (2015). *Expanding mental health peer support services in Texas* [PDF].
<https://hogg.utexas.edu/wp-content/uploads/2015/09/Expanding-Mental-Health-Peer-Support-Services.pdf>