



A FIELD GUIDE FOR ORGANIZATION LEADERS AND SUPERVISORS

Role Drift

How peer supporters get pulled into other jobs, and how to hold the line

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How a peer becomes something else

It rarely happens all at once. A peer covers some intake paperwork during a busy week. Then a few case management tasks. Then a crisis shift. A year later, the peer supporter is doing a different job, and the young people they were hired to walk alongside see less of them.

A 2026 national review calls this role creep, “in which peers are asked to perform duties outside established competencies.”¹

Every extra task feels small. The drift isn't.

¹ National Council for Mental Wellbeing, Mental Health Peer Support Professionals in CCBHCs: A Workforce Integration Needs Assessment, April 2026.



Why it happens

Drift usually comes from good intentions under pressure, not from anyone deciding to misuse the role.

Short staffing

When licensed or case management staff are stretched, peers may be asked to take on “responsibilities that align more closely with case management, clinical documentation, crisis triage or administrative functions.”¹

Funding pressure

Coverage for peer services has tended to favor direct service activities over outreach and engagement.² When funding doesn't cover the whole peer role, pressure grows to fill peer time with whatever can be billed.

Unclear job descriptions

If the role was never written down clearly, there's nothing to point to when requests pile up.

Supervisors who don't know the role

A supervisor without peer experience may not see the drift, or may not know it's a problem.

The peer is good at it

Capable peers get asked for more. Saying yes feels like being a team player.

¹ National Council for Mental Wellbeing, Workforce Integration Needs Assessment, April 2026.

² As reported in the same assessment.



Warning signs

These signs show up long before anyone says “role drift.” Unsourced signs are field observations. One sign alone may be fine. A pattern is worth a conversation.

Less time with young people	More of the week goes to office work like paperwork, intake, or coverage, and less to meeting young people.
More work, no new training or pay	Peers take on assessments, treatment plan notes, or crisis triage they weren't trained or credentialed for, usually with no raise. A national review describes peers doing crisis and boundary work “without commensurate authority, compensation or organizational support.” ¹
Peers as coverage	Peers fill gaps whenever other roles are short. One peer in a study said they did “everything,” from case management to “being the janitor.” ³
A changing job title in practice	The team starts calling peers “case aides” or asks them to “just handle” things.
Supervision drifts too	Sessions focus on task completion, not the peer relationship.
Peers go quiet	They stop sharing their story, or no longer feel like peers.

PRO TIP

Peer work happens in the community.² If peers spend most of the week in the office, and you don't meet young people online, they likely aren't doing the job they signed up for.

¹ National Council for Mental Wellbeing, Workforce Integration Needs Assessment, April 2026.
² Hagaman, A., Warren, H. L., Miller, R., & Henderson, C. (2025). Peer support service activity prevalence by setting: a nine-state survey of peer workers. *Frontiers in Public Health*, 13, 1533051.
³ Elswick, A., Murdock, M., & Fallin-Bennett, A. (2024). Enhancing role integrity for peer workers. *Community Mental Health Journal*, 60, 124-130.

What it costs

Drift can look efficient in the short run. It costs more later.

For peer supporters	Assigning duties outside the peer role can blur boundaries and create ethical tension. Role creep may contribute to “role strain, job dissatisfaction and attrition over time.” ¹
For young people	They lose the relationship that made peer support work, often without knowing why their peer is less available.
For the team	Overlapping duties between case management, care coordination, and peer support can lead to uncertainty about who owns what. ²
For the organization	Work done outside a role's scope or credential can create compliance and billing questions. Check your state's rules and your funders' requirements.

¹ National Council for Mental Wellbeing, Workforce Integration Needs Assessment, April 2026.

² As reported in the same assessment.

Holding the line

Holding the line isn't about refusing to help. It's about keeping each role doing what it's for.

1 Write the scope down

A clear, written scope that the whole team knows, not only the peer.

2 Tell the team

Explain the peer role at team meetings, especially to new clinical and case management staff.

3 Make supervisors the gatekeepers

New tasks for peers go through the supervisor, who checks them against the scope.

4 Say no well

Offer another path: "That's outside my role, but here's who can help."

5 Protect peer time

Watch how peers spend their week, and push back when direct work with young people shrinks. Supervisors who can see caseloads and check-ins can spot drift early.

6 Fix the real gap

If peers keep covering a need, that need is real. Staff it properly.

EXAMPLE (HYPOTHETICAL)

For example, a supervisor might notice that a peer has started writing up clinical notes after sessions because the clinical team is behind on documentation. The supervisor could raise it with clinical leadership, return that documentation to the clinical team, and keep the peer's notes to what the peer role calls for: contact, goals, and concerns.



Ready to write your program's scope down? Blueprints, step-by-step toolkits for program leaders, are at shareandsolve.app/#blueprints.

Gray areas

Some tasks overlap with other roles. The question isn't whether a peer touches them, but how.

Federal peer competencies describe the peer version. SAMHSA's list includes “Links individuals to resources, services, and supports,” “Helps individuals manage crises,” and “Supports teamwork.”¹

THE PEER VERSION	WHEN IT BECOMES ANOTHER ROLE
Helping a young person make and keep appointments	Managing a caseload's services and authorizations
Noting contact, goals, and concerns	Writing clinical assessments or treatment plan notes
Staying connected in a hard moment and following the escalation protocol	Assessing risk or deciding the clinical response
Sharing resources and helping a young person reach them	Determining eligibility or coordinating benefits
Being part of team meetings	Filling in for missing staff as routine coverage

Where the line sits depends on your state's rules, your program's design, and the peer's credential. When in doubt, the supervisor decides, in writing.

¹ SAMHSA, Core Competencies for Peer Workers, as listed in TIP 64, Incorporating Peer Support Into Substance Use Disorder Treatment Services (2023).

Role drift checklist

Review this every few months, with supervisors and peers together.

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- ☐ Peers have a written scope, and the whole team knows it
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 - ☐ New tasks for peers go through the supervisor
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 - ☐ Supervisors understand the peer role and can spot drift
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 - ☐ Supervisors can see caseloads, check-ins, and flagged concerns
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 - ☐ We know roughly how peers spend their week
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 - ☐ Direct time with young people isn't shrinking
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 - ☐ Peers aren't used as routine coverage for other roles
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 - ☐ Peers feel able to say "that's outside my role"
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 - ☐ When peers keep covering a need, we staff it properly
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ABOUT

Share+Solve and Peer Bridge

Share+Solve and Peer Bridge help organizations run their own youth peer support programs. They don't replace your peer supporters, your training, or your program. They give the work you already do a safe, supervised home.

Share+Solve

Where peers and young people connect: messaging, check-ins, goals, and meet-ups, with a one-tap 988 call button on the home screen.

Peer Bridge

Where supervisors see the whole program: caseloads, check-ins, escalations, and program-level reporting.

Private conversations between peers and young people stay between them. Your organization controls its program data, and deletion requests are handled through the platform.

Built by John Dellick, MBA, a nationally recognized peer support professional with nearly a decade in youth peer support and behavioral health.



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