

A Summary Report

Peer Employment in Franklin County 2019

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PEER EMPLOYMENT IN FRANKLIN COUNTY: THE SUMMARY

OVERVIEW

As the demand for peer support services grows in Franklin County, it is important to assess the PRS (Peer Recovery Supporters¹) employment experience and help peer employers develop workplaces that best support the work of peers. Mental Health America's Center for Peer Support (<http://www.CenterforPeerSupport.org>) identifies that the evidence-based practice of peer support services has been shown to improve the quality of life, overall health, and engagement with services, at the same time reducing the use of expensive and disruptive high levels of care.

Peer support is transformative, but to be sustainable and impactful must receive equitable consideration alongside other service modalities. This requires culture change to integrate peers in the work space as equal employees possessing valuable and effective skills who can also help clients get better and stay better.

In this report, we describe the state of the PRS workplace in Franklin County along several dimensions, make recommendations designed to improve the PRS workplace, and provide a framework for peer employment best practices.

THE RESEARCH PROCESS

First, we surveyed² Franklin County PRS staff (representing 11 employers³) along several dimensions:

- **Job Role**—the extent to which PRS understand their duties and responsibilities and fit into the bigger organizational framework
- **Supervisor Support**—the extent to which managers support and encourage
- **Work Engagement**—the extent to which PRS are involved, committed, enthusiastic, and focused
- **Organizational Change**—the extent of PRS involvement with organizational change and how they perceive fairness in organizational decision-making
- **Job Related Satisfaction**—with the certification process, the job overall, and wages and benefits

¹ A peer supporter is someone who has experience in the healing process of recovery from psychiatric, traumatic and/or substance use challenges and, as a result, can offer assistance and support to promote another peer's own personal recovery journey (SAMHSA working Definition of Recovery last updated in 2011)

² Approximately 25% of the Franklin County peer workforce responded (N=33), based on the number of OhioMHAS certified PRS, October 2016 – May 2019 (N=134);

³ The P.E.E.R. Center, Maryhaven, Amethyst/Alvis, House of Hope, Franklin County Office of Justice, Policy and Programs, Community for New Direction, Netcare Access, Southeast, Inc., National Church Residences, Thrive Peer Support, OSU East

- **Advancement, Leadership, and Training**—extent of job training and paths to advancement and leadership
- **Self-Care**—extent of activities related to self-care
- **Position Support**—regarding the robustness of position descriptions, policies & procedures, and required documentation

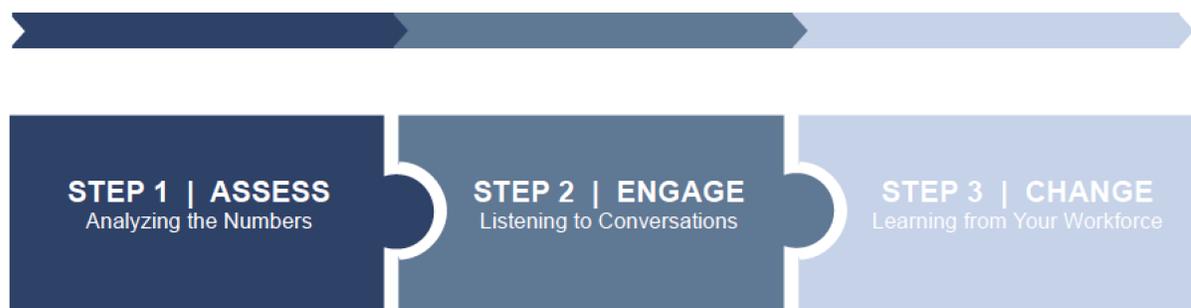
These results then informed what areas to explore in two follow-up focus groups involving 10 Franklin County PRS (from 10 different organizations⁴).

We also surveyed⁵ Franklin County peer employers along several dimensions:

- **Supervisory Support**—the extent to which managers support and encourage
- **Organizational Change**—supervisors’ perceptions of the extent of PRS involvement with organizational change and their thoughts on how PRS perceive fairness in organizational decision-making
- **Job Role**—supervisors’ perceptions of the extent to which PRS understand their duties and responsibilities and fit into the bigger organizational framework
- **Advancement, Leadership, and Training**
- **Wages & Benefits**
- **Position Support**—regarding the robustness of position descriptions, policies & procedures, and required documentation

These results then informed what areas to explore in a follow-up focus group involving seven Franklin County peer supervisors (from six different organizations⁶).

This combination of quantitative and qualitative data using multiple measures provided the information we needed to first describe the current state of PRS employment in Franklin County and then recommend practical improvements.



⁴ National Church Residences, Franklin County Office of Justice, Policy and Programs, Impact Community Action, House of Hope, Community for New Direction, Thrive, Positive Recovery Solutions, Ohio Guidestone, The P.E.E.R. Center

⁵ N=18; uncertain of the representation of Franklin County peer employers

⁶ Community for New Direction, The P.E.E.R Center, Franklin County Office of Justice, Policy and Programs, National Church Residences, Southeast, Inc. (Recovery Works), House of Hope, Thrive

PEER EMPLOYMENT PROFILE: THE SNAPSHOT

Discoveries

The good news is that Franklin County's Peer Recovery Supporters are highly engaged in their work and generally feel well supported, trained, accepted, and valued in their workplaces. Their overall job satisfaction and satisfaction with pay and benefits are relatively high, while their turnover intention is relatively low. Their sense of wellbeing in the workplace is in most cases substantially higher than that of their non-peer behavioral health colleagues across the state.⁷ PRS employers have similar perceptions of their PRS staff, however with concern in some cases that PRS are not making a livable wage.

Using the survey data, we found that the following factors predicted and have the most impact on PRS staff retention (in order of impact):

- The extent to which PRS do self-care activities they enjoy,
- The extent to which management explains decisions and provides more information when asked, and
- The extent to which management makes sure PRS concerns are heard before decisions are made.

In focus groups, PRS and their employers/supervisors reported these strengths of the PRS system:

- Dedicated, motivated, engaged PRS staff
- Supportive workplaces that value the unique experience of PRS
- Training

They reported these system challenges:

- Consistently livable wage levels
- The OhioMHAS Certification process
- From the PRS perspective, lack of compliance on the part of clients
- Understanding and acceptance of the PRS role in the workplace
- Personal safety at times

General recommendations

PRS workplaces will benefit most from specific improvements (detailed in Step 3 starting on pg. 12) in training, workplace supports, the OhioMHAS certification process, organizational change, and compensation.

⁷ As measured by Occumetrics, a workplace wellbeing assessment process conducted by Mental Health America of Franklin County that here provides comparative benchmark data from 2016-2019 from 27 Ohio behavioral health organizations representing nearly 5,500 employees

PEER EMPLOYMENT IN FRANKLIN COUNTY: THE DETAILS

STEP 1 | ASSESS: ANALYZING THE NUMBERS

PRS Survey

Our survey data analysis focused on identifying which factors best predicted PRS retention and job satisfaction. While our regression (prediction) analyses did not yield statistically significant predictors of job satisfaction, the analysis regarding **staff retention** did point to the importance of PRS being able to

- *Do self-care activities they enjoy,*
- *Have management explain decisions and provide more information when asked, and*
- *Have management make sure PRS concerns are heard before decisions are made.*

These factors give employers some insight as to what matters most to their employees when it comes to deciding whether to stay or quit.

In general, PRS responding to the survey appeared to be quite satisfied with their jobs as well as their pay and benefits and often scored substantially higher on average in workplace wellbeing than their non-PRS behavioral health colleagues across the state.

PRS Characteristics

- PRS who responded to the survey represent a variety of settings:
 - Longer term residential care services (N=10)
 - Drop-in center (N=7)
 - Community based substance use disorder treatment (N=4),
 - Community based mental health treatment (N=3),
 - Hospital emergency department or crisis center (N=2),
 - Post-incarceration (N=2),
 - Temporary housing (shelter, step down, etc.) (N=2),
 - Jail (N=1).
- 23 of the 33 respondents are certified PRS through OhioMHAS
- 17 normally provide 6 or more hours of peer recovery support service per consumer/patient, while 13 provide fewer than 6 hours
- 19 work as full-time PRS, 7 as part time, 2 as contingent, 1 as an intern, and 1 N/A
- 14 completed high school/GED, 11 did some college work, 1 completed an associate degree, 5 completed a bachelor's degree, and 2 completed a master's degree
- 15 self-identified as being in a PRS leadership role (defined as management, guidance, initiative, and at least some authority in the job), while 15 did not
- Wage levels vary from under \$10/hour to \$20-24.99/hour (2=under \$10, 8=\$10-14.99, 15=\$15-19.99, 5=\$20-24.99). Satisfaction with pay averaged "Somewhat satisfied," with the perception of making a livable wage averaging "Somewhat agree."

- Satisfaction with benefits also measured “Somewhat satisfied” on average.
- Turnover intention was remarkably low, averaging “Almost never,” with only 1 out of the 29 who responded to this question appearing to be likely to leave the position.

PRS Aggregate Scores⁸

(On a 0-6 scale, the higher the score the better.)

Indicators of Workplace Wellbeing and Their Variables	N	Mean	Statewide
<i>*Indicates variables that were reverse scored; in all cases the higher the score the better</i>			
Job Role	32	5.52	4.81
I know how to go about getting my job done.	32	5.56	4.98
I am clear what is expected of me at work.	31	5.45	4.66
Supervisor Support	32	5.44	4.21
I can rely on my immediate supervisor to help me out with a work problem.	32	5.66	4.46
I can talk to my immediate supervisor about something that has upset or annoyed me.	31	5.65	4.35
I am supported through emotionally demanding work.	32	5.47	3.92
My immediate supervisor encourages me at work.	32	5.41	4.12
I am given supportive feedback on the work I do.	32	5.00	3.85
I have direct supervision sessions			
Almost daily	1	3.2%	
Weekly	15	48.4%	
Every two weeks	8	25.8%	
Monthly	5	16.1%	
Not all	2	6.5%	
Work Engagement	32	4.70	3.65
*It happens more and more often that I talk about my work in a negative way.	31	5.19	3.70
*Over time, I can become disconnected from the type of work I do.	32	5.00	3.95
I feel more and more engaged in my work.	32	4.88	3.57
*Lately, I tend to think less at work and do my job almost mechanically.	32	4.78	3.97
I find new and interesting aspects in my work.	32	4.72	3.71
When I work, I feel energized.	32	4.72	3.28
I find my work to be a positive challenge.	32	4.69	3.89
My job is the only type of work that I can imagine myself doing.	32	3.66	3.12
Organizational Change	32	4.46	2.97
Management explains decisions and provides more information when asked.	32	5.00	3.47
My department's management makes sure employee concerns are heard before decisions are made.	32	4.75	2.74
When decisions are made, all affected people are asked for their ideas.	32	4.19	2.66
I'm allowed to challenge or appeal job decisions made by managers.	31	3.90	2.55

Scale: 0 = Never, 1 = Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very often, 6 = Always

Job Related Satisfaction	N	Mean	Statewide
If certified through OhioMHAS, how satisfied were you with the certification process?	26	4.54	n/a
How satisfied are you with your current PRS job?	28	5.71	4.07
How satisfied are you with your pay?	30	3.93	2.80
I feel that I make a livable wage.	30	4.00	n/a
How satisfied are you with your benefits, such as paid time off, medical and dental insurance, retirement plan, and other fringe benefits?	29	3.97	3.79

Satisfaction Scale: 0 = Very dissatisfied, 1 = Dissatisfied, 2 = Somewhat dissatisfied, 3 = Neither dissatisfied nor satisfied, 4 = Somewhat satisfied, 5 = Satisfied, 6 = Very satisfied

⁸ Statewide scores for comparison purposes are based on 5,496 employees in all manner of positions in 27 Ohio behavioral health organizations; data based on MHAFC Occumetrics research, 2016-2019.

Turnover	N	Mean	Statewide
I think about quitting my job.	29	5.38	3.65
I am actively looking for another job outside of my organization.	30	5.53	4.20
Turnover Intention	30	5.47	3.91

Turnover Scale: 0 = Always, 1 = Very often, 2 = Often, 3 = Sometimes, 4 = Rarely, 5 = Almost never, 6 = Never

Advancement, Leadership, Training	N	Mean
There is a path for advancement as a PRS.	28	4.75
There is a path to a leadership role as a PRS.	29	4.79
My employer's training has equipped me with what I need to know to do my job well.	31	5.42

Scale: 6 = Strongly agree, 5 = Agree, 4 = Somewhat agree, 3 = Neither agree nor disagree, 2 = Somewhat disagree, 1 = Disagree, 0 = Strongly disagree

	Yes	No
I'm currently in a leadership role as a PRS.	15	15

Self-Care: To What Extent Do You Do the Following?	N	Mean
Have someone to talk to about my stress	30	1.80
Do activities I enjoy	30	1.73
Practice optimism	30	1.73
Socialize	30	1.70
Practice mindfulness or meditation	30	1.43
Get enough sleep	30	1.40
Eath Healthfully	29	1.35
Exercise regularly	30	1.27
Take time off	29	0.93

Self-care Scale: 2 = Often, 1 = Sometimes, 0 = Rarely or never

Position Description		
There is a written position description for my job.	Yes	No
	30	0
The position description describes	N	%
My position title	28	93%
My duties and responsibilities	28	93%
The required qualifications for my position	25	83%
Who supervises my position	22	73%
My work hours	22	73%
The wage or wage range for my position	18	60%
The fringe benefits for my position	13	43%

Policies & Procedures Documentation		
There are written policies & procedures that I must follow in my work.	Yes	No
	29	0
	N	Mean
The policies & procedures are the same for those in my department who are not PRS.	28	5.46

Agreement Scale: 6 = Strongly agree, 5 = Agree, 4 = Somewhat agree, 3 = Neither agree nor disagree, 2 = Somewhat disagree, 1 = Disagree, 0 = Strongly disagree

I'm responsible for making the following documentation.	N	%
Rounds completed per shift and interactions with clients that involve de-escalation, or if the client wats to process feelings.	22	73.3%
Triage rounds, client encounter forms	18	60.0%
Customer/patient progress notes	15	55.6%
All paperwork	13	43.3%
Recovery plan	8	29.6%
Initial assessment	4	14.8%
Discharge plan	1	3.7%
New resident introduction to housing	1	3.7%
Unusual Incident Report, Communication Logs, Group Plans Etc.	1	3.7%
Supervising Peer Recovery Supporter	1	3.7%
We just go over important codes of conduct, privacy policy, release of information	1	3.7%
Time tracker, tracking hours of treatment	1	3.7%
Client Intake, Follow Up, Staff Support.	1	3.7%
any information/ changes that would be helpful to clinicians	1	3.7%
What I normally use for consumer/patient documentation is the same for those who are not PRS's. (If you're uncertain, please find out.)	Yes	No
	18	9

Peer Employer Survey

Our survey data analysis focused on determining the extent to which supervisors support and direct their PRS staff and provide a workplace similar to that of non-peer staff at their organizations. In general, responses of peer employers responding to the survey appear to be in line with the perceptions of their PRS staff.

Peer Employer Characteristics

- Employers who responded to the survey represent a variety of settings:
 - Community based mental health treatment (N=7),
 - Drop-in center (N=5),
 - Community based substance use disorder treatment (N=3),
 - Hospital emergency department or crisis center (N=3),
 - Longer term residential care services (N=2),
 - Post-incarceration (N=1).
- 3 completed high school/GED, 3 did some college work, 2 completed an associate degree, 5 completed a bachelor's degree, and 8 completed a master's degree.

Peer Employer Perception of Workplace Characteristics for PRS

- 11 PRS normally provide 6 or fewer hours of peer recovery services per consumer/patient, and 9 provide 6 hours or more.
- Peer recovery services are paid for by ADAMH tax levy funds (17), Medicaid (9), donations/grants (4), private insurance (2), the providing agency (1).
- Supervision
 - Extent of supervisor satisfaction with PRS is mostly "Satisfied" or "Very satisfied"
 - Give PRS supportive feedback mostly "Often" to "Always"
 - Encourage PRS at work mostly "Often" to "Always"

- PRS receive formal performance reviews mostly “Often” to “Always” but in limited cases “Rarely” or “Sometimes”
- Have direct supervision sessions with PRS mostly weekly or monthly but in several cases every two weeks
- PRS involvement in organizational change is mostly “Often” to “Always”, but in the case of explaining decisions and providing more information when asked by PRS, at times “Rarely” or “Sometimes”
- Work expectations are clear, and PRS know how to go about getting their jobs done mostly “Often” to “Always”; most agree there is a formalized training for PRS
- Path to leadership and advancement – majority agreed on this, but about 40% of respondents tended more toward disagreement
- Wages and benefits for PRS – vary from under \$10/hour to \$20-24.99/hour (2=under \$10, 10=\$10-14.99, 4=\$15-19.99, 1=\$20-24.99); supervisors split evenly on whether PRS make a livable wage (4 out of 17 strongly disagreed); benefits coverage for PRS is usually like that provided for non-peer employees except in several cases
- Written position descriptions always exist for PRS positions and usually describe similar items to those of non-peer employees
- In 15 out of 17 cases, there are written policies & procedures for PRS work, and they are mostly similar to those of non-peer employees in the same department; documentation usually covers consumer/patient progress notes and in some cases a recovery plan, logs, attendance, and billing notes; where non-peer staff is also employed, what PRS use for documentation is the same as that used by non-peer staff about 60% of the time

Peer Employer Aggregate Scores

(On a 0-6 scale, the higher the score the better.)

Indicators of Workplace Wellbeing and Their Variables	N	Mean
<i>*Indicates variables that were reverse scored; in all cases the higher the score the better</i>		
Supervisor Support		
I give PRS's supportive feedback on the work they do.	18	4.78
I encourage PRS's at work.	18	4.78
PRS's receive formal performance reviews.	18	5.00
I have direct supervision sessions with my PRS staff person		
Weekly	7	
Every two weeks	3	
Monthly	7	
Not considered supervision sessions, but included in weekling meetings with the team	1	
Employer Culture		
I make sure PRS concerns are heard before decisions are made.	18	5.06
Work expectations are made clear to PRS's.	18	5.06
When decisions are made, PRS's are asked for their ideas.	18	4.94
PRS's know how to go about getting their jobs done.	18	4.94
PRS's are allowed to challenge or appeal job decisions made by managers.	18	4.89
Management explains decisions and provides more information when asked by PRS's.	18	4.78

Scale: 0 = Never, 1 = Almost never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Very often, 6 = Always

Working Conditions	N	Mean
How satisfied are you overall with the current PRS employees?	18	5.33
PRS's working at our organization are eligible for the same benefits coverage as non-peer employees.	15	5.20
The policies & procedures are the same for those in the department who are not PRS's.	14	5.14
I feel that PRS' working at our organization make a livable wage.	17	2.82

Satisfaction Scale: 0 = Very dissatisfied, 1 = Dissatisfied, 2 = Somewhat dissatisfied, 3 = Neither dissatisfied nor satisfied, 4 = Somewhat satisfied, 5 = Satisfied, 6 = Very satisfied
Agreement Scale: 0 = Strongly disagree, 1 = Disagree, 2 = Somewhat disagree, 3 = Neither agree nor disagree, 4 = Somewhat agree, 5 = Agree, 6 = Strongly agree

Advancement, Leadership, Training	N	Mean
There is a path for advancement as a PRS.	18	3.89
There is a path to a leadership role as a PRS.	18	3.78
There is a formalized training for PRS's.	18	4.67

Scale: 0 = Always, 1 = Very often, 2 = Often, 3 = Sometimes, 4 = Rarely, 5 = Almost never, 6 = Never

STEP 2 | ENGAGE: Listening to Conversations

Separate focus group conversations with both PRS and their employers/supervisors provided fuller detail about workplace dynamics.

PRS reported deriving the greatest job satisfaction and work engagement from helping and developing relationships with clients, in ways unique to their own lived experience. They expressed remarkably high work engagement, with high levels of self-motivation and devotion to peer recovery services. PRS expressed their greatest challenges as frustration with client behavior (e.g., lack of effort and follow through to help themselves) and in some cases concern for their own personal safety with clients.

Peer employers/supervisors expressed high regard for the work of their PRS staff and gratitude for the assistance they can provide because of their lived experience. Their concerns included low pay for PRS in some cases, the PRS certification process itself, and limitations at times of other staff to understand and accept PRS work.

More specific information on the focus group discussions can be found in the Appendix.

- **Pay & Benefits:** general satisfaction with pay and benefits, with some limited concern about making a livable wage (agency specific regarding low wages) and amount of paid time off
- **Organizational Change:** PRS perception of low involvement in organizational/departmental decision-making, in contrast to employer perception of greater PRS involvement
- **Supervisor Support:** relatively strong perceptions of supervisory support by both PRS and supervisors
- **Work Engagement:** moderately high PRS engagement in their work, feeling a part of the overall staff
- **OhioMHAS Certification:** strong PRS satisfaction with the certification process and appreciation for the training; more dissatisfaction from employers with the process

related to scheduling and complexity of the process (described as tedious and chaotic)

- **Training:** high satisfaction from PRS
- **Leadership & Advancement:** high PRS motivation around career goals, with continuing dedication to PRS work
- **Self-Care:** PRS taking care of themselves and learning balance in their lives, particularly concerned that their employers allow them flexibility for their own daytime health-related appointments
- **Working Conditions:** PRS concern for their own personal safety and protection and need for more agency and community education on their role; supervisor appreciation for the difference PRS make in the workplace and seeing them as equal to other agency staff

PRS System Strengths

- Dedicated, motivated, engaged PRS staff
- Supportive workplaces that value the unique experience of PRS
- Training

PRS System Challenges

- Consistently livable wage levels
- OhioMHAS Certification process
- From PRS perspective, lack of compliance on the part of clients
- Understanding and acceptance of the PRS role in the workplace
- Personal safety at times

STEP 3 | CHANGE: Learning from the Workforce – Recommendations

Training

Provide opportunity for continuing education and training, with particular attention to PRS specific training that is understandable and speaks their language, in areas such as

- The stages of change
- How to motivate clients
- Dual diagnosis
- Understanding mental health disorders
- De-escalation

Workplace Support

Develop workplace supports that meet the unique needs of PRS staff, including:

- Intentionally focusing on self-care, such as employer-offered work time flexibility for PRS' own health-related appointments and opportunity to access resources such as a gym pass and/or other meaningful self-care related activities outside of work
- Ensuring that any PRS concerns about their personal safety at work are heard and resolved

- Forming supervisor facilitated, work time peer support groups for PRS colleagues to constructively share their experiences, support each other, and discuss solutions to challenges
- Practicing transparency and understanding with PRS staff about any client complaints against them
- Supervisors working individually with their PRS staff on career/professional development goals and plans
- Educating internal and external stakeholders on the role of PRS to achieve synergy across the span of PRS involvement at the organization and in the community
- Management making sure PRS concerns are heard before decisions affecting them are made
- Management explaining decisions and providing more information when asked

OhioMHAS Certification

- Advocating for improvement in the OhioMHAS certification process related to accessibility for staff who are already full-time, length of process and time for certification and recertification, and clarity of requirements and parameters
- Providing the resources (staff-based or outside expertise, information) peer staff need to navigate the certification and re-certification process

Organizational Change

- Developing ways for PRS to be involved in organizational decisions that impact them
- Providing education for agency wide staff and clients about the role of PRS and their effectiveness in helping clients

Compensation

- Continuing to regularly assess pay and benefits at comparable local employers in order to provide an appropriate compensation plan; the plan should, at minimum, include wage ranges for PRS staff positions, and policies and procedures for determining and deploying wage increases and/or annual bonuses
- Prioritizing increasing wage levels, where needed, to at least \$15/hour
- Clearly explaining the organization's compensation plan to PRS staff and creating a feedback loop for incorporating staff response and ongoing experience with wage and benefit levels

PEER EMPLOYER BEST PRACTICES

OVERVIEW

As peer support services have been around for many years, but only in the last several years have begun to professionalize in Ohio through a state certification process and funding avenues, Peer Recovery Supporters require a supportive place of employment that is in some ways no different from any workplace and is in other ways unique to the context of peer support services. Challenges common to PRS across the country include lack of integration and acceptance into the everyday workforce (often caused by negative attitudes and prejudice of other staff and stakeholders towards people with lived experience); lack of role clarity; low pay; issues with confidentiality and boundaries; and lack of support and resources for peers. Our purpose here is to identify a set of best practices for peer employers to integrate into their everyday employment practices that will help PRS succeed.

Like all other places of employment, the PRS workplace also needs healthy employment practices in areas such as supervisor and colleague support, fairness in the distribution of rewards, job control and autonomy, reasonable work demands, healthy interpersonal relationships, clear job roles, and participation in organizational change. This discussion of best practices highlights the importance of a number of these dimensions that need attention because of their particular importance or common lack of practice when it comes to PRS employment.

Workplace Integration

- ✓ Assess workplace readiness to integrate peers: a readiness assessment may involve the mission, policies, practices, attitudes, and beliefs about recovery and program culture to analyze readiness to integrate peer staff
- ✓ Shape stakeholder (i.e., non-peer staff and external constituencies) attitudes
 - That recovery is possible and that PRS are valuable and effective and need to be included
 - About the PRS role through orientation, training, and outreach
- ✓ Align HR practices with recovery-oriented values that help peers participate in the workplace to the fullest extent possible; use neutral job titles that do not indicate peer status
- ✓ Apply the same organizational practices and standards to PRS, including involvement in team meetings and the organizational care structure; inclusion in policies, procedures, and guidelines; requirements for record keeping; opportunity for staff development and training; participation in staff social events; commensurate wages and benefits

Role Clarity

- ✓ Create position descriptions that include the primary duties, responsibilities, and qualifications of the position; reporting relationships; employment conditions; salary and benefits structures; performance review
- ✓ Educate stakeholders on the role of PRS to achieve synergy across the span of PRS involvement at the organization and in the community

Compensation

- ✓ Provide wages and benefits that are at least competitive with other similar positions in the same local industry and that also offer a livable wage
- ✓ Indicate PRS wage ranges as well as policies and procedures for determining and deploying wage increases and/or annual bonuses
- ✓ Pursue reliable and sustainable funding sources to support paying livable wages
- ✓ Provide permanent positions with secure funding

Confidentiality and Boundaries

- ✓ Provide policies/practices and educate on
 - Confidentiality of clients
 - Confidentiality of records of PRS who were treated at the employing organization prior to hire
 - Healthy workplace interpersonal relationships and personal boundaries
 - A formal disclosure process that provides PRS with control over when, to whom, and what information to disclose
 - A ban on PRS receiving behavioral health services from their employers

Support and Resources

- ✓ Ensure supervision that is
 - Regular
 - Recovery-oriented and trauma-informed
 - Consultative and participative (coaching), as opposed to the more traditional role of controlling and monitoring of performance
 - Strength based and focused on skills and professional development
 - Involved in the hiring process
 - Not automatically just like supervision/evaluation for case management staff
 - Accommodating of any disabilities
- ✓ Conduct performance reviews
 - Formally at least each year
 - Informally through regular supervision and feedback
 - Based on the PRS position description
- ✓ Provide training that includes pre-service, new employee orientation, on-the-job, and continuing
 - Wellness Recovery Action Planning (WRAP)
 - Whole Health Action Management (WHAM)
 - Whole Health and Resiliency
 - Ethics
 - Motivational Interviewing

- Co-occurring AOD and Mental Health Issues
- Trauma Sensitivity and Trauma Informed Care
- Enhanced certification programs such as forensics, Bridger, homeless outreach, veterans, family and youth
- ✓ **Provide ongoing PRS support**
 - By HR and/or supervisor, to help with PRS transition into the workforce
 - To maximize peer inclusion
 - Through supervisor-facilitated PRS support groups as a way to constructively share concerns, network, exchange information to stay connected with one another, learn from one another's experiences, and stay informed about upcoming events and activities; consider the importance of hiring more than just one PRS in order to facilitate networking, support, and retention and help prevent isolation and burnout
 - Through a program support team that oversees and assists with state training, testing certification, continuing education, research, and evaluation
- ✓ **Offer merit-based leadership and promotion opportunities**
- ✓ **Include PRS feedback in organizational change**

APPENDIX

PRS Focus Group Feedback

What's going well for you in your job?

- Going great—I like engaging with clients, meeting them where they are with their addiction/mental health, getting people involved in groups, bringing them out of their comfort zone, increasing their self esteem
- Enjoy the job, getting to engage with clients, hearing their stories (heartbreaking); previously was ignorant to addiction; learning more and more how tragic what they've been through; continuing education—you continue to learn more and more
- Rewarding to engage and do groups
- Was one of the first peer mentors in Ohio; starts off as unicorns and butterflies; have seen and heard everything; on a good day, you tell yourself you'll meet them where they are
- It's been fabulous; clients doing very well
- I love what I do
- It's been helpful for most of the clients
- Support from co-workers and help providing insight into how to interact with clients
- Great support; receptivity to ideas
- Appreciate being able to connect with clients in a way that others without lived experience might not be able to; providing hope and knowledge of different resources
- Enjoy being able to connect with peers in a different way from therapists; seeing client growth and expectations coming to fruition
- I love my job; it's a way to give back because it's based on my life experience, trying to meet people where they're at and not talking down to them; I'm there to listen and encourage people to talk

What are the challenges?

- Frustrating, running a little thin; working much harder than the clients; frustrating when resident don't follow through on recovery; feeling as if the clients are just working you
- It gets frustrating; sometimes you work harder to help them than they work to help themselves; so much manipulation, lies, so much danger that you're in on a regular basis and don't feel protected; love, but can't trust clients because they'll steal and lie; sexual harassment from the men
- Feel used by the clients; had to scale back, engage less, and not push yourself into some danger
- I've been physically attacked by clients and had to call the police; if a client is off their meds, they're pacing and amped up, and they can't formulate how to talk about it
- Nothing to motivate residents to engage in recovery

- Taking care of yourself, seeing people selling their own basic necessities and sometimes dying
- Staff at other facilities not understanding what a PRS does and sometimes mocking the role (getting a badge helped in looking more official)
- Some experience with mental health professionals talking down to me or not understanding my role; can cause clients to wonder too; there's no defined area of what I'm supposed to be good at

What would help you do your job better?

- Being able to tell clients the truth in a respectful manner
- Less work, and PTO to build up faster
- Help with the different stages of change, trying to help clients keep appointments and move forward
- Just started a monthly group for recovery coaches that will hopefully be meaningful (and not just for venting); will help us do our jobs better

What is organizational change like?

- My agency has a lot of change right now; they do ask for my input, but understandably sometimes change needs to happen right then without the chance for input; I feel there's a balance; I've had positive experience bringing my needs and concerns to my supervisors; I trust some decisions, and some I don't understand who they were supposed to benefit; I can talk to my supervisor, but it was out of her hands [another focus group participant agreed with these comments for their organization]
- I'm not sure; companies usually do what's best for them, and I as an employee am supposed to adjust; I can talk to my supervisor when I want; I've been included as part of the organization, but I've never been the person the change was for; as long as I'm part of the loop, I'm cool; I don't mind not being the intricate part of very decision; I do feel part of the loop; at monthly meeting, we talk about everything—clients, approach, mission, and also how we can make things better collectively

Training needs

- Have plenty of training
- Some clients are dual diagnosis, and a book is being assembled on different disorders to help everyone understand
- Employer provides any training that is needed or wanted

How about pay?

- Pay doesn't cover basic living expenses
- Need two jobs to make ends meet
- I started at \$9/hour, eventually got bumped because we were behind everyone else; it went to \$12/hour and now is \$14/hour; I hear the standard is \$17/hour; I wish I could work 40 instead of 32 hours/week, but I do have benefits
- I'm part-time but would be interested in full-time

- I have multiple jobs, and I make more in another job, but I love the peer work so much and putting my time and energy there; I was satisfied with the pay as a starting level and hope it continues to grow

How about supervisor support?

- My immediate supervisor is very supportive and understanding, always there if I reach out and usually able to answer or respond as quickly as possible
- I have to navigate my supervisory relationships with care because we were friends in recovery; my supervisor seeks my input
- Both of my supervisors are good; they regularly check in to see how I feel about the caseload and all; my agency has a meeting once a month, and I feel included

How about leadership and advancement?

- Planning on becoming an AOD counselor and may move on from current employment if no additional opportunities are there
- Would like to start my own business; open up a recovery house; not interested in advancing beyond PRS
- Would like to climb the ladder a little more; want to grow a little more, learn more about being a PRS supervisor, doing things the right way
- I thought about getting my CDCA, but the more I do peer support the more I feel I have more leeway; I think I like recovery coaching better in order to better connect with clients; I may get it [CDCA] just to have it but won't necessarily look for work in that field
- I plan on keeping my PRS and remaining a peer, but I also have a strong desire to advance and become a therapist or psychologist in private practice; I'd like to have my degree in the next five years
- The possibilities are limitless; when I got into recovery, I didn't think that was possible; I want to go back to school and continue training; I'm not sure what it would mean to be a clinician; the sky's the limit; I want to do whatever I can to improve who I am, professionally and educationally; I'm interested in being a supervisor or manager if my organization opens more locations

Do you feel a part of the agency's overall staff or treated differently?

- Sometimes and sometimes not
- In some instances, my voice is less heard; in one case my supervisor didn't listen when I tried to seek help for a client who was different, and it took three days for my supervisor to see for him/herself
- Feel as if my voice is heard as much as anyone else's
- Had a lot of clients die; devastated to think I couldn't intervene and be heard
- At departmental meeting, leader does all the talking, and I feel I can't speak because of the perception that the other staff know everything
- Team effort and definitely feel heard
- At most meetings, I'm the main voice because I have the most contact with clients

- I haven't felt unequal and that anyone's looking down on me; it's more that other staff were confused, and that led them to be apprehensive and standoffish; but once I could explain, they were more accepting
- It's very inclusive at my agency; I work with the therapist; we share clients, so they contact me with questions, seeking my input; we work as a team and all train together; clients reach out to me more than they do to their therapists
- Peer services have changed; when I volunteered, the language was different; as people have been re-taught what PRS do, it's gotten better; I'm starting to feel as though they [the community at large] want PRS to be equal; as long as the language continues to change, we'll all change

What does self-care like for you?

- Lack of income means I don't have enough time to take care of my own recovery; can't get to doctors and counselors; afraid to take the time off and get docked; schedule changes every week and arrives at the last minute, requiring me to change appointment times
- Can't go to my chronic care appointment because I'm on 90-day probation
- It's beneficial to not spend my time off completing notes
- My job provides me with a pass to use the gym
- Spiritual guidance is an important support for me
- I just learned some new self-care strategies; I used to focus on weekend rest, but now if I have time in between I'll try to listen to something uplifting; dealing with some of the clients is stressful; the balance feels healthy for me, sometimes, but sometimes I'm working six or seven days because of working two jobs
- I learned about self-care the hard way, that I can't handle four jobs, to set boundaries, to be sure I have a day off to accomplish things I can't do on the weekend; that way I don't stress and know I have time for myself and my family; I make sure I have some time for myself, go to the river, on hikes, to be sure I have time to regroup; I go to counseling once a week and have my own support system
- I learned through trial and error, last year in and out of the hospital for three months because I thought it was just work, and I'd be okay; I ended up getting sick; this year has been a total change; I try to take one day a week that I do nothing, maybe chores, laundry, cleaning, but mostly dedicated to just me; that helps during the bumpy times; it's hard to shut it off; being able to disconnect has been such a blessing; I haven't been sick since I started [the PRS job]; my employer does support and stress self-care; burnout is such an issue, and I've watched seven people leave due to burnout

Anything else to add?

- Need more PTO and to have sick time in addition to regular PTO
- Need a pay increase
- Who protects the PRS from clients, such as if they make an allegation of sexual assault/harassment? I could lose everything

- A client went to my supervisor with a criticism, and I wasn't told; only found out from a case manager; worried that it could affect my reputation; supervisor just said they understand the client has a mental illness and to not interact with them
- I feel as if I keep getting called into a supervisor's office again and again for nonsense
- I was annoyed at first that I have to call in every time I pick up and drop off a client, but now I realize it's for my protection
- More trainings specific to PRS and with just PRS so they can speak their own language; other trainings are open to us, but they're dominated by clinical language
- Can they do more things for PRS in the Columbus area? So much of it is up in Cleveland, and I can't attend
- Is there some way to disseminate PRS information about trainings and things statewide?

Peer Employer/Supervisor Focus Group Feedback

What's going well for your organization with peer employment?

- Having extra help for duties and days off for everyone
- Good balance with PRS in both addictions and mental health; clients really do reach out and talk to them; the program couldn't run without PRS and their lived experience
- The hope offered by PRS is amazing; their involvement relieves previous restrictions on providing client transport
- There's been new energy recently in the community for peer support, seeing the worth and value of it; PRS are starting to get the respect they deserve, and private organizations are starting to see the value of PRS; appreciate the professionalization and certification of peer support, as PRS have a sense of accomplishment, and it lends validity to what they do in the professional realm
- Biggest areas of concern: outcomes, conflict resolution (trained PRS know how to de-escalate), prevention; recovery rates have increased; in the case of relapse, PRS enable clients to keep that connection and come back; very positive impact on the system; an initially skeptical supervisor changed their opinion; PRS are an integral part of the system – no stigma; training is very thorough
- Behavioral health employee shortage has enabled agencies to utilize PRS
- PRS can relate to clients because of their lived experience; their presence has also helped to reduce stigma with other staff and has been very positive
- Being able to offer a livable wage to PRS gives them even more hope

What do you consider a livable wage?

- Something that won't keep people from losing their government supported benefits
- Often PRS don't want to move up and get better jobs because they don't want to lose Medicaid coverage

- A livable wage should bring a person out of the system and gain independence
- I'm invested in PRS because for many it's their first job as they re-stabilize their lives; I hate that they might turn down a promotion [due to losing benefits] – they need those benefits

What are the challenges for your organization with peer employment?

- The OhioMHAS certification process
 - The timing of the full week training, with so few weekend trainings; it's difficult for staff to take that time off from work
 - The certification process is tedious and chaotic
 - Had to train a staff person just to assist people with the certification process
 - The re-certification process also has its own bumps
 - The length of time to get the certification is also long
 - The certification background check process is confusing
 - OhioMHAS has a technical assistance line for supervisors, but it's difficult to access and participate in
- Getting the case management staff to understand the role of the PRS; they felt territorial and wouldn't share transition plans; PRS can do so much more than they're allowing them to do
- The most resistance has come from peers who are already social workers doing case management
- Even on behavioral health teams, staff says PRS are great, but what do they do with them? Some perceive with fear that PRS will take precious productivity away from staff; worried that there are not clear expectations from PRS

To what extent are PRS treated as equals?

- They are treated as equals and must abide by the same expectations; pay, benefits, and documentation are the same across the board; part-time PRS don't have benefits, but the pay rate is the same
- Case managers and PRS are on the same level with the same pay and treated the same
- The rate of pay is not respectful for PRS and is the lowest paid position in the organization [this PRS was offered \$11.50, and she has a B.A.]

How is organizational change going when it comes to involving peers in decisions and changes?

- PRS are involved in monthly staff meetings; the leadership person's door is always open; you can add to the suggestion box; staff meetings are an open roundtable; my position came out of a conversation I had with the leader
- PRS who function as case managers are at weekly staff meetings; they are considered staff with no distinction; I overrode a PRS' reluctance to admit a client, which turned out to be a mistake on my part – I learned to listen to the PRS

- PRS have input at weekly residential managers meetings; they can advocate for a resident or air concerns; there are also two-hour all staff meetings every other week at which PRS can share concerns
- We have weekly staff meetings

How is supervision going?

- Great – I meet weekly with the PRS

What is opportunity like for PRS leadership and advancement?

- We're a small organization, so there's not a lot of opportunity; they tend to go elsewhere to move up; certification isn't required for hire, and they can be certified while on staff (training hours are paid)
- I feel that as PRS grow they should be able to move up; I want them to go to school part-time and am open to advancement
- PRS can move up if they meet the criteria; the front desk staff is currently transitioning to PRS
- PRS are so dedicated that they don't treat it as a way station on the way to somewhere else; the work means so much to them
- We have a tradition of hiring from within; for example, a house manager moved to administration

SUPPORTING RESEARCH

The workplace wellbeing of employees in general and those who work in behavioral health care in particular is very important in increasing job satisfaction, engagement, morale, and productivity. The World Health Organization defines mental health as “a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community” (Groth, Harvey, Johnson, Joyce, Modini, Nguyen, & Leona Tan, 2014, p. 11). A recent Gallup study found that only 32% of U.S. employees are considered to be engaged in their workplaces (Mann & Harter, 2016) and other research studies have found that only one in five workers is highly engaged (Awa et al., 2010).

Manager and Colleague Support (extent to which colleagues and managers support and encourage)

Poor social support from an employee’s supervisor and from others at work have the biggest impact on job dissatisfaction. Poor social support also can cause affective depression, a mental health condition (Caplan, Cobb, French, Van Harrison, & Pinneau, 1980). Coworker support helps to prevent both emotional exhaustion and intent to quit on the part of behavioral health counselors across the U.S. (Ducharme et al., 2008), while effective supervision can lead to job satisfaction, organizational commitment, and retention. In general, managers who value employee opinions and offer feedback and support contribute to a mentally healthy environment (Barling & Carson, 2013; Eisenberger, Stinglhamber, Vandenberghe, Sucharski, & Rhoades, 2002). Barak et al. (2009) found that “...supportive supervision is associated with reductions in such negative worker outcomes as anxiety, depression ... burnout and turnover” (p. 25). Johnson and Hall (1988) found that high social support helps employees who feel control over their jobs from getting stressed out over high job demands. Leka and Jain (2010) said sources of work-related stress include interpersonal relationships that have social or physical isolation, poor relationships with superiors, interpersonal conflict, lack of social support, bullying, harassment, and low levels of support for problem-solving and personal development.

Work Demands (extent of work demands on staff concerning hours, deadlines, quantity of work, taking breaks, and time pressures)

Work demands is one of the key areas of stress identified by Britain’s Health and Safety Executive (HSE). The HSE has set standards about work demands stipulating that

- The organization only ask employees to accomplish what is reasonable in their work hours
- People’s skills and abilities are matched to the job demands
- Jobs are designed to be within the capabilities of employees
- Employees’ concerns about their work environment are addressed.

Indicators of work demands include being pressured to work long hours, reach unachievable deadlines, work very fast and hard, not do some duties because they

require too much, impossibly combine work demands from different sources, not take sufficient breaks, and manage unrealistic time pressures (Cousins et al., 2004). High work demands lead to burnout (Green et al., 2013), mental and physical problems (Leka et al., 2010; Huynh et al., 2014), and turnover intention among public sector mental health professionals (Ibid.). Groth et al. (2014) agree that work demands are a very important factor in a mentally healthy workplace.

Control/Autonomy (extent of independence on how to do the job)

Lack of control over the job causes burnout (Awa et al., 2010). The HSE has set standards for employee control as well stipulating that

- Where possible, employees
 - Have control over their pace of work
 - Are encouraged to use their skills and initiative in their work
 - Are encouraged to develop new skills to help them take on new and challenging projects
 - Have a say over when breaks can be taken
 - Are checked with about their work patterns
- The organization encourages employees to develop their skills

Indicators of employee control include taking breaks when needed, having a say in work speed, having a choice in deciding what to do at work and how to do it, and having some say over the way work is done (Cousins et al., 2004; Leka et al., 2010). Groth et al. (2014) again agree that control in the work environment is a very important part of a mentally healthy workplace. Control helps employees manage high work demands (Johnson et al., 1988). Karasek (1979) found that low decision making permission (job control) creates high stress and results in the greatest likelihood of illness, reduced mental wellbeing, and job dissatisfaction.

Job Role (understanding duties and responsibilities and fitting into the bigger organizational framework)

In a study of mental health service workers, Acker (2004) discovered that role conflict and role ambiguity were negatively linked with job satisfaction and positively linked with intention to quit. Role strain often leads to stress, burnout or turnover (Epstein, 1992; Hansung & Lee, 2009; Leka et al., 2010). Finding that employees who feel and act positively toward their employers when their supervisors help them out tend to stay longer in their jobs, Barak et al. (2009) used role theory's explanation of role conflict and role ambiguity to partly explain worker stress and burnout. HSE standards for role revolve around whether employees understand their roles and whether employers make certain that employees avoid conflicting roles. The organization must

- Ensure that, as far as possible, the different requirements it places upon employees are compatible
- Provide information to help employees understand their roles and responsibilities
- Ensure that, as far as possible, the requirements it places upon employees are clear
- Ensure that systems are in place to help employees raise concerns about their roles and responsibilities

Indicators regarding role include clear expectations about duties and knowledge about departmental goals and objectives, how to do the job, and how work fits into the overall goals of the organization (Cousins et al., 2004).

Organizational Change (extent of worker involvement with and perceived fairness of organizational change)

Change refers to how employers communicate small or large organizational changes. HSE has set standards stipulating that

- The organization
 - Provide employees with timely information to help them understand the reasons for proposed changes
 - Provide opportunities for employees to influence proposals
 - Ensure adequate employee consultation on changes
- Employees
 - Are aware of the likely effects of any changes to their jobs; if necessary, employees are given training to support any changes in their jobs
 - Are aware of timetables for changes
 - Get the help they need during change

Indicators about how organizations manage change include whether staff is consulted about change at work, has opportunity to question managers about change, and has made clear how any changes will work out in practice (Cousins et al., 2004).

Undesirable change in an employee's work situation affects job security, which then causes work-related stress (Siegrist et al., 2004).

Ducharme et al. (2008) developed this variable as a measure of the decision-making independence and fairness experienced by counselors in their work settings; low levels of procedural justice are more likely to result in employee turnover. The variable is defined by the extent to which management involves employees in decisions, takes feedback, and clarifies decisions sufficiently and in time. While procedural justice did not have the expected relationship with emotional exhaustion, Ducharme et al. (2008) found that it did have a relationship with lower levels of turnover intention. Indicators of procedural justice include that

- Management clarifies its decisions, provides additional information when asked, and makes sure employee concerns are heard before decisions are made
- Job decisions are applied consistently to all affected employees
- Employees
 - Are allowed to challenge and appeal job decisions made by managers
 - Are involved in making decisions about how work is done
 - Trust that their supervisors are completely honest and will share important information with them
- When decisions are made, all affected people are asked for their ideas (Ibid.)

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